

On the edges of insecurity: studies of children when refugees and in situations of migration

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Abstract: Children are especially vulnerable in situations of migration and refuge due to exposure to trafficking, sexual exploitation, abandonment, hunger, violence and detention, which may compromise their development. The objective is to analyze, through a systematic literature review, the approaches used to investigate the migration and refuge situation of children up to 10 years of age. 92 articles were collected in six databases in the areas of mental health and education, published between 2010 and 2019. The impacts on mental health are striking because of the severity of the mental disorders affecting refugee children; in education, studies point to the relationship between care professionals in this area and children. The main data collection techniques used in the studies are: interviews, questionnaires, focus groups, and drawings. Texts from the perspective of children and adults talking about the children predominate. Even research that did not start from the premise of dialoguing with children's logic, built documents capable of reflecting the experience of the adults responsible for the children. Legislation and protocols for authorities listening to children, considering the best interest of the child, are scarce and not mobilizing, failing to unite universal efforts to protect and guarantee the fundamental rights of these children.

► **Keywords:** Migration. Refuge. Children. Interventions. Helplessness.

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Introduction

The decision to migrate, for a whatever reasons: climatic, economic, persecution, wars or armed conflicts, is very impactful for children, families, groups, or entire populations. In the year of 2019, forced displacement reached around 79.5 million people on the planet, with an estimated 34 million (40%) being children and adolescents, up to 18 years of age. Around 68% of refugees come from five countries: Syria, Venezuela, Afghanistan, South Sudan, and Myanmar. The countries that receive the most immigrants are: Turkey, Colombia, Pakistan, Uganda, and Germany. Over the past decade, at least 100 million people have been forced to flee their homes and seek refuge inside or outside their countries' borders (UNHCR, 2019).

Children are very vulnerable as they are at risk of human trafficking, sexual exploitation, abandonment, and hunger. The departure of people from the place where they live, the travel and the repression at the borders, expose children to traumatizing scenes of violence and the readaptation to a new context or country affect children's mental health (HARKENSEE *et al.*, 2021; MOCK-MUÑOZ DE LINA *et al.*, 2020; MARES, 2020). The seriousness of the deportation and detention at the borders are also aspects that aggravate child vulnerability, as well as the living conditions they establish in the new places where they live (IOM, 2019; SCHERF *et al.*, 2020). The global number of refugee and migrant children moving alone has increased almost fivefold since 2010: at least 300,000 unaccompanied children separated from their families were registered in nearly 80 countries in 2015-2016, compared to 66,000 in 2010-2011, with many following dangerous routes — at the mercy of smugglers and traffickers — to reach their destinations (UNICEF, 2017). For the year 2022, UNICEF expects more than 3.5 million children affected by migration, in Latin America and the Caribbean alone (UNICEF, 2021).

Childhood is considered a crucial period for human development (SOUZA *et al.*, 2015) and is included in the 2030 Sustainable Development Goals (UN, 2015). In Brazil, in 2016, an important achievement for children's rights was the Early Childhood Legal Framework Act (Law 13,257/2016), which provides for the establishment of policies, plans, programs, and services that seek to guarantee the full development of children up to 6 years of age.

There are several consequences for the health of little migrants. Among them, educational loss: 3.7 million refugee children worldwide were out of school in 2018

(UNHCR, 2019). Another factor is language barriers that cause a reduction in school enrollment, restricting the right to education for refugees around the world. Access to justice, education, social and health services is also significantly limited (UNESCO, 2019). With regard to children's mental health, common symptoms among migrants are: anxiety disorders, depression, fear of separation from the family, among others (EL-KHANI *et al.*, 2021; BENDAVID *et al.*, 2021).

Experiences in this phase have a direct impact on brain development, contributing directly to the construction and elaboration of emotions, learning, and behavior (FONSECA, 2016). Until the age of 10, children are building cognitive and emotional skills to deal with the adult world autonomously, combining and creatively reworking new situations (VYGOTSKI, 2018).

