Special Considerations for Foreign National Children & Youth Survivors of Trafficking
ACKNOWLEDGMENTS

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USCRI, in partnership with Heartland Human Care Services (HHCS), and the USCRI Home Study & Post Release Services Program, developed this toolkit for service providers across the country and in the U.S. territories who are committed to working with foreign national youth survivors of human trafficking. We thank all these agencies for meeting the needs of survivors of trafficking every day.

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The U.S. Committee for Refugees and Immigrants (USCRI) is the current federal administrator of the Trafficking Victim Assistance Program (TVAP) and the Aspire: Child Trafficking Victim Assistance Program for the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office on Trafficking in Persons (OTIP). USCRI also provides Post Release Services (PRS) for Unaccompanied Children (UC) nationally through the HHS Office of Refugee Resettlement (ORR). Through Aspire and PRS, USCRI partners with direct service providers serving the needs of foreign national children and youth survivors of trafficking.

In 2021, the number of UC entering the U.S. reached record numbers. As a result, there has been an increased need for services for UC nationally, to prevent trafficking and to help children stabilize and heal following experiences of trafficking pre-, during, and post-migration.

The purpose of this toolkit is to address the many unique considerations when working with foreign national child and youth survivors of trafficking, with a focus on case management service needs for UC and other special populations.

This toolkit uses notes, tips, tools, and checklists to provide practical strategies for providers engaged in case management with foreign national youth survivors of trafficking, including UC.
Foreign national adults and minors in the U.S. who have been subjected to a severe form of trafficking in persons are eligible for certain benefits and services under the Trafficking Victims Protection Act (TVPA) of 2000, as amended. For the purposes of this toolkit, a foreign national is an individual residing in the U.S. who is a non-U.S. citizen and non-lawful permanent resident (LPR, commonly known as a “green card” holder).

While there can be significant legal distinctions between children under the age of 18 and youth ages 18-24, many aspects of trauma-informed case management apply to working with young people broadly. The terms “child” and “minor” typically refer to those under the age of 18, whereas “youth” may be more encompassing in its reference to those in late adolescence or early adulthood. When relevant, specific age ranges are further delineated when case management practices would necessarily differ based on the real age or developmental abilities of the client being served. Readers should keep in mind that a child’s developmental age may differ from the child’s actual age.

It is important, whenever age ranges are offered, to think about the emotional, behavioral, and cognitive functioning of the child and select actions consistent with the child’s developmental level, which may vary. It is also advisable to keep in mind that conceptualizations of childhood and acceptable roles for children vary across time, cultures, and socioeconomic situation. These differences are relevant when working with foreign national children and understanding those differences is an important aspect of offering culturally appropriate services.
A state may elect to define “child” for the purposes of the Preventing Sex Trafficking and Strengthening Families Act as a person who has not reached the age of 24.

Debt Bondage: includes a pledge of services by the debtor or someone under the debtor’s control to pay down known or unknown charges (e.g. fees for transportation, boarding, food, and other incidentals; interest, fines for missing quotas, and charges for “bad behavior”). The length and nature of those services are not respectively limited and defined, where an individual is trapped in a cycle of debt that he or she can never pay down.

Department of Homeland Security (DHS): a federal agency that handles public security-related matters, including counterterrorism, border security, cybersecurity, immigration and customs, and disaster prevention, preparedness, and management.

Eligibility Letter: a letter issued by HHS OTIP to a foreign national minor who has experienced a severe form of trafficking in persons in accordance with the TVPA of 2000, as amended. This letter enables a foreign national minor victim of a severe form of trafficking to be eligible to apply for benefits and services to the same extent as a refugee. The letter does not expire and does not confer immigration status.

English as a Second Language (ESL): refers to specialized approaches to language teaching designed for those whose primary language is not English.

Executive Office for Immigration Review (EOIR): a federal office in the Department of Justice that administers the immigration court system. EOIR is responsible for adjudicating immigration cases.

Interim Assistance Letter: a letter issued by HHS when it is determined that a foreign national minor may have experienced a severe form of trafficking in persons. The Interim Assistance Letter allows the recipient to apply for benefits and services for up to 120 days while OTIP makes determination for long-term assistance.

Involuntary Servitude: any scheme, plan, or pattern intended to cause a person to believe that, if the person did not enter into or continue in such condition, that person or another person would suffer serious harm or physical restraint; or the abuse or threatened abuse of the legal process.

Office of Refugee Resettlement (ORR): a federal office in the Administration for Children and Families, an operational division of HHS, which oversees care for UC in the U.S.

ORR National Call Center (ORR NCC): an ORR hotline accessible to UC and their sponsors in need of assistance: 1 (800) 203-7001.

Office of Trafficking in Persons (OTIP): a federal office in the Administration for Children and Families, an operational division of HHS, that develops anti-trafficking strategies, policies, and programs to prevent human trafficking; builds health and human service capacity to respond to human trafficking; increases victim identification and access to services; and strengthens health and well-being outcomes for survivors of human trafficking.

Notice to Appear (NTA): Form I-862, a charging document that DHS issues and files with the immigration court to start removal proceedings against an individual.

Peonage: a status or condition of involuntary servitude (see above definition) based on real or alleged indebtedness.
Post-Release Services (PRS): services provided to some UC based on the child’s needs after they leave ORR care. PRS providers coordinate referrals to supportive services in the community where the unaccompanied child resides.

Sponsor: an individual or entity to which ORR releases an unaccompanied child from federal custody. This may be a family member, friend, or other verified relative. Sponsors are required to adhere to the terms of the ORR Sponsor Care Agreement until a child turns 18.

Survivor (of human trafficking): a term applied to persons who have experienced human trafficking. It is used sometimes as an alternative to the term, “victim,” utilized within the criminal justice system to define persons who have experienced human trafficking. The term, “survivor,” generally recognizes the resilience and agency of persons and may be used in place of the term “victim.”

Trafficking: The TVPA of 2000, as amended, defines “Severe Form of Trafficking in Persons” as:

- **Sex Trafficking:** the recruitment, harboring, transportation, provision, obtaining, soliciting, or patronizing of a person for the purpose of a commercial sex act, in which a commercial sex act is induced by force, fraud, or coercion, or in which the person forced to perform such an act is under the age of 18 years; and

- **Labor Trafficking:** the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.

Unaccompanied Child/Children (UC): a child under 18 who has no lawful immigration status in the U.S., and who either:

- Has no parent or legal guardian in the U.S. or
- Has no parent or legal guardian available to provide for him or her at the time of apprehension.

Unaccompanied Refugee Minors (URM) Program: an ORR-provided foster care placement and services to unaccompanied refugee minors and other special populations of youth in the U.S., including foreign national victims of trafficking.

Verification of Release (VOR): an official document provided to UC and their sponsors by ORR care provider facilities showing that ORR released the UC into the sponsor’s care and custody.

Youth: refers to late childhood and early adolescence, including up to age 24.

Not all children whose experiences meet the federal definition of trafficking will self-identify as “victims” or “survivors” and may not perceive any experience of trauma. Children may normalize the conditions and situations of their environment, including adverse circumstances or vulnerabilities.

Federal law makes some distinctions between trafficking of adults and minors. Under federal law, any time a child under the age of 18 is induced to perform a commercial sex act, they are a victim of trafficking and eligible to access services and protection. The use of force, fraud, or coercion does not need to be present or observable. On the other hand, by federal definition, labor trafficking must include elements of force, fraud, or coercion. In addition to knowing federal and state laws related to trafficking, professionals working with children and youth need to know their state specific laws about mandated reporting. When children under the age of 18 disclose information about having been trafficked, this may trigger specific mandating reporting requirements that vary by state. The Justice for Victims of Trafficking Act of 2015\(^4\) updated the definition of child abuse in the Child Abuse Prevention and Treatment Act\(^5\) to include sex trafficking. Mandated reporters are required to follow their state and local child welfare reporting requirements and report trafficking accordingly.

In accordance with the TVPA of 2000, as amended, a provider should notify OTIP of trafficking concerns within 24 hours of having credible information that a foreign national minor may be a victim of trafficking. OTIP will accept case referrals even after the initial 24-hour period. Providers can notify OTIP by completing the Request for Assistance (RFA) through the OTIP Shepherd System.

For more information: https://www.acf.hhs.gov/otip/victim-assistance/shepherd

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Unaccompanied Children (UC) are particularly vulnerable to trafficking at various points in their lives. UC may have experienced trafficking prior to migration in their home country, during their migration journey, or upon arrival and reunification with a sponsor in the U.S. Children often migrate due to abuse, neglect, violence, poverty, and/or separation from family members who are already in the U.S. These factors also make a child more vulnerable to exploitation in their country of origin. During migration, the journey is often dangerous, and children may incur a debt for their travels. Children may be susceptible to sexual exploitation or forced labor during their journey, particularly when traveling alone. Upon arrival in the U.S., UC typically reunify with relatives or family friends, known as sponsors, with whom they have had a limited prior relationship. UC are vulnerable to trafficking by a sponsor, employer, or others in the U.S. who are aware of the child’s vulnerability as a child without legal status.

UC navigate various complex systems as part of their transition to life in the U.S. This section will describe the typical journey of UC to the U.S., entry into the U.S. immigration and child protection systems, and release into the community.
OVERVIEW OF UC SYSTEMS

UC may choose to migrate for various reasons. Some of the most commonly reported reasons for migration include:

- Reunifying with family in the U.S.
- Fleeing persecution from gangs, community violence, corruption, or being part of a targeted group
- Abuse, neglect, or abandonment
- Domestic violence
- Escaping poverty
- Pursuing economic and educational opportunities
- Environmental factors (e.g. COVID-19, natural disasters)
- Concerns of trafficking in home country

The vast majority of UC arrive to the U.S. southern border by traveling through Mexico and Central America. In 2021, nearly half of UC were from Guatemala, 32% from Honduras, 13% from El Salvador, and 1% from Mexico. All other countries constitute 7% of the UC population. Children traveling alone from Mexico or Canada are not given the same protections as children from non-contiguous countries. Children from Mexico or Canada are required to be screened by Customs and Border Protection (CBP) to determine if they are unable to make independent decisions, are a victim of trafficking, or have fears of persecution in their home country. If these concerns are not identified, children from Mexico or Canada are returned to their country of origin and are not admitted into the UC system.¹⁶

FY2021 Unaccompanied Children by country of origin, gender, and age

Source: Office of Refugee Resettlement

THE ROUTE

Travel to the U.S. can be extremely dangerous. Children may travel alone, with family members, or with the help of a guide. It is common for children and families to incur a debt for a child’s travel to the U.S., which creates further vulnerability to exploitation and potential trafficking.

