

*Working with Parents and Children
Separated at the Border: Examining the
Impact of the Zero Tolerance Policy and
beyond*

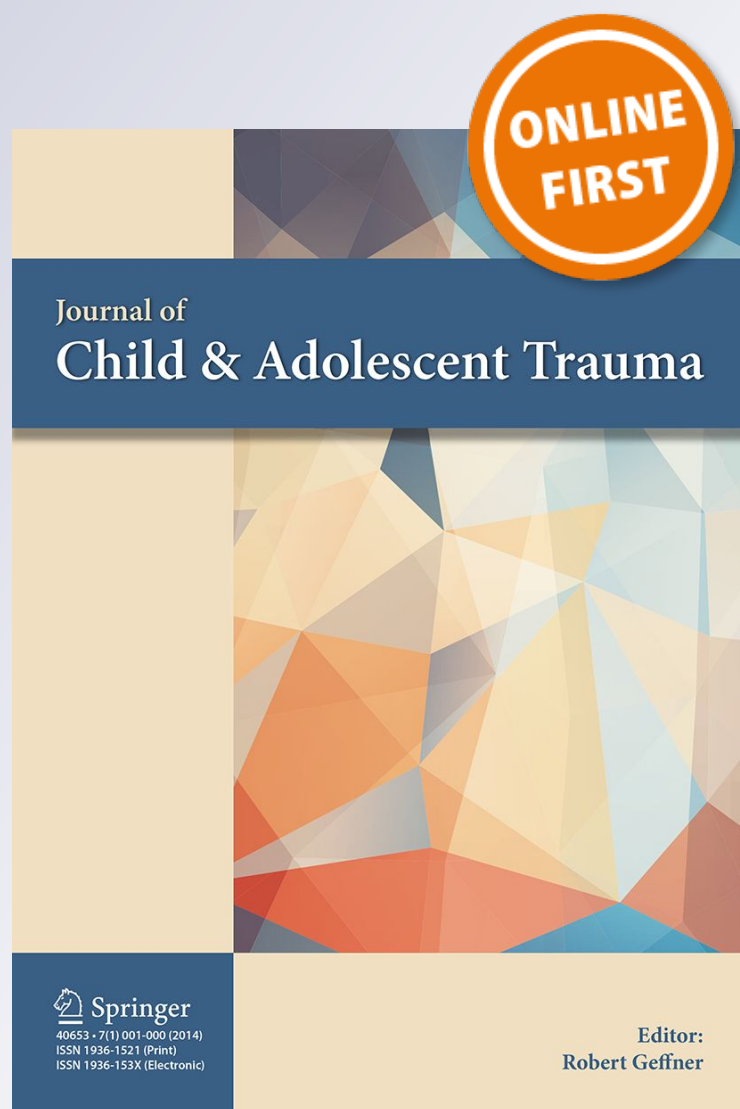
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Journal of Child & Adolescent Trauma

ISSN 1936-1521

Journ Child Adol Trauma

DOI 10.1007/s40653-019-00262-4



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Working with Parents and Children Separated at the Border: Examining the Impact of the Zero Tolerance Policy and beyond

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Abstract

The crisis of family separation caused by Trump Administration's zero tolerance policy (ZTP) on the southern border has focused the nation's attention and provoked public uproar due to the violation of basic rights and the expected negative impact on children and parents. There is decades' worth of research documenting the damage of separating children from their parents in a wide diversity of circumstances and for a wide variety of reasons. There is also ample research evidence of the impact of any form of childhood trauma and consequent disruptions in development, cognitive impairments, and health problems through adulthood. However, there is no first-hand documentation published of how these children and families specifically experienced separation at the border and the effects it is having on them to date. The present article first provides an overview of the historical and socio-political context of family separation policies in the US, and a thorough description of how ZTP was implemented in actuality. Second, this article offers a review of the literature on the impact of family separation on children and parents in diverse contexts. Third, we describe direct clinical experiences with these children and parents receiving services at the Terra Firma program in the Bronx community in New York. Finally, this article delineates important recommendations for policy makers, service providers, and the community as a whole.

