

Midwest Human Rights Consortium Champions Unaccompanied Children from Around the World

BY **MINAL GIRI, MD, FAAP; SRUTI UPPULURI, MD;**
AND **MARY ELSNER, JD**

The Midwest Human Rights Consortium (MHRC) is an interdisciplinary, multi-institutional program housed under the Refugee Immigrant Child Health Initiative of the Illinois Chapter, American Academy of Pediatrics (ICAAP). Launched in 2019, MHRC is a formal referral hub for forensic evaluations which support the increasing legal needs of immigrant children and families navigating the U.S. immigration system. Last fiscal year, the U.S. government reported a continuing backlog of 1.1 million asylum-seekers who were awaiting adjudication of their claims inside the United States.¹ Forensic evaluations are psychological and medical assessments that can be used to support clients seeking various forms of immigration relief including asylum claims and other types of visas.

Since its inception, MHRC has spawned the development of a hospital-based clinic, an academic psychology training program, two student-run asylum clinics, and has fielded more than eighty requests for forensic evaluations from seventeen countries across four continents.

MHRC is a unique collaborative of medical and mental health providers and is co-chaired by ICAAP physician champion, Minal Giri, MD, FAAP, and Maria Ferrera, PhD, LCSW, associate professor of social work at DePaul

University, co-chair of the Coalition on Immigrant Mental Health, and co-director of [the Center for Community Health Equity](#). MHRC's Steering Committee organizational participants are Ann and Robert H. Lurie Children's Hospital, Chicago People's Rights Collaborative, Children's Legal Center, DePaul University, Kovler Center for Survivors of Torture, Loyola University Medical Center, National Immigrant Justice Center, Refugee One, University of Illinois at Chicago, and The Young Center. MHRC works closely with a panel of seasoned evaluators from various backgrounds, including psychologists, physicians, social workers, and other mental health professionals.

Training and Mentorship

Special training is required to perform forensic evaluations and document findings in the form of a legal affidavit. These affidavits serve as evidence and can greatly enhance asylum and other immigration claims. When medical and mental health providers are able to corroborate abuse through a forensic evaluation, applicants have a much greater chance of receiving asylum or other forms of legal relief. One study found that applicants who underwent a forensic exam were more than twice as likely to gain asylum.²

Pediatricians are well versed in observing and documenting signs of abuse and thus are well suited for performing these evaluations. To better meet the increasing demand for trauma-informed forensic evaluations, MHRC responded by offering training and mentoring to medical and mental health professionals. Gary Mart, MD, a volunteer evaluator and a child and adolescent psychiatrist said, "MHRC has taught me how to sharpen my interview skills, document my findings better, and better understand our immigration legal system. Performing evaluations through MHRC has been a mutually beneficial experience, allowing these individuals a better chance to start a new life free from persecution, and it has made me grow as both a psychiatrist and a human being."

Forensic evaluations are time intensive and entail communication and coordination among the evaluator, lawyer, and client. In addition, learning to perform evaluations is a process and self-efficacy and competency are developed over time. MHRC



Unaccompanied children eligible for asylum or other forms of immigration relief are sometimes housed in shelters throughout the city of Chicago. This artwork is featured in *Unaccompanied*, an installation by Jonathan Michael Castillo created in Chicago and funded by the Diane Dammeyer Fellowship in Photographic Arts and Social Issues. This work was made across several youth shelters run by leading global human rights organization Heartland Alliance, which cares for unaccompanied children after they have arrived in the United States without their parents. This photographic exhibition is the culmination of two years of involvement with Heartland programs that care for this uniquely vulnerable population.

provides ongoing mentorship, education, and case discussions where evaluators present and analyze affidavits. New evaluators benefit from the guidance and expertise of more experienced evaluators.

“MHRC has played a central role in shepherding us through the process of developing and getting approval for a human rights clinic at an academic medical center and connecting us with local immigration attorneys and other experienced evaluators to answer questions and share resources,” stated Rebecca Ford-Paz, PhD, associate professor of psychiatry & behavioral sciences at Northwestern University Feinberg School of Medicine and co-director of the Forensic Assessment for Immigration Relief (FAIR) Clinic.