The purpose of the article is to analyze the approaches used in the literature to investigate the migration and refuge situation of children up to 10 years of age. Understanding the perspective of children in displacement is something that has been little explored in the literature, which generally prioritizes educational aspects of migrant children (NEVES, 2018; NASCIMENTO, 2020). The need for child migration to be further investigated is reiterated by the Latin American Council for Social Sciences - CLACSO, which reinforces the importance of seeing children as active subjects, who participate and give opinions about what is happening in their lives and of seeking to understand through their narratives how the integration process takes place in their new destinations (CLACSO, 2020). Investigating migration through children's narratives is necessary, revealing the fear and courage of each subject involved, highlighting memories that are mixed with everyday scenes, revealing a past and a present marked by the uncertainty of the near future (PARAGUASSU, 2020; ARFUCH, 2016).

Methodology

The guiding questions of this study are: what are the conceptual and methodological approaches used in research with children up to 10 years of age in a refugee situation? Are there studies carried out from children's perspective on the process of refuge and migration or just reports from the perspective of adults? To answer these questions, a systematic bibliographic review was carried out of publications located and selected in six electronic databases - Portal BVS, Scopus,

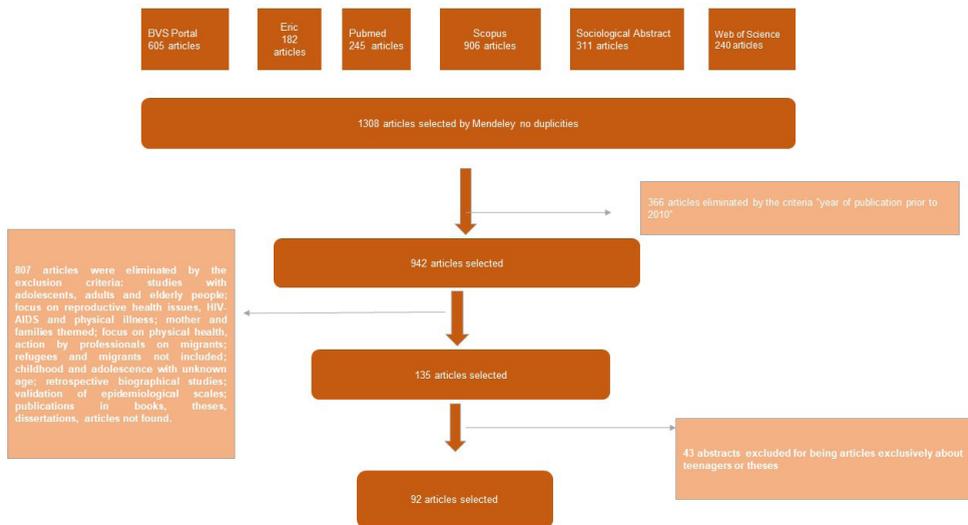
Web of Science, Pubmed, Eric and Sociological Abstract - which are Brazilian and international references, especially in the areas of Health and Education, integrating different areas of scientific production. The surveys were collected separately on each of the platforms mentioned.

The initial consultation held on September 3, 2019, aimed to frame as many studies as possible on the subject of refugee children between 1955 (post-World War II) and 2019. As a search strategy in Portuguese and English, the following terms were used: (“Refugee” OR “Refugee Childhood” OR “Refugee Adolescence” OR “Refugee Referral Center” OR “Recognized Refugee” OR “Right to Asylum”) AND (“Child and Adolescent” OR “Childhood”) AND (“Participatory Methodologies” OR “Operational Groups” OR “Participatory Observation” OR “Conversation Circles” OR Cartoons OR Ethnography OR Observation OR “Focus Group” OR “Term of assent” OR “Social Representations” OR Interview\$ OR Questionnaire).

The languages in which the articles were published were not delimited, although most were written in English and none in Portuguese. The findings were entered in the Mendeley reference manager. Initially 1,308 publications were tracked. With such a high number, it was decided that only articles published between 2010 and 2019 were kept, considering the decade of displacement (UNHCR, 2019). Thus, 366 articles were excluded because they were written prior to that period.

