

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

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Statement of the Research Problem

As 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. However, nowhere in the immigration debate has the issue of undocumented, unaccompanied immigrant children been addressed. 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. More recent statistics offered by the Office of Refugee Resettlement, Division of Unaccompanied Children's (personal communications, M. Dunn on September 18, 2009) there were 7,211 children in custody in FY2008-2009. Therefore, these figures illustrate a need for empirical data to inform program stakeholders in their efforts to develop and implement a system of care that is positive and beneficial for children while they are in Federal custody.

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 take flight to escape abuse (physical, emotional, and/or sexual) or gang persecution. The latter is particularly prevalent among adolescent boys from El Salvador where gangs are the most pervasive and young men are either forced to join the gang or flee to save their lives. 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 country and/or attempt to locate employment and send money home to their families. Action Canada for Population and Development and the Colegio de Michoacán (2002) monitored data from “Casa Alianza” (Mexican Covenant House) and Foro Migraciones (Mexican National Immigration Administration) shows that most of the children migrating from Central America, through Mexico to the United States indicated they did so to be reunified with family.

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 that may, in turn, lead to poor mental health (Markovitz & Mosek, 2005; Russell & White, 2001). This high level of stress may lead 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 (p.4).

If the wave of undocumented, unaccompanied children are going to continue to become a part of the U.S. fabric, those working with and advocating for this unique population must begin to research and obtain empirical data in order to identify the unique service needs of these children. Additionally, these data 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 home country.

Research Background and Hypothesis

This study explores the protective and risk factors employed by this population of children. Undocumented, unaccompanied immigrant children are among the most vulnerable of populations and the numbers of children entering the system are growing. Therefore, there is a great need to gather empirical information about how they fare in the U.S. and what resiliency skills they employ to survive.

The primary objective of the research is to provide needed data to inform 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 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. For the purposes of this research, resiliency can be understood in light of Newman and Blackburn's (2002) description as it relates specifically to children, "resilient children are better equipped and recover faster and more completely from traumatic events or episodes" (p.4). The following key questions form the basis for this research: *What protective factors does a child employ to survive the journey? Which demographic, personal, and interpersonal factors support the resilience demonstrated by these children?* The hypotheses of the study are: **H₁**: *There will be a significant difference in the levels of protective factors based on selected demographic, family, and community experiences in the home country as reported by the children.* **H₂**: *There will be a significant difference in the levels of protective factors based on the children's reported experiences on the journey.* **H₃**: *Children who report their intention to pursue positive life goals for their future, such as pursuing an education or holding a job will report significantly higher protective factors than those who have not formulated future goals.*

The present research focuses on how the study of resilience can assist social work professionals in understanding how undocumented, unaccompanied immigrant children function in relationship to experiencing trauma and high levels of adversity. With this knowledge, social workers 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 with the goal of helping become successful in their new lives (Fraser & Richman, 1999; Fraser & Galinsky, 1997).

Methodology

It is challenging to study resiliency in children of different cultures. Thus, this research is an initial attempt at understanding protective and risk factors of undocumented, unaccompanied immigrant children. It uses an ex-post facto quantitative exploratory design to study the experience of undocumented, unaccompanied immigrant children who at the time of data collection were in U.S. federal custody and in immigration proceedings. One hundred eighteen children from Central American countries, girls and boys, ages 14-17 served as the study participants.

The theoretical framework of this research was drawn from resiliency theory. Resiliency Theory seeks to understand which characteristics and attributes a population employs to assist them in survival. Further, the approach to resiliency theory used here holds that in the face of risk factors, resilient persons develop and strengthen the protective factors available to them.

Analysis of the literature demonstrated that there are a number of definitions for the term resiliency and ways to operationalize the related concepts. For the purpose of this study, resilience is defined as the ability to resist stress and adversity, cope with change and uncertainty, and to recover from traumatic events or episodes (Newman & Blackburn, 2002). Three major domains of resilience (social bonding, personal competence, and social competence) were investigated using the domains of resiliency as identified by Newman and Blackburn (2002). In order to understand resilience as manifested in the present study sample, this research investigated the strength of each domain with respect to the children's perceptions of selected critical and formative events in their lives: while in the home country; on the journey to the United States; and their reported goals for the future. Background variables included were: age, gender, country of origin, education levels, and work experience.