DISTANCES TO THE U.S. BORDER

Mexico City, Mexico  
561 miles

Guatemala City, Guatemala  
1,210 miles

San Salvador, El Salvador  
1,317 miles

Tegucigalpa, Honduras  
1,504 miles

The Risks

- Dangerous conditions of riding cargo trains
- Risk of physical and sexual assault
- Kidnapping, extortion, and being held for ransom
- Sex and labor trafficking
- Witnessing violence
- Extreme desert temperatures
- Exhaustion, heat stroke, dehydration
- Harsh and dangerous terrain

NOTE

Trafficking and smuggling are two separate crimes under federal law. Although children may be vulnerable to trafficking as a result of smuggling, the two are not synonymous.

HUMAN TRAFFICKING

- Victims are forced, defrauded, or coerced into trafficking. Even if victims initially offer consent, that consent is rendered meaningless by the actions of the traffickers to exploit them for labor, services, or commercial sex.
- Human trafficking is a crime against an individual.
- Trafficking does not need to involve the physical movement of a person. Trafficking victimization can be transnational or domestic.

HUMAN SMUGGLING

- Individuals may consent to being smuggled. The transaction is often mutual and ends upon arrival at the desired destination.
- Smuggling is a crime committed against a country.
- Smuggling involves the illegal transport of an individual across a national border. Smuggling is always transnational.
**ARRIVING TO THE U.S.**

When children arrive at the U.S. border, they are taken into custody by the Department of Homeland Security (DHS). DHS is legally required to screen for trafficking and transfer UC to a shelter run by ORR within 72 hours.

Due to their vulnerabilities, UC are placed in shelters run by ORR that specialize in caring for recently arrived foreign national youth. These placements should reflect the “least restrictive setting” that matches the child’s needs, and may include foster care, congregate care, residential treatment facilities, and other forms of placements across the country. Children will continue to be assessed for signs or concerns of trafficking while in ORR care.

Children in ORR care have the right to reunify with family or friends in the U.S. while they await their legal proceedings, if ORR deems it safe and appropriate. These relatives or family friends are called “sponsors,” who agree to take over care of the child and ensure that the child attends immigration court until their legal case is decided. To reunify with a UC, sponsors must undergo a screening process, which may include a home study.

Of the children who are served through the ORR system, the majority are reunified with a sponsor, often a biological parent or a legal guardian. It is not required that a sponsor have legal immigration status. Children who do not have a viable sponsor will remain in ORR care while their immigration case is decided and may enter a long-term foster care setting or the Unaccompanied Refugee Minors (URM) program.

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**THE FLORES AGREEMENT**

As a result of the Flores Agreement, ORR must:

- Keep children in the least restrictive setting that is in the best interest of the child, taking into account flight risk and danger to self and others.

- Provide classroom education, mental and medical health services, case management, and socialization and recreation.

- Be guided by best interest determinations, looking at the holistic well-being of the child (mental health, safety, being reunified with a sponsor who can adequately meet child’s needs, etc.).

- Provide family reunification services that facilitate safe and timely release to family members that can care for them.
Shelter Case Manager identifies potential sponsor through discussions with the child and family members in home country.

Contact is made with the sponsor and a Family Reunification Packet is sent to them to complete.

In some cases, a home study is completed to conduct a more in-depth assessment of the sponsor and placement.

Shelter Case Manager submits a Release Request, which is reviewed by a third-party Case Coordinator and Federal Field Specialist who approves or denies the child’s release to the sponsor.

The sponsor reunification process is designed to assess for the safety and suitability of a placement for the child. A sponsor must agree to the Sponsor Care Agreement and complete the ORR Family Reunification Application, which may involve background checks, fingerprinting, address verification, and demonstration of prior relationship with the child. The child’s parent or legal guardian signs a Letter of Designation for Care of the minor, granting permission for the sponsor to care for their child in the U.S. This does not confer legal guardianship to a sponsor upon release, but guardianship can be obtained upon release of the child through the local family court system.
When a child presents with particular vulnerabilities, including concerns of trafficking, a home study is requested by ORR to provide a more comprehensive assessment of the sponsor and ensure placement safety and protection for the child. The Trafficking Victims Protection Reauthorization Act (TVPRA) of 2008 requires that a home study be conducted when:

- A UC is a victim of a severe form of trafficking in persons.
- A UC is a special needs child with a disability as defined by section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102).
- A UC has been a victim of physical or sexual abuse under circumstances that indicate that the UC’s health or welfare has been significantly harmed or threatened.
- The proposed sponsor clearly presents a risk of abuse, maltreatment, exploitation or trafficking to the child based on all available objective evidence.\(^7\)

Other instances when a home study may be conducted include when:

- The UC is under the age of 12 and the sponsor is a non-relative.
- The sponsor is unrelated and is seeking to sponsor multiple children.
- The sponsor is unrelated and has previously sponsored another child.
- Special circumstances when a home study is requested to obtain more information (discretionary).

The Home Study Assessment is a comprehensive process conducted by a specialized case worker that visits the sponsor in their home to assess the safety and suitability of the placement. The home study worker conducts a private interview with the minor while they are in the facility to better understand their expectations for reunification with the sponsor. They also interview all household members, provide community resources, and coordinate with ORR facility staff regarding the minor’s progress and needs. A comprehensive home study assessment report with a positive or negative recommendation is submitted to ORR within 10 business days of referral to advise on the release of the minor to the sponsor. The ORR Federal Field Specialist (FFS) makes all final release decisions.

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Children who are released following a TVPRA home study are eligible to receive Post-Release Services (PRS) until they reach 18 years of age, or their immigration case is terminated. These voluntary services provide follow-up case management to minors upon reunification with their sponsor. Other children may be referred for PRS for six months if different vulnerabilities are identified, or if they receive a non-TVPRA home study.

Post Release Services provide virtual and in-person services, including but not limited to connection to resources in the following service areas:

- **LEGAL SERVICES**
- **SCHOOL AND OTHER EDUCATIONAL PROGRAMS**
- **LEGAL GUARDIANSHIP**
- **MEDICAL AND DENTAL SERVICES**
- **PARENTING CLASSES**
- **MENTAL HEALTH SERVICES AND COUNSELING**
- **GANG PREVENTION PROGRAMS**
- **SUBSTANCE ABUSE PREVENTION**
- **INDEPENDENT LIVING SKILLS**
- **SERVICES FOR INDIVIDUALS WITH SPECIAL NEEDS**
- **YOUTH PROGRAMMING**
- **SERVICES RELATED TO CULTURAL AND OTHER TRADITIONS**

For the most up-to-date information about PRS, please visit ORR’s website.

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ELIGIBILITY FOR BENEFITS AND SERVICES

UC may be identified as survivors of trafficking by DHS; while in ORR care; or in their community by a PRS worker, attorney, law enforcement, teacher, child welfare worker, or other community advocate. Children also self-report trafficking concerns to the ORR National Call Center or National Human Trafficking Hotline.

Foreign national children and youth qualify for special benefits and services in the U.S. as survivors of trafficking. OTIP issues Interim Assistance or Eligibility Letters for foreign national children that have experienced trafficking in their home country; during migration; or upon arrival in the U.S. Common trafficking concerns for UC and other foreign national children and youth include:

- Sex acts in exchange for something of value
- Coercion to work by a caregiver or sponsor
- Recruitment into forced criminality by gangs
- Involuntary sexual servitude
- Forced labor during migration by coyotes or others on the journey
- Domestic servitude
- Fraudulent sponsorship schemes
- Debt bondage or peonage related to travel debts

Foreign national children and youth survivors of trafficking, including UC, are eligible for case management services in their communities. Children will be referred for services once their Request for Assistance is submitted and trafficking concerns are confirmed by OTIP. Children are eligible to receive comprehensive case management services as survivors of trafficking to help them access benefits with their HHS OTIP Eligibility or Interim Assistance Letter. Survivors can access these services as children or after they turn 18, as long as a Request for Assistance has been submitted prior to their 18th birthday.

Trafficking-specific case management services may also include access to financial assistance to cover basic needs, including housing, food, clothing, personal items, transportation, and other needs common to trafficking survivors. Trafficking-specific comprehensive case management services may be provided through federal, state, or locally funded programs in the child’s community to help them access benefits and community resources.

REQUEST FOR ASSISTANCE

A Request for Assistance is an online form that a provider should complete within 24 hours to request help for a minor who the provider suspects may have been trafficked. Providers may access the form through OTIP’s Shepherd System.

This three minute video provides an overview of the process for requesting assistance.
### BENEFITS WITH AN HHS ELIGIBILITY LETTER MAY INCLUDE:

<table>
<thead>
<tr>
<th>Food</th>
<th>Money</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supplemental Nutritional Assistance Program (SNAP):</strong> Assistance program used like cash to pay for food at most grocery stores.</td>
<td><strong>Supplemental Security Income (SSI):</strong> Cash assistance to meet basic needs (food, shelter, and clothing) for people who are blind, aged, or have a disability and have little or no income and resources.</td>
</tr>
<tr>
<td><strong>Temporary Assistance for Needy Families (TANF):</strong> Cash and work opportunities for families and children under 18 years old.</td>
<td><strong>Refugee Cash Assistance (RCA):</strong> Time-limited cash assistance for refugees and other special populations who are not eligible for SSI or TANF. <em>RCA is only available for up to 8 months following your Benefits Start Date.</em></td>
</tr>
</tbody>
</table>

**Health Insurance and Medical Services**

- **Medicaid:** Health coverage for people with low income and limited resources.
- **Refugee Medical Assistance (RMA):** Time-limited medical help for refugees and other special populations who are not eligible for Medicaid. *RMA is only available for up to 8 months following your Benefits Start Date.*
- **Children's Health Insurance Program (CHIP):** Health insurance for low-income, uninsured children under 18 years old.
- **Office of Refugee Resettlement (ORR) Medical Screenings:** Health screenings, diagnosis, treatment, and preventative care.

**Mental Health**

- **Substance Abuse and Mental Health Services Administration (SAMHSA):** Help with substance use and mental illness.

**Higher Education**

- **Title IV Federal Student Financial Aid (FAFSA):** Grants, loans, and work study to help pay for education.

**Employment**

- **Job Corps:** Career training program for youth 16 to 24 years old.
- **Refugee Support Services:** Services include English language training, vocational training, and job placement and retention.

**Housing**

- **Public Housing Program:** Affordable housing for low-income families & individuals.
- **Housing Choice Voucher Program:** Housing voucher program to help low-income families and individuals pay rent.
- **Unaccompanied Refugee Minors Program (URM):** Foster care for unaccompanied refugee minors and other special youth populations in the United States.

