Understanding the Needs of Unaccompanied Immigrant Children Separated from their Parents during the "Zero Tolerance" Policy in the US: A Systematic Review of the Literature

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ABSTRACT

Beginning in July 2017, the Trump Administration implemented a policy of forcibly separating undocumented immigrant children from their parents at the U.S.-Mexico border, causing widespread harm to the safety and wellbeing of immigrant children and families. This systematic review addresses the gap in the literature regarding the impact of mental health and social service outcomes of children who were forcibly separated from their parents during and following the Zero Tolerance Policy and examines barriers and facilitators in accessing social services upon their release from US detention facilities. This review includes 13 studies from 2018 to 2023. Results showed that following a forced family separation under this policy, youth experienced: 1) psychosocial stressors and negative mental health outcomes; (2) barriers and facilitators to receiving post-release services and care, and (3) factors affecting UC integration and coping. These findings underscore the importance of tailoring service provision to address the psychosocial and mental stressors of this population, addressing barriers to care, and supporting youth's integration and adjustment through multidisciplinary and community collaboration. This review highlights the need for future research to explore the psychosocial needs of unaccompanied minors who experienced a forced family separation due to restrictive immigration policy. Keywords: immigration policy, Zero Tolerance Policy, forced family separation, immigrant child and family wellbeing, unaccompanied children.

1. Background and significance

Since 2014, the number of Unaccompanied Children (UCs) arriving at the U.S. border and experiencing a forcible separation from their parents has increased significantly. Under U.S. law, an "unaccompanied child" refers to a minor under the age of 18 who arrives at the border without a parent or legal guardian, lacks lawful immigration status, and is not in the care of a parent or legal guardian (Congressional Research Service, 2024). This trend follows decades of worsening conditions in Central America's Northern Triangle—Honduras, Guatemala, and El Salvador—where widespread poverty, food insecurity, political instability (in part due to U.S. intervention), natural disasters, and the desire for family reunification have driven a mass exodus of children and families seeking safety and stability in the United States (American Immigration Council, 2015; Cardoso et al., 2019; Greenberg et al., 2021). Since 2021, estimates show that over 500,000 UC's have migrated to the United States (U.S. Customs and Border Protection, 2024).

The increase in forced family separations at the U.S. border has coincided with a rise in the practice of forcibly separating children from their parents by U.S. Customs and Border Protection (Roth et al., 2018). This practice reached its peak in May 2018 under the Trump administration's Zero Tolerance immigration policy, during which an estimated 2,300 children were separated from their parents. In total, 5569 children were separated during and after the formal implementation of the policy and were subsequently placed under the care of the Office of Refugee Resettlement (Dickerson, 2022; Women's Refugee Commission, 2023). To date, there is no comprehensive review examining the mental health and well-being of children who experienced a forced family separation during or following the Zero Tolerance era—a practice that caused large-scale disruptions to family units and resulted in significant psychological and physical health consequences for affected children.

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2. Historical family separation policies

As early as the 1790 Uniform Rule of Naturalization Act, the US government has forced family separations upon vulnerable populations, causing family fragmentations and enduring consequences (Immigration History, 2019). U.S. immigration policy has inflicted structural harm on immigrant communities through mechanisms that promote family separation, legal precarity, and exclusion from vital social service systems. For example, in the 1790 Uniform Rule of Naturalization Act, the federal government laid the groundwork for racialized exclusion and family separation by offering citizenship to "free white persons," effectively codifying who was eligible to belong. This legacy of exclusion has carried forward into modern immigration enforcement frameworks, producing policies that systematically destabilize immigrant family units and community cohesion.

The Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) of 1996 dramatically reduced the rights of noncitizens by expanding the list of deportable offenses—including nonviolent misdemeanors—and authorizing retroactive deportation (Human Rights Watch, 2016). These provisions have disproportionately affected long-term residents, green card holders, and youth who arrived in the U. S. as children. IIRIRA also stripped many immigrants of the right to appeal their deportation and eliminated judicial discretion, leading to harsh outcomes and permanently separating families in the U.S. (Meissner et al., 2013).

Since 2000, U.S. immigration policies at the U.S.–Mexico border have become more restrictive, significantly altering the social, political, and legal landscape for undocumented immigrant families living in the United States (Brabeck & Xu, 2010; Kanstroom, 2007; Lovato, 2019; Zong et al., 2017). Following the attacks of September 11, 2001, the USA PATRIOT Act intensified immigration enforcement under the messaging of national security. The Act broadened the grounds for inadmissibility and deportation, increased surveillance of immigrant communities, and created barriers for asylum seekers and refugees. It also reduced pathways to legal permanent residence and restricted immigrant access to public services—further marginalizing already vulnerable populations (Pew Research Center, 2013).

During the George W. Bush and early Obama administrations, the emphasis on restrictive interior enforcement and deportation led to historically high levels of forced family separation (Vinick, 2017). Programs such as Secure Communities and 287(g) agreements deepened collaboration between local law enforcement and federal immigration authorities, leading to increased detentions and deportations, often for minor driving infractions. These enforcement regimes fractured families, destabilized neighborhoods, and imposed long-term psychological and economic costs on children and caregivers (Coleman & Stuesse, 2014).

These policies have had devastating effects on unaccompanied minors and immigrant youth, who frequently face a "double exclusion"—first from their country of origin due to violence or poverty, and then from the U.S. legal system that offers limited protection and unreliable support. These youth live in constant fear of deportation, have trouble accessing housing and employment, and struggle with trauma resulting from separation and insecurity (Heidenbrink and Diaz, 2024). The compounded impact of restrictive laws, racialized enforcement, and bureaucratic complexities reinforces cycles of marginalization and prevents many UCs from envisioning stable, secure futures (Galli, 2020).

2.1. Forced family separation policies under the Trump Administration

The Zero Tolerance policy (ZTP) established new restrictive enforcement practices and is one example of how immigration policy separates parents and children. Prior to ZTP, immigrant children were sometimes separated from their families at the border, but not via explicit federal policy. Instead, child separations typically occurred under specific circumstances, such as when there were concerns about a child's safety or if the adult accompanying the child was not the child's parent or legal guardian (Muñiz de la Peña et al., 2019). Beginning in 2017, the US government began separating children from their parents solely because the parents were without immigration status and were arriving at the southern US border seeking asylum (Beier and Fredricks, 2023). In April 2018, the administration introduced its Zero Tolerance Policy (ZTP), which called for the prosecution of individuals who crossed the border without approval (US Department of Justice, 2018).