Referrals

MHRC has centralized and refined a system for city-wide and regional referral coordination. Previously, there was no formal referral system in place to help lawyers connect with local evaluators. Lawyers mostly relied on informal channels to find professionals to perform evaluations. Additionally, not enough qualified evaluators were available to fulfill the requests. As a result, deserving asylum seekers and other claimants often went without evaluations that may have helped their cases.

According to Laura Hoover, JD, the executive director of the Children’s Legal Center, the work of MHRC and its volunteers fills a crucial role for victims seeking asylum. “While lawyers rely on psychological

evaluations to provide compelling evidence of a client's fear of persecution, access to these evaluations is scarce. Obtaining these psychological evaluations can mean the difference between life and death for our clients," stated Hoover.

“Through MHRC, the FAIR Clinic received its first and many ongoing referrals. We are extremely grateful to have the opportunity to be involved with such a knowledgeable and collaborative network of providers.”

– Rebecca Ford-Paz, PhD, Ann and Robert H. Lurie Children's Hospital, FAIR Clinic

Despite limitations due to Covid-19 restrictions, MHRC has been able to fulfill more than 65% of its referral requests. In the last year, some mental health evaluators began conducting evaluations remotely via video conferencing. This has enhanced MHRC's ability to expand its services to legal organizations outside the Chicagoland area. Currently, MHRC receives referrals from the National Immigrant Justice Center, the Children's Legal Center, the Asylum & Immigration Law Clinic, DePaul University, Bluhm Legal Clinic Children & Family Justice Center, Northwestern University, and The Young Center for Immigrant Children's Rights. MHRC has coordinated referrals for individuals from Bangladesh, China, the Democratic Republic of Congo, El Salvador, Eritrea, Eswatini, Ghana, Guatemala, Guinea, Honduras, India, Mexico, Nigeria, Paraguay, Rwanda, Venezuela, and Vietnam.

Policy-making

MHRC works collaboratively within the wider asylum medicine community to define best practices and evidence-based processes for conducting evaluations. On a national level, MHRC is represented at the American Academy of Pediatrics Council on Immigrant Child and Family Health and assists in the creation of national policy statements and the establishment of asylum clinics throughout the country. Internationally, MHRC leadership was invited to contribute to an ongoing discussion on ethical concerns and standards at the Physicians for Human Rights' Expert Consensus on Asylum Evaluation Round Table.

Pediatricians in the Midwest can get involved in assisting children who seek asylum through MHRC. For more information, contact Dr. Minal Giri at minalgirimd@gmail.com.

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2. Lustig SL, Kureshi S, Delucchi KL, Iacopino V, Morse S. Asylum grant rates following medical evaluations of maltreatment among political asylum applicants in the United States. *J Immigrant Minority Health*. 2008; 10, 7–15. <https://link.springer.com/article/10.1007/s10903-007-9056-8#auth-Vincent-Iacopino>

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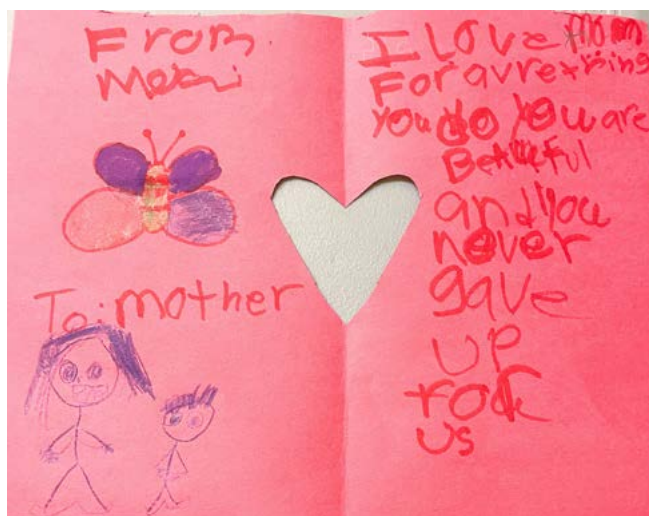
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Medical Students Answer Call from First Steps Champion: Addressing the Social Needs of Children in Shelters

BY JOHN A. TOMS III, SAMANTHA ESPOSITO, DANIEL KOSHY, KRISTINA STEFANINI, ROHAN LUHAR, AND OLIVIA NEGRIS (RUSH UNIVERSITY MEDICAL COLLEGE STUDENTS)

