

TIPS WHEN WORKING WITH UNACCOMPANIED MINORS FROM GUATEMALA, HONDURAS, AND EL SALVADOR



Guatemala is part of the Northern Triangle (NT) region in Central America, along with Honduras and El Salvador. In 2015, El Salvador ranked 5th, Guatemala ranked 10th, and El Salvador ranked 15th among source countries of U.S. immigrants.

Facts about the Guatemalan population

- About 1.4 million (accounting 2%) of U.S. Hispanics and Latinos are of Guatemalan origin.
- Guatemalan children make up 48% of all unaccompanied minors arriving in the United States.
- Spanish is the official language of Guatemala, but only 60% of the population communicates primarily in this language.
- There are 23 officially recognized Amerindian languages, including K'iche, Kaqchikel, Q'eqchi, Mam, Garifuna, and Xinca.
- About 80% of Guatemalans practice some form of Christianity, particularly Roman Catholicism, and 13% are atheist or agnostic.
- Around 41% of Guatemalans has Mayan roots, and a smaller small percentage with non-Mayan indigenous and African origin.
- Mayas use their traditional medicine as primary care.
- Mayas have strong support systems in their family.
- Some Mayas may be open to a holistic treatment experience involving spirituality and physical health treatments.
- If a positive rapport is developed, Mayas are more likely to trust a professional and follow recommendations.



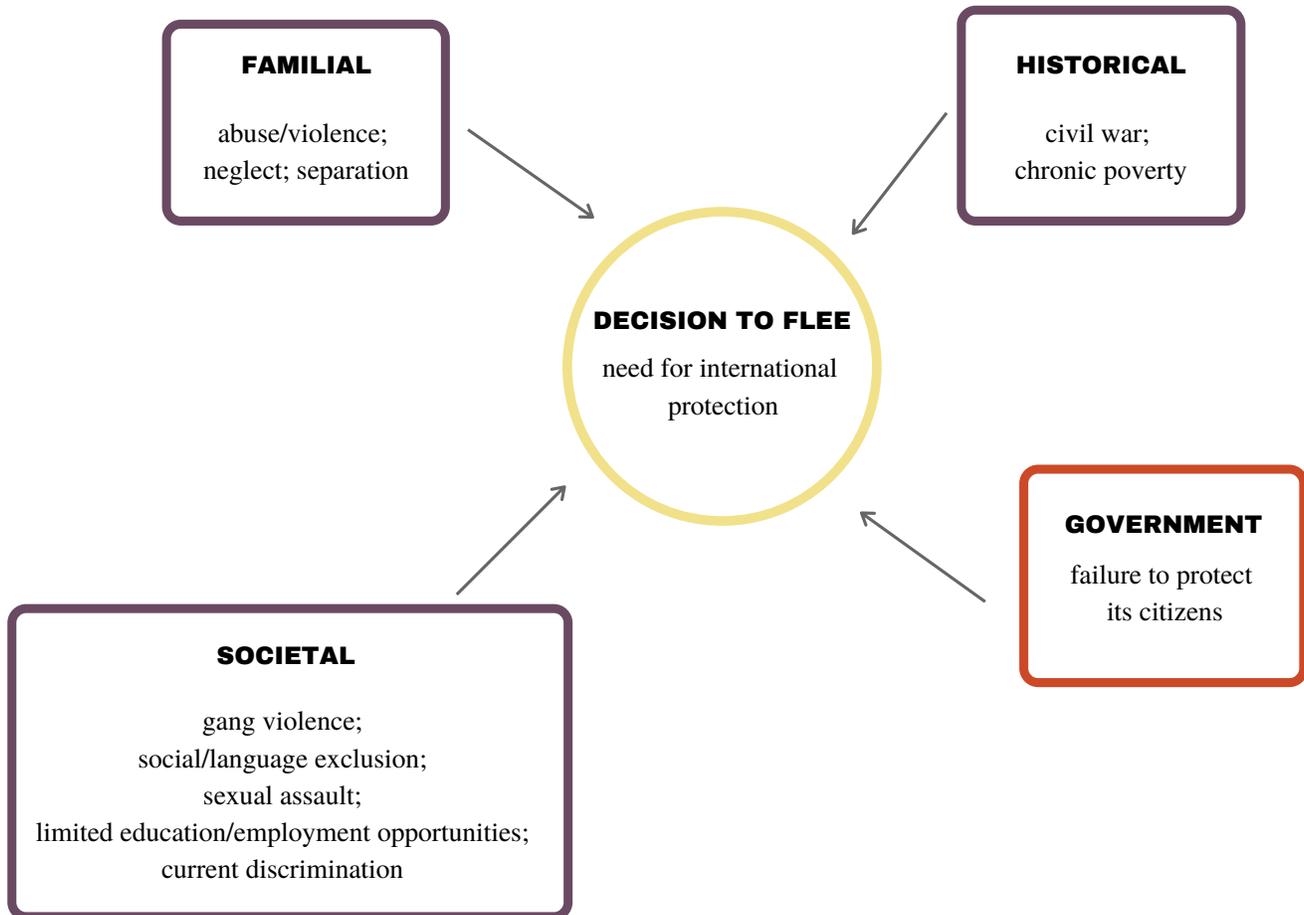
Facts about the Honduran population

- Honduran children make up 27% of all unaccompanied minors arriving in the United States.
- About 90% of the population in Honduras is mestizx or of mixed race, 7% of the population is considered indigenous, and 3% are of either Black or White European origin.
- Major indigenous groups are: Lenca, Misquitos, Garifunas, Chorti, Tolupan, Pech, and Tawahka.
- Spanish is the country's official language of Honduras.
- Children of indigenous descent may speak Lenca, Garífuna, Miskito, Sumo, Pech, Jicaquen, and Tawahka.