Parents migrating from Central America and Mexico were specifically targeted under ZTP and asylum officers were ordered to consider illegal entry as a possible factor against the application for asylum (Human Rights Watch, 2018). Under ZTP, the Department of Justice directed US Attorney offices to aggressively pursue prosecution for the "adults of every family unit arrested" (Dickerson, 2022). As adults were taken into custody for criminal prosecution, children were systematically separated from their families, and many languished in frigid, dirty, and overcrowded confinement (sometimes referred to as *hieleras* or "ice boxes").

Because children cannot be held in criminal detention, they are designated as "unaccompanied alien children" or (UACs) and placed in the custody of the Department of Health and Human Services' Office of Refugee Resettlement (ORR). ORR placed these immigrant children in shelters until they could be released to a family member, guardian, or foster family, or to the care and custody of the Department of Health and Human Services (HHS).

Amid growing media coverage, public outrage, and political backlash, the Trump administration reversed course on June 20, 2018, and ended the administration's family separation practice with the issuance of Executive Order 13,841 (CRS, 2021). Although it is unknown how many children have since been reunited with their parents, what is known is that the ZTP created a mental health crisis and caused a strain on children and families that could last decades (NASW, 2018). Although Zero Tolerance Policy (ZTP) is no longer in effect, the current Trump Administration 2.0 has threatened to expand many of its previous punitive immigration policies, including large-scale deportations of millions of undocumented immigrants and workplace raids—actions that would have disastrous consequences for Unaccompanied Children (UCs) and mixed-status families (Bennett & Popli, 2024). Overall, policies surrounding the apprehension, detention, and removal of immigrants remain significant stressors for immigrant communities in the United States.

2.2. Mental health outcomes and social service barriers among unaccompanied children

Sustained stress during migration and upon arrival in the US compounds the traumas that prompted refugee and migrant families to flee. This cumulative stress can lead to negative health outcomes for affected youth (Miller and Rasmussen, 2010). Numerus studies have found that children experiencing a forced family separation due to migration exhibit significant symptoms of anxiety, psychological distress, depression, post-traumatic stress disorder, suicidal ideation, low socioemotional well-being, and other mental health issues (Höhne et al., 2020; Rabin et al., 2022; Cardoso, 2018; Evans et al., 2022b; Lovato, 2019; Lovato & Abrams, 2020; MacLean et al., 2020). When compounded with stressors from barriers to legal representation, a lack of basic needs, and difficulties in accessing social services, UC face numerous challenges in navigating the nexus of limited available resources and social services (Beier et al., 2022; Greenberg et al., 2021). Social service providers have documented barriers in providing proper care for the diverse and often unique needs of UC, including inadequate funding, staffing, and training in culturally responsive and trauma-informed services (Roth & Grace, 2015). Substantial obstacles for children accessing primary care have been identified, including a lack of access to services, long waitlists, and language barriers.

To our knowledge, no published review to date has examined the

impact of forced family separations on the mental health and wellbeing of Unaccompanied Children (UCs) who were separated from their families during or following the Zero Tolerance Policy (ZTP) era. Similarly, there is a notable gap in the literature regarding how social service agencies responded to the needs of these children and families within this specific policy context, as well as the factors that supported children's coping and resilience in the face of separation. Existing reviews (Misra et al., 2021) examine unaccompanied immigrant minors' access to healthcare services in the United States, and a review by Cardoso et al. (2019) explores the state of the literature on unaccompanied minors through 2017. These reviews do not include findings from family separations that took place during or following ZTP nor do these reviews specifically address our concerns: understanding the psychosocial outcomes of unaccompanied minors who have been impacted by a forced family separation during or following ZTP. This systematic review aims

to locate, appraise, and synthesize, and provide evidence-based information (Dickson et al., 2017), to better understand the psychosocial outcomes and social service context so that we can better support UC well-being. This review is situated in the context of the Trump Administration's family separation policies; during and after Zero Tolerance Policy. The questions guiding this study are:

1) What are the mental health and social service needs of UC who are forcibly separated from their parents?

2) How do social service providers respond to the needs of UC during and following ZTP?

3) What factors help UC's cope with a forced family separation and integrate into their new communities?

This review aims to shed light on the urgent mental health concerns/outcomes and social service needs of UC who experienced a forced family separation during so that we can better understand and support

Table 1
Prisma Chart.
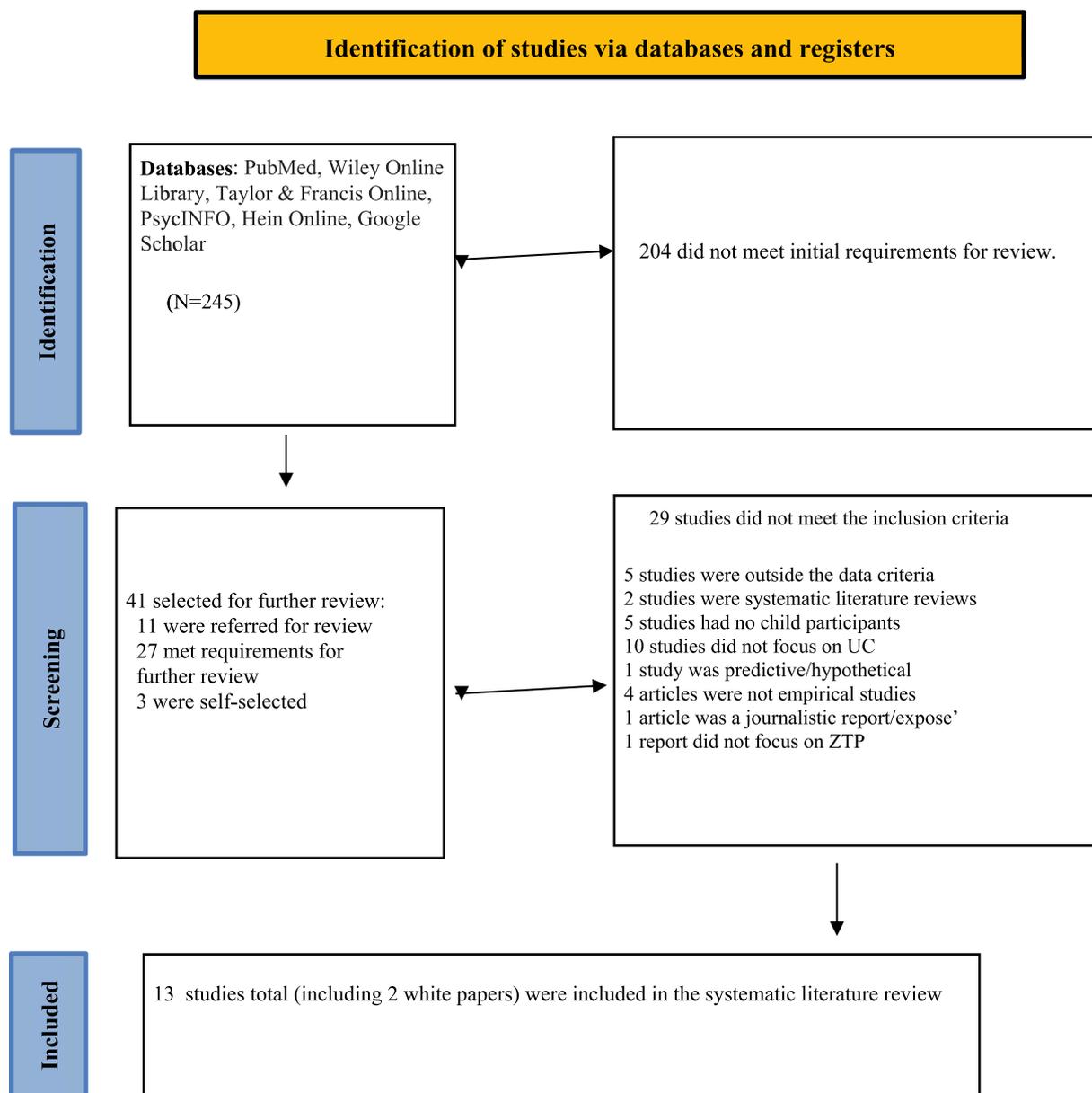
From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. BMJ 2021;372:n71. https://doi.org/10.1136/bmj.n71.
For more information, visit: https://www.prisma-statement.