942 abstracts were then selected, excluding duplicate texts that were not directly related to the topic of refugee children. A total of 807 articles were eliminated by the exclusion criteria: studies with adolescents, adults and the elderly; text focused on mothers and families; prioritization of action by professionals on migrants; non-inclusion of refugees and migrants; childhood and adolescence with unknown ages; biographical studies; validation of epidemiological scales; publications in books, theses, dissertations; and non-localized articles. Due to the scarcity of existing articles focusing on physical health (pediatrics, enuresis, speech therapy, access to food, and HIV/AIDS), we opted for the exclusion of those articles because they would disperse the analysis. In the end, 92 articles were selected (Figure 1).

Figure 1. Flow of locating and selecting articles



Source: own elaboration.

The complete version of the 92 selected articles was searched. After reading the full texts, an Excel spreadsheet was prepared, with the following questions: place where the study was carried out; age group; gender prioritization; race, color and ethnicity; country of origin of the migrant; country of arrival of the migrant; conflicts at the place of origin; type of study; methodology and techniques addressed; child as the center of speech; situation portrayed by the child; main area of study; and conditions of vulnerability of migrants.

During the data analysis phase, the articles were categorized into two *corpora* by their priority focus on mental health issues (N=70) and education (N=22). In each of these items, four analytical axes are addressed regarding the child's role and their expression of thoughts, way of seeing the world, experiences, and memories about the refuge process: I) the child talking about themselves (N=31) - research that took the child's speech as a priority; II) the adult speaking for the child (N=15) - studies that took into account testimonials and reports from parents and caregivers about young children; III) the child and the adult talking about the child (N=36) - research involving adults and children, giving equal importance to the narrative

of both; and; IV) review studies with various documents on participating children, parents and professionals (N=10).

Results

Among the 92 articles analyzed, the majority were related to mental health (76%), followed by education (24%). The highest percentage of publications occurred between 2016 and 2019 (65%). It should be noted that there was a significant increase in the migratory flow starting in 2015, departing from Africa and the Middle East to European countries, which may have contributed to the increase in studies on and with refugee children as of that date.

The ages of the children in the selected collection varied between 0 and 20, due to the existence of a wide age spectrum in some studies. In 23% of the studies, it was not possible to identify the exact age of the sample of the subjects, however, the presence of children under 10 years of age was ensured. Surveys involving only children up to 10 years of age were around 22% of the total sample; up to 12 years of age: 16%; up to 18 years of age: 35% and up to 20 years of age: 1%. Three studies defined the starting age at above 6, however, they did not define the age limit for participation.

The methodological approaches and techniques used in the studies can be seen in Table 1, showing the diversity of techniques and interviewees (children, parents, and professionals). Most of the articles chose to use interviews (individual, group, semi-structured, structured, in-depth, by telephone or computer), which were accompanied by other methods, such as questionnaires, focus groups, participant observation, and drawings. The studies that opted for questionnaires, for the most part, did not use other associative techniques. The use of the drawing technique was widely used when prioritizing children talking about themselves. Observations (field, participant and video footage of interaction sessions between parents and children) were used more frequently in research involving the topic of education and were little explored on the topic of mental health. Ethnographies emerged in research involving children, both on the topics of mental health and education. Another strategy that was little used was photography. The narratives of children and educators emerged when the children spoke about themselves and in the studies in which children and the adults were together and talking about the children,

especially in studies that address the process of assimilating a new culture/identity and how the family practices carried over still remain in children in the post-migration context. Some techniques were little used, such as modeling exercises, life line and flower of needs, the latter applied with storytelling and interviews to detect the psychological needs of refugee children, identifying what brought them peace and provided physical comfort. Only one document used a digital game between refugee and Dutch children, in the school context, analyzing physical, ludic and, by extension, intercultural interactions.