Keywords Parent-child separation · Children · Refugee · Immigration · Attachment · Unaccompanied · Trauma · Mental health · Zero tolerance policy

Historical and Socio-Political Context

Family separation by the US government is not a new practice. Throughout US history, family separations have been imposed upon disadvantaged and vulnerable populations, causing fragmentation of the family units of these groups and enduring consequences. During the atrocity of slavery in the US, children of slaves were commonly separated from parents by being sold off. The Fugitive Slave Act of 1850 separated families that may have already reunited (Tappan 1850). From the late 1800's to the mid-1900's, and via a compulsory attendance law in 1891, Native American children were removed from their homes and families, sent to boarding schools to learn and practice only European-American culture,

language, and style of dress, and were forbidden by harsh punishment to live any element of their own culture (Adams 1995; Lajimodiere 2014), ended in 1978 by the Indian Child Welfare Act (Indian Child Welfare Act, 1978). In 1942, President Franklin D. Roosevelt signed executive order 9066, establishing the federal government practice of detaining individuals of Japanese ancestry in internment camps, displacing families from their homes and lives. In each case, the efforts to remedy these family disruptions were meager or non-existent (Nagata et al. 2019).

Since 2014, the US has seen a massive migration of children and young families from Central America, mostly from Honduras, El Salvador, and Guatemala (American Immigration Council [AIC] 2015). The reasons behind this have been well-documented and in addition to extreme poverty, include escaping gang violence and fleeing for survival (United Nations High Commissioner for Refugees [UNHCR] 2014). Authorities are often colluded with the criminals so there is a chronic state of lawlessness (Paris et al. 2018), and an estimated 95% of crimes go unpunished (Eguizábal et al. 2015).

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The demographics of this undocumented migration from Central America have changed significantly in the last five years. It started with what is known as “the surge” (American Immigration Lawyers Association [AILA] 2014a) of 2014, in which thousands more unaccompanied immigrant children¹ (UIC) crossed the border without inspection than in previous years² (UNHCR 2014; AILA 2014a). Then, it shifted from unaccompanied children (110,236), to an increase in family units (245,061) during FY 2016 to FY 2018 (U.S. Department of Homeland Security [DHS] 2018). It is important to clarify that the definition of “family unit” used by DHS is very restricted and includes only a parent or legal guardian traveling with a child under 18 years old (Homeland Security Act of 2002).

Strategies and attempts to deter undocumented migration have been a priority and a highlight of the Trump Administration (Migration Policy Institute 2018). In April 2018, the administration introduced its zero tolerance policy (ZTP), calling for the prosecution of all people who crossed the border without inspection (U.S. Department of Justice 2018). The objective of this policy was that 100% of the adults entering without authorization would be criminally prosecuted, regardless of whether they had a criminal background or if it was the first time they had entered the country (Human Rights Watch [HRW] 2018), and regardless of whether they were migrating with children and had a valid asylum claim. In fact, parents traveling with children were specifically targeted under this policy, and asylum officers were instructed to consider illegal entry as a potential factor against the asylum claim of the applicants (HRW 2018).

Criminalization of unauthorized entry into the US is not a recent development, however. “Illegal entry” has been considered a federal misdemeanor and “Illegal reentry” (entering without authorization after being deported) a federal felony since 1996 (Illegal Immigration Reform and Immigrant Responsibility Act 1996). Both have been considered federal crimes since the early twentieth century, but even after they were criminalized, the government prioritized and usually only prosecuted people with a serious prior criminal conviction who had reentered after deportation, or people (without convictions) who had repeatedly reentered after being deported (HRW 2018).

In 2005, under the George W. Bush administration, Operation Streamline was enacted. The policy demanded the criminal prosecution of unauthorized immigrants who were either entering the country for the first time or reentering,

including people with little or no criminal record and first-time migrants (HRW 2018). Between 2005 and 2013, immigration cases prosecuted in the federal court system increased 159% (VIJ 2018), with the highest amount of prosecutions being implemented between 2009 and 2014, during the Obama era (Transactional Records Access Clearinghouse [TRAC] 2017). In fact, under the Obama Administration, recent border crossings were considered enforcement priorities, and the amount of expedited removals and detention of mothers arriving with children greatly increased (Jones et al. 2017), but even under these increased prosecutions, parents traveling with their children were generally not prosecuted or separated from each other, like they were during the ZTP (HRW 2018).

Expedited removal, another policy that has been in place since the 1990s is a process by which a low-level immigration officer can deport undocumented immigrants expeditiously, without having to refer them to any kind of court, hence, acting as both prosecutor and judge, and depriving them of any opportunity for immigration relief (AIC 2017). Through his executive order of January 2017, President Trump called for a dramatic expansion of the use of expedited removals to deport undocumented immigrants arriving at the border (AIC 2017).

When families were apprehended at the border they were sent to processing centers where a single person decided whether to pursue an expedited removal for the whole family, to prosecute the parent, or to release the family so that they could continue their immigration process inside the US but not in detention (Congressional Research Service 2018). Some parents were misled or coerced into signing documents giving up their asylum rights (Examining the Failures of the Trump Administration’s Inhumane Family Separation [Examining the Failures] 2019).