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**Questions about your letter and benefits**

Office on Trafficking in Persons Child Protection Specialists  
Child Trafficking@acf.hhs.gov

**Case management services in your area**

Trafficking Victim Assistance Program  
traffickingvictims@uscridc.org

**Emergency services**

National Human Trafficking Hotline  
Live chat humantraffickinghotline.org/chat
There are certain case management service areas that are particularly important to address for foreign national children & youth survivors of trafficking, especially those who are UC. UC may have been separated from family for many years, or may be reunifying with a distant relative or family friend with whom they are establishing a close relationship for the first time. There may be ongoing needs regarding the minor’s safety following an incident of trafficking. UC and their sponsors may be navigating complex systems for the first time, including legal, education, and medical and mental health care systems in the U.S. Children with HHS OTIP Eligibility Letters may be navigating the benefits and Social Security systems for the first time. This section will address common areas of case management support for foreign national children and youth survivors of trafficking, with special attention given to the service needs of UC and their sponsor families.
SAFETY CONCERNS

Foreign national children and youth, including UC, experience heightened risk factors for safety concerns, including trafficking. Foreign national children and youth are adjusting to a new home environment, are navigating the immigration legal system, tend to have less stable family ties, and may be experiencing post-traumatic stress from their migration or pre-migration experiences. A child may be experiencing pressure to repay a debt from their travels, or financial pressure from their sponsor as they acclimate to a new environment. Children and youth may also feel a need to help provide for their family in home country. A child may also be vulnerable to grooming for sexual exploitation by an adult. It is important to review a child’s right to safety and discuss safety planning pre-emptively to empower a child to seek help in unsafe situations.

This section will provide a brief overview of safety planning; for a more in-depth look at safety planning, please refer to USCRI’s Safety Planning with Foreign National Children and Youth Survivors of Trafficking toolkit.

CHILD LABOR LAWS

It is not uncommon for foreign national children and youth to come to the U.S. to work because they want to financially support their families in their home countries. Although children and youth may not have work authorization, they may feel pressured to work to provide financial support to their family or household, or may have worked in their country of origin and have a different understanding of expectations in the U.S. It is important to discuss labor laws and the benefits of obtaining work authorization with children and youth, to ensure they are aware of the laws in the U.S. and rights that they may have as workers. There are various risks associated with working in the U.S. without legal authorization, including creating complications for a child’s immigration court case, especially if a child or youth is using someone else’s documents to work. In addition, foreign nationals that work without authorization, especially minors, may be more at risk for exploitation or maltreatment by their employer, including trafficking. See the “legal” service section to understand more about pathways to work authorization.

There are several federal laws that protect minors who work in the U.S., and many states also have their own laws and protections. According to federal law, minors at least 16 years of age who have legal work authorization can work in any employment, as long as it is not deemed hazardous. Some examples of hazardous jobs for minors include: mining, the use of electrical machinery, roofing work, and operating vehicles. There are different laws and more restrictions for minors 14-15 years of age who have work authorization, who are allowed to work in certain places such as a farm, office, restaurant, or store. However, minors 14-15 years of age are not allowed to work during school hours and there are limitations in the number of hours they can work (for example: no more than 3 hours on school days). There are also laws in the U.S. that require a minimum wage for workers – this amount can change and varies by state. Many states have a minimum wage that is higher than the federal minimum. Workers are entitled to overtime pay for work over 40 hours a week. Federal law also requires that an employer ensure a safe and healthy work environment (for example, that machines are functioning properly and receive frequent and appropriate maintenance, that workers are protected from toxic chemical substances, and that there are no other preventable health or safety hazards). These protections apply to those working with or without authorization.
What are some of the signs that your employer might be abusing or exploiting their employees, or, if you are an immigrant youth, that your caregiver may be exploiting you?

- You are not being paid the minimum wage in your state;
- You work more than 40 hours a week and aren’t getting paid overtime;
- You are not allowed to take breaks during the work day to eat or go to the bathroom;
- You are not allowed to take a day off when you’re sick;
- You’re being threatened that you’ll lose your job if you miss a day, or lose your housing if you don’t work;
- Your employer or someone else has your important documents in their possession so that you don’t have access to them (such as your passport, work permit, or Social Security card);
- Someone is taking away money from your earnings to pay rent or another expense, or to pay off a debt;
- Someone is threatening that they will call the police or immigration on you for working without authorization;
- Someone is threatening to harm, or has harmed, you or your family if you don’t work;
- You feel forced to work out of fear of something bad happening if you don’t work.

If you find yourself in a situation like this, talk to your case worker or other trusted individual to ask for help. You can also call the National Human Trafficking Hotline, or if you are an unaccompanied immigrant child, you can call the Office of Refugee Resettlement (ORR) National Call Center at 1-800-203-7001 to ask for help, obtain information about resources and your options, and connect to services. You may be eligible for special assistance if you have been exploited at work in the U.S.

**Click here for this checklist in Spanish**

**Resources:**

USCRI Unaccompanied Children (UC) Resource Center - Child Trafficking: https://ucresourcecenter.org/child-trafficking/

(Spanish) Know Your Rights - Derechos de Inmigrantes: https://ucresourcecenter.org/derechos-de-inmigrantes/
CHILD ABUSE & NEGLECT LAWS

In the U.S., all children, regardless of their immigration status, are entitled to protection under the law. These laws serve to keep children free from exploitation, harm, and danger.

Child abuse is an act or failure to act on the part of a parent or caretaker, which results in the harm of a child, or presents an imminent risk of serious harm to a child. It may include different types of maltreatment:

- **Physical abuse** is the use of physical violence to discipline a child, often resulting in physical injury to the child
- **Verbal abuse** is threatening or insulting a child
- **Emotional abuse** is withholding emotional support, love, and care from a child
- **Sexual abuse** is the sexual molestation or exploitation of a child

Neglect is the failure of a caregiver to meet a child’s physical, emotional, educational, or medical needs:

- **Physical neglect** is the failure to meet a child’s basic needs such as nutrition, clothing, shelter, and hygiene. This also includes inadequate supervision or a complete lack of supervision of the child by the adult.
- **Educational neglect** is the failure of a parent or caregiver to enroll a child of mandatory school age in school, as well as allowing a child to repeatedly skip school, or ignoring a child’s educational needs.
- **Emotional neglect** is the failure to meet a child’s emotional needs, which includes threatening, shouting, name calling or withdrawing affection from a child.
- **Medical neglect** is the failure to provide or delaying necessary or recommended medical treatment.

Child protective services (CPS) is the center of child protection efforts in the U.S. They are required by law to screen all reports of abuse and neglect. Mandated Reporters are people who, because of their profession, are legally required to report any suspicion of child abuse or neglect to the relevant authorities. Mandated Reporters include social workers, teachers, educators, counselors and therapists, and medical professionals. Case managers should review confidentiality and its limits, including mandated reporting, and obtain informed consent from children, youth, and caregivers before initiating services.

(English) [Child Abuse Prevention](#)
(Spanish) [Prevención de Violencia](#)

CASE EXAMPLE: GERSON

You conduct the initial home visit with Gerson, a UC, and his sponsor. Gerson is quiet for most of the visit and appears tired. You meet with Gerson alone. He reports that since reunification he has been working 9 hours a day, 6 days a week. His cousin, who also lived in the home, recently left the home and therefore is no longer able to help with the bills. Gerson wants to go to school but feels obligated to help his brother. The rent is due and if they don’t pay it soon they will be evicted.
You ask about Gerson’s job. He and his sponsor both work for a painting company. Gerson makes $40 a day. He gives $20 a day to the sponsor for his room and board. With his extra money he is saving for a painter’s mask. He sometimes feels sick because of the fumes and also reports having a headache most of the time. Gerson doesn’t want you to tell the sponsor about their conversation.

What are the concerns in this case that would necessitate a CPS report?

✔ While it does not appear the sponsor is forcing Gerson to work, he is also not ensuring that he is attending school.

✔ The sponsor is not providing for Gerson’s needs.

✔ The minor’s job is creating a safety/health risk for him.

✔ The minor is making well under the federal minimum wage, indicating exploitation by his employer.

Other considerations and areas for assessment in this case:

- Safety plan with the minor around health and safety concerns at work and at home.

- What does the minor believe would happen if he doesn’t work? Does the minor fear the sponsor? Does the minor want to continue residing with the sponsor, or would he prefer to live elsewhere?

- Is the sponsor aware of his obligation to care for the minor’s needs, including school enrollment? Are there other resources available to alleviate household financial concerns?

- Has a Request for Assistance been submitted to OTIP? The minor may qualify for additional benefits and services if the minor is found to be a victim of trafficking.

Ensure children and youth know:

If they are experiencing any type of abuse, neglect, or maltreatment, they can report it at their school, a police or fire station, clinic, or to a trusted adult. They can also call the National Child Abuse Hotline at 1-800-422-4453 to request help.

Children and youth in the U.S. have the right to be safe and treated with dignity and respect. It doesn’t matter if the child was born here or has recently arrived in the U.S., all children have a right to:

✔ Live in a safe environment with an adult that cares for their needs

✔ Receive three meals a day, dress in clean clothes, and have a roof over their head

✔ Go to school in a safe environment where they are treated equal to their peers

✔ Be disciplined without the use of violence

✔ Be included in groups without importance to race, religion, or disability

✔ Live free from physical, emotional, verbal, or sexual abuse or exploitation of any form
**PLACEMENT STABILITY**

The stability of a child’s placement with a sponsor is foundational to a child’s ability to feel safe, settled, and comfortable integrating into a new life and culture in the U.S. However, children and sponsors face a variety of challenges in adjusting to the dynamics of a new household. When a youth is reunited with a family member or other sponsor, they may initially be relieved to be away from ORR shelter care and feel some semblance of certainty in where they are living. However, this can turn into a more complicated relationship over time, due to the processing of their trauma; a lack of familiarity with their sponsor or guardian; or the burden of debt for coming into the country that may be held over a youth as they live in the home.

Common Challenges for UC:

- Family reunification/reintegration after many years of separation
- Adjustment to a new culture, language, school, and community
- Lack of prior formal education in home country
- Pressure/desire to work in the U.S. to support family in home country or repay a debt for their migration

Many children and youth also experience what are known as “acculturation stressors.” Acculturation refers to the changes that take place because of interaction with culturally dissimilar people, groups, and social influences. Foreign national children and youth go through an acculturation process as they navigate life in the U.S. Ideally, foreign national youth are able to maintain characteristics of their own culture while also learning and adopting characteristics of the host culture. However, this is easier said than done. *Intergenerational cultural dissonance* (ICD)—a clash between parents/guardians and children over cultural values—is a frequent issue for foreign national youth. Common acculturation stressors involve differences in beliefs between the culture of origin and host culture, pushback from parents or guardians around the youth’s decision to adopt characteristics of the host country, uncertainty about their legal immigration status, discrimination, isolation, and a lack of sense of belonging to the larger society.