Table 1. Methodological approaches to data collection with children in situation of refuge and migration (N=92)

Approaches	N*
interviews	45
Questionnaire, form, tests and scales	32
Observation (participant, field, video recordings)	19
Focus group	10
Secondary databases (institutional/government)	10
Drawings	09
Ethnography	07
Photographs	04
Qualitative case studies	03
Psychological evaluations through play	02
Narratives of children and educators/teachers	02
Modeling and Lifeline Exercises	02
Family therapy sessions	01
Cognitive Maps	01
Storytelling	01
Music workshop	01
Flower of Necessities	01
Digital Games	01
Total	151

* N exceeds 92 articles because more than one methodological approach is used in some articles.

Source: own elaboration.

Considering the four axes of analysis about child protagonism, Chart 1 shows a predominance in listening to children and parents. Education professionals play an important role when for understanding development, pedagogical performance, and school exclusion - a major concern in several studies. The scarcity of participation of health professionals is striking. “Other” informants involved border professionals and youth leaders.

Chart 1. Protagonism and informants about child migration and refuge (N=92)

Axes	Informants*				
	Child	Parents	Health professionals	Education professionals	Other
I - Children talking about themselves (N=31)	31	3	0	1	1
II - Adults speaking for the children (N=15)	2	10	2	5	1
III - Children and the adults talking about the children (N=36)	34	29	0	11	2
IV) Review studies (N=10)	8	5	0	1	2

* N for informants exceeds 92 because there were articles that included more than one informant.

Source: own elaboration.

Studies focusing on Mental Health (N=70)

Studies focusing on mental health correspond to most of the texts. The main problems identified were: post-traumatic stress disorder, attention deficit hyperactivity disorder, affective disorders, separation anxiety, schizophrenia, depression, emotional dysregulation, fear of deportation, fear of not being accepted in the host country, war trauma, and emotional insecurity. Most studies point out that the causes of children’s mental problems begin with the process of fleeing their countries. They say that the routes children must follow for up to months, suffering from hunger, violence, death, and physical insecurity, do not end with the arrival at the new border. The challenges of a new language, the sequelae and existing traumas join the fear of deportation, of staying in unsanitary housing or shelters, such as in

Ireland, or of being held back and separated from their parents, as in Canada. In no host country are there records of welcoming and listening to children's helplessness.

Analyzing these articles through the axes related to protagonism, it appears that in axis I - children talking about themselves, approaches such as the drawing technique predominate - a simple and effective strategy for accessing the world of children, in a different way from what occurs in the other axes. For Vygotski (2018, p. 107), "children draw from memory and not from observation. She draws what she knows about the thing; what seems most essential to the thing and not what she sees or what she imagines about the thing". Jabbar *et al.* (2019a) studied Iraqi children between 4 and 12 years of age who were refugees in Jordan, identifying the level of understanding based on development, of the concepts of war and peace, concluding that children from 4 years of age understand the concept of war, even if the drawings are not detailed and show only one image. Several children were able to accurately describe war in their drawings, along with its consequences. The representation of peace, on the other hand, was dependent on the children's environment; being defined differently, according to their cultures and experiences.

Maagerø *et al.* (2016) also use children's drawing to evaluate representations of happiness and fear in 48 kindergarten children from Palestinian refugee camps in Lebanon and in Norwegian children. They found similar representations for happiness: a safe life with their family and a light and pleasant environment, with opportunities for them to enjoy life and play. Regarding the depictions of fear, most Norwegian children locate frightening phenomena in remote geography, in a fantasy world, or in extreme natural phenomena, while Palestinian children find the frightening phenomena in their surroundings.

Questionnaires and interviews are the most used methodological approaches in axes II - Adults speaking for children and III - Children and adults talking about the children, with a predominance of the adults' vision, whether family members or professionals in contact with the children. Van Ee *et al.* (2016), applied questionnaires and standard tests to parents of 68 asylum seekers and refugee children, with ages between 18 and 42 months, to investigate post-traumatic stress disorder (PTSD) in families, parental behavior, and child attachment. The families came from the Middle East, Africa, Eastern Europe, Asia, and South America and were all in the Netherlands, with little access to education, work, and the local language. The

results showed that parental symptoms of PTSD are directly related to children's insecure and disorganized attachment.

