SCHOOL OF SOCIAL WORK
TRAUMA-INFORMED PROGRAMS AND PRACTICES FOR SCHOOLS
UNIVERSITY OF MICHIGAN

Trauma Among Immigrant and Refugee Populations

Brief Introduction to Trauma:

The DSM-5TR defines *trauma* as exposure to "actual or threatened death, serious injury, or sexual violence." Exposure to a traumatic event may be direct or indirect. With direct exposure, an individual is exposed to a harmful experience (or multiple harmful experiences), such as being abused or being threatened. With indirect exposure, an individual witnesses or learns of someone else's harm.. *Post-traumatic stress disorder, or PTSD*, is a mental health condition that can occur when someone experiences trauma directly or indirectly. To be diagnosed with PTSD, a trained professional must assess an individual's trauma reactions and determine if they meet DSM-5TR diagnostic criteria, including duration of symptoms, clinically significant distress, and functional impairment.

Trauma within Immigrant and Refugee Populations:

More than 5 million students attending public school in the United States are immigrants/refugees or children of immigrants/refugees, making it critical for schools to use trauma-informed practices that acknowledge their experiences and support both their emotional health and learning (Pejic et al., 2025).

Trauma exposure among immigrant and refugee populations is very common. For example, a study of immigrant school children in Los Angeles found that around 80% of participants had witnessed a violent event and 49% had experienced violent victimization within the past year (Jaycox et al. 2002). Furthermore, immigrant and refugee children experience layered, cumulative trauma across pre-migration, migration, and post-migration contexts and include violence and deprivation, perilous migration journeys, and post-arrival stressors that include detention, family separation, discrimination, and legal insecurity (MacLean et al., 2020). Additionally, many refugee and immigrant populations endure extreme hardships related to forced displacement due to war and social unrest. This often includes persecution and discrimination perpetuated by governments, armed paramilitary groups or cartels, and dominant populations targeting individuals based on political beliefs, religion, ethnicity, gender, sexuality, or other aspects of their identity (Birman et al. 2005). These cumulative and often prolonged experiences of trauma can also foster mistrust toward institutions and social service providers, particularly when prior harm or systematic barriers are present, which may discourage individuals from seeking support and lead them to conceal their hardships (Kanas et al., 2025). These repeated exposures to trauma and adversity are highly concerning because they can have immediate and long-term effects on the brains and bodies of those who are impacted, leading to a host of mental and physical health impairments (Herrenkohl et al., 2013).

Evidence shows that immigrant status can heighten children's vulnerability to a range of complex psychological and behavioral conditions, including anxiety disorders, depression, post-traumatic stress disorder (PTSD), substance misuse, conduct disorders, and disordered eating (Pumariega et al., 2005). Factors such as exposure to violence prior to migration and a demanding immigration journey, acculturative stress, legal and policy-related impacts, family disruption, and ethnic or racial discrimination may all contribute to increased risk of trauma exposure among immigrant and refugee children. When these stressors accumulate, they can give rise to what researchers refer to as toxic stress, a state in which the body remains in a prolonged state of physiological hyperawareness and overwhelm. Unlike manageable stress, toxic stress can disrupt healthy brain development over time, with lasting consequences for cognitive functioning, emotional well-being, and physical health across the lifespan (Shonkoff & Garner, 2012).

Trauma Exposure Before and During Migration Journey:

Many children who migrate to the United States are forced to flee their home countries due to armed conflict, persecution, violence, political upheaval, and economic instability. Refugee children may be exposed to disturbing events such as active warfare, killings or forced disappearances, physical or sexual violence, and the destruction of their homes and communities. These experiences often occur in environments with minimal protections for children and involve repeated or prolonged exposure to stress, which can later manifest as anxiety, depression, difficulties with emotional dysregulation and full-blown PTSD (Fazel et al., 2012).

The journey to escape such conditions is often marked by compounded stressors that create chronic uncertainty and a lack of safety or stability. Before reaching their final destination, many children reside in overcrowded camps or insecure urban environments with restricted access to education, healthcare, and basic services. During migration to the United States, children can encounter dangerous travel conditions, exploitation by smugglers or traffickers, physical or sexual abuse, parental or caregiver separation, detention in inhumane or unsafe environments, and limited access to food, shelter, or medical care. These hardships are further compounded upon arrival by the challenges of learning a new language and adapting to an unfamiliar culture , which can make it difficult for children to feel a sense of belonging in their new communities (UNICEF, 2018). Research has shown that ongoing fear and threats to physical and psychological safety during the migration journey are significant predictors of PTSD symptoms in refugee youth, independent of pre-migration trauma (Clearly et al., 2018). Cumulatively, these experiences can have lasting physical and psychological effects that hinder children's ability to access proper education and medical care, ultimately preventing them from reaching their full potential.