The following case example highlights some of the household dynamics that may arise when working with immigrant youth and the ways in which case managers can help set expectations, delineate and clarify roles, and help a youth and family manage tension and stress in the home.

**CASE EXAMPLE: MARTA**

Marta, a young person from El Salvador, is reunited with her mother’s sister. Marta’s mom is currently in detention in Texas, having separately been apprehended on her own prior to Marta’s arrival in the U.S. While Marta is initially ecstatic to be reunited with family, her aunt is struggling...
to make ends meet, care for her own children, and support a new person in the home, all while being fearful about her own immigration status. Marta is facing her own struggle with trauma, having flashbacks of when she was first separated from her family and feeling triggered by her aunt’s similar mannerisms to her mother. That trauma is manifesting in how Marta responds to her aunt, sometimes lashing out and claiming that she is not her mom and that no one understands her here. Marta reaches out to her case manager after one particularly intense fight with her aunt, who claims she is rethinking her ability to care for Marta given the circumstances.

Considerations

- Talk to Marta individually and in private about her family dynamic and any safety concerns.
- Discuss with Marta how she may cope with triggers and find comfort in self-regulating strategies when remembering or missing her mom.
- Work in collaboration with the family to re-evaluate the types of support that may be helpful for the household so that the aunt can continue to care for Marta if possible.
- Suggest setting up a time to talk to the aunt and Marta together to see if there are other ways to support them in their relationship.
- Educate Marta and her aunt about the impact of trauma and family separation on the youth’s mental health and adjustment.
- Discuss the purpose and benefits of counseling services and refer for services if the family is interested.

Household dynamics can look different depending on the relationship the child or youth has to their sponsor, especially if they are not directly related. It is important to understand what the sponsor knows about laws in the U.S., especially as it pertains to a child’s right to an education and federal and state standards on child labor. This may often come into play as it relates to outstanding debt a youth may have incurred for their journey to the U.S. Sponsors and minors may be unaware of laws that relate to mandates for education or age and work limits, and should be educated on this so they are aware of the repercussions of any violations of the law. It is helpful for case managers to refer UC sponsors back to ORR’s **Sponsor Handbook** to examine and understand their obligations.

If the relationship between the sponsor and minor is disruptive, unsafe, or otherwise negative, it may be in the minor’s best interest to live with an alternative caregiver. The **Sponsor Care Agreement** states that sponsors should call the ORR National Call Center if they’re no longer willing and able to care for a UC placed in their care and unable to temporarily transfer custody. UC or case managers can also call the ORR National Call Center to request support. If a child is experiencing abuse or neglect, or is suddenly without an appropriate caregiver, providers should contact CPS. Children may be eligible for services through state foster care.

PRS workers may have unique insights into the home environment and safety concerns for UC. A UC residing with a caregiver and experiencing placement stability concerns may request PRS through the ORR National Call Center. A PRS case manager can assist the minor/family in navigating placement stability concerns and orienting the new caregiver on their responsibilities if the minor does change placements. Other professionals include ORR-funded **Child Advocates**, who are provided with access to information necessary to effectively advocate for the best interests of children with whom they are working, including those outside of ORR care. Many child advocates have a clear understanding of the safety issues present in a young person’s life and continue to remain in touch post release from ORR care when appropriate.
One of the primary service area needs for UC and all foreign national children and youth survivors of trafficking is access to legal services. The TVPRA of 2008 guarantees UC due process in immigration court, and UC must be allowed consultation with an advocate. However, access to an attorney is not guaranteed for UC or other foreign national children and youth survivors of trafficking. Statistics show that immigrant children are up to five times more likely to obtain legal relief with an attorney compared to children who do not have an attorney.\(^9\)

It is never too early to start searching for a lawyer, and it is important that minors do not wait until they have a court date scheduled to speak to an attorney. There are many things that can be done before a minor’s court date, and there may not be enough time to complete those steps unless they start working with an immigration attorney as soon as possible.

Pro-bono or low-cost attorneys may be available to assist with a minor’s case; otherwise, case managers can assist with referrals to reputable private attorneys in the community.

Foreign national children and youth survivors of trafficking and UC may choose to pursue a variety of forms of legal relief. Although a foreign national child may have a history of trafficking, this does not necessarily mean that they are eligible for a T visa. UC commonly pursue asylum or Special Immigrant Juvenile Status (SIJS), and a T visa is more common for foreign national minors that experience trafficking in the U.S. and/or are in the U.S. on account of their trafficking.

UC are placed in removal proceedings and issued a Notice to Appear (NTA) upon arrival in the U.S., prior to transfer to ORR care. Children are then required to follow up on their court proceedings while in ORR care and upon release. Children are issued what is known as an “A-Number,” an eight or nine digit identification number used on all DHS and EOIR documents, that is very important for tracking their court case. Case managers should provide education to families on how to access the minor’s information through the EOIR court hotline (800-898-7180) or EOIR website. This EOIR Automated Case Information System will notify a child and their family about upcoming court dates and case processing information. If a child’s information is not yet in the system, their court date has not yet been scheduled. It is recommended to check the hotline or website every 1-2 weeks for updates on the minor’s court case.

Families should also receive information about the child’s upcoming court information by mail. If a child and/or family relocate to a new address, it is important to notify the court and DHS of their new location. Typically, ORR shelter case managers will request that the address and court location, or “venue,” be changed from the ORR facility to the minor’s new location upon their release to a sponsor. However, if the court appointment is scheduled in the minor’s previous location, it may be necessary to submit

the Change of Address/Change of Venue (COA/COV) paperwork to the court and DHS. Note that the COA can now be completed online but the COV must be sent by regular mail. Families may need assistance completing these forms in English and mailing them to the court. For more information, and for sample forms and instructions, check out the tool below.

(English) Legal & Immigration
(Spanish) Información Legal

It is helpful to educate families about the benefits of obtaining legal guardianship, when a caregiver is deemed safe and appropriate, including the ability to make financial, medical, and educational decisions on behalf of the child. Becoming a child’s legal guardian may also provide the child with a sense of permanency and stability, which can impact their well-being and development. Legal guardianship can be obtained by submitting a request to the local court for approval. Legal guardianship is not the same as adoption, as it does not terminate a parent’s rights. The child’s parents should still be involved in decisions regarding the child’s well-being.

(English & Spanish): Benefits of Obtaining Legal Guardianship of an Immigrant Child - Los Beneficios de Obtener La Tutela Legal de un Menor Inmigrante
Asylum

Asylum is a protection offered to people who have a fear of returning to their home country, especially individuals who have been harmed or threatened with harm due to their race, religion, nationality, political opinion, or membership in a particular social group. Applying for asylum is a complicated process and anyone seeking to apply for asylum should look for an immigration attorney to help them. Individuals who are granted asylum can live in the U.S. legally and apply to be a Lawful Permanent Resident (LPR) after one year. After five years as a LPR and once they are 18, the individual can apply for citizenship.10

Special Immigrant Juvenile Status (SIJS)

There are two criteria that determine eligibility for SIJS:

1. The minor was abused, abandoned, or neglected by one or both parents in their home country or in the U.S., and
2. It is not in the minor’s best interest to return to their home country or to the parent who abused, abandoned, or neglected them.

There are also two components of the SIJS application process:

1. The first step involves obtaining legal guardianship of the minor through the local family court process. If a sponsor or caregiver is the minor’s parent, they will need to obtain sole legal guardianship in order to move forward with the SIJS process. Additionally, if the minor does not have a caregiver, they will need a special order from a family court judge declaring the minor dependent on the juvenile court. Most states require that this be done before the minor turns 18.

2. The second step involves filing an application with USCIS for the SIJ Classification. After SIJS is approved, the child can apply to become a Lawful Permanent Resident once there is a visa available for them. The availability will depend on the child’s country of origin and often takes about 2 years. After five years as a lawful permanent resident, and once they are 18, the minor can apply for U.S. citizenship.

**T visa**

To be eligible for T Nonimmigrant Status, an individual (adult/child) must demonstrate that he or she:

- Is or has been a victim of a severe form of trafficking as defined by the Trafficking Victims Protection Act of 2000, as amended;
- Is physically present in the United States, American Samoa, or the Mariana Islands or at a port of entry on account of trafficking;
- Complies with any reasonable request for assistance in the investigation or prosecution of acts of trafficking;
- Would suffer extreme hardship involving unusual and severe harm if removed from the U.S. This may include hardship based on lack of appropriate medical or psychological services available in a survivor’s home country.11

T visas also offer options for family members of the principal applicant to obtain “derivative” T nonimmigrant status.

- If the principal (victim of trafficking) is **under the age of 21**, then eligible qualified family derivatives are: (1) spouse, (2) child(ren) [unmarried, under 21], (3) parents, and (4) siblings [unmarried, under 18].
- If the principal (victim of trafficking) is **over the age of 21**, then eligible qualified family derivatives are: (1) spouse, and (2) child(ren) [unmarried, under 21].

Regardless of age, the principal applicant may apply for the following family members if they are in present danger of retaliation as a result of their escape from trafficking or cooperation with law enforcement:

- Their parents;
- Their unmarried siblings under 18 years of age; and
- The children of any age or marital status of their qualifying family members who have been granted derivative T nonimmigrant status.12

T Visa recipients can live in the U.S. legally and apply to be a Lawful Permanent Resident (LPR) after three years. After five years as a LPR and once they are 18, the individual can apply for citizenship.13

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13 Ibid.
U visa
If a child or adult is a victim of a crime in the United States, they may be eligible for a U visa. To qualify, an individual (adult/child) must demonstrate that they:

- Are a victim of a qualifying crime
- Have suffered physical or mental abuse as a result of the crime
- Have information about the criminal activity and are able to be helpful to law enforcement. Note: Children under 16 or others that are unable to provide information due to a disability may have another close contact assist law enforcement on their behalf.
- The crime occurred in the United States or violated U.S. laws

U Visa recipients can live in the U.S. legally and apply to be a Lawful Permanent Resident (LPR) after three years. After five years as a LPR and once they are 18, the individual can apply for citizenship. U visas also offer options for family members of the principal applicant to obtain “derivative” visas.

Continued Presence
Continued Presence (CP) is a temporary immigration designation that may be requested by law enforcement on behalf of victims of trafficking to remain in the U.S. during the investigation into potential trafficking-related crimes. Deferred Action is a form of prosecutorial discretion, such as not placing an individual in removal proceedings, and is done as an act of administrative convenience to the government. Deferred Action (DA) should never be used in place of CP, which can provide additional benefits, including temporary work authorization.

Survivors can pursue other forms of legal relief while receiving Continued Presence.