Table 2
Results Table.

Citation	Study Design	Sample	Results
Beier et al., 2022	Policy Brief; The findings, best practices, and recommendations in this brief were informed by virtual roundtable discussions by UNICEF and Migration Policy Institute (MPI) between 2020–2021, on supporting UCs transitions into communities across the U.S.	UNICEF and MPI coordinated three virtual roundtable discussions with school staff, legal assistance providers, health and mental health programs, post-release services, and other providers that work directly with UCs, on supporting UCs transitions into communities across the U.S.	Provided recommendations on best practices to improve service access for unaccompanied migrant children. Communities should: (1) improve coordination between local governments, service providers, and community organizations; (2) use public schools to connect children to services; (3) use interdisciplinary approaches to address needs holistically; and (4) develop a diverse, skilled workforce in organizations serving UC.
Beier and Fredricks, 2023	Policy Report The findings from this qualitative report inform steps that governments, health systems, schools, and communities can take to improve unaccompanied children's access to medical and mental health care.	American Academy of Pediatrics and Migration Policy Institute studied UCs access to medical and mental health services in U.S. Conducted field visits to three U.S. cities (Houston, TX; Los Angeles, CA; and New Orleans, LA) and held interviews and focus groups with more than 100 professionals working with this population, and unaccompanied children themselves.	UC struggle to access medical and mental health services due to limited ORR post-release support, challenges affording or qualifying for public health insurance, navigating the US healthcare system, fear that accessing services could impact their immigration case, and organizational needs among schools and community organizations. Recommendations on best practices were provided.
Evans & Oliveira et al., 2022	Qualitative research study; semi-structured interviews and focus groups with n = 79 service providers	Service providers including teachers, school personnel, medical staff, attorneys, clinicians, foster care supervisors, and case managers (n = 79)	The education system has limited capacity to serve UACs. UACs encounter language challenges, lack of preparedness for school, cultural clashes, health, and mental health challenges. Recommendations include creating more welcoming school policies, community partnerships.
Evans & Hasson et al., 2022	Qualitative research study: semi-structured interviews and 22 focus groups/interviews with n = 79 providers that work with UCs.	Service providers including teachers, school personnel, medical staff, attorneys, clinicians, foster care supervisors, and case managers (n = 79)	Fostering welcoming communities including home placements are key prevention strategies. Community partnerships and collaborations with legal providers, advancing educational and employment opportunities are crucial. Community and interagency collaborations and support including mentors and peers, and church can be beneficial.
Galli, 2023	Qualitative study; ethnographic interviews completed during 2015–2019 with immigration attorneys and other staff in legal aid fieldwork	Unaccompanied minors from Central America ages 12 and older (n = 45); US-based adult family members of 10 of the minors (n = 9 parents and n = 1 aunt).	Most unaccompanied minors have little knowledge about the protection provided by US policies, and even those who are aware may not be able to access these rights. Unaccompanied minors with strong ties to US-based parents helped alleviate constraints on migration.
Hampton & Raker, et al., 2021	Qualitative: systematic examination of narratives from part of a medico-legal process	Reviewed medico-legal affidavits involving 21 families (n = 31)	Parents and children shared similar premigration and forced family separation traumas. Parents and children displayed similar signs/symptoms of trauma following reunification. Almost all individuals met the criteria for the diagnostic for mental disorders (even after reunification).
Hasson & Crea, et al., 2021	Mixed methods; secondary analysis of administrative data from a non-profit, LIRS, that provides services for UCs in long term foster care. Examined how histories of child maltreatment and substance abuse are associated with increased risk of adverse outcomes.	Unaccompanied immigrant minors living in long term foster care under the LIRS (n = 204)	27.45 % had a history of any type of maltreatment. Male children with a history of maltreatment were found to have a 33 % increased risk of adverse outcomes. Each additional month in care associated with a 2 % increased risk of adverse outcomes for UACs. History of neglect is associated with more than two times the estimated risk of adverse outcomes at time of discharge. History of sexual abuse is associated with 35 % increased risk of adverse outcomes.
Hasson & Easton et al, 2021	Mixed methods study: Quantitative study examined rates of PTSD among UC's and psychometric properties of the Child PTSD Symptom Scale. Qualitative interviews were conducted by Lutheran Immigration Refugee Services (LIRS) with UCs from nine states n = 149.	Quantitative sample: deidentified administrative data shared by LIRS, collected in 2018. Qualitative: Caseworkers subcontracted by LIRS originally collected data in 2018 from UC from El Salvador, Guatemala, and Honduras who received post-release services in nine states (n = 149).	The rate of PTSD found was 8.1 %. Rates differed by country (Guatemala (10 %), El Salvador (9.8 %), and Honduras (4.2 %). Slightly more females (8.3 %) exceeded the clinical threshold than males (7.8 %). Qualitative findings show that trauma is experienced differently across cultures, and beyond the terms of the DSM-5.