Acculturative Stress:

Acculturative stress arises from the psychological pressure to adapt to a new culture, language, and social norms. This process is often further complicated by the fact that many families do not travel directly to their final destination, but instead move through multiple countries and states before settling, sometimes being uprooted more than once due to ongoing conflict or discrimination. Each transition requires families to restart the acculturation process, layering new cultural demands on top of unresolved trauma and loss. Acculturation is a complex process that often leads immigrants to feel as though they must relinquish one's native cultural values in favor of those of the dominant culture in order to survive, causing internal conflict and psychological distress (Lerias et al., 2024). Evidence indicates that acculturation is associated with increased global risk for youth suicide, with refugee and migrant youth particularly vulnerable to self-harm behaviors (Abraham & Sher, 2017).

Racism, Discrimination, and Anti-Immigrant Sentiment:

Psychological distress stemming from acculturation can be further exacerbated by experiences of racism, discrimination, and anti-immigrant sentiment. Research has found that everyday racism and perceived discrimination are negatively associated with mental health outcomes (including depressive symptoms, anxiety, and lower self-esteem) among children and adolescents with a migration background (Metzner et al., 2022). Perceived discrimination has also been found to be associated with higher PTSD symptoms, especially hypervigilance and avoidance, reinforcing that discrimination can act as a traumatic stressor (Brabeck et al., 2022). Studies have shown that perceived threat of deportation during times of heightened immigration enforcement corresponds with increased separation anxiety and overanxious behavioral patterns in children as young as 3 years old (Barajas-Gonzalez et al., 2022).

Family and Social Disruption due to Separation, Detainment, and Deportation:

Forced separation from parents through detention or deportation is associated with significant emotional distress in children, including behavioral difficulties and a diminished sense of safety. Children living in families where members have differing immigration statuses (commonly referred to as "mixed-status" families) often experience chronic stress, persistent fear of parental deportation, and ongoing insecurity, which are linked to elevated internalizing symptoms such as anxiety and depression (Hagan et al., 2021). Separation can also compel children to take on adult responsibilities far earlier than developmentally appropriate, such as working to contribute financially or caring for younger siblings in the absence of a parent. These added burdens can significantly interfere with their education and limit their ability to fully engage in school, further narrowing their opportunities for long-term stability and success (Biedron, 2019). Together, these experiences underscore how family separation extends beyond immediate emotional harm, disrupting critical developmental milestones and compromising a child's overall well-being.

Detention at the U.S. border and enforced family separation are particularly harmful for immigrant and refugee children and can result in severe, developmentally disruptive trauma. Research on children detained at the U.S.-Mexico border indicates frequent exposure to prolonged uncertainty, sensory deprivation, unmet basic needs, and extended separation from caregivers. Family separation is widely recognized as a major disruption to attachment and has been associated with toxic stress, PTSD, depression, anxiety, and long-term relational difficulties (MacLean et al., 2020). Beyond its psychological impact, family separation causes significant developmental harm by exposing children to toxic stress that directly interferes with healthy brain development during critical growth periods (Shonkoff & Garner, 2012). This manifests behaviorally in a range of distressing ways, including developmental regression such as bedwetting, heightened fear and anger, sleep disturbances, and social withdrawal. These behavioral and neurological consequences highlight that the harm of family separation is not limited to emotional suffering alone, but extends to the fundamental disruption of children's developmental trajectories at some of the most formative stages of their lives (National Scientific Council on the Developing Child, 2014).

Barriers to Accessing and Utilizing Mental Health Services:

Research consistently demonstrates that immigrants and refugees in the United States face insufficient access to mental health care relative to their needs. Numerous studies have documented lower utilization of mental health services among immigrant populations, driven by persistent barriers that limit access even when services are available (Derr, 2016). For example, population-based studies of Hispanic/Latinx immigrants indicate that undocumented youth experience rates of anxiety and depressive symptoms comparable to those of documented noncitizen youth, yet are significantly less likely to receive mental health treatment or medications, highlighting substantial barriers to care (Ross et al., 2019).

