The Impact of Family Separation on Refugee Children

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INTRODUCTION

In recent years, there has been increasing focus on the influx of migrants across the US-Mexico border. Many of these migrants are from Central America, specifically the Northern Triangle of El Salvador, Honduras, and Guatemala.[1] When discussing the situation at the border, one aspect that comes up repeatedly is family separation, specifically the potential long-term adverse effects on refugee children related to this separation and how healthcare professionals should respond. This paper will also discuss the possible motivations behind the recent influx of refugees, the types of family separation that can occur, the specific effects of these separations, and how the healthcare system and social programs can help mitigate the harmful effects of these separations.

BACKGROUND

The United Nations defines an international migrant as "any person who changes his or her country of usual residence." However, the reasons for this change can be widely variable, whether for economic reasons, for a safer home due to violence in the home country, or even reunification with family.[2] The 1951 UN Convention on Refugees defines a refugee "as a person who is outside his or her country of nationality or habitual residence; has a well-founded fear of being persecuted because of his or her race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail him— or herself of the protection of that country, or to return there, for fear of persecution."[3] This UNHCR definition helps clarify the specific population to be considered, as the UN definition is quite broad. Not all migrants meet the definition of a refugee.

There are several motivating factors behind the decision to immigrate to the United States. When evaluating the increase in migration from the Northern triangle specifically, research demonstrates a common theme of violence affecting the individual or their family, both the threat of violence and actual experiences. In one study conducted by Keller et al. in which researchers interviewed 234 adult migrants in Texas originally from the Northern Triangle, 191 participants reported fleeing due to violence concerns. These concerns included death threats, murder of a family member, sexual violence, kidnapping, extortion, and domestic violence. Of the 234 participants, 204 reported experiencing violence or threats of violence directed towards themselves or their families.[4] In a cross-sectional analysis conducted by MacLean et al. of 73 children held in immigration detention centers then subsequently reunified with their mother, 70% of the mothers report fleeing due to gang violence, while 42% reported fleeing due to domestic abuse.[5] These three countries have some of the worst murder rates globally, all within the top twenty, with rates of 82.84, 56.52, and 27.26 per 100,000 for El Salvador, Honduras, and Guatemala, respectively.[2] These statistics demonstrate a common theme for immigrating, fear for one's safety if they do not leave.

REVIEW OF THE ISSUE

In the US, as a general rule, children are not separated from their parents unless they are thought to be in danger and at risk for harm. For refugees, the decision to leave their home country is not made without significant consideration of the risks and benefits of the choice. However, immigration officials often interpret the parent's decision to bring their child across the border illegally as reckless and endangering the child, which they subsequently use as a reason to remove the child from parental custody.[6]

Many of the migrants that are coming to the US claim asylum upon arrival. Although it is evident from research that often they are fleeing due to violence, it is essential to understand the criteria for claiming asylum in the US. These criteria as outlined by the United States Citizenship and Immigration Services (USCIS) state that one must be experiencing violence or threats of violence in one's home country, fleeing one's home country due to these experiences or threats, have a perceived inability to access adequate and effective legal resources or protection in one's home country, and have a fear for one's safety should they be forced to return to the home country.[4] Those who claim asylum may have their claim denied immediately by border agents, may be detained until a hearing on their claim, or may be released on their reconnaissance with an order to appear at a future hearing on their claim.[7]

In 2018, the US adopted a Zero Tolerance Policy, meaning that all adult migrants detained at the border were prosecuted, and any accompanying children were separated from them.[7] Reports indicate that between April and June 2018, when this policy was in effect, more than 2300 children were separated from their adult family members and sent to various facilities across the US. Some of these children were infants, including several who were still breastfeeding.[1] These children were transferred to detention facilities managed by the Department of Health and Human Services in conjunction with the Office of Refugee Resettlement (ORR), while their parents remained in the custody of Customs and Border Protection (CBP). Information on parents and their locations was not available to ORR, limiting their ability to reunite children and parents later. The two systems were not sharing information in an accurate or timely fashion.[8] Ultimately, the US government terminated the Zero Tolerance Policy in June 2018 under significant political pressure. However, as of August 2018, there were still an estimated 700 children who had not been reunited with their parents due to this inefficient

process.[1] Even after this specific policy was terminated, family separations continue to occur. In the subsequent 18 months, another 1100 children are thought to have been separated from their parents, with 300 of these being under the age of five years. There are still more than 500 children whose parents are not able to be located for reunification.[9]

Family separation can occur at any point in the migration process, whether that be premigration, peri-migration, or at the border. Before departure, families may be separated by the very violence they are fleeing, including by kidnappings or murder. During the journey, families may be forced to take separate routes or depart at different times. Regardless of when the separation occurs, it can have deleterious effects on the child. Even with reunification, these adverse effects can persist.[9] While traditionally, family separations may be thought of as parent from child, many minors experience a separation from their siblings. In some instances, this occurs in conjunction with separation from their parent, but the siblings may be traveling together without parents in others.[10]

IMPACTS ON CHILDREN

These separations are especially harmful because they occur when the already traumatized child most needs their family support and security.[9] In fact, forcible separation of a child from their parent is the most profound trauma that a child can experience since it damages one of their foundational relationships and sense of security.[11] Another example of forcible separation of parent and child can occur in the foster care system. Research has shown that children in foster care are at increased risk of attachment issues in the future, including insecure attachment patterns and attachment disorders.[12] These separations damage the parent-child attachment bond, which can affect a child's neurological development. Over time with ongoing separation, the child begins to detach from the parent and may ultimately feel abandoned by the

person they previously trusted. Even if the child is subsequently reunified with their parent, a child who has detached may treat the parent with ambivalence or even as a complete stranger. In some cases, this damage to the attachment bond can be long-lasting, perhaps even permanent.[1]