“I’m worried about the kids now more than ever. I used to walk into the shelter finding a lot of the kids playing together. To follow COVID-19 recommendations, they are often sitting in their rooms with nothing to do or sleeping in the middle of the day when I knock on their doors,” stated Dr. Karen Lui, pediatrician champion with the Illinois Chapter, American Academy of Pediatrics’ (ICAAP’s) First Steps: Improving Health and Housing Initiative and Assistant Professor at Rush University Children’s Hospital. Dr. Lui presented these concerns to multiple organizations at a Chicago Homeless and Health Response Group for Equity (CHHRGE) meeting in February 2021. From her experience providing primary care to families with the Kids Shelter Health Improvement Project (Kids-SHIP), Dr. Lui is familiar with the day-to-day activities and living environments of the families residing in shelters in Chicago. Due to COVID-19, the opportunities for structured play in shelters have become very limited. In response, Rush Medical College students initiated a pilot program called the Rush Child and Youth Enrichment Program



“I want my kids to have opportunities... and just be able to be a kid. I am very happy your mentors are going to help them do these things.”

– Sylvia Center resident and mother of two

(CYEP) in June 2021, pairing student mentors with children and teens, ages four through fifteen, who reside at the Sylvia Center, a family shelter on the northside of Chicago.

CYEP mentors engage young children in structured play. Encouraging children to play promotes healthy brain development and enhances creativity, confidence, and resilience.¹ This is especially important for children experiencing homelessness, since they are at greater risk for developmental delays.² In addition, 47% of children experiencing homelessness report anxiety, depression, or withdrawal compared to 18% of children with secure housing.² They also have lower classroom attendance and academic outcomes.³⁻⁶

The Chicago Department of Family and Support Services reported that the average stay in shelter programs in Chicago in 2019 was 95 days. “However, the length of stay can extend up to 240 days,” indicates Andrea Chatman, the director of homeless services at the Salvation Army, which oversees the shelter service system in Chicago.



In 2019, more than 3,000 children experienced street or shelter homelessness in Chicago. Yet, this literal definition of homelessness overlooks many forms of unstable housing.⁷ Three times as many children in Chicago experience homelessness when temporarily staying with others in overcrowded conditions, commonly known as doubled-up.⁷ With 54,237 Illinois school-aged children having experienced some form of homelessness between 2018-2019 alone, ensuring stable housing and early interventions are needed to enable these children to reach their full potential.⁸

CYEP has been welcomed by both families and Sylvia Center staff. A Sylvia Center resident and mother of five said, “It is hard enough being homeless myself, but to have my children involved as well, it just breaks my heart. I am constantly stressing whether my kids are missing out on the things that all the other kids their age get to do.” CYEP’s positive impact is already apparent. “The kids are constantly running up to me asking how they can sign-up to meet with their mentors again. They

are always excited to hear that the mentors are coming in,” noted Nicole Branch, a Sylvia Center faculty case manager who helps oversee the pairing of the student mentors with families. The CYEP aims to expand to other shelter locations and may offer additional services, such as occupational therapy. Through its multi-pronged efforts, CYEP strives to help children and teens overcome the limitations associated with living in a shelter.

“We are very impressed that medical students were able to find the time and the drive to mount this volunteer effort to improve the lives of families in shelter,” said Dr. Nancy Heil, the Co-chair of ICAAP’s First Steps: Improving Health and Housing Initiative. “As practicing physicians, we have the resources available through ICAAP to educate ourselves about housing, to screen and refer patients with housing insecurity, and to advocate for affordable housing.”

For more information about ICAAP housing resources for pediatricians, or to join the Housing

Speakers Bureau, please contact Cayla Iwaniuk (ICAAPConsultant1@illinoisaaap.com).

For more information or to become involved with CYEP, please contact John Toms (john_a_toms@rush.edu).

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ICAAP First Steps: Improving Child Health and Housing Free Educational Resources to Support Pediatricians available at: <https://illinoisaaap.org/first-steps/>

- [A Primary Care Primer on Housing Insecurity in Children](#) (Continuing Medical Education credits available on [ICAAP's eLearning system](#))
- [Chicago/Cook County Housing Referral Tool for Physicians](#)
- [Model of Care for Pediatric Patients Facing Housing Insecurity and Homelessness](#)
- [Assessment of Welcoming Practices for Pediatric Patients Facing Housing Insecurity and Homelessness](#)
- [Housing Insecurity Facts](#)