**EDUCATION**

Many children and youth migrate with the hope of furthering their education in the U.S., but may face substantial barriers in accessing education once they arrive in their community. All children are required to adhere to state and local guidelines regarding age of compulsory education. Children of compulsory school attendance age should enroll in their local school system, which is required to provide linguistically appropriate resources to English Language Learners (ELLs). Older teens may pursue evening classes, English classes, or a GED. Foreign national children and youth often face barriers in accessing education, including around enrollment practices, language access, or adjusting to new academic content at their school. This section will describe some of the advocacy tools available to case managers to assist children and youth in achieving their educational goals.

Based on Supreme Court case Plyler v. Doe 1982, all children have a right to a free, public education regardless of immigration status. Schools must not engage in practices that may discourage participation or lead to the exclusion of students based on their or their parents’/caregivers’ actual or perceived immigration status. School enrollment procedures cannot ask directly about a child or family’s immigration or citizenship status, and schools cannot require families to produce any type of document that foreign nationals without lawful presence would be unlikely to have, including proof of legal status, social security number, state driver’s license, or child’s birth certificate. Schools may require proof of residency within the school district’s boundaries; proof of student’s age; and proof of immunizations for enrollment.

**Plyler Dear Colleague Letter**

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**SCHOOLS MAY REQUIRE FAMILIES PROVIDE PROOF OF:**

- ✓ Residency in district/school boundaries*
- ✓ Student’s age
- ✓ Immunizations

* Except as applicable for students experiencing homelessness under McKinney-Vento

**SCHOOLS MAY REQUEST ADDITIONAL INFO ON:**

- ■ Race/ethnicity**
- ■ Social security number (for parents or children)**
- ■ How long the student has attended school in the U.S.
- ■ Student’s place (country) of birth
- ■ Languages spoken in the home

**Plyler guidance explicitly forbids schools from denying enrollment if parents choose not to share race/ethnicity or social security numbers**

Demonstrating proof of residency may be challenging for foreign national children and youth residing in more informal housing arrangements. A child or sponsor may provide a phone or utility bill, mortgage or lease agreement, residency affidavit, rent payment receipt, or a letter from the caregiver’s employer on company letterhead.

Non-parental sponsors are not considered legal guardians unless they pursue legal guardianship through their local family court system. “Proof of guardianship” for educational purposes demonstrates to the school that the caregiver is responsible for the minor’s care. A Letter of Designation for Care of a Minor, often known as a “Carta de Poder” from the child’s parent(s) in their home country, may suffice for proof of guardianship. In cases where the sponsor does not have proof of address, the Verification of Release Form (VOR), a document that is provided as part of the minor’s discharge packet from ORR, can also be used to demonstrate proof of residency and/or “proof of guardianship.” Additionally, case managers can assist clients by presenting a mailing from their organization or a legal service provider with the caregiver’s name and address to meet these requirements.

A school may request a child’s prior educational records. These may be helpful, but are not required for school enrollment. There is no reason to delay enrollment based on a child’s lack of prior educational records. The school’s intake process should include interviews with the student and sponsor/caregiver, as well as an assessment to determine the proper grade placement.

A school may also request a minor’s vaccine records, which should be included with a UC’s ORR medical record in their discharge packet from the ORR facility. If these documents are missing for a UC, the case manager or the family can call the ORR National Call Center (1-800-203-7001) to request missing documents. If a child has a PRS case manager or another ORR-funded service provider, this individual may also be able to assist with obtaining these documents. Each state and local school district may have different requirements, including updating or adding additional vaccines and/or a physical exam for school enrollment purposes to a state form. Case managers can request conditional or temporary enrollment if a child’s vaccine/physical appointment is pending.

Share information with families for local clinics that provide free/low-cost vaccines and school physicals for kids. Look for mobile clinics, school fairs, etc.
WORKING UP THE CHAIN TO ADVOCATE FOR STUDENTS

Case managers for foreign national children and youth may experience resistance to enrolling their clients in their local public school system for a variety of reasons given by school staff. Case managers should be prepared to advocate for their client, in partnership with the minor and/or their caregiver, to access educational services, as this is their right. It is most effective for case managers to enter any meeting with a strong knowledge of what is and is not required for school enrollment, and calmly but confidently provide school staff with supporting materials and guidance. Case managers should be prepared to elevate cases in which school enrollment is improperly denied to a foreign national child or youth to other relevant authorities within the school system, per the chart to the right.

During the initial phone call with family, ask about the status of the minor’s school enrollment. Come prepared to the first visit with school enrollment information:

- Does the caregiver need to go to their local base school to enroll the child, or does the district have a central registration office? Is an appointment needed?
- What documents are required? Help the family identify and set aside these documents.
- Are there any forms that can be completed online prior to the registration appointment?

CASE EXAMPLE: VANESSA

You meet with Vanessa, age 16, and she and her sponsor (Vanessa’s sister) tell you they have gone to the local high school to initiate the enrollment process. The sponsor reported she doesn’t have a lease and the school is asking for her passport and proof of legal guardianship. The sponsor has a “cédula” (Guatemalan ID) but can’t get an appointment with the Guatemalan Consulate to apply for a passport for another 3 months. Currently, they are also waiting for Vanessa’s school records from Guatemala (she last completed the 6th grade three years ago).

How would you help the family with Vanessa’s school enrollment? How would you step in to advocate if needed?

For public school enrollment, a passport is not required, and a government-issued photo ID should be sufficient. Case managers can work with the school and sponsor to identify other options for proof of residence since the sponsor is not on the lease, including a utility bill, bank statement/letter, affidavit from the person on the lease, etc. School records in the minor’s country of origin are not required for enrollment. Legal guardianship is also not required, and the sponsor should be able to show the VOR or Carta de Poder to show they are the child’s approved caregiver in the U.S. The case manager may need to step in to educate or advocate with school personnel and work up the chain with the school or district as needed.

How would you help prepare the youth for school so she knows what to expect?

A case manager can talk to the minor about what their class schedule might look like, including expectations around modifications for the minor as an English Language Learner, such as ESL (English as a Second Language) classes or tutoring. Minors may benefit from understanding more about a typical school day, including lunch hour, extracurriculars, and transportation. Case managers may also be able to assist the minor with identifying a safe adult at school (preferably who speaks the minor’s preferred language), as well as resources for how to address any concerns at school, including bullying.
Older youth may face different barriers in school enrollment, including being denied enrollment due to age. Each state has its own laws regarding the age limit for a child or youth to enroll in school.

“Age Requirement for a Free Education” refers to the years in which a student must be admitted into a public school free of charge.

If a child is denied enrollment and is within their state’s required age range, a case manager should pursue advocacy efforts with the school. It should also be noted that older youth should not be placed in a setting with young children. They must be placed in an age-appropriate high school setting where they can work on classes that will help them graduate.

Some older teenagers may not want to enroll in school for a variety of factors. Youth may have gaps in their education or may not feel comfortable in a U.S. classroom setting. Children and youth that feel pressure to work may feel less inclined to pursue an education. Sponsors or caregivers may not view education as a priority for the child, or may not have time or resources to enroll the child in school. It can be helpful to engage older youth by:

- Having a conversation with the youth about their short- and long-term goals
- Discuss options: traditional high school vs. adult GED/ESL classes (if available to minors in your state/area) including pros and cons of each
- Education about laws, rights, resources, services/supports available

EDUCATIONAL RIGHTS AND SERVICES FOR CHILDREN AND YOUTH EXPERIENCING HOMELESSNESS

Children and youth experiencing homelessness or housing instability may qualify for special support at their school through McKinney-Vento services. For more information about youth experiencing homelessness, see section 3 of this toolkit (page 49).
McKinney-Vento defines homelessness in one of two ways:

(1) Lacking a fixed, regular, and adequate nighttime residence or, sharing housing of others.

- Living in motels, hotels, trailer parks, camping grounds, cars, parks, abandoned buildings, bus/train stations, etc. due to a lack of alternative, adequate accommodation
- Living in emergency & transitional shelters
- Lack of a parent or guardian (without homelessness) does not qualify a student for McKinney-Vento services

(2) Sharing housing of others (due to loss of housing, economic hardship, or similar reason).

- Eviction or foreclosure (e.g., due to inability to pay rent or bills)
- Destruction of or damage to home
- Unhealthy or unsafe conditions
- Domestic violence, abuse or neglect
- Abandonment, parental incarceration, or similar situation when there is no plan for the student’s stable housing
- Family may have no legal right to be in home; can be asked to leave at any time
- Leaving the situation would result in another type of homelessness

When assessing for homelessness, ask; can the student go to the same place (fixed) every night (regular) to sleep in a safe and sufficient space (adequate)?

This definition involves some type of crisis and the housing is intended to be a short-term solution.

Each school district has a Homeless Education Liaison who identifies eligible students and coordinates services. Go to https://nche.ed.gov/data/, scroll down to the map and click on the child’s state. The state coordinator contact information and a link to all school district liaisons is provided.

CASE EXAMPLE: TOMAS

Tomas’ family needed to leave their home due to safety concerns involving Tomas’ previous trafficking situation, so they went to live with friends. Due to the fact that Tomas has a “safe” place to stay, his school said he does not qualify for McKinney-Vento services, even though it is only temporary.

How can you help this student qualify for McKinney-Vento services?

Because Tomas is sharing his friends’ home due to loss of his former housing, Tomas should qualify for McKinney Vento services. Tomas’ family may have no legal right to be in their friends’ home, and may be asked to leave at any time. Tomas is therefore in a short-term placement where he is lacking a fixed and regular nighttime residence, and leaving the situation would result in another type of homelessness.

✓ Advocate up the chain, starting with the school’s McKinney Vento Liaison, to ensure the school is aware of the child’s right to McKinney Vento services under the above classification.
ENGLISH LANGUAGE LEARNERS’ RIGHTS TO A MEANINGFUL EDUCATION

Case managers should ensure that foreign national children and youth who are English Language Learners (ELLs) are appropriately supported in their school setting without experiencing discrimination or segregation. Per Title VI of the Civil Rights Act of 1964; Lau v. Nichols (1974); and the Equal Educational Opportunities Act of 1974:

- Schools must take appropriate actions to ensure ELLs can access the same content as students fluent in English
- Schools must identify potential ELLs in a timely and valid manner
- ELLs must have equal opportunities to meaningfully participate in all curricular and extracurricular activities
- Schools must avoid unnecessary segregation of ELL students
- Parents and sponsors have a right to receive information from the school in a language they understand, provided for free and by trained staff

How to be a source of support for newcomer students:

- Ask whether new students are paired with a mentor/peer
- Identify a bilingual teacher/staff person who the child can go to as a trusted adult
- Research what the school and/or school district does to welcome new students
- Look for ELL resources on the school district website
- Talk to children and youth about their expectations and experiences at school
HEALTH

Many foreign national children and youth may not be eligible to access health insurance, depending on their state’s guidelines and the child’s legal status. Foreign national children and youth with an HHS Eligibility Letter issued by OTIP may qualify for state and federal health benefits, including Medicaid. If a foreign national child survivor of trafficking has not yet received an HHS letter from OTIP, a case manager can contact OTIP directly to request the letter be sent to a safe address so they can access medical care or initiate the Request for Assistance process.