These separations can also have adverse physiologic effects as they increase the level of chronic stress that the children live with, increasing circulating stress hormones. Despite removing the stressors, this ongoing exposure to these stress hormones can result in permanent organ damage with lifelong sequelae.[1] Even with reunification, the child may live in fear that separation will occur again as their felt security is often permanently damaged.[11] This chronic stress exposure can affect the child's epigenetics, with negative effects being passed on to their children.[13] These negative physiologic effects from chronic exposure to stress hormones can also increase the child's future risk of developing obesity, cardiovascular disease, type 2 diabetes mellitus, and chronic inflammatory conditions.[11] Additionally, refugee children who have experienced family separation have higher rates of medically unexplained illness than those who have not had this experience.[9]

Family separation also increases the child's risk of psychiatric disorders or more severe manifestations of these conditions, including depression, post-traumatic stress disorder (PTSD), anxiety, and attention deficit hyperactivity disorder (ADHD).[7] These children develop various protective responses, including symptoms of both hyperarousal and hypoarousal. These protective responses may lead to multiple maladaptive coping skills, including potential substance abuse, suicide attempts, self-harming behavior, and sexual behavior problems that can increase the incidence of sexually transmitted infections.[1,7] Symptoms frequently experienced include insomnia, nightmares, frequent crying, decreased appetite, and panic. Children may also experience significant developmental regression, including manifestations such as thumb-

sucking or enuresis. They may have poor performance in school and delays in learning.[9] Children exposed to severe trauma with psychiatric conditions tend to have an earlier age of onset and a more severe course with poorer responses to traditional therapies.[11] MacLean et al.'s cross-sectional study noted that the length of separation did not seem to correlate with the severity of the adverse effects the child experiences, and these effects seem to persist after reunification, even in children who experienced short-term separations.[5,9]

HEALTHCARE PROVIDER ROLE

According to the UN Declaration of the Rights of the Child, refugee children have a right to access basic medical services.[2] There are limited guidelines for providing healthcare to unaccompanied minors (UAMs). According to the American Academy of Family Physicians, general guidelines for refugees may guide a provider's initial approach. As with any refugee, providers should screen for common infectious diseases, specifically tuberculosis, and treat them appropriately. Providers also need to consider the possibility of tropical diseases not typically seen in the US, such as dengue fever, Chagas disease, and malaria.[14] Mental health screening is critical as UAMs have often experienced significant trauma, which results in an increased incidence of psychiatric disorders, even after reunification.[1,14] Providers should consider incorporating screening tools such as the PCL-C for PTSD and the Patient Health Questionnaire-9 (PHQ-9) for depression into future visits.[14] Families may delay accessing healthcare because of rampant stigma within their communities regarding immigration or fear of deportation, especially if the parents are undocumented. This delay exacerbates existing health disparities.[1,6] This fear is not unfounded since up to one-quarter of recently deported adult immigrants were parents of US citizen children.[13] Providers should work to connect families with community

resources as they will continue to need social support as they integrate into the new area. Asylum claims should be resolved as quickly as possible to help provide family stability.[1]

Family separation is a significant and the most common stressor for youth who recently immigrated.[10] While family reunification is usually considered the goal and a joyous event, it is not without its challenges. In some cases, the separation of parent and child may have been prolonged, lasting several years, and the bonds of attachment are no longer intact.[14] A similar phenomena can be seen in military families, when children are reunified with a parent was deployed for a prolonged time.[15] In other situations, the child may have remained behind in their home country, being taken care of by another relative for years while the parent immigrated to the US and attempted to establish themselves in a new home before sending for the children. When the child finally travels to the US, they sever this attachment with their secondary caregiver, which can also be traumatic and cause some resentment towards the transition.[10] Providers should encourage UAMs to maintain contact with family left behind, even as they work to reestablish attachments with their family in the US.[14]

In some instances of separation at the border, children may be sent to detention facilities or even placed with foster families. Many foster families are not equipped to take sibling sets, resulting in the family unit being further broken down as siblings end up in different families.[1,10] Research on siblings in foster care has demonstrated that keeping siblings together has protective effects for the child's mental health and future ability to attach.[16] Unfortunately, even after initial reunification, there may be additional separations during the immigration process, with each new separation adding another layer of trauma. Finally, in some situations, UAMs who present for healthcare may not have a responsible adult to accompany them and assist with

decision-making, so providers must be aware of their state's laws regarding emancipation. Connecting these UAM patients with community resources is critical for their future success.[14]

CONCLUSION

While the issue of family separation at the Southern US border was frequently in the media in 2018, when the Zero Tolerance Policy was in full effect, it remains an issue even now with ongoing evidence that children are being separated from their parents upon entering this country. It is clear from the research that family separation has many adverse effects on children, both physiologically and psychologically, with the potential for these impacts to last the rest of the children's lives and even affect future generations through epigenetics. Healthcare providers must educate themselves on these potential adverse effects on health and how to address them when seeing refugee children in the clinic. Additionally, providers should help connect these patients with community resources to help provide the ongoing psychosocial support they will need for successful acculturation. Finally, providers have a duty to advocate for their patients and for policies that will protect children from this harmful practice. When reviewing the research, it is clear that family separation at the border is detrimental to all aspects of the child's health and may have negative consequences extending to future generations. As a healthcare professional, one's duty is to our patients above all, as we are explicitly instructed to do no harm. Keeping silent on this issue of family separation is a passive agreement with this harmful practice. Providers must voice their opinions about family separation and outline the supporting research on its deleterious effects to politicians and government decision-makers. With the current political instability globally, the flow of refugees will not cease. Instead, all involved parties must work together to develop policies that protect those who are most vulnerable.

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