As soon as it was decided that a parent would be sent for criminal prosecution for immigration-related offenses, their child was rendered unaccompanied (as if they had arrived without a parent or legal guardian, and transferred from the jurisdiction of DHS to that of the Department of Health and Human Services (DHHS), and placed in shelters run by the Office of Refugee Resettlement (ORR, a branch of DHHS) (Government Accountability Office [GAO] 2019). The decisions of what to do with the parent and whether to separate the family or not, were made arbitrarily and did not involve any kind of welfare specialist (Jones et al. 2017). Sometimes the decision of whether to detain the parent or release her depended on availability of bed space (Jones et al. 2017).

The way the separations were conducted left a lot to be desired as well. Usually neither parents nor children were told about the separation beforehand, so when it happened, it came as a surprise; they were not told where either of them were being taken to, and they were often lied to about how long they would be separated from each other (Examining the

¹ The term “unaccompanied alien child” means a child who— (A) has no lawful immigration status in the US; (B) has not attained 18 years of age; and (C) with respect to whom— (i) there is no parent or legal guardian in the US; or (ii) no parent or legal guardian in the US is available to provide care and physical custody (6 U.S.C. § 279(g) 2012).

² From 17,775 in FY2011 to 41,890 in FY2013, and to 47,017 in just the first half of FY 2014.

Failures 2019). Often these separations happened in the middle of the night and left no room for goodbyes, so children as young as eight months old could wake up to find their parent is gone, with no other source of support or explanation about the parent's whereabouts (Kaptur 2018). Additionally, sometimes siblings were separated from each other, eliminating the only other potential source of support they had after being separated from their parent. Staff were not allowed to pick up or hold the children, even when they would sob uncontrollably (Rienzi 2018).

Under ZTP, after the parents were prosecuted and sentenced (usually to time served), they were returned to the jurisdiction of Immigration and Customs Enforcement (ICE, a branch of DHS), where, if they were properly screened and identified as asylum seekers, they would remain in immigration detention or sometimes released on bond, until their immigration case was resolved. If they were not adequately identified as asylum seekers, the immigration officer could decide on an expedited removal and the parent could be deported shortly thereafter (HRW, 2018). This is, parents and children were separated sometimes for weeks or months, in the cases in which parents were released to the community and later reunited, and sometimes indefinitely, in the cases in which parents were deported without their children (Examining the Failures 2019). In these cases, parents and children resided in different countries and may not have known it because there was no reliable database or records of where each separated child was, which parent it belonged to, and where each parent of each child was located (Examining the Failures 2019). This means that often parents went for months without knowing the whereabouts of their children or if they were well and vice versa. Some still do not know where their family members are.

It is argued that the right to family unity was not adequately considered when the deportation decisions were made (Jones et al. 2017). There were no regulations that stipulate the importance of weighing humanitarian considerations, or the impact on children and family units, and there was no systemic approach to which families would be detained and which would be released (Jones et al. 2017). These policies have been said to violate basic principles of human rights and international law which the U.S. is bound by, namely the prohibition of penalizing refugees for unlawful entry or presence, and the prohibition of returning refugees, whether directly or indirectly, to the territories where their life or freedom would be threatened (better known as the non-refoulement principle) (UNHCR 2014). Additionally, these policies jeopardized due process rights given the way the prosecutions were conducted: dozens of people (sometimes more than a hundred) were charged and sentenced together in a matter of hours (when criminal prosecutions typically last months and are individualized), and they were appointed a defense attorney, with

whom they often only got to spend five or 10 min in total (HRW 2018).

After being in the shelter for around two months, children were often released to a sponsor, usually a relative (regardless of whether the child had ever met said person), to await immigration hearings (DHHS 2018). Sometimes there were no suitable sponsors to take care of the child so they were released to a foster family, and in fewer cases, they remained at the shelter until their immigration case was resolved (AILA 2014b). The fact that the children were rendered unaccompanied once separated from their parents has important legal implications. Children may qualify for different forms of immigration relief including the Special Immigrant Juvenile Status (SIJS, for children who have been abused, neglected, or abandoned by one or both parents), and asylum (for children persecuted for their identity as part of a particular social group) (Fitzpatrick and Orloff 2016). Neither children nor adults have the right to government appointed counsel for their immigration cases (Linton et al. 2018). Children rendered unaccompanied must make their own immigration case without the help of their parent, whether by themselves in court, or through their attorney if they were fortunate to be represented by one (American Civil Liberties Union [ACLU] 2016). However, children's cases were sometimes dependent upon their parent's claim, and very often children were too young to know, understand, or express why their parent decided they had to flee their home country (Examining the Failures 2019). Children may also not be able to explain how they were abused, abandoned, or neglected and some separated children are so young they cannot even talk yet (Examining the Failures 2019). Hence, children may not have been able to produce enough information to substantiate a SIJS or asylum claim and, because of it, they may have been deported to the country where their life might be at risk (Examining the Failures 2019). Given the aforementioned lack of reliable database, this may be true even in cases in which the parent had not been deported but was in immigration detention, which made it very difficult for attorneys to locate the parents for information to procure immigration relief for their child (Examining the Failures 2019). Even in cases where parents and children were located, there were no formal policies in place in terms of facilitating communication between them, so it depended greatly on voluntary efforts by service providers and/or officials (Kaptur 2018).