If the minor has not yet received an eligibility determination from OTIP, or if they are ineligible or would prefer not to access medical insurance, there are often low-cost community clinics that can assist children and families without insurance. Some children and youth may also be pregnant or parenting teens. Case managers should discuss the benefits of prenatal care, access to sexual health and family planning resources, and support with accessing benefits like health insurance or WIC for their children.

Children with medical needs may require support in obtaining appropriate medical services in their new community. UC are typically released from ORR shelters with 30 days of prescription medications, but may need support obtaining refills from a new doctor or support identifying a pharmacy in their area. Some pharmacies may offer messaging or counter services in Spanish. Caregivers may have had limited experience interacting with the medical or pharmaceutical systems in the U.S. and may need support understanding and obtaining low-cost prescriptions.

Case managers may assist families with obtaining information about where to obtain low-cost medications using online tools to lower costs.

UC released from ORR care should receive copies of their medical records from the ORR shelter. These medical records may contain
important information about medical, dental, and mental health diagnoses, medication management, or follow-up appointments needed due to findings from examinations conducted while in care. Additionally, children are released with a vaccine record, which provides common vaccinations including:

- Polio – Varicella – Tetanus – MMR – Pneumococcal – Pertussis
- Hepatitis A – Meningococcal – Hepatitis B – Diphtheria – COVID 19

If children are released from ORR care without these records, or if any are missing from their discharge packet, sponsors or case managers can contact the ORR National Call Center at 1-800-203-7001 to obtain new copies of these important records.

MENTAL HEALTH

Foreign national children and youth may experience mental health concerns as a result of their trafficking experience or other adverse experiences pre-, during, or post-migration. According to a 2018 study, 57% of UC surveyed scored within the clinical range for post-traumatic stress disorder (PTSD), compared with a 5% average rate among adolescents in the U.S. It is important to understand the impact of trauma on a child, and to utilize a trauma-informed approach when providing case management. This section will briefly review trauma-informed care when working with foreign national children survivors of trafficking, but for a more in-depth exploration of the topic, please reference USCRI’s Trauma Informed Case Management with Foreign National Children and Youth Survivors of Trafficking toolkit.

While case managers may identify mental health support as a need for a child or youth, it does not necessarily mean that the child or their family would like to receive therapy or psychiatric support. There may be a stigma in accessing these services, or other barriers to attending appointments such as cost, location, and language access. Telehealth services may be beneficial for some children, although a private space and a strong internet connection are typically required. Case managers should help provide psychoeducational materials or information around common mental health concerns and educate clients on coping skills and crisis resources.

For more information about safety planning, please refer to USCRI’s Safety Planning with Foreign National Children & Youth.

CASE EXAMPLE: MARIO

You have been working with 16-year-old Mario for the past 6 months. Mario is a UC who experienced severe trauma in El Salvador and saw his older brother brutally murdered by a gang. His sponsor is his cousin, who has had difficulties managing his behaviors since they have been living together. He has previously expressed concerns about him drinking alcohol and skipping school. You have been working on connecting Mario to a youth prevention program, but the sponsor was reluctant to follow up and Mario lost interest in the program and now refuses to participate.

Today, the sponsor calls you in a state of distress because Mario came home in the middle of the school day smelling of alcohol. The sponsor says that he can’t do this anymore and wants him out of his home by Friday or he will call ORR and the police.

How would you respond to this sponsor? What about this situation is distressing to the sponsor? What does she need?

✓ To help de-escalate the situation, pause, listen, validate, paraphrase, connect as an ally, find common ground. Think about your verbal and non-verbal communication.

✓ Ask the sponsor what his needs are and offer options. What kind of support would he need to be willing to continue to provide for the minor and ensure his safety? What kind of external resources would the sponsor be open to that could help support the family (individual behavioral health services for Mario, family counseling/stabilization services, parenting support, etc.)?

✓ Are there needs that the case manager can support with to help stabilize the household? Supporting the sponsor in the best interest of the minor can be helpful in preserving placement stability.

You are successfully able to de-escalate the situation with the sponsor and he asks that you talk to Mario. He reports he has been experiencing flashbacks and disturbing images from his brother’s murder, and that drinking alcohol helps him cope with this. Mario reports the sponsor starts verbal altercations and makes critical comments about him.

How would you talk through solutions with the sponsor and Mario, individually and together? What might some possible solutions be?

✓ Pause, listen, validate, paraphrase, and connect with Mario to show that you understand his perspective and remain committed to supporting him through his challenges with the sponsor and with his trauma history.

✓ Provide psychoeducation about trauma and its effects to both Mario and the sponsor during individual meetings. Understanding the symptoms of trauma and PTSD can help Mario and the sponsor better understand his experiences and identify his coping skills. Resources for youth and families in Spanish can be found at: https://ucresourcecenter.org/salud-mental/.

✓ Safety plan and discuss options. Are there other coping skills that Mario can turn to instead of alcohol? Are there concerns of ongoing substance abuse? What situations trigger Mario’s substance use and how can those be prevented or handled differently? What individuals besides the sponsor could be sources of support to Mario in times of crisis or distress?

✓ Discuss conflict resolution skills with the minor. Is there compromise to be found between Mario and the sponsor? If so, how will the sponsor and minor handle future conflict? If not, are there other placement alternatives available for Mario with a caregiver who is able and willing to meet his needs?
Would you need to contact CPS or emergency services in this scenario? Why or why not?

✔ Assess for risk of harm to self or others and whether there are any concerns of abuse, neglect, or the minor being at imminent risk of becoming homeless. If any of the above safety concerns are identified, CPS or emergency services should be contacted. If not, the case manager should work to identify other supportive interventions to mitigate the concerns.

✔ Ensure that the sponsor and minor are aware of who to call during an emergency, and discuss safety planning in the event of a future crisis.

What resources might this family benefit from?

- Is Mario interested in continuing with the youth program? Does the sponsor appear committed to supporting the minor through the program? If not, meet the family where they are. What resources do they report needing?

- Is Mario engaged in behavioral health services or established with a primary care physician? A referral to a behavioral health or medical provider to further assess for trauma treatment may be beneficial.

- Assess for barriers to accessing services. Does the family need transportation? Does the mental health or medical provider speak the family’s language? Does the sponsor’s work schedule allow for appointments during business hours? Perhaps telehealth, a nearby community clinic, or services through the school would help reduce barriers for Mario to access support.

What would your follow-up with this family be after you conclude the phone call?

Check in with Mario and the sponsor individually to assess for progress based on the agreed upon safety plan and next steps. Review confidentiality and its limits, duty to warn, and obtain informed consent at the start of each conversation. Continue to assess for signs of a mental health crisis, substance use, placement stability, and any indications of child abuse or neglect. Follow up on referrals and address any barriers to the family accessing services.
CASE EXAMPLE: MARIO (continued)

At your next home visit with Mario, he reports that 3 nights ago he was experiencing suicidal thoughts late at night. Mario reports that he wanted to “end his thoughts and sadness” and that he took 8 Aspirin pills to “end it.” He also shares with you that he does not want his sponsor/cousin to find out about this incident. He reports that his suicidal thoughts have stabilized and he no longer has current thoughts of harming himself.

What are the primary safety concerns in this situation?

Mario poses a risk to himself, as evidenced by his recent attempt to take his own life. If a person has previously attempted suicide, they are more likely to do so again.

What are the next steps you would take?

✓ Pause, listen, connect, and validate Mario’s disclosure. Continue to provide calm, nonjudgmental, unconditional positive regard for the minor.

✓ Assess for current suicidal ideation with Mario and discuss specific safety planning around mental health concerns.

✓ Ask Mario how he believes the sponsor will react. Discuss possible outcomes and solutions, and offer choice whenever possible, including regarding whether he’d prefer to talk with the sponsor himself, or whether he’d like the case manager to do so. Prepare for the conversation and discuss coping skills for Mario if he feels triggered after the discussion.

✓ Ensure Mario has access to crisis numbers and resources in his community, including individuals he identifies as safe in the event of a future mental health crisis.

What would you address the minor’s request to not tell his sponsor?

✓ Pause, listen, connect, and validate Mario’s concerns about disclosing the incident to his sponsor. Remind Mario that as his case manager, you are obligated to ensure his safety, and that there are certain specific instances when confidentiality must be broken, including when there is risk of harm to self.

✓ Case managers working with children have a duty to warn, meaning that they are obligated to inform the sponsor or other responsible adult caregiver of concerns of a child or youth posing a risk of harm to themselves or others in order to ensure the minor’s safety.

Safety plan with the sponsor:

✓ Plan for close supervision and monitoring
✓ Limiting the minor’s access to harmful objects

Safety plan with the minor:

✓ Discuss signs they are in crisis
✓ Triggers
✓ Coping skills
✓ Adults of trust

Discuss with both: 911, Suicide Prevention Hotline (988), and other crisis hotlines

(English) Suicide Risk Assessment

(English) Suicide Prevention Safety Plan Template

(Spanish) Plan de Seguridad Prevención de Suicidio
ADDRESSING THE NEEDS OF SPECIAL POPULATIONS

Foreign national children and youth survivors of trafficking are a multifaceted, diverse group with multiple intersectional identities. It is important to affirm and recognize each child’s unique background and experience, and to adjust case management practice to meet each child’s needs. It is also important to utilize a strengths-based approach when working with children that may face discrimination or obstacles as part of their identity or circumstance. These children and youth may face additional societal barriers and may be more vulnerable to trafficking or re-trafficking as a result of their marginalization in society. This section strives to provide strategies for providing affirming and supportive services to youth who may be experiencing discrimination because of their various intersectional identities. For more information about a strengths-based approach, please view the Trauma Informed Case Management with Foreign National Children & Youth Survivors of Trafficking toolkit.
CHILDREN & YOUTH WITH DISABILITIES

Foreign national children and youth survivors of trafficking may have unique needs related to a disability. According to the Convention for Rights of Persons with Disabilities (CRPD), children with disabilities “include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis.” Children may have needs related to a developmental disability, including Down syndrome, autism, epilepsy, cerebral palsy, fetal alcohol spectrum disorders, and others; vision, hearing, or speech impairment; a physical disability; or a variety of other circumstances. It is important to understand the specific disability your client may be experiencing, and to assist the family in obtaining an accurate diagnosis if needed.