Structural and systemic barriers to mental health care include lack of health insurance or limited coverage, language barriers and inadequate access to interpreters, a shortage of culturally responsive providers, transportation and logistical challenges, and unfamiliarity with the U.S. health care system. Additional obstacles include stigma surrounding mental illness, culturally specific understandings of mental health, distrust of institutions, and concerns about confidentiality. Compounding these barriers, mental health care is often not prioritized within these communities, as many individuals do not seek help until concerns have escalated to a crisis level, such as suicidal ideation, further delaying access to early intervention and preventative care. Collectively, these factors contribute to the persistent underutilization of mental health services among immigrant and refugee populations, even when mental health needs are clearly present (Hou et al., 2020; Shah et al., 2020).

Immigrant and Refugee Children in the School Setting:

Recognizing the Unique Manifestations of Trauma and How to Prevent Retraumatization

Schools are a critical context in which trauma exposure among immigrant and refugee children becomes visible, as symptoms frequently manifest through academic, behavioral, and social difficulties. Research consistently demonstrates that trauma-exposed children experience emotional dysregulation, behavioral challenges, concentration difficulties, academic disengagement, and social withdrawal, all of which interfere with learning and peer relationships (Jaycox et al., 2002; Layne et al., 2009; Osofsky, 1999). Studies of displaced and refugee youth further indicate that exposure to violence, war, and forced migration significantly impairs school functioning and adjustment following resettlement in countries regardless of their income level (Fazel et al., 2012). Many immigrant and refugee children arrive with significant gaps in their education, having experienced prolonged disruptions to schooling due to conflict, displacement, and inconsistent access to educational resources along their journey. These gaps can make it difficult for children to integrate into grade-level classrooms and keep pace with their peers, adding an additional layer of stress to an already overwhelming transition. Trauma and educational functioning are bidirectionally related, as trauma-related difficulties with attention, emotional regulation, executive functioning, and behavior hinder classroom engagement and academic success, while repeated academic struggles and negative school experiences can intensify distress and reinforce trauma-related symptoms over time, highlighting the need for trauma-responsive educational practices (De Bellis & Zisk, 2014; Barrett & Berger, 2021).

Educators commonly observe trauma-related behaviors in the classroom, such as heightened reactivity, withdrawal, and behavioral outbursts; however, many lack sufficient training, resources, and institutional support to differentiate trauma responses from behavioral or academic difficulties. As a result, students' needs are often misinterpreted or under-identified (Jaycox et al., 2009; Alisic et al., 2012; Cole et al., 2005). Systematic reviews highlight that limited access to school-based mental health services and inadequate professional development hinder early identification and effective intervention, contributing to persistent educational and social disparities among immigrant and refugee students (Perfect et al., 2016).

In the absence of trauma-informed training, schools can inadvertently retraumatize immigrant and refugee children through punitive disciplinary practices, inconsistent or unpredictable classroom climates, and the misinterpretation of trauma-related behaviors as intentional misconduct. Such responses can reinforce hypervigilance, emotional dysregulation, and feelings of rejection rather than promoting safety and recovery (Jaycox et al., 2009; Alisic et al., 2012; Pynoos et al., 1999). Without trauma-responsive systems, schools risk becoming sites of ongoing stress exposure rather than protective environments for trauma-affected youth (Perfect et al., 2016). To mitigate retraumatization, experts suggest providing trauma-informed professional development for all school staff (Alisic et al., 2012; Jaycox et al., 2009), school-based mental

health resources and specialists (Perfect et al., 2016), culturally responsive approaches to emotional expression and behavior (Hampton et al., 2021), and classroom practices that prioritize safety, routine, and co-regulation (Pynoos et al., 1999). Frameworks such as the National Child Traumatic Stress Network (NCTSN) trauma-informed schools model, equity-focused Positive Behavioral Interventions and Supports (PBIS), Restorative Justice in Education, and Trauma-Informed Principles and Practices (TIPPS) underscore that meaningful support for trauma-affected students requires organizational and policy-level reform rather than isolated individual interventions. Collectively, these approaches promote schoolwide shifts in leadership, discipline, and climate by examining how implicit bias and exclusionary practices are institutionalized and replacing punitive responses with relational, restorative, and preventative systems that foster safety, belonging, and educational equity for immigrant and refugee youth (Cole et al., 2005; McIntosh et al., 2021; Anyon et al., 2016; Herrenkohl et al., 2019).