Dependent Variables

According to Newman and Blackburn (2002), resilience is influenced by the following: the individual, the family, and the external environment. The individual (child) factors include dimensions such as social skills, personal awareness, feelings of empathy, and internal locus of control. The family dimensions include: parent-child relationships, valued social role, and parental harmony. The environmental dimensions include: successful school experiences, friendship networks, valued social role, and mentoring relationships.

These dimensions of resiliency are consistent with those domains that have been identified as forming the theoretical foundation for this study: Social Bonding (which includes the resilience domains of family and environment), Personal Competence (which addresses the individual domain) and Social Competence (which addresses the individual, family, and environment domains).

The Individual Protective Factors Index (IPFI) was used as the empirical tool to measure resilience. The IPFI is a 71 item questionnaire developed by Springer and Phillips (1997) that measures the protective factors in three major domains discussed above (social bonding, personal competence, and social competence). It uses a four point Likert type scale which provides four response options (strong yes, yes, no, and a strong no) to measure the protective factors.

The *Social Bonding* domain included the dimensions of school, family, and pro-social norms. The school sub-scale measured the child's perception of the value of school. The family sub-scale measured how emotionally connected the children feel to their families. The Pro-social sub-scale measured the child's ability to trust and engage with others and to view the good in people. Cronbach Alphas for the sub-scales were .89, .65. and .65, respectively.

The *Personal Competence* domain included the following four sub-scales: self-concept examined the respondents' views of themselves; self-control measured how a child manages him or her self; positive outlook measured the respondents' perceptions of their future. This dimension is particularly critical in understanding and working with undocumented, unaccompanied immigrant children because of the lack of control they may feel while they are in custody, which can negatively impact their outlook on the future. Self-Efficacy examined the child's self determination, which is also a crucial factor in a child's ability to solve their problems and overcome adversity. Cronbach Alphas for the sub-scales were .62, .81, .74, and .83, respectively.

The domain of *Social Competence* can best be described as a quality rather than a set of skills or abilities. It has been defined as the power of the individual to be resourceful and to engage with others in a friendly and cooperative manner (Siantz de Leon, 1997). It is measured through three subscales: Assertiveness, Confidence, and Cooperation/Contribution. Assertiveness, as used here, measured to a child's capacity to ask for help or guidance when they feel they need it. Confidence was measured by how well liked the respondent feels, their sense of active membership in a community, and their sense of having companionship in the world. Cooperation/contribution measures the respondent's perception of their readiness to engage with others in a friendly and cooperative manner. Cronbach Alpha reliability coefficients were .70, .69, and .88, respectively.

Independent Variables

Consistent with the study's focus on resilience, risk factors were key independent variables in this study as were the children's perceptions of major life experiences. Risk factors were measured using the IPFI instrument described above. Major life experiences were measured through a series of questions about life in their home country, on the journey, and their outlook for the future. Each was treated as a nominal variable.

Risk factors were comprised of four dimensions: Family Environment, Peer Group, Environment, and Personal Behavior. The Family Environment dimension consisted of scaled items that measured levels of family supervision and family interaction. Cronbach alphas were .76 and .72, respectively. The Peer Group dimension consisted of scaled items that measured levels of positive peer relationships and alcohol and drug usage by friends. Cronbach alphas were .76 and .82, respectively. The Neighborhood Environment dimension consisted of scaled items that measured levels of alcohol and other drug exposure as well as attitudes concerning alcohol and other drug use. Cronbach alphas were .79 and .90, respectively. The final risk factor, The Personal Behavior dimension measured self reported risk behaviors (i.e. acting out) and self reported use of alcohol and other drugs.

The children's perceptions of major life experiences consisted of a series of items that that provided descriptive information about the respondent's previous experiences.

Experience in the home country included such items as whether they lived with family prior to coming to the U.S.; who they were living with; who raised them; school and work experience; how they were treated in the household and why they chose to leave. Experience on the journey included such items that tapped how they were treated on the journey. Outlook for the future was categorized from an open-ended question which elicited information about the respondent's goals for the future. Responses included such goals as pursuing an education, holding a job, and reunifying with family. Each item was treated as a nominal variable and analyzed using t-test and analyses of variance in order to determine the differences in protective factors based on life events.

