

Health care access for refugee children: a scoping review

Acesso à assistência à saúde de crianças em situação de refúgio: revisão de escopo

Atención a la salud de los niños refugiados: revisión del alcance

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Abstract

Objective: To identify and synthesize how access to healthcare for refugee children occurs, and to discuss gaps and directions for future research.

Methods: A systematic scoping review was conducted in five stages: (1) identification of the research question, (2) detection of relevant studies, (3) study selection, (4) data extraction and summarization, and (5) reporting of results.

Results: Eight international studies were included in the analysis. The addressed topics focused on sexual health, mental health, cardiovascular care, respiratory care, and challenges in accessing healthcare services. These studies demonstrated that addressing the needs of refugee children requires an understanding of cultural diversity and a comprehensive approach to health promotion, regardless of their place of birth, color, race, religion, gender, or other factors.

Conclusion: The analyzed studies do not primarily focus on healthcare for settled refugee children. Effective and discrimination-free assistance requires appropriate qualifications and knowledge. There is limited literature on settled refugee children in low-income countries, especially in Latin American ones

Keywords

Child; Refugee; De facto refugee; Healthcare assistance

Resumo

Objetivo: Identificar e sintetizar como ocorre o acesso à assistência à saúde de crianças refugiadas, bem como discutir lacunas e orientações para pesquisas futuras.

Métodos: Estudo de revisão sistemática do tipo *scoping review*, dividido em cinco etapas: (1) identificação da questão de pesquisa, (2) identificação de estudos relevantes, (3) seleção de estudos, (4) extração de dados e (5) sumarização e relato de resultados.

Resultados: Foram incluídos 8 estudos internacionais. Dos temas abordados, destacamos a centralidade na saúde sexual, saúde mental, atenção cardiovascular, atenção respiratória e dificuldade de acesso aos serviços de saúde. Os estudos mostraram que, para atender a criança, é necessário um entendimento das diversidades culturais, envolvendo a compreensão de temas ligados à promoção da saúde, independentemente do local de nascimento, cor, raça, religião, sexo, entre outros.

Conclusão: Os estudos analisados não focam na assistência à saúde da criança refugiada assentada. Qualificação e conhecimento são necessários para que a assistência seja efetiva e livre de discriminação. Existem poucas produções sobre crianças refugiadas assentadas em países de baixa renda, especialmente nos países da América Latina.

Descritores

Criança; Refugiado; Refugiado de fato; Assistência à saúde

Resumen

Objetivo: Identificar y resumir cómo los niños refugiados acceden a la atención médica y discutir las brechas y direcciones para futuras investigaciones.

Métodos: Estudio de revisión sistemática del tipo *scoping review*, dividido en cinco etapas: (1) identificación de la pregunta de investigación, (2) identificación de estudios relevantes, (3) selección de estudios, (4) extracción y resumen de datos, y (5) reporte de resultados.

Resultados: Se incluyeron ocho estudios internacionales. De los temas tratados, destacamos la centralidad de la salud sexual, la salud mental, la atención cardiovascular, la atención respiratoria y la dificultad para acceder a los servicios de salud. Los estudios demostraron que el cuidado de los niños requiere comprensión de las diversidades culturales, involucrando una comprensión en cuestiones relacionadas con la promoción de la salud, independientemente del lugar de nacimiento, color, raza, religión, sexo, entre otros.

Conclusión: Los estudios analizados no se centran en la atención de la salud de los niños asentados. Son necesarias cualificaciones y conocimientos adecuados para que la asistencia sea eficaz y esté libre de discriminación. Existen pocas publicaciones sobre niños refugiados asentados en países de bajos ingresos, especialmente en países latinoamericanos.

Descriptorios

Niño; Refugiado; Refugiado de facto; Cuidado de la salud

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Introduction

Refugee children leave their places of origin, abandoning their identities and families, in search of a place that provides a guarantee of safety, reducing the risks to their lives and the instability created by their governments of origin. It is worth noting that the Cartagena Charter was a major milestone in the definition of refugees, being an agreement made by Central American countries.⁽¹⁾ In this charter, we can distinguish the concept of refugees from that of migrants, since the refuge is the place to go when there is not enough security to remain in the country of origin. Migration is the movement made to other places in search of better living conditions or new opportunities. The major change imposed by the charter was the promotion of greater collaboration between American countries and the United Nations High Commissioner for Refugees (UNHCR) so that human rights are respected and signatory countries receive refugees.