Mangrio *et al.* (2018) are an example of a study that interviews families about health risks on escape routes. It reports a journey between Syria and Sweden and its traumatic events during the flight, which can have long-lasting physical and psychological effects on refugee children depending on the route of travel during the escape. The parents described different reasons why they, as families, had to escape the war as a result of the loss of jobs and loved ones, not wanting their children to die. They mentioned that the trips varied between 10 and 40 days and were generally full of fights and threats, an emotionally difficult journey. Many parents spoke about the fear and terror their children felt. Traumatic events during the escape were mentioned, such as separation from the family, death of relatives, sexual violence, kidnapping or extortion, with potential physical and psychological effects for the children and their families. The authors warn of the importance of paying attention to the flight and travel experiences of refugee families in Europe and of considering this group as a priority for the care of health and education professionals.

Understanding the psychological marks left by the process of abandoning life in the homeland in which they were born, leaving behind home, friends and family was one of the objectives of the research by Elsayed *et al.* (2019), where mothers and children answered questionnaires assessing stressors of pre-migratory life and daily post-migratory troubles, including lack of proficiency of the host country's language, invisibility, prejudice, and exclusion. The authors found children struggling with family routines and emotional control skills (anger and sadness). Children who engaged in more family routines showed better anger regulation and those with fewer pre-migratory life stressors showed greater sadness about exposure to daily post-migratory troubles.

Some studies emphasize that parents and/or caregivers and children are linked in such a way that everyday situations, whether of difficulty or resilience, affect their behavior. Associated with these elements of parenting is the process of accommodating the cultural context of families with the host country and the support of governments and non-governmental institutions in this process of resuming life. For example, Dalgaard *et al.* (2019) portrayed how mothers feel and face challenges, directly influencing their children; Jabbar *et al.* (2019b) stated

that the way mothers respond to danger and threat influences their children and that mothers with depression are decisive for their children's post-traumatic stress and depression. Therefore, these articles indicate that individual relationships are complex and involve cultural elements, and that it is not possible to enclose a value of judgment in mother-child relationships.

Studies with a focus on Education (N=22)

In Latin America, researchers are talking about the inclusion of migrant children in the public school system (SANCHEZ-MOJICA, 2021; ELHAJJI *et al.*, 2021; LOFFLER *et al.*, 2020). The obstacles and challenges are: exclusion and school inclusion, *bullying*, lack of proficiency in the local language, teacher difficulties in providing a multicultural education for refugee students, fear of the assimilation of Western culture, lack of quality education, mental disorders hampering the learning process and the construction of a new cultural identity in harmony with the culture and values of the country of origin. The participation and involvement of education professionals with the schooling of refugee children, seeking to integrate them and to collaborate for greater rapprochement with students from the host country, was the most explored topic.

Among the articles that prioritize children talking about themselves, Angelidou *et al.* (2019) investigated attitudes and acceptance in the classroom of Greek and Spanish students in relation to refugee children. Unlike previous studies, with adults, who demonstrated xenophobic attitudes, positive attitudes were found towards refugee children, encouraging empathy and school inclusion. When asked about the first word that comes to mind when they hear the word refugee child, those in Spain mentioned poverty, war, and sadness. For the Greeks, war, poverty, necessity, and Syria stood out.

In axis II - adults speaking for children, Ndiujye *et al.* (2019) carried out a comparative study of three different groups of children (between 5 and 6 years old) in the literacy process in Tanzania: refugees who were naturalized, urban and rural in the same region. Through household interviews with parents and pedagogical evaluations with children in schools, the results indicated that naturalized refugees surpassed the urban and rural majority in literacy measures and that naturalized refugee families prioritized the education of children as a path to integration into the host society.

In axis III - children and adults talking about the children, Dvir *et al.* (2015) conduct a case study, through observations and interviews, with nine migrant and refugee children, parents, teachers, and school faculty in Israel, suggesting that, to be inclusive of foreign children, schools should have: (1) commitment to humanistic and multicultural stances; (2) a progressive and pragmatic dialectical approach to student empowerment, and (3) a dialectical pedagogical approach that emphasizes individualized therapeutic teaching.