Table 2 (*continued*)

Citation	Study Design	Sample	Results
MacLean & Agyeman, et al., 2019	Mixed methods, cross-sectional evaluation study of children 73 children held at an immigration detention center over two months in 2018.	Interviewed a convenience sample of n = 425 mothers at visitation center of detention center.	Among 425 children studied, many demonstrated elevated scores for emotional problems (32 %),peer problems (14 %) and total difficulties (10 %) on the SDQ. Younger children (age 4–8 years) demonstrated more difficulties associated with conduct, hyperactivity, and total difficulties (all p < 0.001) compared to older children. Children who had been forcibly separated from their mothers demonstrated significantly more emotional problems (49 %, p = 0.003) and total difficulties (15 %, p = 0.015) than those who had never been separated. Of the 150 children who completed the PTSD-RI, 17 % had a probable diagnosis of PTSD. Nearly half (44 %) of all children demonstrated emotional/behavioral concern.
MacLean & Agyeman, et al., 2020	Mixed methods; cross-sectional evaluation study of 73 children who had been reunited with their mothers and were formerly held at an immigration detention center over two months during 2018	Interviewed 73 mothers about their eldest child aged 5–17 using the Parent-Report version of the Strengths and Difficulties Questionnaire (SDQ). A	44 % of all children demonstrated at least one emotional or behavioral concern. Some participants demonstrated elevated scores for emotional problems. Younger children demonstrated more difficulties associated with conduct and hyperactivity. Of the 150 children who completed the PTSD-RI, 17 % had a probable diagnosis of PTSD.
Muniz de la Peña & Pineda, et al., 2019	Qualitative study; examined the direct clinical experiences of children and families separated and now attending the Terra Firma Program in NYC.	Children and parents who experienced a forced family separation n = 4.	Significant stressors identified included: trauma, barriers to legal representation, lack of basic needs, isolation, language barriers, lack of day care, education, and transportation systems. Indigenous or African descendent communities face additional burdens of racial discrimination and stigma.
Roth et al., 2018	Qualitative study; interviewed staff to examine how staff members perceive the impact of family separation on tender age children under 5 years old	In-depth interviews with n = 20 staff members at four transitional foster care programs that serve children who have been separated from their parents by Customs Border Patrol (CBP)	The frequent movement of children in the care system can be traumatic, leading to anxiety and trust issues. Each child has unique needs, but limitations in staffing and funding make it difficult to provide individualized care. Separating families at the border may compound the trauma experienced by those seeking asylum.
Sidamon-Eristoff et al., 2021	Quantitative; Determine whether exposure to trauma prior to immigration was associated with PTSD symptomatology. Spanish questionnaire to parents about their children; Modified Spanish version of the University of California Los Angles PTSD Reaction Index (UCLA PTSD RI)Qualitative study to assess children's migration and detention related experiences.	Qualitative interviews of n = 84 parents of migrating children (ages 1–17) after families were released from immigration detention facilities to assess children's migration- and detention-related experiences. Quant component: modified version of the UCLA PTSD Reaction Index was administered to assess children's PTSD symptoms and document trauma exposure. In-depth interviews with n = 20 staff members at four transitional foster care programs serving children who were forcibly separated from their parents by Customs Border Patrol (CBP)	97.4 % of children experienced a premigration traumatic event and PTSD symptom severity was most strongly predicted by premigration trauma and duration of parent–child separation.

their well-being and service needs as forced family separations are an ongoing threat to immigrant families in the US.

3. Methodology

We reviewed literature from 2017 to 2023 on policies during and after ZTP, examining the impacts of government-led family separation on children and identifying best practices in service provision for unaccompanied children. This reflects the broader trend of increasingly restrictive immigration policies affecting immigrant child and family well-being since ZTP's implementation. To identify peer-reviewed empirical articles, we conducted a search using University of California–subscribed databases, including PubMed, Wiley Online Library, Taylor & Francis Online, PsychINFO, Hein Online, and Google Scholar.

We expanded our literature search to incorporate peer-reviewed studies that covered correlating topics, including ZTP, the effects of immigration and family separation on child well-being, mental health, mental health outcomes, immigration policy, family separation, and unaccompanied minors/children in the United States. As demonstrated in Table 1, inclusion criteria for the search included: (a) data that focused on the outcomes of UC's who were separated from their parents during and following ZTP (b) qualitative, quantitative, and mixed methods methodologies; (c) studies published in English; and (d) studies and reports that focused on the impact of mental health, forcible family separation, and social services access and use among UC in immigrant families.

We utilized Khan et al. (2003) systematic literature review guide which outline the following five steps to conducting a systematic literature review: 1) framing the question; 2) identifying relevant work; 3) assessing the quality of studies; 4; summarizing the evidence, and step 5; interpreting the findings. After identifying our research questions, we began our database search to identify relevant studies by using the

keywords *unaccompanied minors, unaccompanied, children, unaccompanied youth, Zero Tolerance policy, immigration,* and *family separation.* We limited the search to articles published in English about the United States. This review focused on Latinx immigrants by keyword search, as they are the primary target population under the threat of deportation and forced family separation (MALDEF, 2014). This search yielded 245 unduplicated entries; after excluding publications that focused on victims of human trafficking, sex trafficking, or any other form of forced migration we had 41 articles. We then assessed the quality of these studies by screening the titles and abstracts of those 41 selected articles for the inclusion criteria. When key terms were not explicit in the title or abstract, we reviewed the methods, findings, and discussion sections to determine whether the selection criteria were met. This process resulted in 13 studies that addressed how UCs coped with stressors following a separation from a parent at the border during and following the Trump Administration's family separation policies and how social services agencies responded to their needs. As illustrated in Table 2, eight were qualitative studies, and two studies used mixed methods; quantitative cross-sectional data. Many of the qualitative studies used a convenience and/or purposive sample of service providers, parents, and/or some youth participants who experienced a forced family separation due to the restrictive immigration climate during and following ZTP. Three studies used quantitative data. Two reports examined how social service agencies responded to UC's and their families' service needs during and following the Trump Administration. Given that most studies relied on provider perspectives rather than direct accounts from separated children, our findings reflect service-level and system-level patterns rather than firsthand accounts of UC experiences.