Refugees are individuals who are not in their home countries due to fears of persecution, problems linked to ethnicity, religion, nationality, membership of a social or political group, as well as violations of human rights and armed conflicts, putting their lives at risk.^(1,2) For these reasons, these individuals end up being forced to migrate to other places that guarantee their safety, allowing them to have human dignity and the opportunity to restart their lives in a safe way.⁽¹⁾ These people, upon arriving in refugee camps, find places inadequate or overcrowded, thus causing health risks to both the host population and their own. In many of these places, there is still a lack of basic conditions, such as drinking water and soap, a lack of healthcare professionals and little access to information about the problems faced in these places.⁽²⁾

Refugee children are placed in situations of conflict, organized violence and natural disasters, jeopardizing their health and access to necessary care. In these places, health facilities are closed, staff are killed, nutritious food is in short supply, clean water and even shelter are unavailable, and safe places are increasingly rare. Displacements are recurrent and end up being traumatic, causing these children to arrive at these camps in poor physical and mental health conditions.⁽³⁾

Contrary to erroneous alarms about the risk that refugee children may pose to the society that wel-

comes them, they are at risk to their own health and well-being as well as their dignity. An example is the right to family life, enshrined in international law, which guarantees the protection of the family and the permanence of people from the same family together. However, they are often kept separate, which can occur during their movement, exposing them to risks associated with.⁽⁴⁾

For these populations, collective political action is necessary to deal with the situation effectively, without diminishing acceptance of refugees and forced migrants or ignoring their essential health and social well-being needs. It is necessary to protect human rights, providing them with equal value to life, regardless of the borders of nation-states, whenever survival is at risk.⁽⁴⁾ However, the existence of these people goes beyond the concept of governmentality. Governmentality mechanisms are socio-technical actions inserted as ways of legitimizing and developing population control models, enabling a detailed understanding of the population profile for an administration or central government.⁽⁵⁾

Therefore, understanding governmentality technologies only as regularization procedures does not cover all the day-to-day experiences that immigrants face, which are not only related to the lack of knowledge of the local language and the absence of documents. These technologies are also related to the practice of access and administrative models of public policies and the way they receive their users, creating areas of inattention and suppression.⁽⁵⁾

In this context, fundamental rights must be guaranteed, such as access to healthcare, as it is necessary to understand that the arrival of this population goes through different moments, such as pre-flight (health screening), camp, pre-departure, pre-arrival and post-arrival. In some contexts, such as the United States of America (USA), people are forced to stay in a shelter until they are legalized and sent to a permanent establishment in the country. These moments are related to challenges, risks and specific exposures that may vary over time. It should be noted that many individuals can stay in camps (shelters) for long periods before being resettled/allocated.⁽⁶⁾

According to UNHCR, children are one of the main populations in refuge and often face situations of violence, neglect, abuse, trafficking and military recruitment. For this reason, they deserve all the attention and

care as well as a safe place for their growth.⁽⁷⁾ Refugee children must, upon arriving at their places of shelter, have the right and priority access to health, ensuring that they receive full welcome, care and that their basic needs are met so that they can be safe and reach adulthood with human dignity.

During nursing degree, discussions were conducted on the topic. Currently, the complexity of Brazilian child care is already widely known. However, the reality of refugee children with their inherent difficulties remains challenging. The need for professionals with experience in caring for children in refugee situations in Brazil highlighted the lack of studies on the subject, which motivated the verification in the scientific literature of the existence, or not, of analyzes on healthcare for refugee children. Therefore, this study aimed to identify and summarize access to healthcare for refugee children and discuss gaps and directions for future research.

Methods

This is an exploratory study of systematized literature of the scoping review type. This article was based on PRISMA-ScR (PRISMA Extension for Scoping Reviews: Checklist and Explanation), as recommended by Enhancing the Quality and Transparency of Health Research (EQUATOR Network).⁽⁸⁾

The guiding question was established based on the acronym PCC (Population, Concept and Con-

text),⁽⁸⁾ respectively (P: refugee children/refugees, C: healthcare needs, C: world). Using this technique, the following question was reached: What are the healthcare needs of refugee children in the world?

Primary studies with a qualitative and quantitative approach, available in full and free of charge in the databases researched, that answered the guiding question, that addressed refugee children (a refugee is someone who has fled their own country because they are at risk of serious human rights violations) and theses and dissertations with a systematic review design were included. The chronological limits for defining a child for the inclusion of studies in this research were followed in accordance with the Brazilian Child and Adolescent Statute, which considers any person up to 12 years of age to be a child, according to the World Health Organization (WHO) parameters.⁽⁹⁾ Studies should be in English, Portuguese or Spanish and cover the period from January 2010 to March 2022. Monographs, duplicate findings, abstracts and expanded summaries, articles published in conference proceedings that were not available in full and that did not respond to the guiding question were excluded.