Discussion

A major issue found in the article is the high frequency of documents that give voice to the vision of children in a situation of refuge and migration, focusing on the children's' perspective, its statements and singularities (SILVEIRA, 2004), contextualized in the family and social environment that surrounds them (SARMENTO, 2020; PIRES, 2017). In other words, they consider the childish logic of how things happen and how they construct existing concepts. This conception was part of the methodological approach of several studies (BARLEY, 2019; JABBAR *et al.*, 2019; ANGELIDOU *et al.*, 2019). Even research that did not start from this premise of dialoguing with children's logic, built documents capable of reflecting the experience of adults responsible for children (BAKER *et al.*, 2019; BASAK, 2012). Delgado and Muller (2005) point to adultcentrism as misconceptions, which are the memories and reminiscences of childhood that make it impossible to look at children in the present; infantcentrism, which is the radicality that does not allow us to see that children interact with adults; and uniformism, which causes adults not to consider the diversity of children's groups.

Several studies have demonstrated in theory and in practice the variety of strategies used in research with children up to 10 years of age and the enormous field to be explored in future work (BARLELY *et al.*, 2019; ANGELIDOU *et al.*, 2019; MARSH, 2017; MAAGERØ *et al.*, 2016; AFFOUNEH *et al.*, 2015), highlighting ethical issues and the posture of adult researchers toward young children. The challenge of being aware of the *misconceptions of adultcentrism, infantcentrism and uniformism* (DELGADO; MULLER, 2005) was identified when reading some research, almost always in a more veiled way, without a wealth of details, making the theoretical articulations, the method and the results more evident to the reader (STREKALOVA-HUGHES *et al.*, 2019; VAN EE *et al.*, 2016).

The main techniques used in the articles were interviews, questionnaires, focus groups and drawings; and the most used methods were ethnographies and case studies. The majority opted for the use of questionnaires and interviews. The use of unconventional strategies, such as a music workshop, dynamic of the flower of necessities, a modeling workshop, a lifeline, digital games and photographs, has always been accompanied by other techniques, demonstrating the importance of the diversity of interventions in getting closer to the children. The drawing technique is widely used to directly access the world of children, while questionnaires and interviews were the most used techniques for listening to adults talking about the children (WHITE, 2011; VAENZUELA-PEREZ, 2014; KENNY, 2018; DE LA HERA CONDE-PUMPIDO, 2018).

The impacts on mental health are striking because of the severity of the pathologies affecting refugee children, with remote chances of accessing health treatment in the host country. Health professionals are not involved, justifying the migrants' lack of proficiency in the local language as a barrier to distance themselves to a more humanized service (MANGRIO *et al.* 2018).

The category of education, although not as significant if compared to the quantity of research on mental health, revealed studies much more focused on the relationship between the care of education professionals and refugee children, seeking the integration of this group with other children and demonstrating the desire and weaknesses of educators to build multicultural pedagogical proposals (HURLEY *et al.*, 2011; ANDERS, 2012; DVIR *et al.*, 2015; TOBIN *et al.*, 2015; DUE *et al.*, 2016).

Most studies theoretically highlight the extent of the devastation that child migrations can cause to the mental and educational development of refugee children and construct, from their research clippings, problem situations to try to account for a fragment of the reality experienced by these subjects (JOIA, 2021; PARAGUASSU, 2020; KENNY, 2018; ALSAYED, 2018; DEJONG, 2017; DENOV, 2012).

The topics explored by the articles, especially the educational and mental health consequences, are current and relevant in the discussion about child migration and have been discussed in the latest annual reports from UN Agencies such as UNHCR, IOM, UNESCO and UNICEF. Other global issues are also relevant, such as school exclusion and inclusion, housing conditions, food insecurity, physical and mental health issues, deportation and detention at borders, as well as more subjective issues

such as children's experience with violence, wars, fears, happiness and peace. For most children, it is stressful to absorb violence and traumatic experiences.

