

IMMIGRANT CHILDREN IN THE U.S. & AT THE SOUTHERN BORDER

FACT SHEET

MAY 2025

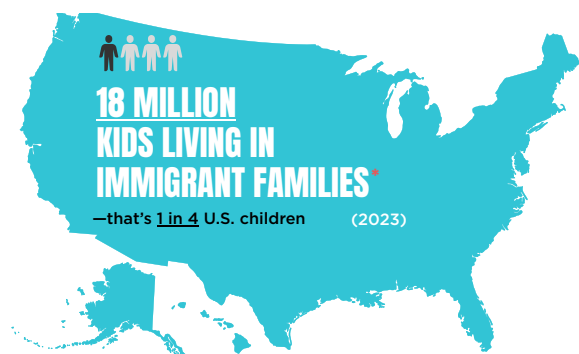
KEY FACTS

As of 2023, **1 in 4 U.S. children** live with at least one foreign-born parent.

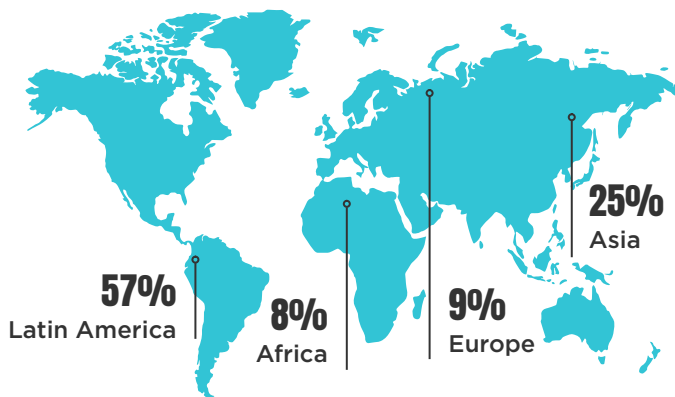
Immigration detention and family separation lead to lasting trauma, toxic stress, and damaged family bonds.

Most unaccompanied children crossing the U.S.-Mexico border come from **Mexico, Guatemala, Honduras, and El Salvador**.

In March 2025, **665 unaccompanied children** were encountered at the southwest border, down from **8,829** in March 2024.



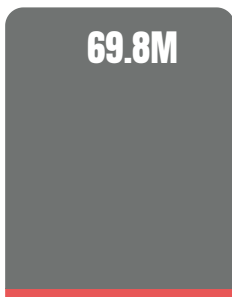
IMMIGRANT CHILDREN'S PARENTS' REGION OF ORIGIN



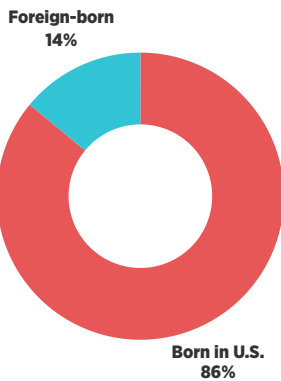
[Annie E. Casey Foundation, 2023](#)

U.S. CHILD POPULATION BY NATIVITY

- Foreign-born
- Native-born



U.S. CHILDREN LIVING IN IMMIGRANT FAMILIES*



2.8M

[Annie E. Casey Foundation, 2023](#)

[Migration Policy Institute, 2023](#)

THE FORCES PUSHING & PULLING CHILDREN TO CROSS BORDERS ALONE

Reasons they leave their home countries

Crime

Poverty

Presence of violent transnational gangs

Reasons for coming to the U.S.

More favorable treatment of migrant children

Economic opportunity

Family reunification

[Congress.gov, 2024](#)

*Annie E. Casey Foundation defines children living in immigrant families as those living with at least one immigrant parent, meaning children are either foreign-born or have at least one foreign-born parent.

THE MAKEUP OF IMMIGRANT FAMILIES IN THE U.S.

Demographics and legal status

- **18 million kids** were living with at least one foreign-born parent as of 2023.
- **86%** or 15.5 million of *children living in immigrant families were born in the U.S.
 - Only 14% of kids in immigrant families, or 2.5 million children, were foreign-born.
- Among all U.S. children, **4% or 2.8 million** were foreign-born as of 2023.
- Only **4% of children** in immigrant families live with parents who have been in the U.S. for 5 years or less.
- In 2023, **36% of children** in immigrant families—or 6.5 million children—were living with parents who were not U.S. citizens.
- There were about **850,000 unauthorized immigrant children** in the U.S. under age 18 in 2022.

Children living in mixed-status families

A mixed-status family includes members with varying immigration statuses. For instance, while the parents may be undocumented, the children are citizens born in the U.S.