The selected databases were Virtual Health Library Portal (VHL), Scopus, Web of Science, Google Scholar, Embase, Capes Portal, medRxiv, Gray Literature Database (GreyLit) and CENTRAL (The Cochrane Central Register of Controlled Trials). Using the Boolean operators AND and OR, combinations were made between the descriptors that originated the search strategies, described in Chart 1.

Chart 1. Combination of descriptors used in databases

Databases	Combination of descriptors used in databases
Virtual Health Library Portal (VHL)	((<i>Criança</i>) or (Children) or (<i>Niño</i>)) AND ((<i>Refugiados</i>) or (Refugee) or (<i>Refugiado de fato</i>) or (De Facto Refugee) or (<i>Refugiado de Hecho</i>)) AND ((<i>Assistência à Saúde</i>) or (Delivery of Health Care) or (<i>Prestación de Atención de Salud</i>)).
Scopus	(TITLE-ABS-KEY (* <i>criança</i> * OR *children* OR * <i>niño</i> *) AND TITLE-ABS-KEY (* <i>assistência</i> * AND à AND <i>saúde</i> * OR *delivery AND of AND health AND care* OR * <i>prestación</i> * AND de AND <i>atención</i> * AND de AND <i>salud</i> *)).
Web of Science	(<i>Criança</i>) OR (Children) OR (<i>Niño</i>) (<i>Todos os campos</i>) AND (<i>Refugiados</i>) OR (Refugee) OR (<i>Refugiado de fato</i>) OR (De Facto Refugee) OR (<i>Refugiado de Hecho</i>) (<i>Todos os campos</i>) AND (<i>Assistência à Saúde</i>) OR (Delivery of Health Care) OR (<i>Prestación de Atención de Salud</i>) (<i>Todos os campos</i>) AND <i>Acesso Aberto</i> AND 2021 OR 2020 OR 2019 OR 2018 OR 2017 OR 2016 OR 2015 OR 2014 OR 2013 OR 2012 OR 2011 OR 2010 (Years of publication).
Embase	(<i>criança</i> OR children OR <i>niño</i>) AND (<i>refugiados</i> OR refugee) OR (<i>refugiado</i> AND de AND <i>fato</i>) OR (de AND facto AND refugee) OR (<i>refugiado</i> AND de AND <i>hecho</i>)) AND (<i>assistência</i> AND à AND <i>saúde</i> OR (delivery AND of AND health AND care) OR (<i>prestación</i> AND <i>atención</i> AND de AND <i>salud</i>)) AND [2010-2022]/py.
CAPES portal	((<i>Criança</i>) AND (<i>Refugiados</i>) CONTEM)
Medrxiv	((Children) AND (Refugee) AND (Delivery of Health Care)).
GreyLit	Refugee Children.
CENTRAL	((Refugee Children) (Period 01/01/2010 to 03/01/2022)).
Google Scholar	Allintitle: refugees children health.

Selection was carried out in two moments. In the first, it occurred by reading the titles and abstracts, applying the eligibility criteria. In the second, the previously selected articles were read in full. To systematize the study inclusion process, the JBI methodological criteria were used.⁽¹⁰⁾ Articles were selected independently by two researchers, in addition to the author, using Rayyan software for data extraction. The selection criteria were applied, composing the initial sample of studies analyzed in the research.⁽¹¹⁾

Data analysis was carried out qualitatively and quantitatively, organizing the studies found. Evidence was summarized and the results reported. To this end, the extracted data were grouped by convergence, according to the review question, and synthesized. The results of the review were described and discussed both quantitatively and qualitatively. Diagrams were used to present the study selection process, a summary table of findings and other tables relevant to what was found.