Children or youth with disabilities are particularly vulnerable to trafficking or re-trafficking as a result of their disability. Children and youth may also develop disabilities as a result of abuse or neglect by their caregiver or trafficker. Children and youth with disabilities may require special accommodations in order to communicate effectively with others and engage with systems designed without them in mind. Case managers should be prepared to provide additional advocacy with schools, medical systems, courts, and others to ensure that the minor is receiving appropriate treatment and accommodations for their needs.

Accessing Resources for a Client with a Disability

- Obtain a diagnosis from a qualified professional. This is a critical first step in understanding the child’s needs, and in obtaining services and benefits.
- Obtain relevant and available benefits such as SSI, SSDI, Medicaid.
- Coordinate services. Ensure the necessary linkage, referral, follow-up, advocacy and support services with individual and care providers.

State and federal agencies (many with regional offices) can provide information on eligibility and services, which differ by state. Some recommended sources of information include:

- Americans with Disabilities Act (ADA) Centers
- United Way
- Local/Regional Departments of Mental Health
- Social Security Administration and Department of Social Services.
- Legal Services/Advocacy Services

Children with disabilities are entitled to a **free and appropriate public education** to meet their unique needs and prepare them for further education, employment, and independent living. The Individuals with Disabilities Education Act (IDEA) guarantees the right to an Individualized Education Plan (IEP) for students between the ages of 3 and 21 whose disability is believed to have a substantial impact on their learning or behavior.

**UNDER THE INDIVIDUALS WITH DISABILITIES ACT (IDEA):**

- Education and services for children with disabilities must be provided in the least restrictive environment
- Input of the child and their caregivers must be taken into account in the education process
- When a caregiver feels that an IEP is inappropriate or their child is not receiving needed services, they have a right under IDEA to challenge their child’s treatment
- Families of children ages 0-2 are entitled to early identification and intervention services

**QUALIFYING DISABILITY CATEGORIES**

- ✓ Autism
- ✓ Deaf-blindness
- ✓ Deafness
- ✓ Development Delay*  
- ✓ Emotional Disturbance
- ✓ Hearing Impairment
- ✓ Intellectual Disability
- ✓ Multiple Disabilities
- ✓ Orthopedic Impairment
- ✓ Other Health Impairment
- ✓ Speech or language Impairment
- ✓ Traumatic Brain Injury
- ✓ Visual Impairment, including Blindness

*DC recognizes developmental delay for children 3-7 only

**Source:** DC Office of the Student Advocate [https://sboe.dc.gov/sites/default/files/dc/sites/sboe/multimedia_content/Understanding%20the%20Differences%20Between%20504s%20and%20IEPs.pdf](https://sboe.dc.gov/sites/default/files/dc/sites/sboe/multimedia_content/Understanding%20the%20Differences%20Between%20504s%20and%20IEPs.pdf)
Children may also be eligible for a 504 plan. While IEPs and 504 Plans are similar, they differ in several ways. Children with disabilities that meet at least one of the 13 qualifying disability categories recognized by IDEA who need special education and related services receive an IEP. Children with physical or mental impairments that substantially limit a major life function but who do not meet the requirements to qualify for an IEP receive a 504 plan. Some of the differences between IEPs and 504 Plans are outlined here:

<table>
<thead>
<tr>
<th><strong>IEPs</strong></th>
<th><strong>504 PLANS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on building a classroom environment for students with disabilities</td>
<td>Remove barriers and change the environment to make a classroom accommodating to a student with disabilities</td>
</tr>
<tr>
<td>A better option for students with a disability that is adversely impacting their education</td>
<td>A better option when the student can function well in a regular education environment with accommodations</td>
</tr>
<tr>
<td>May be more restrictive and stigmatizing</td>
<td>Generally less restrictive and less stigmatizing</td>
</tr>
<tr>
<td>Provide for accommodations and modifications/specialized instruction for students</td>
<td>Provide accommodations for students</td>
</tr>
<tr>
<td>Only for students in grades K-12</td>
<td>Can serve students at both K-12 and college levels</td>
</tr>
<tr>
<td>Legally binding</td>
<td>Not legally binding</td>
</tr>
</tbody>
</table>

Case managers should:

✅ Educate caregivers and children about their rights, the IEP/504 process, and supports available

✅ Support and advocate throughout the process

✅ Refer to key school personnel and external providers for support

✅ Advocate for non-English speakers to receive an accurate and timely diagnosis

✅ Ensure learning or communication challenges due to language barriers are not miscategorized as a disability

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CHILDREN & YOUTH WHO IDENTIFY AS LGBTQ2S+

Foreign national children and youth who identify as LGBTQ2S+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Two-Spirit, +) can particularly benefit from a supportive, affirming case management approach. LGBTQ2S+ children and youth may be navigating new or complicated feelings about their gender identity or sexual orientation, particularly as they adjust to adolescence in a new environment. Clients may not immediately feel comfortable disclosing their gender identity or sexual orientation to their case manager or other individuals in their lives, and a case manager should not assume a client’s orientation. Confidentiality is of particular importance for LGBTQ2S+ youth who may not be ready to disclose their orientation to others. The LGBTQ2S+ population faces multiple vulnerabilities and types of discrimination, including from caregivers, which may put them at heightened risk of trafficking or abuse. Offering a safe, supportive, and confidential approach when working with LGBTQ2S+ youth helps ensure that they feel comfortable engaging in and receiving effective case management services.

CASE EXAMPLE: ANTONIO

Antonio is a 14-year-old child from Guatemala who experienced physical abuse by his parents because of his sexuality. Antonio’s parents found a love letter in his room written from another boy, and kicked him out of the house. His parents told him that they would kill him if they ever saw him again. Antonio experienced homelessness and was then recruited by a local gang in Guatemala, who forced the minor to engage in commercial sex acts. Now in the U.S., he is struggling with his identity and avoiding engaging with outside resources due to fear of further rejection.

What actions can you take to help Antonio?

- Provide a supportive and affirming case management approach. Be consistent, patient, and non-judgmental.
- Create an environment of safety and trust. Meet in a private place where he feels comfortable and talk through confidentiality and its limits.

What are the next steps you would take?

- Help Antonio identify a trusted support network. Try to find LGBTQ2S+ peer groups that Antonio may be interested in exploring.
- Talk to community referrals to ensure they have experience serving LGBTQ2S+ individuals. Share relevant information with Antonio so that he may feel more comfortable engaging with them.

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SUPPORTING LGBTQ2S+ CHILDREN & YOUTH

Age, gender, poverty, access to education, political climate and personal safety are contributing factors to a person’s vulnerability to trafficking. LGBTQ2S+ communities are uniquely vulnerable because of family rejection, hate, violence, and discrimination. LGBTQ2S+ youth in the U.S. account for 40% of homeless youth overall. The most prevalent reason for homelessness was being forced out of their home or running away from home because of their caregiver’s rejection of their sexual orientation or gender identity/expression.

When engaging with foreign national LGBTQ2S+ children and youth, it is important to be aware of cultural stigmas a child or youth may have experienced in their home country; experiences of discrimination and victimization pre-migration, on their migration journey, and post-migration; and trauma related to their intersectional identity that continues to affect their day-to-day access to support and services.

LGBTQ2S+ youth may have had negative experiences with services and systems. For example, a child or youth may have had negative experiences with systems that insisted on using the child’s sex assigned at birth instead of their preferred gender identity. Some agencies may also feel less equipped to serve trans and gender non-conforming individuals. Particular attention should be paid to ensuring that referrals are made to agencies with experience serving the LGBTQ2S+ community, so that a child or youth will not experience further re-traumatization by a non-affirming care provider. Case managers should check their own areas for LGBTQ2S+ youth groups and safe spaces.

Resource: Rainbow Response - a practical guide to resettling LGBT refugees and asylees

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CHILDREN & YOUTH FROM INDIGENOUS COMMUNITIES

Some foreign national children and youth arrive in the U.S. from indigenous communities in Central America. These children and youth have cultural and linguistic backgrounds unique to their specific community of origin. Indigenous groups may have experienced various forms of oppression in their home countries, and may be wary of receiving assistance from outside service providers or other professionals. When providing trauma-informed services, it is important to practice cultural humility, or the process of self-reflection and understanding that each person is a learner when approaching another’s culture. Each individual and their community may have different linguistic and cultural practices and preferences, and there is great variation among the indigenous communities of Central America. It may be helpful for a case manager to research the sociopolitical climate faced by indigenous communities in Central America when working with a child and youth from such a community, while also avoiding any generalizations or assumptions about a child or youth’s culture and background.

Ensuring effective communication with children, youth, and families from indigenous communities is essential to providing equitable services. As it can be difficult to hire staff with language capacity in less commonly spoken languages, case managers will often need to utilize interpreters to communicate.

Some of the commonly spoken indigenous languages you may encounter when working with foreign national children and youth survivors of trafficking from Central America include:

**MAYAN LANGUAGES:**
- Akateko
- Awakateko
- Achi
- Chuj
- Chalchiteko
- Chorti
- Jakalteko
- Ixil
- Kaqchikel
- Mam
- Popti
- Quiche (K’iche)
- Q’eqchi

**INDIGENOUS MEXICAN LANGUAGES:**
- Mixteco Alto
- Mixteco Bajo
- Maya Yucateco
- Triqui
- Chatino

Ask a child or their family members what their preferred language is. It is important to offer choice without making assumptions about a family’s preference. Assess for a family’s comfort level with a language and be prepared to use an interpreter, if necessary.

For more information about best practices regarding interpretation and practicing cultural humility, please refer to the Trauma Informed Case Management with Foreign National Children & Youth Survivors of Trafficking toolkit.
When possible, it is best practice to have multilingual staff to provide services in languages commonly served by the organization.

NOTE

Things to consider when working with an interpreter:

- Seek out a qualified interpreter before the initial meeting. Ensure that the interpreter is available, prepared, and professionally trained to interpret.
- Review confidentiality, roles and responsibilities (including those of the interpreter), and basic guidelines on how the session will be conducted.
- Avoid using family, friends, or children of the client as interpreters due to the sensitive nature of conversations with clients.
- Confirm language match with the client and the interpreter. Variations based on region or dialect can impact the accuracy of the interpretation.
- Assess the survivor’s preferences – do they have an age or gender preference for the interpreter?
- Speak in short, simple sentences, and speak slowly, asking no more than one question at a time.
- Ask the client to repeat what they have heard or understood to confirm comprehension.