- Based on 2022 data, about **4.4 million U.S.-born children** were living with an unauthorized immigrant parent.
- Based on 2022 data, **5.5 million U.S.-born children** were living in households with at least one undocumented resident (e.g., other family members), including 1.8 million living in households with two undocumented parents.

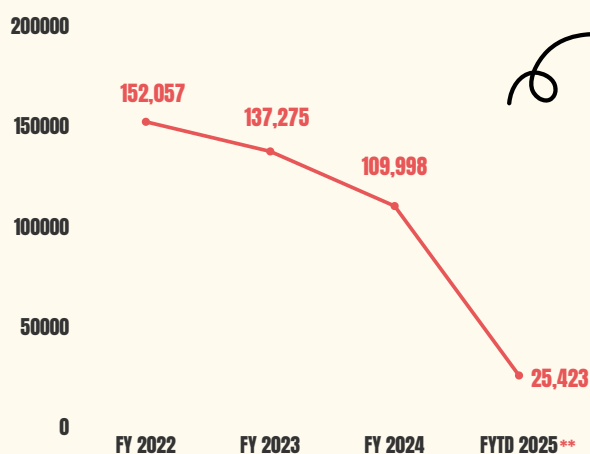
86%

of children in immigrant families are U.S.-born.

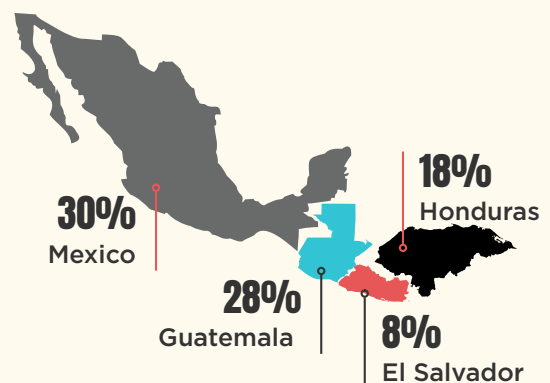
UNACCOMPANIED MINORS CROSSING THE U.S.-MEXICAN BORDER

The number of unaccompanied minor children arriving at the southern border has drastically decreased since the **beginning of 2025**, compared to prior months and years.

UNACCOMPANIED MINOR CHILDREN BORDER ENCOUNTERS AT U.S.-MEXICAN BORDER 2022-2025



COUNTRIES MOST UNACCOMPANIED CHILDREN WERE FROM



[CBP.gov](https://www.cbp.gov)

**October 2024 - April 2025

UNACCOMPANIED CHILDREN IN FEDERAL CUSTODY: ORIGINS, AGE, & CUSTODY TRENDS

The Office of Refugee Resettlement (ORR)'s Unaccompanied Alien Children (UAC) Bureau received **98,356** 'unaccompanied alien children' referrals from the Department of Homeland Security (DHS) in FY 2024.

Primary countries of origin of kids in the UAC Bureau:

- In FY 2024, most unaccompanied children came from the countries of **Honduras (20%), Mexico (20%), and Guatemala (32%)**.

Age and sex of unaccompanied kids in the UAC Bureau:

- In FY 2024, **24% of unaccompanied children referred to ORR** were ages 0-12, and 64% of children were 15 years or older. 61% were boys.

Average length of stay in federal custody

- As of March 7, 2025, there were **2,218 unaccompanied children in HHS's care** and the average length of time a child remained in ORR's care was 82 days.

Average length of time in ORR custody

- In FY 2024, the average length of time an unaccompanied minor remained in ORR care **was 30 days**.
- Since taking office on January 20, 2025 President Trump has **taken steps** to tighten vetting of sponsors for unaccompanied children. These include requiring sponsors and adult household members to submit fingerprints for background checks, and take DNA tests to establish familial relationships.

THE FORCES PUSHING CHILDREN TO CROSS BORDERS ALONE

Many unaccompanied immigrant children **are fleeing** extreme poverty, gang violence, abuse, neglect, sexual violence, and **natural/environmental** crises (hurricanes, coffee leaf rust disease).

There is **chronic instability**, violence, corruption, and hardship in the Northern Triangle countries of Central America, in part due to decades of political instability and civil war. This region has some of the highest **child homicide rates** and **gender-based violence/femicide rates** in the world.

Risks and Exploitation During and After Migration

Children also experience **additional trauma** during and after their immigration journey to the U.S.

In interviews for a 2023 New York Times investigation, 60 caseworkers estimated that about **two-thirds** of unaccompanied children released to sponsors in the U.S. ended up working full time, often to pay off smuggling debts or send remittances to families in their home countries.

Factors Behind Youth Migration from Mexico and Central America

Interviews with **404 unaccompanied or separated youth arriving from Mexico and the Northern Triangle of Central America (Guatemala, Honduras, El Salvador)** found that:

48%

left home because they were affected by the **increased violence** in the region by organized armed criminal actors (e.g., drug cartels, gangs, State actors)

21%

experienced **abuse in their home** by caretakers

38%

of youth from Mexico faced exploitation by the **human smuggling industry**

81%

of all youth reported they left home because of **family or opportunity** in the U.S.