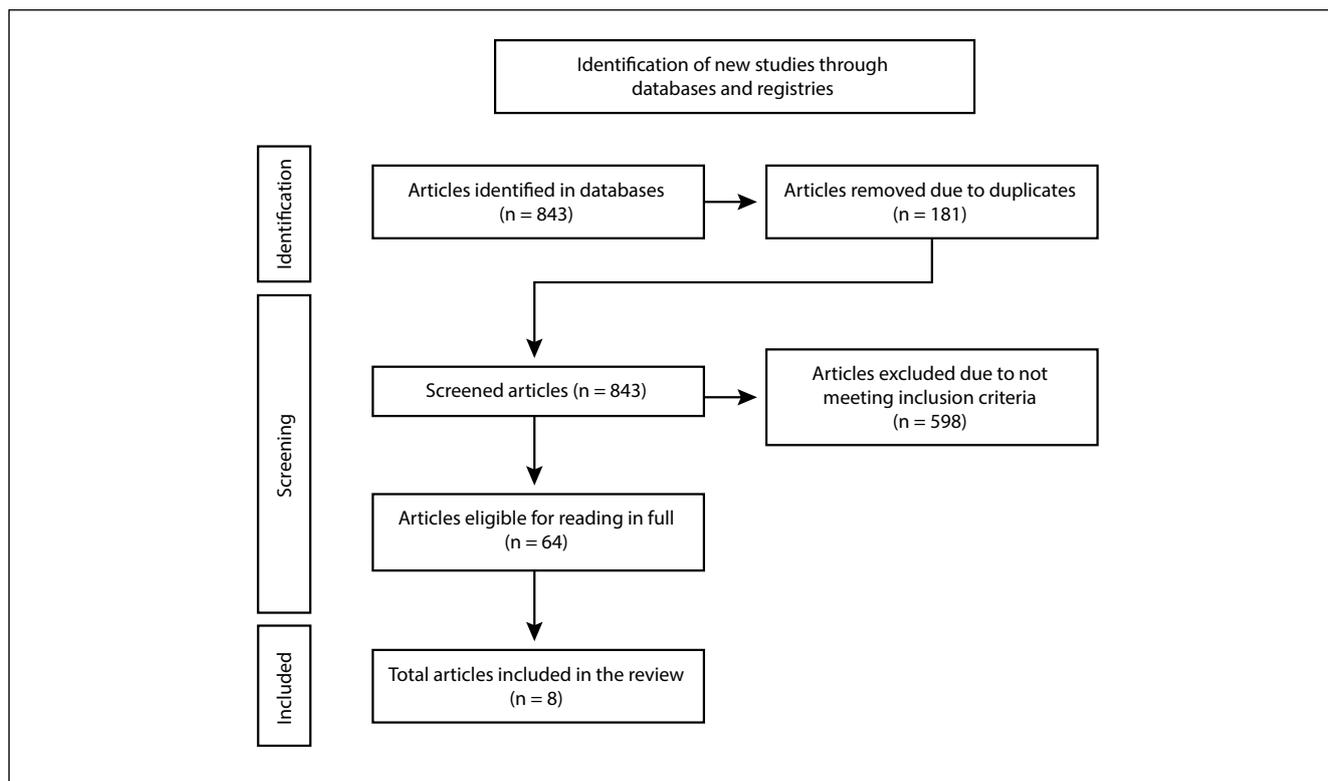
This project complies with the ethical aspects related to Law 12,853 of August 14, 2013, which provides for the collective management of copyright.⁽¹²⁾

Results

Through searching the databases, 843 articles were located. Using the Rayyan® platform, it was possible to identify 181 duplicate articles. After applying the eligibility criteria, 64 articles were eligible to be read in full, and a total of eight articles were included in the review (Figure 1).

Chart 2 presents the main characteristics of studies included in the analysis.

The evolution of studies analyzed shows a trajectory that goes from 2012 to 2021, highlighting that the health-related needs of refugee children are a recent and little discussed subject. The eight articles analyzed⁽¹³⁻²⁰⁾ were published in six different journals. As for the country of origin of studies, four (50%) are from the USA, one (12.5%) from England, one (12.5%) from Canada, one (12.5%) from Sweden and one (12.5%) from Turkey. This characteristic highlights a greater number of research and the possible appreciation of the care provided to the needs of refugee children in developed countries, such as the United States of America.