This review set out to examine predetermined domains of immigrant child well-being, including mental health outcomes for UC who were separated from their parents during and following ZTP. Information concerning the impact of forced family separation on UC was extracted from the literature into a spreadsheet to summarize the evidence and double-checked for accuracy. We used a detailed extraction process involving the following three components to interpret the findings (a) each study was screened for data related to each domain (mental health and educational outcomes) and categorized accordingly when applicable; (b) the methods employed, including comparison group selection and measures; (c) the results reported, including psychosocial., mental health, and educational outcomes. Data were coded within the 13 studies through an inductive thematic coding scheme.

4. Findings

We reviewed the literature through three psychosocial domains, including (a) mental health outcomes among UC; (b) barriers and facilitators to receiving social services and post-release services and care; and (c) factors affecting UC integration and coping during and following a forced family separation. Table 2 summarizes the studies selected for inclusion and their target sample, method, and findings.

4.1. UC's psychosocial stressors and mental health outcomes following a forced family separation

During and following the Trump Administration's ZTP era, children who entered the US with their families were forcibly separated, a practice that negatively impacted their mental health and well-being. Studies included in this review demonstrate that youth who were separated from their parents were found to be at high risk of experiencing mental health stressors such as anxiety, trauma, depression, suicidal ideation, aggression, avoidance, guilt, and fear (Muniz de la Peña et al., 2019; Hampton et al., 2021; Sidamon-Eristoff et al., 2021; MacLean et al., 2020; Hasson et al., 2021a). For example, Hampton et al. (2021) analyzed 31 medico-legal affidavits that were conducted for children separated by the US government. In the analysis, clinicians reported that surveyed children had met the diagnostic criteria for at least one mental health condition, including post-traumatic stress disorder (PTSD), major depressive disorder, and/or generalized anxiety disorder. Moreover, the researchers identified key symptoms consistent with trauma in nearly all the children—symptoms that were present at the time of family separation and that remained post-reunification. The residual trauma, alongside respondents' reported feelings of anxiety, confusion, and irritability, adversely affected their physical well-being, which corresponded to symptoms including sleep deprivation and anorexia.

In a study conducted by Sidamon-Eristoff and colleagues (2021), pre-migration trauma was found to be the strongest predictor of PTSD symptom severity, in which higher levels of trauma were associated with increasing symptom severity. Although limited by sample size, parent–child separation length was the next strongest predictor of PTSD severity, suggesting that the act of separating children from their parent or caregiver, along with spending time in a detention facility, is an inherently traumatic and unique experience that UC may endure.

Muniz de la Peña et al. (2019) studied a Bronx, NY program, Terra Firma, which serves immigrant families separated under the Zero Tolerance directive. Their findings underscore the complexities of how youth and families navigate trauma experienced by UC, revealing that the impinging trauma of the recent separation appears to weigh heavily on these parents and children in ways that thwart their ability to function and adjust to their new environments. On the other hand, these families face extensive post-release stressors, including barriers to legal representation, housing and food insecurity, lack of financial and social support, isolation, language barriers, lack of knowledge of the transportation and education systems, and lack of daycare services for their children.

MacLean et al. (2020) focused on trauma responses that result in externalized behaviors among immigrant children following a forced family separation (behaviors that are displayed outwardly, as opposed to inward displays such as anxiety or depression). They found that the ages and genders of certain unaccompanied minors predisposed them to higher behavioral risks. Their cross-sectional study featured 73 children, aged 5–17, who had been held at an immigration detention center and had been recently reunited with their mothers; almost half of the children surveyed demonstrated high rates of abnormal emotional problems, including hyperactivity and conduct issues (i.e., disruptive or antisocial behavior). Notably, the study also identified risk factors based on gender and age. For example, the research team found that males had significantly higher rates of abnormal peer problems than their female counterparts, and that younger children (aged 5–11) demonstrated higher rates of externalizing behaviors and total difficulties compared to older children (aged 12–17). These findings highlight that UC's were found to be at higher risk of experiencing mental health stressors such as anxiety, trauma, depression, suicidal ideation, aggression, avoidance, guilt, and fear following a forced family separation.

4.2. Barriers and facilitators to post-release services and care

Under the second theme, findings showed that UC experienced major barriers in receiving post-release care during and following the ZTP era. Policy gaps at the local, state, and federal level create barriers to care and demonstrate how certain policy frameworks have failed to serve UC. We found three subthemes: federally supported health and case management services (including post-release services and foster care); legal services and representation, and education. Within the 13 articles selected, two white papers discussed the difficulties that practitioners and UC had in accessing post-release services (Beier et al., 2022; Beier and Fredricks, 2023). While neither Beier study specifically references the ZTP, the data they report on was collected within the ZTP era.

4.3. Federally supported health and case management services

Two white papers identified major gaps in federally supported post-

release and social services for unaccompanied children—particularly in accessing medical care, legal aid, and case management after release from ORR custody (Beier et al., 2022; Beier and Fredricks, 2023). For example, Beier and Fredricks (2023) note in their report, that ORR is not obligated to, nor does it, provide post-release medical care coverage once a child is released from federal custody. In most cases, unaccompanied minors are ineligible for federally-funded healthcare coverage such as Medicaid and the Children's Health Insurance Program (CHIP). Even in states that have expanded coverage, barriers such as social stigma, fear of deportation, and language access challenges limited enrollment. Beier et al. (2022) drew on a series of roundtable discussions with school staff, legal service providers, health and mental health professionals, federally funded post-release service providers, and other organizations working directly with unaccompanied children (UCs).

Their findings revealed that, aside from the Post-Release Services (PRS) program—which is intended to offer essential support and promote the integration of UCs and their sponsors into new communities—the Office of Refugee Resettlement (ORR)'s involvement after UCs are released from government custody is often limited and inconsistent. For example, once UCs transition to living with sponsors, they frequently lose access to critical services. Their diverse and complex needs require coordination among professionals such as immigration attorneys, pediatricians, mental health clinicians, and case managers. Yet, because these services are typically delivered through separate organizations, children and their families face significant barriers—such as transportation, scheduling conflicts, and lack of coordination—when trying to access support. Moreover, the availability and accessibility of services vary significantly across communities. As a result, the needs of unaccompanied children are often inadequately met, which can adversely impact their overall well-being and long-term development.