Tip Sheet: How to Work with Interpreters

CHILDREN & YOUTH EXPERIENCING HOMELESSNESS

Some foreign national children and youth survivors of trafficking experience displacement from their caregivers or families of origin. Children and youth may have been placed with a sponsor family as a UC and experienced a placement breakdown, or may have settled with a caregiver or family member with whom they have limited relationship as a result of their migration. Children and youth may run away from home due to abuse or neglect, or may choose to live with a friend, romantic partner, employer, or another individual with whom the child or youth feels comfortable. Children and youth may be particularly vulnerable to exploitation by these individuals.

Housing instability has been shown to lead to increased vulnerability to trafficking. A study by Covenant House found that 1 in 5 of the 911 interviewed youth experiencing homelessness was a survivor of human trafficking.\(^{22}\) Fifteen percent were trafficked for sex, 7.4 percent for labor and 3 percent for both.\(^{23}\)

When layered with their intersectional identities of ethnicity, age, gender, race, immigration status, ability, and sexual orientation, immigrant homeless youth face substantial challenges in finding appropriate placements, safe caregiver alternatives, and/or longer-term foster care that would appropriately meet their needs. Case managers should keep in mind that re-victimization is possible for youth experiencing housing instability even while engaged in case management services. Case managers should


\(^{23}\) Ibid.
safety plan with youth in the event that they choose to leave home in order to minimize their risk of harm and to engage in appropriate crisis intervention to find them safe housing. For more information about safety planning, please refer to the Safety Planning with Foreign National Children & Youth Survivors of Trafficking Toolkit.

Children and youth may enter their state’s foster care program after an experience of trafficking, abuse, or neglect by a caregiver. If a UC has an HHS OTIP Eligibility Letter, they may also be eligible for the Unaccompanied Refugee Minors Program (URM) if they do not have another caregiver. URM follows the same state or county laws and regulations that govern domestic foster care, however, URM programs are separate from the domestic foster care system. URM foster families are oriented towards the particular needs of refugee and foreign national youth and agency staff assists with special services that may be needed by foreign born youth like ESL courses, cultural identity and adjustment, and/or family tracing. UC under age 18 may be eligible for the URM program with their Eligibility Letter. For more information about the URM program, visit the Office of Refugee Resettlement website.

If a minor does run away from home, there are steps the case manager can take to assist the family. It is important to work with the sponsor/caregiver to report the missing child to local authorities as soon as possible, and make a report to the National Center for Missing and Exploited Children (NCMEC). It can also be helpful to contact the minor’s parents or other family members in their country of origin who might have contact with the minor.

CASE EXAMPLE: SHEILA

You are working with 15-year-old Sheila. During a phone call with the caregiver to check on the family’s progress, he reports that Sheila has moved out to live with her 25-year-old boyfriend. The sponsor informs you that they know the minor’s boyfriend and his family from church and that they seem like “good people.” While the sponsor is not happy about the minor’s decision to move out, he doesn’t feel like he can do anything to change her mind.

What are the concerns in this case that would necessitate a CPS report?

At 15, Sheila is under the age of consent, so a sexual relationship with a 25-year-old in any state would be considered statutory rape.

Rape & Age of Consent State Law Database

What steps should the case manager take?

✔ Speak to the minor privately to educate her about the laws in her state

✔ Assess dynamics and expectations in the home, the minor’s relationship with her boyfriend and new caregivers, and any safety concerns or indicators of abusive/controlling behaviors, domestic violence, trafficking, or exploitation.

✔ Complete a safety plan and ensure the minor has access to emergency numbers, including the 1-800-RUNAWAY safeline.

If the minor remains living with her boyfriend’s family, determine who is the adult that will assume responsibility for caring for Sheila and meeting her needs (including supervision, financial support, school enrollment, medical care, follow-up on her legal case, etc.)

If the minor is unable to be located, file a police report and work with law enforcement or the caregiver to contact NCMEC.
CHILDREN & YOUTH TRAFFICKED BY GANGS

Foreign national children and youth may be vulnerable to trafficking by a gang in their home country, during migration, or upon resettlement in the U.S. According to a report by the Migration Policy Institute, 48% of Central American and Mexican unaccompanied and separated children named violence in society as a major reason for leaving their homes, and of these, 69% specifically mentioned gang violence. Some children and youth are recruited at young ages by gangs to participate in forced criminality, including transporting or selling drugs, recruiting other youth into the gang, or engaging in forms of organized violence. Children and youth may also be targeted by gangs for the purposes of engaging in sex acts or may experience sexual violence as a means of force and coercion for the minor to engage in forced labor or commercial sex. Children often face threats of severe violence if they decline to join a gang and may flee the country to escape the stronghold of the gang’s network.

Protective factors against gang trafficking for youth include having a safe and supportive social system, including a secure attachment with a caregiver. Children adjusting to new environments, particularly those settling with an unrelated sponsor or a caregiver from whom they’ve experienced a lengthy separation, are at greater risk of potential gang involvement and trafficking. These youth often seek a sense of belonging or inclusion in their new environment, and may not recognize their victimization at the time.

When working with children and youth who may have experienced gang trafficking:

- Discuss social media safety. Children and youth may continue to receive threats or contact from those connected to a gang on social media.
- Encourage protection of personal information, including where they live, from those close to their contacts with the gang.
- Help youth identify “safe friends” and positive social connections in their community.
- Discuss safety planning and contacting emergency numbers if they receive ongoing threats in their community.
- If family members in their home country are experiencing trafficking by a gang, case managers can contact the International Organization for Migration (IOM)’s Emergency Victim Assistance Program to try and access support for their family in-country.

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Unaccompanied Children (UC) may be particularly vulnerable to trafficking before, during, or after migration to the U.S. Insecurity in their countries of origin, dangerous conditions en-route to the U.S., and accrued debts are all risk factors that expose UC to higher risk of exploitation. Children may not be aware that their experience qualifies as a severe form of trafficking, and it is important to ensure that a minor is screened for trafficking concerns.

A Request for Assistance (RFA) should be submitted on behalf of any foreign national minor who is suspected to have experienced trafficking. The RFA should be completed within 24 hours of disclosure through the Office on Trafficking in Persons (OTIP) Shepherd system. Children can be referred for services once their RFA is submitted and are eligible to receive comprehensive case management services as survivors of trafficking. The RFA must be submitted prior to their 18th birthday. If it appears that a minor is in an active trafficking situation, additional reports should be made to Child Protective Services, the National Human Trafficking Hotline, and law enforcement in some circumstances.

Children are entitled to child welfare protection, free education, and certain employee protections regardless of their immigration status. It is important to ensure that children and youth know their rights in the U.S. and that case managers assist with advocacy on their behalf if it is suspected that access to these rights is being withheld. Additionally, minors with HHS OTIP Eligibility letters are eligible for public benefits and services to the same extent as a refugee. Foreign national children may have limited understanding of these systems in the U.S. and benefit from the support of a case manager in navigating them.

Case Managers should affirm and recognize each child’s unique experiences. Some foreign national children and youth may face discrimination or additional obstacles as part of their identity. These obstacles can create additional risk factors for trafficking or other vulnerabilities. It is necessary to utilize a strengths-based approach to provide affirming support to these children.
RESOURCES FOR FOREIGN NATIONAL CHILD & YOUTH SURVIVORS OF TRAFFICKING

USCRI Foreign National Child & Youth Survivors of Trafficking Toolkits
https://refugees.org/trafficking/#toolkit-section

Trafficking Prevention and Protection Resources for Working with Unaccompanied Children
https://www.acf.hhs.gov/otip/victim-assistance/child-eligibility-letters/resources

To submit a Request for Assistance for a Foreign National Minor Victim of Trafficking
https://www.acf.hhs.gov/otip/resource/rfa-0

What is Human Trafficking/Signs and Indicators of Trafficking
https://www.acf.hhs.gov/otip/about/what-human-trafficking

Understanding Human Trafficking
https://www.ovcttac.gov/UnderstandingHumanTrafficking/index.cfm?nm=wbt&ns=ot&nt=ht

OTIP Monthly Webinars: Responding to Child Victims of Trafficking
https://www.acf.hhs.gov/otip/training-technical-assistance/resource/monthlywebinars

Shepherd Case Management System
https://shspfm.gss.acf.hhs.gov/eaasidentityserver/Identity/Account/Login/LoginSelection/

National Human Trafficking Training and Technical Assistance Center SOAR Training
https://nhttac.acf.hhs.gov/soar

Trafficking Screening Tool for Runaway and Homeless Youth
https://www.acf.hhs.gov/otip/news/rhyscreening

Trafficking Victim Identification Tool (TVIT), Vera Institute of Justice
Commission for Labor Cooperation Resources
https://nationalcosh.org/resources

USCRI Unaccompanied Children Resource Center - Centro de Recursos para Niños Inmigrantes
https://ucresourcecenter.org/

USCRI Children’s Services Youtube Channel
https://www.youtube.com/channel/UCF_jrdeUj-Zb4QglHt-jtoA

USCRI Trauma Informed Case Management with Foreign National Children and Youth Survivors of Trafficking Toolkit

USCRI Safety Planning with Foreign National Children and Youth Survivors of Trafficking Toolkit
TOOLS FOR FOREIGN NATIONAL CHILD & YOUTH SURVIVORS OF TRAFFICKING

Below is a comprehensive list of the tools included throughout the toolkit.

UC Resource Center - Child Trafficking (page 7)
https://ucresourcecenter.org/child-trafficking/

Employer Abuse/Exploitation Checklist (page 20)
English: page 20

Child Abuse Prevention - Prevención del Abuso y Maltrato Infantil (page 21)
English: https://ucresourcecenter.org/child-welfare/

Violence Prevention - Prevención de Violencia (page 21)
Spanish: https://ucresourcecenter.org/prevencion-de-violencia/

Legal & Immigration - Información Legal (page 26)
English: https://ucresourcecenter.org/legal-immigration/
Spanish: https://ucresourcecenter.org/informacion-legal/

Benefits of Obtaining Legal Guardianship of an Immigrant Child - Los Beneficios de Obtener La Tutela Legal de un Menor Inmigrante (page 26)

Forms of Legal Relief for Immigrant Children - Tipos de Ayuda Migratoria para Niños Inmigrantes (page 27)

Plyler Dear Colleague Letter (page 30)
https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201405.pdf

Homeless Education Liaison (page 35)
https://nche.ed.gov/data/

Mental Health Resources for Families in Spanish (page 38)
https://ucresourcecenter.org/salud-mental/

Suicide Risk Assessment - Evaluación del Riesgo de Suicidio (page 41)

Suicide Prevention Safety Plan Template - Plan de Seguridad Prevención de Suicidio (page 41)

Tip Sheet: How to Work with Interpreters (page 49)

Rape & Age of Consent State Law Database (page 50)
https://apps.rainn.org/policy/

Substance Use & Gang Prevention (page 51)
https://ucresourcecenter.org/substance-use-gang/