Source: Adapted from Page et al., 2021.⁽¹⁰⁾

Figure 1. PRISMA flowchart⁽¹⁰⁾ for updated systematic reviews that include searches in databases, registries and other sources

Chart 2. Summary table of articles selected for the scoping review

Author and year	Title	Country of origin	What are the childcare needs?	Strength of recommendation according to GRADE
Singh <i>et al.</i> , 2021. ⁽¹³⁾	Delivering health interventions to women, children, and adolescents in conflict settings: what have we learned from ten country case studies?	England	Sexual health	Low
Green, 2021. ⁽¹⁴⁾	The Strengths and Difficulties Questionnaire as a Mental Health Screening Tool for Newly Arrived Pediatric Refugees	United States of America	Mental health status	Moderate
Lu <i>et al.</i> , 2020. ⁽¹⁵⁾	Global Mental Health and Services for Migrants in Primary Care Settings in High-Income Countries: A Scoping Review	Canada	Mental health status	Moderate
Gruner <i>et al.</i> , 2020. ⁽¹⁶⁾	Understanding Supporting and Hindering Factors in Community-Based Psychotherapy for Refugees: A Realist-Informed Systematic Review	United States of America	Mental health status	Moderate
Agrawal <i>et al.</i> , 2020. ⁽¹⁷⁾	Bridging the Cardiac Needs of a Large, Underserved Immigrant and Resettled Refugee Population	United States of America	Cardiovascular care	Moderate
Hjern; Kling., 2019. ⁽¹⁸⁾	Health Care Needs in School-Age Refugee Children	Stockholm	Mental health status/dental problems/visual problems	Moderate
Watts <i>et al.</i> , 2012. ⁽¹⁹⁾	Health Care Utilization of Refugee Children After Resettlement ¹	United States of America	Difficulty arriving at the service	Moderate
Eliacıık <i>et al.</i> , 2021. ⁽²⁰⁾	War, Migration and Health: The Importance of Social Work for Refugees' Children	Turkey	Respiratory system disorders	Moderate

Even in developing countries, such as Brazil, which has the largest health system in the world, the SUS, continuity of care is little discussed, evidenced by the lack of articles on the subject in this research. The articles analyzed show that, for these children, the need for continuity of care and treatments upon arrival in the new country is fundamental.^(13–18,20)

As for the needs for assistance, it is identified that mental health status is an essential characteristic that must be considered. Mental health is a fundamental topic that is still little discussed among the pediatric public. Specifically for refugee children, difficulties related to mental health are evident and must be treated as early as possible. Questionnaires such as “The Strengths and Difficulties Questionnaire” are used to verify the weaknesses of these children, showing that, in areas of armed conflict, such as Iraq, scores are considerably higher, which may indicate greater difficulties in adapting to the new location, which may or may not be related to past traumatic disorders.⁽¹⁴⁾

Furthermore, it is necessary to observe and treat refugee children in an equivalent way, i.e., based on their uniqueness and specific needs.^(15,16) Comprehensive care for this child can help maintain the availability of necessary daily medications as well as health referrals deemed necessary, ensuring basic and mental healthcare.⁽²⁰⁾ The discussion on dental and visual problems, which are recurring issues among the pediatric public, also remains pertinent.⁽¹⁸⁾

Cardiovascular care⁽¹⁷⁾ is also a factor to be discussed and is extremely relevant, given that many of these children have an associated and untreated cardiac disorder. Another issue is sexual health,⁽¹³⁾ highlighted in the results, which highlights the importance of birth control and the prevention of sexually transmitted infections, especially among adolescents. Respiratory problems⁽²⁰⁾ were also reported. This issue may be related to the origin of these children in zones of armed conflict.

Another important fact is the difficulty in accessing the service, which was a priority topic in one of the articles⁽¹⁸⁾ and recurrent in all other selected articles. This occurs, most of the time, due to lack of knowledge about the reference service or difficulty in communication between patient and healthcare professional.

Discussion

All selected articles addressed issues relating to access to healthcare for refugee children, understanding the assistance needs that this population demands when settled in a safe territory. There are few studies that focus on children in refugee situations and their health needs. Therefore, it is up to us to point out the different themes of the selected articles, which discussed assistance needs in mental health, attention to oral and visual health and vaccination status, cardiovascular

and respiratory care, sexual health, and difficulty in accessing healthcare services.

Mental health includes a close look at care needs and access to health, aiming to prioritize research that considers the reduction of multiple forms of discrimination, marginalization and vulnerability. This topic not only increases sensitivity to prioritize the roots of health problems, but also aligns the priorities of living in a new culture, a new place and rebuilding one's life to deal with traumas and difficult memories. This is demonstrated in the study that indicated the application of a questionnaire to assess strengths and difficulties in this context.⁽¹⁴⁾

Children in refuge situations aged 4 to 18 years in the USA demonstrated problematic behaviors arising from their life stories. However, the instrument is a tool for screening newly arrived refugee children in primary care, in situations that require mental healthcare.⁽¹⁴⁾ High-income countries offer a greater variety of mental healthcare services for refugee children. Many psychotherapeutic interventions are offered, however, little is known about the effectiveness of interventions offered to these immigrants in primary care.⁽¹⁵⁾

In contrast, low-income countries that receive this population present few studies that demonstrate the existence of services related to mental health focused on refugees.⁽¹⁵⁾ There is a need for research that maps the existence of these services and studies on the effectiveness of interventions to obtain more evidence⁽¹⁵⁾ and establish guidelines for better service to this public.