Findings from these reports showed that despite their best efforts, the level of care UC could receive was ultimately dictated (and restricted) by federal immigration and welfare policy.

4.4. Legal services and representation

One white paper examined the gaps in legal services for unaccompanied minors within the ZPT era (Beier et al., 2022). They found that although HHS is required to ensure legal representation (to the greatest extent practicable) to all children in HHS or DHS custody, the extent to which children receiving federally-funded legal representation post-release is limited. This report highlighted the importance of promising practices among some organizations that create interdisciplinary teams in-house to serve the legal needs of UCs. For example, according to the report which noted that American Bar Association's South Texas Pro Bono Asylum Representation Project (PRoBAR) provides both social services and legal support to UCs living in the Rio Grande Valley of South Texas. The report noted that an interdisciplinary team such as this can streamline referral processes and gather among team members to review complex legal cases.

Beier et al. (2022) found that in the absence of federal support, schools and community-based organizations stepped in to fill in critical legal and social service gaps for UC and their families who have been impacted by ZTP era restrictions. For example, at Terra Firma, a social service program in the Bronx, NY, service providers offer UC's healthcare, pro-bono legal representation, youth enrichment, and case management; which all work in coordination to provide centralized and trauma-informed services to impacted families and children. These findings highlight the pivotal role of local institutions in responding to unmet needs created by federal policy gaps.

4.5. Education

One empirical study (Evans et al., 2022a) and one white paper (Beier et al., 2022) examined the role that schools played in providing social services for UC and their families. Scholars found that for many children,

school-based service providers were typically the first point of contact for dispensing critical services. Despite systemic barriers and general fear of accessing services, school staff did their best to connect students to counseling, basic needs support (i.e., food), and workshops. For example, Beier & Farwell, et al. (2020) highlighted the increasing success of school-based programming targeted at immigrants. They detailed a case study at Oakland International High School in Oakland, California which implemented various strategies to address the health, mental health, attendance, and other needs of newcomers and UC, For example, the school established partnerships with legal service providers to promote supportive relationships and partnered with culturally sensitive, community-based organizations, such as Soccer Without Borders, a program that facilitates an onsite, age-appropriate sports program and boosts boost academic engagement, positive behavior, and post-graduation success.

However, researchers across these studies also reported challenges faced by schools serving unaccompanied youth. Although all children are entitled to a public education, asymmetric policies across schools can and do limit equal access for immigrant youth. Evans et al. (2022a) found that not all schools were prepared to provide for the needs of unaccompanied minors. They conducted an analysis of the risk factors contributing to the challenges UC encounter in schools, which included a lack of family support, limited financial resources, lack of school preparedness, cultural differences, peer conflict, physical and mental health disparities, and fear and distrust regarding their lack of legal status. Moreover, although ORR requires school enrollment as a precondition of UC sponsorship, some minors may choose or be forced to work to cover expenses (such as for legal fees and remittances) rather than attend school post-release. Because ORR coordination is limited post-release, school district administrators and staff may not even be aware of the child's release and, consequently, cannot conduct outreach to ensure prompt enrollment.

Despite these limitations, findings showed that schools play a key and unique role in serving UC. Given their proximity to and time spent with children, schools are often the primary sites within the local community to facilitate both adjustment and services for immigrant families. With adequate training, staffing, and trauma-informed resources, schools can serve as a critical protective factor for UC and play a central role in their post-release adjustment and well-being.

4.6. Factors affecting UC integration and coping

Under the third theme, three studies focused on factors affecting UC integration and coping (Evans et al., 2022b; Evans et al., 2022a; Galli, 2023) following ZTP implementation. We define integration as the process by which unaccompanied minors (UC) and their families develop a sense of attachment and active participation in their destination communities. As evidenced by these studies, the process of UC integration is shaped by a variety of factors, which we have sorted into subthemes: (a) the impact of an anti-immigrant climate and punitive policies; (b) the role of community and systemic support in facilitating adjustment; and (c) the importance of drawing upon internal strengths, coping strategies, and protective factors.

4.7. Anti-Immigrant climate and punitive policies.

This subtheme addresses the broader range of challenges UC face with integration and coping including (but not limited to) issues revolving around anti-immigrant climate, cultural adaptation, and post-release outcomes (i.e., employment and educational attainment). Although various studies focus on the impact of anti-immigrant policies on mixed-status families, particularly children who have recently experienced family separation due to detention and/or deportation, studies by Galli (2023) explored a different facet: the disillusionment of unaccompanied minors in coping with US immigration laws. Galli (2023) found that despite knowing their rights, the treatment of UC at

the border largely depended on the discretionary authority of US immigration bureaucrats (i.e., border patrol agents). Consequently, UC who were apprehended at the border and/or seeking protection often projected themselves as deserving humanitarian claimants, while making conscious efforts to distance themselves from stigmatizing labels (i.e., criminal or gang-affiliated) often associated with immigrant populations.

Conversely, Evans et al. (2022a) found that political rhetoric can facilitate adjustment by cultivating a welcoming context of reception among unaccompanied minors. For instance, several studies have associated punitive immigration policies with heightened risks of abuse. Participants attributed this support to key leaders, including the governor, the refugee state coordinator, and other public officials at the state level. At the same time, researchers found that community buy-in for immigrant programming at the local level allowed children to integrate successfully within their respective communities.

4.8. Facilitators: Community and systems approach to UC adjustment and integration

Three studies within this subtheme, focused on structural factors impacting immigrant adjustment within the United States, particularly at the community and foster care system level (Roth et al., 2018; Evans et al., 2022b; Evans et al., 2022a). More specifically, Roth and colleagues (2018) explored the impact of separation on UC in transitional foster care. Their analysis of qualitative survey data from 20 foster care service providers, found that program staff lacked the capacity and resources to address UC needs. For example, one of the largest barriers to adjustment for children and staff was providing consistent care. Although staff worked diligently to create safe and stable environments for UC, many felt the care they could offer was limited by the complexities and frequent changes inherent in immigration policies and procedures. Consequently, the inconsistent and short-lived nature of support services was at times disorienting and disruptive for children transitioning into long-term care.

Conversely, two studies (Evans et al., 2022b; Evans et al., 2022a) examined the protective factors associated with UC adjustment and integration. Foster parents who were bilingual or bicultural., who provided culturally appropriate accommodations including food and music, and who were open to long-term relationship building with their children were most beneficial for UC adjustment.