Source: [The UN Refugee Agency](#)

WHAT UNACCOMPANIED CHILDREN FACE AFTER ARRIVING AT THE BORDER



APPREHENSION AT THE BORDER

Agency: U.S. Customs and Border Protection (CBP) under the Department of Homeland Security (DHS) takes custody of unaccompanied immigrant children.

Reality: Kids often arrive after weeks/months of dangerous travel. They may face severe dehydration, malnutrition, trauma, respiratory infections, physical and sexual assault, and injuries from falls.

Medical Oversight: CBP agents are tasked with identifying acute health needs, but frequently lack medical training.

Separation from Family: When immigrant children are accompanied by a relative who is not a parent, [CBP commonly separates them](#), thus rendering children unaccompanied.



INITIAL HOLDING & MEDICAL EVALUATIONS AT CBP SITE

Timing: May take hours or days to arrive at a CBP site, during which time children have no access to medical care, food, toilets, or shelter.

Initial Health Interviews: Emergency medical technicians (EMTs) conduct initial health interviews but often lack the training to identify distress in infants and children.

Limited Health Screening (within 24 Hours): Conducted by nurse practitioners or physician assistants; may result in basic treatment or referral for urgent care.

Mental Health: No formal mental health screenings for children while in CBP custody; reserved only for those in visible distress.



HOLDING AREA PLACEMENT

Condition: Children may be held in large groups of 100+, in places not designed for pediatric care or long-term custody. Children may be placed alone, or in overcrowded isolation cells, if they are contagious. Sometimes they are inappropriately placed with adolescents and lack staff and medical supervision.

Length of Stay: Unaccompanied minors should be transferred to HHS's Office of Refugee Resettlement (ORR) within 72 hours of their apprehension at the border.

Family Units: Children traveling with family often remain in CBP custody much longer — [up to 14 days in some cases](#).



TRANSFER TO ORR CUSTODY

Agency: HHS's ORR assumes custody. Children are housed in an ORR shelter: [ORR oversees more than 240 shelters](#) and programs across 27 states.

Services: Children receive case management, healthcare, and placement support while awaiting reunification or further immigration proceedings.

Placement: ORR [must provide for the care and custody](#) of all unaccompanied children until they are placed with a vetted sponsor, usually a parent or relative.

THE REALITY OF IMMIGRATION DETENTION

Conditions in detention centers and shelters

- The July 2023 [“Flores Juvenile Care Monitor Report”](#) describes children being confined to holding pods without windows to the outside world for multiple days.
- There is a lack of child-friendly materials, and outdoor recreation opportunities have been eliminated.
- While there are caregivers for unaccompanied children, there are none deployed in family holding rooms. Without the support, there is insufficient psychosocial and developmental support for children in families.

“SQUALID CONDITIONS, OVERCROWDING, COLD TEMPERATURES, INADEQUATE MEDICAL CARE, AND EVEN TRAGIC DEATHS...”

[American Oversight, 2023](#)

- [Children in open-air detention sites](#) are “...held in profoundly inhumane conditions, forced to take shelter from harsh rain and wind in porta-potties, burn toxic brush and garbage to stay warm, and survive on nothing more than a granola bar and a bottle of water each day.”
 - But, a federal court ruled in 2024 that these children are in CBP custody and therefore must receive the same protections under Flores.

Harms of Detention & Family Separation on Children

- Studies have found that children detained for prolonged periods experience both [mental and physical harm](#), especially due to lack of appropriate medical care.
- [A study](#) by Harvard researchers of children in detention concluded, “There is no humane way to detain children and no version of family detention that is acceptable.”

- [Key potential impacts](#) of family separation and detention of children for immigration purposes include: damaged attachment relationships, traumatization, toxic stress, and wider detrimental impacts on immigrant communities.
- According to a [Children’s Rights report](#), children in CBP care may have experienced trauma in their home communities, on their journey, and while in custody.

“THE SEPARATION FROM PARENTS, EVEN FOR SHORT AMOUNTS OF TIME, ‘CAN CAUSE IRREPARABLE HARM, DISRUPTING A CHILD’S BRAIN ARCHITECTURE AND AFFECTING HIS OR HER SHORT AND LONG-TERM HEALTH [AND] CAN CARRY LIFELONG CONSEQUENCES FOR CHILDREN.’”

- According to a February 5, 2025, [U.S. Committee for Refugees and Immigrants Report](#), detention in facilities contributes to severe mental health issues, including anxiety, self-harm, suicidal ideation, depression, and PTSD during and after detention.