Trauma in immigrant and refugee children is often expressed behaviorally rather than verbally, particularly when linguistic, developmental, or cultural factors limit children's ability to articulate internal distress (Fazel et al., 2012; Pynoos et al., 1999). Manifestations of trauma vary across developmental stages: young children may exhibit developmental regression, separation anxiety, sleep disturbances, and somatic complaints; school-aged children often present with irritability, concentration difficulties, emotional withdrawal, and behavioral dysregulation; and adolescents may demonstrate depressive symptoms, social disengagement, academic decline, or risk-taking behaviors (Lieberman et al., 2011; Osofsky, 1999). Additional behavioral presentations may include school avoidance, which can be best understood in the context of the significant differences between the American school system and what many of these children experienced in their home countries. In some cases, school hours are longer and expectations for sustained focus, self-regulation, and engagement are greater, which can feel overwhelming for children already carrying the weight of trauma and displacement. Differing policies, behavioral expectations, and levels of parental involvement mean that both students and parents are simultaneously navigating an entirely unfamiliar system, making the transition particularly challenging (Martin et al., 2020). Cultural norms surrounding emotional expression further shape how trauma is experienced and communicated, as some cultures emphasize emotional restraint, somatic expression of distress, or collective coping rather than verbal disclosure of psychological symptoms. Consequently, trauma-related distress may be expressed through physical means, behavioral changes, or academic difficulties rather than explicitly verbalized emotional suffering, increasing the likelihood that trauma may be overlooked or misinterpreted within educational and clinical systems (Hampton et al., 2021; Kirmayer et al., 2011).

The Impact of Immigration Policies and Sociopolitical Conditions on Child Well-Being

Structural and systemic factors can intensify trauma risk and inhibit recovery among immigrant and refugee children. Restrictive immigration policies, fear of deportation, limited access to mental health services, language barriers, and experiences of discrimination contribute to chronic stress even after resettlement (Suárez-Orozco et al., 2011; Yoshikawa et al., 2016). Ongoing shifts in immigration enforcement practices, asylum procedures, and legal protections – often characterized by uncertainty, policy reversals, and prolonged legal limbo – can create a persistent climate of fear and instability for immigrant families (Hacker et al., 2015; Roche et al., 2018). These fears have tangible consequences within educational settings, as many schools have reported increased school avoidance, with families hesitant to send their children due to concerns about deportation. In response, schools have had to actively reassure families that student information will remain confidential and will not be shared with immigration authorities. For children, this sustained uncertainty undermines their sense of safety, predictability, and belonging, particularly in schools and community settings that are expected to function as stabilizing environments. When fear penetrates these spaces, it further disrupts students' ability to attend consistently, engage meaningfully, and feel secure enough to learn and retain lessons. Consequently, trauma exposure is not limited to pre-migration or migration experiences but may be continuously reinforced by post-migration sociopolitical conditions, delaying recovery and exacerbating emotional, behavioral, and academic difficulties (Suárez-Orozco et al., 2011; Yoshikawa et al., 2016).

Culturally Adapted Trauma Interventions in Educational Contexts

The literature consistently identifies a lack of culturally responsive, trauma-informed mental health services for immigrant and refugee children. Screening tools and interventions are often not adapted for multilingual, culturally diverse populations, and coordination between schools, mental health providers, and immigration systems remains limited. To address these gaps, researchers have validated culturally adapted trauma screening measures such as the Refugee Health Screener-15 (RHS-15), which is designed for use with diverse refugee groups (Hodes et al., 2018), and strength-based assessment tools like the Child and Adolescents Needs and Strengths (CANS)-Trauma to guide treatment planning (Tabone et al., 2021). School-based interventions such as Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and trauma-responsive instructional frameworks (TRAILS) have been culturally tailored for immigrant and refugee youth and shown to improve coping and engagement (Stein et al., 2003). Professional development models that integrate culturally responsive Positive Behavioral Interventions and Supports (CR-PBIS) and restorative practices further equip educators to interpret behavior through a trauma-informed, culturally sensitive lens (Sulkowski & Michael, 2014; Brunzell et al., 2016).

For practitioners and educators seeking practical strategies and training to support immigrant and refugee students, the Trauma-Informed Practices and Policies (TIPPS) resource at the University

of Michigan provides guidance, tools, and professional development opportunities (https://tipps.ssw.umich.edu).

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