Outside of foster care, Evans et al. (2022a) explored community-level responses to UC integration. Collaborating with the Lutheran Immigration and Refugee Service (LIRS), the researchers tapped insights from 79 informants (including foster care staff, foster parents, and community partners) revealing that the local communities where UC were placed for foster care became crucial platforms for UC to acquire and hone life skills essential for their success. Although services such as LIRS offer semi-structured cultural orientation and training for independent living to youth in foster care, study participants believed that real-world application was the most effective way to adapt. Participants connected with community members, accessed social services, and engaged in extracurricular activities that were foundational to their socioemotional well-being (Evans et al., 2022a).

4.9. Drawing upon internal strengths, coping strategies, and protective factors

One study (Evans et al., 2022a) investigated the coping mechanisms UC applied when faced with enforced separation. Social support emerged as an important coping technique. Findings showed that besides seeking support from friends, family, and school counselors, UC's found solace in activities like sports and attending church. These strategies were consistent with previous findings: seeking guidance, pursuing religious comfort, or finding distractions. Interestingly, those who had adopted adaptive coping strategies were less likely to engage in

substance abuse. The study also uncovered maladaptive coping mechanisms where some youth resorted to self-harm practices, such as isolation and withdrawal, as ways to escape their challenges.

5. Discussion

The purpose of this systematic review of the literature is to synthesize and present existing knowledge and evidence-based findings (Dickson et al., 2017) on the emerging impact of a massive, forced family separations initiated during and following ZTP, which impacted over 5300 immigrant children and families. The findings in this review show that UCs were subject to separations from their parent/caregiver, even if not directly processed by a ZTP-directed border official. That ZTP is no longer in effect does not mean that the problem of parent–child separation has ceased, in fact, this review aims to provide context and baseline information for new research, given that the current administration has threatened massive, widespread immigration enforcement at the border and in the interior of the US without forethought as to the well-being of immigrant children and their families.

Our first research question asked how UC cope with a forced family separation during and following ZTP, in terms of their mental health outcomes. The findings in our review suggest that forced family separation is a leading source of psychological trauma among UC (Hampton et al., 2021; MacLean et al., 2019; Sidamon-Eristoff et al., 2021). Although UC experienced some challenges common to other immigrant groups, unique and complex stressors placed them at higher risk for adverse outcomes. Family separation placed children at risk for developing mental health disorders, including PTSD, depression, anxiety, avoidance, and fear. Although extant research has uncovered the range of psychosocial and mental stressors experienced by unaccompanied youth (Berger Cardoso et al., 2019; Mirsa et al., 2023), the ZTP policy is too recent for long-term effects to be apparent; longitudinal studies that are initiated now may be important in examining the long-term effects of family separation on minors.

Our second question asked about barriers and facilitators to receiving post-release services and care and examined how social service agencies responded to the needs of UC's impacted during and following ZTP. Our findings show that UC experienced significant barriers in receiving post-release care due to policy gaps at the local, state, and federal level. Barriers to finding, obtaining, and accessing legal resources—such as the lack of affordable legal representation, particularly in rural areas—left many without services. Even in cases in which legal representation was paid for, everyday expenses—such as rent, utilities, food, and transportation—were already burdensome amid the influx of financial demands (Beier and Fredricks, 2023; Beier et al., 2022). Overall, the report referenced in this section highlighted that some schools and community-based organizations have filled in gaps by providing critical legal services in the absence of government support (Beier and Fredricks, 2023; Beier et al., 2022).

Unique to this review, our third question examined the factors that help UC's cope with a forced family separation and integrate into their new communities during and following ZTP. Findings showed that locating and engaging with peer-based social support is a critical resource and form of capital (Evans et al., 2022a). Social connections and community engagement is critical for unaccompanied minors exiting foster care. We also found that (certain) accommodations and social support networks such as welcoming communities and inter-agency collaborations were significant protective factors for unaccompanied minors (Evans et al., 2022a). Both adaptive and maladaptive coping strategies were significantly influenced by UC support systems and activities during integration (Evans et al., 2022). These factors played a key role in youth's mental health outcomes.

These findings shed new light on the necessity for UC to form social connections to navigate bureaucracies in the US via providing mutual aid for example. Besides seeking support from friends, family, and school counselors, youth found solace in activities like sports and

religious practices. These findings showed that for UC, seeking guidance, pursuing religious comfort, and/or finding distractions from challenges during the transition to adulthood, sheds light on the concept of "linked lives" emphasizing how individual lives are intertwined and "typically embedded in social relationships with kin and friends across the life span." Findings show that UC experienced significant trauma and mental health distress while also experiencing barriers to social services due to their legal status (Beier and Fredricks, 2023; Beier et al., 2022). To provide effective support, the literature showed that engaging with peer-based social support, developing community relationships, having access to mentors, and educational resources are critical resources and forms of capital that must be fostered among UC's (Evans et al., 2022a). The literature we reviewed indicates that multidisciplinary and community collaboration are vital in promoting UC's integration and addressing barriers to adjustment.

5.1. Policy implications

Taken together, the studies in this review reveal recurring service gaps and policy implementation challenges across healthcare, education, and legal systems—particularly for children navigating trauma during and after family separation. These gaps persist in part due to the absence of a coordinated federal framework guiding post-release care (Canizales, 2024). In the absence of such guidelines, the responsibility of safeguarding unaccompanied children has increasingly shifted to local and state jurisdictions—deepening geographic and institutional disparities in access, quality, and coordination of care.

Across the United States, 11 states and more than 560 cities and counties have adopted sanctuary policies that limit cooperation between local authorities and federal immigration enforcement (American Immigration Council, 2020). However, under President Trump's second term, these protections are under renewed threat. Since taking office, the Trump Administration has attempted to restrict federal funding for sanctuary jurisdictions and expand ICE access to local detention facilities and data systems. Sanctuary communities play a critical role in safeguarding the welfare of immigrant children forcibly separated from their families by enacting and defending local legislation. To reduce vulnerability to shifting federal priorities, jurisdictions should pass ordinances that limit data sharing, ICE access to local facilities, and participation in federal immigration enforcement activities.

Schools across the country have also passed sanctuary policies safeguarding the welfare of immigrant students and their families. These policies vary, but they generally limit school access and cooperation by federal immigration enforcement authorities. At the policy level, school districts and schools should offer emergency contingency plans, family preparedness planning trainings and Know Your Rights workshops including guidance for responding to ICE raids, assisting family's post-detention and/or deportation, and providing trauma-informed services to support UCs and families at risk of forced family separations.