On June 20, 2018, the president issued an executive order retrieving the policy of separating families at the border (Shear et al. 2018), and on June 25th, CBP Commissioner Kevin McAleenan announced that the agency would stop referring every adult caught crossing the border undocumented for prosecution (Burnett 2018). On June 26, 2018, as a result of the ACLU lawsuit of *Ms. L v. U.S. Immigration and Customs Enforcement* in U.S. District Court for the Southern District of California, Judge Sabraw ordered to halt the separations and

reunify the children with their parents (GAO 2019). However, ORR reported receiving at least 118 cases of separated children since then, which indicates the separations did not stop then (U.S. Office of Inspector General [OIG] 2019). Because of the government's poor record-keeping and lack of planning, reunification has been quite a challenge and not always possible, especially considering that the parents of some of the children were deported to their home countries (Examining the Failures 2019).

The exact number of separated children and parents remains unknown because of the government's negligence in keeping records (HRW 2018). As of December 2018, DHHS had identified 2737 children who had been separated, but it also reported there might have been thousands more since 2017, even before president Trump's ZTP was officially implemented (OIG 2019). The U.S. government now estimates it may take up to two years to identify what could be thousands of children who were separated from their parents under ZTP, before they even start their reunification process (OIG 2019). Experts have called this policy a "government-sanctioned child endangerment" (Examining the Failures 2019), and ironically, even though the policy was meant to deter immigration, the separation effectively causes parents to re-migrate. (Amuedo-dorantes et al. 2015).

What Is Known about the Impact of Parent-Child Separation: An Overview of the Literature

Adding to the traumatic experiences that motivate refugee and migrant families to flee, it is the exposure of continued stress following the migration process what appears to predict negative mental health outcomes (Rasmussen et al. 2010). Immigration detention itself is a traumatic experience with inherent toxic stress, and has been shown to have deleterious effects on the physical and emotional wellbeing of migrant children, resulting in greater rates of PTSD, depression, anxiety, and developmental delays (Dudley et al. 2012). Yet, family separation has been found to be one of the most significant sources of distress among refugees and migrants. Separation from a family member in the stressful context of detention is also directly correlated with mental health outcomes of depression, PTSD symptoms, and psychological quality of life (Miller et al. 2018). Upon release, the degree to which the family's situation is stabilizing will influence the mitigation of PTSD and other impairments (Carswell et al. 2011). In this sense, family reunification has been suggested to be tantamount to prevent the further development of traumatic impact and other emotional impairments (Rousseau et al. 2001). The potential impact of parent-child separation at the border is examined in lieu of the attachment relationship, the context

within which it occurred, and the broader health and social implications.

The Role of Attachment in Child Development

One can understand the potential impact that separation from a parent may have on children in light of the role attachment plays in child development and well-being. Attachment is the emotional bond that typically forms between infant and caregiver from the time of birth (Bowlby 1973). It is described as the means by which helpless infants get their primary needs met and the needed platform of safety and comfort that allows for the child to explore, learn, and develop (Bowlby 1973). Object relations theorists sustain that early relationships with the main caretakers are the foundation of the sense of self and the capacity for relationship with others (Greenberg and Mitchell 1983). Ample empirical research has evidenced the critical role attachment plays in the development of social skills (Allen et al. 2015; Belskey and Fearon 2002), emotion regulation (Allen et al. 2015; Contreras et al. 2000), and self-concept (Goodvin et al. 2008). In fact, one of the strongest predictors of child recovering from trauma, is the parent's involvement and support during and after the events (Deblinger et al. 2012).

