

The Impact of Family Separation on Immigrant and Refugee Families

Shruti Simha

The current administration's zero tolerance policy that was announced on April 6, 2018, prompted separation of 2,654 children from their families per a report by American Civil Liberties Union (ACLU) [1]. One hundred and twenty children were still in Office of Refugee Resettlement care as of Oct. 15, 2018, and another 125 made the difficult decision, in consultation with their parents who were deported, to remain separated and stay in the United States in order to pursue asylum [1]. As a pediatrician and mother, these stories have been heart-wrenching.

"Separating parents from their kids contradicts everything we know about children's welfare," says Dr. Colleen Kraft, President of the American Academy of Pediatrics (AAP) [2]. The AAP in its 2017 policy statement, "Detention of Immigrant Children," urges that separation of a parent or primary caregiver from his or her children should never occur, unless there are concerns for the child's safety at the hand of the parent. Extremely stressful experiences, including family separation, can disrupt a child's brain architecture and cause irreversible damage to lifelong development. Studies by the Center on the Developing Child at Harvard University have shown that persistent stress can change the brain architecture by damaging neurons in the prefrontal cortex and hippocampus [3]. These are centers of executive function and short-term memory and regulate thoughts, emotions, and actions [3].

The resilience of immigrant families can buffer the effects of adverse childhood experiences (ACEs). Family separation removes this buffering effect, subjecting children to lifelong negative effects on health and contributing to health disparities [4]. Children experiencing trauma can

display a variety of symptoms such as sleeping, toileting, and eating problems. They often exhibit behaviors such as temper tantrums, detachment, anxiety, aggression, or heightened response to situations. Trauma can also affect development and learning in young children, cause limitations of working memory, disrupt organizational skills, and affect IQ [5]. Children exposed to toxic stress have higher chances of adopting health risk behaviors in the future, leading to disease, disability, and social problems [6].

Families that have recently immigrated to the United States may have experienced trauma in the form of violence, abuse, or human trafficking. Separating such families at the border or within the United States re-traumatizes them, increasing the risk of mental health issues.

Families that have been separated at the border and placed in detention centers have limited access to medical care. These facilities are not equipped to care for children with medical needs. Trauma-informed mental health screening and care are critical for families seeking safe haven [7]. Several news agencies have reported the case of Mariee Juarez, an 8 month old who died after release from a family detention center. Mariee was detained with her mother after crossing the border into the United States from Mexico, having traveled from Guatemala. While they were detained, Mariee became sick. The child died weeks after being released from the South Texas Family Detention Center. It was alleged that she did not receive timely medical attention and died due to complications from a respiratory illness [8]. There have also been reports of neglect and abuse of children at some detention facilities, making them dangerously inadequate for children.

Fear of family separation is not limited to the US bor-

ders. For children in mixed-citizenship-status families, fear of family separation or parental deportation is a stressful daily reality. We have seen children in our practice with signs of anxiety, depression, and school failure, secondary to fear of parental deportation. Immigrant and refugee children are also subject to bullying and discrimination. A parent recently brought her 11-year-old son to clinic for health concerns. He was withdrawn, depressed, and refused to go to school. He was separated from his father due to deportation to Honduras last year and was petrified his mother would also be deported. His mother, the sole breadwinner for the family, was undocumented and her deportation would leave him with the impossible choice of either being alone in the United States or moving to Honduras, a place he had never visited. Many US-born children and teens are facing this dilemma.

Families are also fearful of accessing public benefits and often have difficulty keeping doctor appointments due to lack of transportation and fear of immigration checks at hospitals. Despite this uncertainty, many access care for their children, demonstrating resilience and love for their families [9].

The current immigration law system has many barriers to family reunification and impinges on family structures subtly but in an equally damaging manner as traumatic deportations [10]. As a society, we ought to find a better way to care for immigrant families. It is essential to remember that policies aimed at separating families have detrimental effects on children. It has been noted that trauma can also become genetically encoded and passed on to future generations [11]. Families belong together and it is imperative to protect the sanctity of this unit. **NCMJ**

Shruti Simha, MD, MPH pediatrician, Tim and Carolynn Rice Center for Child and Adolescent Health, Cone Health, Greensboro, North Carolina; adjunct faculty, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina.

Acknowledgements

Potential conflicts of interest. S.S. has no relevant conflicts of interest

References

1. American Civil Liberties Union. Family Separation: By the Numbers. ACLU website. <https://www.aclu.org/issues/immigrants-rights/immigrants-rights-and-detention/family-separation>. Accessed December 14, 2018.
2. AAP a leading voice against separating children, parents at border [press release]. Washington, DC: AAP News; June 18, 2018. <http://www.aappublications.org/news/2018/06/14/washington061418>. Accessed December 14, 2018.
3. Harvard University Center on the Developing Child. InBrief: The Science of Early Childhood Development. Center on the Developing Child website. <https://developingchild.harvard.edu/resources/inbrief-science-of-eed/>. Accessed December 14, 2018.
4. Caballero TM, Johnson SB, Buchanan CRM, DeCamp LR. Adverse childhood experiences among hispanic children in immigrant families versus US-native families. *Pediatrics*. doi: 10.1542/peds.2017-0297.
5. American Academy of Pediatrics. Healthy Foster Care America: Trauma Toolbox for Primary Care. AAP website. www.aap.org/traumaguide. Accessed December 14, 2018.
6. Centers for Disease Control and Prevention. About the CDC-Kaiser ACE Study. CDC website. <https://www.cdc.gov/violenceprevention/acestudy/about.html>. Accessed December 14, 2018.
7. Linton JM, Griffin M, Shapiro AJ, Council on Community Pediatrics. Detention of immigrant children. *Pediatrics*. doi: 10.1542/peds.2017-0483.
8. Rose J. A toddler's death adds to concerns about migrant detention. NPR.org. <https://www.npr.org/2018/08/28/642738732/a-toddlers-death-adds-to-concerns-about-migrant-detention>. Published August 28, 2018. Accessed December 14, 2018.
9. Artiga S, Ubri P. Living in an immigrant family in America: How fear and toxic stress are affecting daily life, well-being, & health. Henry J Kaiser Family Foundation. <https://www.kff.org/disparities-policy/issue-brief/living-in-an-immigrant-family-in-america-how-fear-and-toxic-stress-are-affecting-daily-life-well-being-health/>. Published December 13, 2017. Accessed December 14, 2018.
10. Enchautegui ME, Menjivar C. Paradoxes of family immigration policy: separation, reorganization, and reunification of families under current immigration laws. *Law & Policy*. 2015;37(1-2):32-60
11. Danaher, F. The suffering of children. *N Engl J Med*. doi:10.1056/NEJMp1808443.

Electronically published March 11, 2019.

Address correspondence to Shruti Simha, 301 E Wendover Ave, Suite 400, Greensboro, NC 27401 (Shruti.simha@conehealth.com).

N C Med J. 2019;80(2):95-96. ©2019 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved. 0029-2559/2019/80208