Federally, ORR must further re-evaluate and reform its post-release service program and ORR must also commit to connecting UC with comprehensive case management, as well as with any additional services, in the initial period after their release. To alleviate anxiety and build trust, ORR post-release services must be separated from enforcement, ensuring that access to these services will not lead to deportation or other penalties. Information campaigns and communication outreach initiatives that clarify existing regulations and offer guidance on navigating social service provisions can help to ensure accurate information dissemination, alleviate confusion, and address fears around service access for affected communities. Finally, federal enforcement agencies must cease practices that criminalize immigrant communities, and work to foster environments of mutual engagement (Heidenbrink and Diaz, 2024; Mandelbaum, 2022). Although plenary power grants the government the fundamental right to shape immigration policy, it must be exercised in a manner consistent with constitutional., humanitarian, and ethical frameworks: ones that protect the welfare, autonomy, and

agency of immigrant communities—all while preserving states' sovereignty and right to regulate immigration and membership.

5.2. Social work practice implications

Given that UC experience unique stressors that affect different domains of their overall well-being, social work practice with youth must consider three sets of recommendations: tailoring service provision to address the psychosocial and mental stressors of this population, addressing barriers to care in a holistic manner, and supporting youth's integration and adjustment through multidisciplinary and community collaboration.

Practitioners must maintain up-to-date knowledge about the unique stressors UC's face, and develop services tailored to addressing their psychosocial and mental needs. To ameliorate the impact of post-traumatic stress, it is essential that UC receive developmentally-appropriate and specialized interventions (MacLean et al., 2019). Practitioners should develop suitable linguistic skills and trauma-informed techniques and be trained in evidence-based interventions like Cognitive Behavioral Intervention for Trauma in Schools (CBITS) (Beier and Fredricks, 2023; Cardoso, 2018). Throughout assessment and treatment, attention to cultural and linguistic factors, including Indigenous languages, is a critical consideration for clinicians working with UC (Hasson et al., 2021b).

It is critical that practitioners support youth in addressing barriers related to accessing healthcare and legal services. Practitioners must learn about community referrals, inclusive of financial, transportation, and linguistic barriers that often make these resources inaccessible. Youth must know both about and how to use these community resources. Given that a significant number of UC do not access public benefits and experience barriers accessing services (Evans et al., 2022c), practitioners can support youth in developing the skills and knowledge to navigate their community by accompanying them to these resources. This opportunity for skill-building can help UC develop a positive sense of self and safety to participate in their communities (Evans et al., 2022a). Co-locating medical and mental health services with other supports (benefits enrollment, supplemental food programs) can be beneficial in holistically addressing UC's needs and ameliorating the challenges they encounter trying to navigate US systems (Beier et al., 2022). Innovative approaches might include safety and well-being follow up calls, mobile service delivery, and centralization of social services; these can broaden accessibility, especially in rural areas (by connecting UC with limited access to services (ORR, 2024).

Establishing partnerships with community legal aid, healthcare, and support organizations is essential for facilitating interdisciplinary service provision (Beier and Fredricks, 2023). When working with UC receiving support from multiple sources, practitioners should regularly use conference calls to facilitate coordinated efforts in supporting UC. Mentorship programs can positively guide youth through transitions to adulthood and promote community connection (Evans et al., 2022c). Practitioners can support integration by connecting UC to mentors who provide tailored social support, share cultural backgrounds and languages, or were UC themselves (Evans et al., 2022a).

Many promising practices are occurring within school settings to support UC as they are simultaneously adjusting to a new country and emerging adulthood. For example, newcomer programs can foster a welcoming community for UC in school settings and include practices such as embracing students within the school community, addressing academic and socioemotional needs through tailored Individual Learning Plans (ILP), and providing cultural and new student orientations (Evans et al., 2022b). The support of cultural and bilingual staff/ and service providers and connecting youth to tutoring or peer mentoring support can aid UC's integration in schools to support their overall well-being.

5.3. Future research directions and implications

This review identified gaps where research is needed to better understand the critical roles that social service providers play in the adjustment of unaccompanied youth. Longitudinal research is critical to determine long-term implications and outcomes for unaccompanied youth and their families particularly under the Trump Administration's policies on forced family separations. More research is needed on the educational attainment, employment, mental health, civic participation, and general adjustment of youth exiting detention and foster care. Longitudinal studies have examined employment outcomes (Hasson et al., 2021c; Hasson et al., 2021b), substance abuse, and adverse outcomes in UC leaving foster care (Hasson et al., 2021a), conflicting results in these studies warrant additional research. We found few empirical studies that directly examine the impacts during and following the Zero Tolerance Policy (ZTP) on immigrant families, even though, years later, many organizations are still working to reunify separated parents and children. The severity and unprecedented nature of ZTP—combined with recent efforts by the Trump administration's second term to further deter unaccompanied child migration and reports of potential mass deportations of unaccompanied youth—underscore an increasingly hostile and unsafe environment for immigrant children (Taylor et al., 2025). In this anti-immigrant climate, where family separation and threats of deportation continue to destabilize communities, it is imperative that future research explicitly investigates both the short- and long-term effects of such policies on child safety, development, and wellbeing.

Qualitative research should be conducted to better understand how trauma is experienced by groups migrating from distinct origin points, especially as recent geopolitical developments have begun influencing migration flows from new countries into the United States. To better understand the role of continuous trauma, research examining the varying levels of intensity and complexity of trauma experienced over weeks, months, or years of separation would be invaluable for researchers and practitioners to better understand its impacts on immigrant populations (Mercado, et al., 2022).

Future research must take a multifaceted approach to address the complex challenges faced by UC both in and out of government custody. Studies of the efficacy of government-based services should continue, and evaluation should extend to assessing the medical and health outcomes of UC, especially as regards varied resource allocation at state and local levels (Misra et al., 2021). A comparative analysis of foster care programs across jurisdictions is necessary, given the possibility that funding, and resources may vary across jurisdictions.

This review revealed that research involving separated UC themselves remains rather limited. Although numerous studies have made efforts to interview primary care providers and some parents, the narratives from UC themselves remain limited and underrepresented in the existing literature (Heidenbrink and Diaz, 2024; Cardoso et al., 2019; Evans et al., 2022). To obtain a more comprehensive understanding of their experiences and needs, future research should prioritize and ground their findings in the voices and perspectives of these children directly.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

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Further reading

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