It is argued that an attachment figure is not entirely replaceable by another, even when the child is attached to others or may develop new attachments (Suárez-Orozco et al. 2002). In the context of an attachment of a child and the parent, there is an innate need to maintain proximity and distress may arise upon unexpected, unexplainable separation (Ainsworth 1989). Object relations theorists predict that children develop into healthy adults within the context of stable parental relationships and that ruptures in attachment relationships leads to significant developmental challenges (Winnicott 1958). Even though emphasis has traditionally been placed on infancy and pre-school years, some have argued that the reliance on the attachment relationship for foundational developmental processes continues through adolescence (Ainsworth 1989). On the basis of these theoretical bases, any disruption in primary object relations is expected to cause significant pathologies.

How Does Parent-Child Separation Impact Children?

Vast scientific evidence suggests separation from parents is among the most impactful traumatic experiences that a child can have (Bowlby 1973; Bryant et al. 2017; Miller et al. 2018). For the children separated at the border, the adverse effects are exacerbated by the frightening, sudden, chaotic, or prolonged character of the separation, as well as by the uncertainty and ambiguity of what happened to their parents. Because there is no recent precedent comparable to the conditions and circumstances by which children and parents were systematically separated at the border by our current

administration, no research exists that can fully elucidate the effects it may have on these children. However, drawing from research examining other types of parental separation and child adversity in general indicates that these children are at increased risk for emotional, behavioral, and overall health problems.

Prior research shows that children who were separated from their parents as a result of migration report significantly greater symptoms of anxiety and depression than children who had not been separated (Suárez-Orozco et al. 2011). Moreover, family separation during migration has been shown to have a negative impact on the educational success of Latin American children that goes beyond the problems experienced by all migrants (Gindling and Poggio 2008). Linkages to more severe psychopathology have also been found in studies of children “left behind” by parents who migrated to the US, such as greater levels of psychotic disorders (Paksarian et al. 2015).

Several studies on the effects of parental deportation also provide evidence of increased emotional and behavioral distress among children, including sleep problems, depression, anxiety, post-traumatic stress, and poorer grades (Allen et al. 2015; Gulbas et al. 2016; Kobak et al. 2016). From a developmental perspective, Allen et al. (2015) highlight the importance of the presence of a supportive primary caregiver for the adaptive development of social and emotional capabilities and separating the primary caregiver from the child may result in aberrant development, increased stress associated with the experience of loss and worry about the well-being of the parent. Interestingly, parents that have access to their children during separation decreases both internalizing and externalizing symptoms in children, across genders (McWey et al. 2010).

Although refugees arrived to the US with legal status, studies focusing on refugee children and families are relevant in that they escape life-threatening circumstances and venture into arduous journeys to seek safety in the US. In a recent mixed-method study of refugee families from a number of Middle Eastern and African countries settled in New Mexico, Miller and colleagues (Miller et al. 2018) examined the impact of family separation on their overall mental health. Quantitative data suggested that family separation was a major source of distress and uniquely contributed to measures of depression, anxiety, and PTSD. Moreover, qualitative data indicated family separation was experienced as fear for family still in harm's way, as a feeling of helplessness, as cultural disruption, as the greatest source of distress since resettlement, and contributing to mixed emotions around resettlement (Miller et al. 2018). Similarly, difficult separation experiences has been shown to contribute to challenges during the reunification process itself, and separated parents experience acculturative stress at higher rates once reunited (Rusch and Reyes 2012). Studies have documented that the severity of the traumatic impact of separation is mediated by being reunited with

part of the family, and exacerbated by being separated from one's entire family (Rousseau et al. 2001).

For the past few decades, a strong line of empirical research has evolved in the medical and psychological fields on the negative effect of adverse childhood experiences (ACEs) and the resulting toxic stress have on a variety of behavioral, health, and social problems (Felitti et al. 1998; Felitti 2009), and even premature death (Brown et al. 2009). This research is relevant when considering the multiple ACEs migrant children arriving at the border are exposed to at all stages of their journey to the US, long before and long after the separation from their parents occurred.

ACEs are stressful or traumatic experiences during childhood, such as physical, psychological, or sexual abuse, abandonment, neglect, and household dysfunction, parental separation, and criminal behavior (Felitti et al. 1998). Toxic stress is defined as the particular type of stress that results from the exposure to extreme, frequent, and persistent adverse events without the availability of a supportive caretaker (Harvard University Center on the Developing Child 2017). During experiences of threatened death or severe physical or emotional injury in childhood, the stress response is extreme and long-lasting, and if the protective relationship with a caretaker is unavailable, can disrupt the development of brain architecture and other organ systems permanently, and increase the risk for stress-related disease, cognitive impairment, and health problems well into the adult years (HUCDC 2017). Considering the evidence of the damage that toxic stress has, it is alarming to anticipate the potential impact of the incalculable sources of toxic stress for children and parents fleeing from Central America face before, during, and after their journey.