Background Variables

The background variables were age, gender, country of origin, educational levels, and work experience. Each was measured as a nominal variable and provided a basic description of the study population included in this research.

The Study Instrument

The interview schedule employed in this research consisted of two instruments. As described previously, the first was a 21-item descriptive survey tool that sought information regarding the child's demographic information (age, gender, country of origin, education levels, work experience, family composite, treatment at home and on the journey, motivation to come to the U.S., and outlook on the future). The second instrument was IPFI, which seeks to explore resiliency in children by measuring a child's protective and risk factors. The IPFI was chosen for this study due to the simplicity of the questions, thus making them easier to translate into Spanish and more easily understood by the study population. In addition, the IPFI had sound reliability and comprehensively represented the three domains of resilience supported by the research: the individual, family, and environment.

Data collection began in July 2007 and was completed in October 2007. Data was collected in four sites (Miami, FL, El Paso, Houston, and Corpus Christi, TX). All children who met the study criteria and agreed to participate were potential participants.

This study used a universal population sampling of 118 children (75 males, 43 females), who were between the ages of 14-17 and whose country of origin is located in Central America (Panama, Costa Rica, Nicaragua, Guatemala, El Salvador, Honduras, or Belize). All study participants were classified by the United States government as undocumented, unaccompanied immigrant children. And, all those who participated in the study were placed in federally contracted shelters in Miami, FL, Houston, Corpus Christi or El Paso, TX and those children who met the study criteria had the opportunity to participate in the study. The participants were accessed by the principal investigator's agreement with and permission the ORR. The ORR Division Director granted permission

to interview the children once approval was received from the HHS' Office of Human Subjects Protection and the Office of General Counsel.

There were 134 interviews in total, but 16 were not included as a part of the study because they did not meet the study eligibility requirements due to either the country of origin of the child or their age (12-13).

In summary, this correlational study utilized bi-variate analyses to explore the relationships between protective and risk factors. Further, T-tests and analyses of variance measured any significant differences in these factors based on a child's perception of their life experiences in the home country, on the journey, and in relation to their future outlook. All data was analyzed using SPSS with a confidence interval for all the hypotheses testing at a .05 level of significance.

Results

The findings showed that 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. H1 predicted that there would significant differences in the levels of protective factors based on selected demographic, family, and community experiences in the home country as reported by the children. This hypothesis was partially supported by the presence of statically significant differences ($p=.05$) based on age and gender. However, how children felt that they were treated in the household versus the other children living in the household had a significant effect on the overall social bonding domain. Children who felt that they were treated worse than other children in the household scored higher in the social bonding and personal competence domains than children who felt that they were treated better, the same, or it was not applicable because he or she was the only child in the home. Perception of treatment in the home produced a significant difference in the family dimension of social bonding with children who felt they were treated worse scoring higher in the family dimension. This variable was also linked with the self-concept dimension of personal competence; children who felt that they were treated worse than the other children in the household had higher scores in self-concept.

Also, children who felt they were treated worse scored higher in the confidence dimension of the social competence domain. Those children who reported being treated worse were more resilient in the social bonding and personal competence domains than those children who reported being treated the same or better than the other children in the household or it was not applicable because he or she was the only child in the household. Additionally, these children scored higher in the protective factors of family, self-concept, and confidence than the other children. This finding though counter intuitive could be due to a child's ability to be resilient in these areas when faced with adversity,

thus supporting the challenge model of resilience discussed earlier. Perceptions of treatment in the household also showed significant differences in the risk factors.

Children who felt they were treated worse in the household scored higher in risky family supervision, family interaction, peer AOD use, and the neighborhood environment factors. It is interesting to note that the children who were treated worse also scored higher than the other children in the family dimension of the protective factors and the family supervision and family interaction dimensions of the risk factors.

Children who were raised by their parents instead of someone else had significantly higher scores in the school and pro social norm dimensions of the social bonding domain. Also, children who were raised by their parents scored higher in the confidence dimension of the social competence domain. Who raised the child also had a significant relationship to the family supervision dimension of the risk factors. Children who were raised by someone other than their parents scored higher in the family dimension than those who were raised by their parents.

