The forced displacement of people–otherwise termed as migration–is certainly not a new phenomenon, and yet it continues to be the subject of debate among policymakers and citizens of receiving countries. Crossing national borders to work is one of the key motivations behind international migration, whether driven by economic inequalities, seeking employment, or both (“Migration Data Portal”, 2020). But there are also millions of refugees who have been driven away from their home countries due to conflict, violence and climate change (Edmond, 2020). Refugees, in particular, have had to live through a range of traumatic experiences, which have only been exacerbated by harsher immigration laws in countries like the United Kingdom, or by the inhumane separation of migrant children from their parents such as what is being done in the United States. Studies reveal that the number of refugees will only continue to rise (Fazel & Stein, 2002). And as people fleeing from war and poverty refuse to leave their family behind, this means that more and more children will be exposed to a host of threats. To put this in context: one per cent of the world's population–79.5 million people–had been uprooted and forcibly displaced by the end of 2019 (USA for UNHCR, n.d.). In 2018, over half of the number of refugees were children (Cumming-Bruce, 2019). Consequently, the need to protect children forced into this situation could not be more urgent.

The mental health of refugees is compromised by the various stressors they are exposed to on the long road to the new life they seek. These stressors are categorized into three stages. The first stage occurs in their country of origin, where most are forced to flee due to war and violence. The second occurs during their journey to a country of refuge. Children can be separated from their parents in the midst of this flight to safety, either by accident or as a strategy to guarantee their survival. Children are thought to have better chances of acquiring refugee status when alone. The third stage is that period after having reached the country of refuge, when they have to simultaneously prove their asylum claims and integrate in a new society. This stage is known as the period of “secondary trauma” (Fazel & Stein, 2002). Adults and children alike have to deal with the new stressors of finding their place in this world and learning to speak its language.

However, unlike adults, children require a lot more care as they are still greatly dependent on forces outside themselves for their developmental and emotional needs. And although children are often resilient in the face of difficult situations, some will experience a “profound and lasting effect on their daily functioning” (“National Child Traumatic Stress Network”, n.d.). Studies have shown that emotional and behavioral disorders are prevalent among children in exile, who frequently experience post-traumatic stress disorder (PTSD), anxiety with sleep disorders, and depression. The rate of anxiety among newly arrived refugee

children is between 49% and 69%. And even after reaching some of the wealthiest countries in the world, the assistance extended to refugee children–a “silent group” whose best interests have continually been overlooked–is insufficient and incapable of addressing their mental health needs (Fazel & Stein, 2002).

Texas, Washington, New York and California resettled about 25% of all the refugees taken in by the US in 2019. What this suggests is that these states have been chiefly responsible for the integration of many refugee families, the education of their children, and the healing of all. But precarity pervades for all resettled people. Although the US drastically cut its admission of refugees in 2020, it remains the primary destination for the world's migrants (Edmond, 2020). Even immigrant workers with slightly better work opportunities are not guaranteed a more secure future as many “are excluded from labor and safety protections that native-born workers often take for granted” (Helmer, 2013). And a big part of the immigrant workforce, no matter the educational level, tend to earn less than their native-born peers regardless of their legal status. Accordingly, this affects the quality of care they are able to afford their children.

Nearly 30% of Washington state's population growth in 2016 was from immigration (McDermott, 2016). Seattle boasts of an even higher figure and is home to the third largest population of Somalis, one of the largest groups of refugees to have been resettled in the US (Jones, 2016). Osman Mohamed is a refugee from Somalia who now lives with his wife and three daughters in the Seattle metropolitan area. He and his family are grateful to be living in a much safer place, away from the violence he experienced in his home country, and far from the difficulties they had to live through at a refugee camp in Kenya. Yet he continues to struggle with precarious employment in his new home. And after only four weeks in the US, he and his daughters witnessed two separate shootings outside their apartment in Burien. This was not how he had imagined his country of refuge. Osman said that his own childhood had left him with nightmares, and he simply hopes to spare his daughters that pain (Jones, 2016).

Children, time and again, are involuntarily caught in the midst of this perpetual movement and resettlement of people who are merely searching for a better life. And in the process, they are not only handed a very uncertain future, but also deprived of the psychological capacities they will need to live with dignity and to face the challenges that are sure to come with change. As debates about the future of displaced people continue, the urgency of children's mental health needs remain. It is crucial that special attention be given to these needs.

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