How Does Parent-Child Separation Impact Parents?

As particular to parent-child separation, the impact on children has been well documented. Additionally, much of the media attention on this current issue focuses, understandably so, on the child, as the child is the more vulnerable of the dyad. There is, however, limited research on this particular and specific form of traumatic loss for the parents. It is important to consider the impact of separation on the parent, both for its subsequent repercussions on the child and for the parent's own sake.

In a study of migrant parents from Angola and Nigeria living in the Netherlands, parents separated from their children reported lower subjective well-being and mental health compared to those not separated, yet the quality of the parent-child relationship was found to be a protective factor for transnational parents (Haagsman et al. 2015). Most parents separated from their children at the border remain detained. Detention is correlated with negative mental health outcomes (including PTSD, depression, anxiety, self-harm, suicidal ideation) for immigrants and refugees (O'Connor et al. 2015; Robjant

et al. 2009). Mental health conditions, such as depression and PTSD, can prevent the parent from being able to engage with their child, resulting in behavioral and emotional difficulties for children once reunified with the parent, even post-reunification (Reyes et al. 2019).

Mothers exposed to trauma have been found to be less responsive to the distress of their own child neurobiologically, described as a “disengagement” from their infant’s distress (Kim et al. 2014). The presence of unresolved trauma may not only visibly affect the mother’s attachment behaviors and emotional attunement, but also the more invisible neurobiological responses to her infant’s cues (Iyengar, Kim, Martinez, Fonagy, & Strathearn, 2014). As a result, parental symptoms of PTSD have been directly linked to their child’s insecure and/or disorganized attachment (van Ee et al. 2016). Moreover, refugee related trauma, such as war and involuntary separation, has been shown to lead to disruption of caregiving tasks and can complicate the resolution of trauma from pre-migration events (De Haene et al. 2010). On a positive note, reorganizing – synthesizing and processing their trauma – allows for parents to provide secure attachment, and their infants to have a secure attachment, because they are more able to sensitively respond to their child’s cues and expressed needs for connection (Iyengar et al. 2014).

Research evidence on the matter of forced or sanctioned separation due to removals by child welfare sheds some light on the impact separation has on these parents. United States child welfare policy holds, as its objective, reunification of children placed in foster care with their biological parents (Adoption and Safe Families Act of 1997; Adoption Assistance and Child Welfare Act of 1980). In cases of removals in the child welfare system, it is the removal itself that directly contributes to negative mental health outcomes in parents (Famularo et al. 1986). Biological parents describe experiencing grief, trauma, and rage at forced separation from their children due to removal and foster care placement (Haight et al. 2002). A qualitative study found that in cases of removal, experiences of loss were complex and besides the actual removal of their children, loss was experienced via the inability to mother children and their own identity as a mother (Nixon et al. 2013). One study looked at the impact of removal of children from care of parents that were falsely accused of abuse and/or neglect, and discovered that not only did the parents experience loss, but they were unprepared to respond to the abrupt and unexpected disruption in parenting which resulted in “multiple losses that confounded the grieving process producing an isolated, complex, and prolonged process of recovery” (Zeman 2004).

Examination of the impact of forced separation on a parent also exists in literature regarding parental incarceration. In a study concerning the burden of separation and suicidality in incarcerated parents, both mothers and fathers had high burden of separation from children during imprisonment, and

fathers had particularly higher rates of suicidality, whereas mothers had lower rates of suicidality than women that were not mothers (Krügera et al. 2017). It is worth noting that separations in the child welfare system or at parental incarceration are intensely traumatic even though the parents are given context including reasons for separation, when the separation will begin, where the child will be during the separation, and when and how the separation may end. However, as stated earlier, families subject to parent-child separations at the border, especially during ZTP, were not given any context, and more often than not, families were not informed a separation would occur.

Lastly, following their initial contact with immigration systems in the US, the parents may be less likely to interact with systems such as health care, and in turn be less likely to pursue this for their children as well. According to Smith (2018), “There’s difficulty in accessing providers that might be available. And of course there’s fear around accessing those resources, not only for repercussions on immigrant status but also the fear of removal of the children once again” (as cited in Lawson 2018). Factors such as trauma, attachment style, and mental health symptoms have been related to trust in physicians (Klest et al. 2019).