One of the health needs of school-aged refugee children is oral health. Due to the lack of oral hygiene habits and inadequate nutrition, the risk of cavities was shown to be higher than in Swedish children. Furthermore, visual and hearing difficulties have also been found in refugee children.⁽¹⁸⁾ Another important aspect is the assessment of nutritional status, which should be one of the first assessments to be carried out on women and children coming from conflict zones.⁽²¹⁾

One of the greatest problems faced is the lack of documentation about the health history of these children, including information about vaccines received and other relevant aspects of development, which makes it difficult to identify which actions are necessary. Blood tests to detect antibodies, although they exist, are expensive for daily use. Studies of vaccine

antibodies in blood samples from refugee children in Europe demonstrate that vaccination coverage is low for hepatitis B, measles, mumps, rubella, tetanus and diphtheria.⁽¹⁸⁾

Among the studies found, the report of a mapping of the most frequent needs in a pediatric cardiology clinic in the USA related to refugees showed high rates of abnormalities in echocardiograms. Thus, there is a greater probability of congenital or acquired heart disease at the time of the first consultation, and the commonly found murmur may be related to anatomy, depending on the age group.⁽¹⁷⁾

The literature also points to the presence of respiratory disorders in refugee children who require hospitalization. The most prevalent cause, in a study carried out in Turkey, was the diagnosis of pneumonia and bronchiolitis, with many cases coming from neighboring countries such as Afghanistan, Iraq, Somalia, among others.⁽²⁰⁾ This fact may be related to climate variation, allergic and infectious causes, among others.

Despite being very specific studies, it can be seen that specialized attention is necessary for children to have their health restored and for their childhood to develop. However, these referrals do not always occur easily and can face numerous barriers, such as culture and language.^(17,20)

People who leave places of conflict and arrive in other territories bring with them their unmet demands from their places of origin. In many cases, healthcare services exist only in theory, but are not actually provided. Health systems in places of conflict can be determinants of a healthy life or, due to their absence or inefficiency, perpetuate health inequality.⁽¹³⁾

In this context, women often end up taking over family economic and social roles, becoming more vulnerable. Therefore, women and girls (children), isolated from their families, are more vulnerable to violence and lack of resources. Often, due to the nature of war and the strategies and tactics of the groups in conflict, they end up being victims of gender and sexual violence, which is frequently caused in conjunction with a weapon.⁽¹³⁾

The social determinants related to the health issues of women and children from conflict scenarios demonstrate that reduced access to drinking water and sanitation, poor quality housing, low nutritional

status and limited or difficult access to quality health-care services are factors that impact the social and intellectual development and quality of life of children and newborns. Under these conditions, they are unable to exercise their basic rights or live their childhoods to the fullest.

The difficulty in accessing healthcare services is linked to the lack of a guiding policy that establishes which path refugee children must follow to identify their needs and direct them to the respective specialties. Some interrelated themes are present in the literature on the difficulty of accessing medical services, such as knowledge of the existence of services, language difficulties, poor doctor-patient relationships and difficulty in cultural acceptance of medical care.⁽²²⁾

In the USA, results have been reported showing that initial care, when children arrive at resettlement, can identify their health needs. Initial screening makes it possible to establish health priorities and needs. Monitoring these children after this first access and screening is very important, in addition to ensuring that emergency services and specialties are aware of the types of problems they present.⁽¹⁹⁾

Therefore, it is not just healthcare services that need to be prepared to receive refugee children and, consequently, their families. They also need to have access to means of subsistence, education, nutrition, water, basic sanitation and a healthy environment for their full development.⁽²³⁾

Conclusion

There is a lack of studies that highlight and deepen knowledge about access to and healthcare for refugee children. This gap can become a driving force for care actions for this population to be more discussed and shared within the nursing field. It is necessary to recognize the limitations related to the nature of the study and the universe of findings analyzed, mainly in relation to the quantitative and temporality aspects. This work recognizes that care practices for refugee children, considering their priorities and capabilities, have not been explored, and that their rights must be protected.

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