Facts about the Salvadoran population

- Salvadorans are the third-largest population of Hispanic origin living in the United States.
 - Salvadoran children make up 14% of all unaccompanied minors arriving in the United States.
 - Spanish is the official language of El Salvador.
 - Children of indigenous descent may speak Lenca, Nawat, Q'equchi, Cacaopera, or Nahuatl.
 - About 86% of the population is considered mestizx.
 - Indigenous peoples (Nahua, Lenca, and Kakawira), Blacks, and others are considered a small minority.
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Figure 1: The context of immigration among Central American youth.

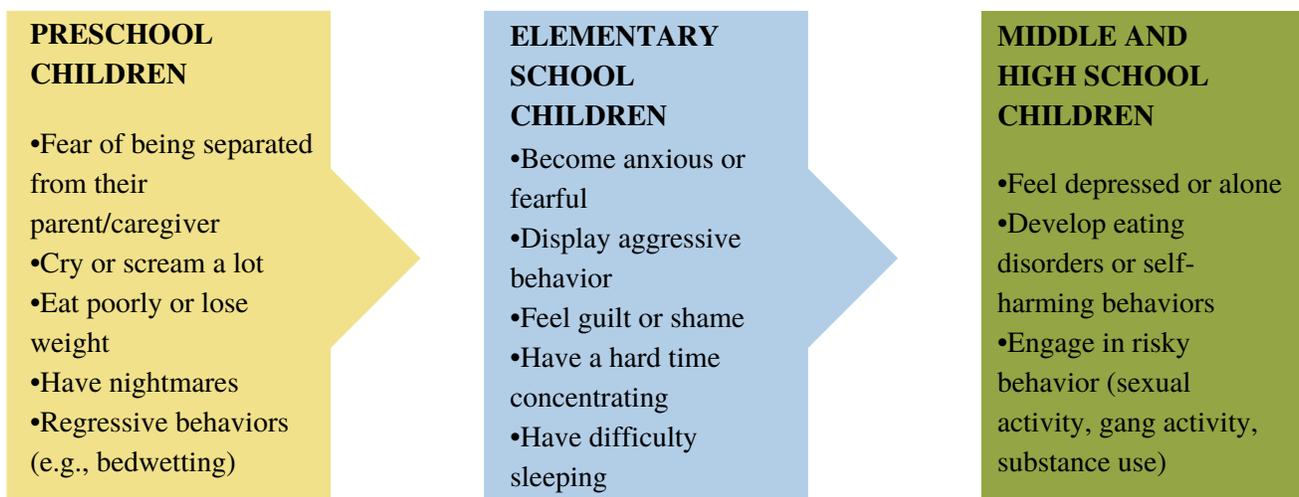


Psycho-social-cultural considerations when working with unaccompanied minors:

1. Explore the possibility of previous or pre-migration traumatic events, including violence and threat of gangs to themselves or family members still living in their country of origin, and traumatic experiences that had occur during their journey and post-migration. (See Figure 1.)
 2. Consider possible injuries due to accidents, violence (e.g., assault, kidnapping, rape), and extreme temperatures. It is recommended that each child receive a thorough physical exam.
 3. Malnutrition and health concerns must be considered since unaccompanied minors often lack access to food and additional basic necessities while traveling, resulting in starvation and dehydration.
 4. Minors may experience a very real fear of families left behind in their countries of origin, who may be threatened or extorted by gangs. Also, debt related to human smuggling is often a concern.
 5. Concerns about being reunified with a parent they don't know well, or being placed with a sponsor or family member they don't know or do not prefer.
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6. Be aware of varied educational experiences. Minors may have experienced disrupted schooling, or experienced a traumatic event in a school setting. This could affect their willingness to engage in a classroom experience.
 7. It is important to note the needs of minors are specifically related to their stage of development (e.g., children under the age of 12 need constant monitoring, a regular feeding schedule, time to play), see Figure 2.
 8. Safety is an important mental health need for all minors, but particularly for those who have experienced severe trauma. Therefore, it is imperative that unaccompanied minors be treated with respect, empathy, and compassion, even when discipline or limit-setting is needed.
 9. Consider possible injuries due to accidents, violence (e.g., assault, kidnapping, rape), and extreme temperatures. It is recommended that each child receive a thorough physical exam.
 10. The function of family should be considered when providing care to unaccompanied minors. As such, every effort should be made to maintain children who are family and/or close friends together.
 11. Spirituality and religion play an integral role in the lives of many minors in Central America, for many of these minors, their faith in *Dios* (God) and *La Virgen* (The Virgin Mary) is an important source of support and strength in times of fear and uncertainty.
 12. For children with indigenous roots, the immigration trauma might be compounded by historical trauma.

Figure 2: Each child may endorse and respond differently to traumatic experiences. The desire of having a sense of safety/belonging may also influence trauma response. Adapted from the The National Child Traumatic Stress Network.



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