Experiences Working with Parents and Children Separated at the Border in New York

The Terra Firma Program in New York is one of the few, if not the only, community program in the US that directly serves children and parents that were separated at the border under the ZTP. The program is embedded in a federally qualified community health center in the South Bronx, a community rich with new immigrant families from Latin America, the Caribbean, and West Africa. At its core, Terra Firma originally developed in 2013 to provide services to the increasing numbers of UIC in the New York community. However, due to the parallel increase in arrival of family units, the program gradually served an increasing number of migrant parents and children, including some that were recently separated at the border. At Terra Firma, families receive co-located and coordinated medical, mental health, and legal services. The main goals of the program are to facilitate stabilization and acculturation, to promote holistic healing, to bolster sense of community and decrease social isolation, and to advocate for the needs and rights of the children and families it serves.

Once a week, a legal team made up of pro bono immigration attorneys, case managers, and paralegal and legal interns, come to the health center, where they provide legal screenings and counsel to their clients. The program’s location and co-located model has been important to its success by enhancing trust and facilitating access to multidisciplinary and multi-

sector appointments at one time and in one place. This model is centered on the principle that healthcare and legal professionals can work together on behalf of immigrant children and families in order to win legal status and promote adjustment. Terra Firma's multidisciplinary model based on close collaboration among professionals at the different areas of the child's life, promotes improved outcomes in all domains and minimizes the risk of re-traumatization.

Behavioral health interventions at Terra Firma have been designed to address the complex, multisystemic, needs of migrant children and families, including attention to the impact of compounded trauma, stabilization, normalization, acculturation, and acute stress associated to issues of resettlement such as the immigration court process, reunification with family, educational barriers, financial hardship, housing instability, etc. Interventions include a combination of trauma-informed, culturally sensitive, individual, family, and group psychotherapy, but extend to active participation of the therapist in the immigration court process. With consent from the families, therapists collaborate closely with the immigration attorney to support children and parents in the process of articulating their trauma histories, necessary for their applications for legal relief. The therapist's role is also crucial in documenting the reasons that brought children and families to the US and to attest to the risks they would face upon return to their home countries. In this sense, due to the expertise in treating UIC and family units, including those separated at the border, the Terra Firma team has been highly involved in advocacy, providing expert testimony to highlight the impact of current immigration enforcement practices and to support policy change. Specifically, the Terra Firma team collaborated with the ACLU on the lawsuit of *Ms. L v. U.S. Immigration and Customs Enforcement in U.S. District Court for the Southern District of California*, which resulted in the judge's ruling against separations in June of 2018. The Terra Firma team also testified on the impact of the separations before a Committee of the U.S. House of Representatives in February of 2019.

From its inception, the Terra Firma staff has been highly involved in advocacy initiatives at different levels: from addressing social determinants of health in the direct therapeutic work (e.g., immigration, housing, education, etc.) to collaborating with professionals in other systems (e.g. legal, medical, educational, social services, etc.). For example, therapists collaborated with pro-bono immigration attorneys by providing mental health evaluations of separated children who remained in foster care in New York City, and whose parents had been either deported or released to other states. In these cases, immigration attorneys became the main advocates for the children's release and reunification with their parent or a legal sponsor.

The following are examples of families that were separated at the border through ZTP and who receive services through the Terra Firma program. The aim here is to illustrate firsthand

the impact of separation on these children and parents. The names and identifying details of the parents have been modified to ensure confidentiality:

Lidia, an indigenous woman from Honduras, was held hostage and sexually assaulted by a gang member who was being chased by the police in her neighborhood. The kidnapping and assault happened in her own home and in front of her two year-old son. After the gang member escaped, she received a message saying "leave or be killed." Fearing for her and her son's life, Lidia made the difficult journey to the US with her son. After crossing the border they were apprehended by CBP officers and taken to a processing center in Eagle Pass, Texas, where they spent the night in a cold cell. While her son was still asleep, the guards took Lidia away from her cell and, despite her pleas, did not allow her to wake him up to say goodbye or to explain they were going to be separated. They told her she was being taken to sign documents and would return to her son. Lidia was, in fact, taken to another detention facility, alone. When her two year-old woke up, he was alone in the cell, without any information or any source of support in sight. A nine year-old cousin was being held at a cell nearby and reported Lidia's son sobbed alone in the cell for hours. "This is what happens when you come to my country" is what Lidia was told when she begged to be reunited with her son. She was moved to three different detention centers before being sent to one in New York. After a month without any information of the whereabouts of her son, or any contact or communication with him, they were reunited in New York City. Once in therapy at Terra Firma, Lidia expressed difficulty connecting with her son out of fear that, if immigration authorities separate them again via detention or deportation, being attached would potentially contribute to re-traumatization. This reflects the great impact the trauma of separation continues to have on Lidia and her ability to provide secure attachment to her son. Lidia presented with and continues to have severe symptoms of PTSD, anxiety, and depression.