There were several interesting aspects related to the child's living arrangement prior to his or her journey to the United States. Though this group was small (N=9), children who were not living with family prior to coming to the U.S. scored higher in the positive outlook dimension of personal competence than children who were living with family. This could be related to their survival skills and that children who were living with family prior to the journey often become homesick and missed their families, which could have a negative impact on their outlook. Also, the children who were not living with family scored higher in the self efficacy dimension of personal competence, this could indicate that children who had not been with family became more self sufficient and independent as a result of the lack of familial support.

Children who were not living with family had a significant difference in their overall social competence and particularly in the dimension of assertiveness, which may have supported the child's independence and self-sufficiency. Children who were not living with family prior to their journey to the U.S. scored higher in the neighborhood environment and the self reported AOD use dimensions of the risk factors. It would hold that if a child did not have the needed familial supports he or she could be influenced by the environment and use alcohol and other drugs.

Children who reported never living on their own in their home country scored higher in the self-efficacy dimension of the personal competence domain than children who had lived on their own at some point. Children who had never lived on their own scored higher in the family supervision, neighborhood environment, and the self reported AOD use of the dimensions of risk. Though further exploration would be required this finding begs the question of the quality of the familial relationships and its influence on a child's protective and risk factors. School attendance was categorized for this study as an environmental support. Children who attended school in their home country had higher

self efficacy scores than those children who did not attend school. In addition, there were no significant relationships between school attendance and any of the risk dimensions.

Overall significant differences were identified in the risk factors less frequently than in the protective factors. However, if a child felt that he or she was treated differently in the household and if a child reported having ever lived on his or her own there were differences in four of the nine dimensions of risk.

Perceptions of the Journey

There were only two independent variables that produced significant differences in the dimensions of the protective factors, thus H2 is only weakly supported. Children who reported being treated badly on their journey to the United States had higher scores in the assertiveness dimension of social competence than children who reported being treated well throughout the trip. There was a significant difference between children who reported having been treated well on the journey and the school dimension of the social bonding domain, the self efficacy dimensions of personal competence, the overall social competence domain, and the cooperation/contribution dimension of social competence. In addition, there was a significant difference between children who reported being treated badly on the journey and the family supervision and neighborhood environment domains of risk.

Future Outlook

H3 for this study was partially supported. Future Outlook had a significant impact the dimensions of the protective factors. However, in all cases children who reported wanting to have a family, reunify with family, or return to their home country scored higher than children who expressed a desire to go to school or work. The following is a listing of those protective factors and the respective dimensions that produced a significant difference based on a child's future outlook: Social Bonding—School, Family, Pro Social Norms; Personal Competence--Self Concept, Self Control, Positive Outlook, Self Efficacy; and Social Competence –Assertiveness, Confidence, and Contribution and Cooperation. Though this hypothesis was only partially supported, it could be argued that children who reported wanting to have a family of their own, reunite with family, or return to their home country did have positive life goals and thus supported the significance of the difference with the protective factors.

Multivariate Analyses of the Protective Factors

As a final step in understanding the nature of the protective factors used by these children, a number of multiple regression analyses were carried out. Analytic models testing the influence of various combinations of demographic and life experience variables included in the study proved no more predictive than the bi-variate and difference analyses already presented. However, it was found that selected dimensions of the protective factors, although empirically distinct when factor analyzed, were inter-

related for these children. That is, the combined effects of self concept (beta = .319), pro-social norms (beta = .233), self efficacy (beta = .212), positive outlook toward school (beta = .125) and a positive outlook on life (beta = .191) were each significant at the .05 level and accounted for 84% of the variance in social competence—the strongest protective factor utilized by the study participants.

Utility for Social Work Practice

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. The study results, suggest 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 he or she is in the Federal custodial system.

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 (R. Noa, personal communications, November 18, 2008). Therefore, in order to better prepare the children for their return it is important for children who are returning to their home countries to have systems of care, ensuring a safe and secure return to their families or a child welfare system that will be able to care for them. 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.

If the wave of undocumented, unaccompanied children are going to continue to become a part of the U.S. fabric, those working with and advocating for this unique population must begin to research and obtain empirical data in order to identify the unique service needs of these children. Resulting in a critical effort to understand the

unique strengths, perspectives, and challenges faced by this unique population in order to for social workers to begin to “embrace the differences” of these vulnerable children.

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