The scarcity of research involving health professionals involved in caring for children and families at a time of high family helplessness is a matter of concern, perhaps because of lack of training, difficulty in understanding the subjects' language, or because of lack of awareness and empathy (YOHANI, 2010, HURLEY *et al.*, 2011; BASAK, 2012; BAKER *et al.*, 2019). For education professionals, proximity to the topic is more predominant (WILDER *et al.*, 2019; DVIR *et al.*, 2015; NEW *et al.*, 2012).

Final Thoughts

This bibliographic review can be considered as a contribution to expanding the view of research approaches carried out with refugee and immigrant children up to 10 years of age. No new or innovative techniques were observed, which makes it possible to state that the approaches already known reveal good results in understanding the particular world of young children and that the combination of methods and techniques contributes to increasing knowledge about children.

In the studies, the results indicate, on the one hand, the need for effective treatment of the symptomatology of mental disorders, while, on the other hand, the need for clinical care for insecure attachment relationships. Care must be taken when ascribing mental disorders to subjects and unilateral treatments, holding people accountable for their failures or supposedly erroneous trajectories. Educational investment for this population, on the other hand, is a fundamental and consensual aspect pointed out in the review.

The review also revealed that most studies do not explore the topic of xenophobia and racism clearly, removing the process of arriving and adapting to a country from the more global context of discrimination against refugees. Research on travel routes, arrests of very young children at the borders, the implementation of legislation and protocols for listening to children by authorities, taking into account the best interest of the children, were not research topics in the survey carried out, despite the fact that they were current issues, which governments, international agencies, and the media encounter on a daily basis. Isolated initiatives to develop protocols to improve the protection of migrant children have been carried out by the European Union

and some countries such as Turkey, as mentioned in *the IOM Report on Migration in the World 2020* (2019).

In addition to all the insecurities experienced, leaving their homes, moving and arriving in a new territory, the lack of reception and specific protocols for children stands out. They remain on the sidelines, because they are not even seen as subjects of rights and are not at the center of the displacement process. Perhaps because child migration is still a recent phenomenon or because children are individuals with little mobilizing power, forced child migrations have not yet succeeded in joining universal efforts to protect and guarantee the fundamental rights of these children.¹

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Note

¹ M. I. Abelson: systematic bibliographic review of publications located and selected in six electronic databases and writing of the article. L. M. Silveira and S. Assis: review of the selected articles, drafting of the article and approval of the final version.

Resumo

Nas margens da insegurança: investigações sobre crianças em situação de migração e refúgio

Crianças são especialmente vulneráveis em situação de migração e refúgio pela exposição a tráfico, exploração sexual, abandono, fome, violências e detenções, capazes de comprometer o seu desenvolvimento. Objetiva-se analisar, através de revisão bibliográfica sistemática, as abordagens utilizadas para investigar a situação de migração e refúgio de crianças até 10 anos de idade. Foram captados 92 artigos em seis bases das áreas de saúde mental e educação, publicados entre 2010 e 2019. Os impactos sobre a saúde mental chamam atenção pela severidade dos transtornos mentais que acometem as crianças refugiadas; na educação, os estudos apontam para a relação de cuidado dos profissionais desta área com as crianças. As principais técnicas de coleta de dados utilizadas nos estudos são: entrevistas, questionários, grupos focais e desenhos. Predominam textos na perspectiva das crianças e adultos falando sobre a criança. Mesmo as pesquisas que não partiram da premissa de dialogar com as lógicas infantis, construíram documentos capazes de refletir a experiência de adultos responsáveis pelas crianças. Legislações e protocolos de escuta de crianças por autoridades, levando em consideração o melhor interesse da criança, são escassos e pouco mobilizadores, não conseguindo unir esforços universais de proteção e garantia dos direitos fundamentais dessas crianças.

► **Keywords:** Migração. Refúgio. Crianças. Intervenções. Desamparo.