Felicia is a six year-old girl from El Salvador who came to the U.S. with her mother in mid-September 2018 (after the policy had been supposed to have ended). Her mother was hospitalized upon arrival because she had injured her leg when crossing the border and needed medical attention. Felicia was sent to New York without explanation or warning. Felicia's mother was released and they were able to speak via phone, but they were not allowed to see each other until months later. During the evaluation at Terra Firma, Felicia could not remember how old she was or where in El Salvador she was from, which is uncommon for children her age. In addition to regression, she presented as in desperate need of affection as she threw herself into the therapist's arms and cried inconsolably when asked about the separation.

Laura is a single mother from Honduras who traveled to US with teenage daughter, Carla. Laura and Carla were initially held in separate locations in detention. Upon returning

from a court visit, Laura learned her daughter had been released from the facility. She was not told where, why, how, or to whom. When she cried and begged for her daughter, she was ignored. They were separated for over three months without any contact, while Carla was in foster care. Their first contact was via phone during which Carla told her mother she forgot what she looked like, cried endlessly, and expressed not wanting to continue living. Carla also informed her mother she was told by those that were caring for her that her mother did not want to be with her or else she would not have come to the US. At her Terra Firma mental health assessment, Laura presented as if in acute stress six months after she had been reunited with her daughter. She described significant disorientation and de-realization since her release. She was unable to recall how she had arrived to certain places, and got often lost on public transportation or while walking the street.

Francis was a Honduran mother who migrated with two children after surviving a difficult journey to the US, fleeing political violence. At the Terra Firma mental health assessment, one of Francis' concerns was to learn what had happened to her daughter and son in foster care, which she had been too scared to ask about. The siblings were placed in separate foster homes. They siblings did not have contact with each other and neither had contact with the mother for over three months. The family was then reunited in the detention center in Texas, where they then spent the next four months. Her son identified the separation as the most upsetting and lasting traumatic event that has ever happened to him, despite the many other traumatic experiences he has experienced (domestic violence toward his mother, community violence, uncle assaulting family members with weapons), several of which were reasons the family left Honduras. At her mental health assessment at Terra Firma, Francis' daughter stated that while she was sad and desperate during their separation, she always knew her mother would come for her.

Observations Working with Separated Children and Parents

Though generalizations may not be drawn from the limited amount of separated families seen at Terra Firma (total of 19 to date) to the thousands of families across the country, insights may be gathered from our direct work with families released in New York. On the one hand, the impinging trauma of the recent separation appears to weigh heavily on these parents and children in ways that thwart their ability to function and adjust in their new environment. On the other, the vast majority of these families face a great amount of post-release stressors, including barriers to legal representation, housing and food insecurity, lack of financial and social supports, isolation, language barriers, lack of knowledge of the transportation and education systems, and lack of day care services for their children. Additionally, most separated children and

parents in our program come from indigenous or African-descendent communities and struggle post-release with the double burden of being discriminated against for their undocumented status as well as their ethno-racial complexion.

It is clinically difficult, if not unethical, to attempt deep therapeutic work on the post-traumatic effects without their basic needs for food, shelter, and integration being met. For this reason, a significant focus at Terra Firma is to provide sensible case management and legal services to help address these safety concerns. Moreover, and largely conditioned by these post-release stressors, compliance and commitment to weekly psychotherapy sessions weakens. This challenges continuity of therapeutic care and calls for greater effort on the part of clinicians to coordinate their services with other professionals so as to mitigate these barriers.

Despite the often harrowing migration experiences, it is important to note that immigrant children and families appear to have a remarkable capacity for resilience and positive long-term adjustment, particularly when given access to the right tools and support (Paris et al. 2018). It has been our observation that migrant families crossing the southern border tend to identify with narratives of strength through adversity rather than victimization, and actively rely on certain identity and cultural resources that promote adaptation, such as strong family and community values, religious faith, humility and work ethics, and even humor. Therefore, a broader strengths-based approach that looks beyond a narrow psychopathological lens, becomes crucial in designing interventions and helping these families heal and thrive.

Conclusion and Recommendations

Though the exact outcome of the ZTP on the well-being of children and parents may not be accurately predicted, the research and direct clinical evidence presented in this paper renders little doubt that severe traumatic impact occurs with likely enduring consequences. Experiences in treating separated children and parents at the Terra Firma program provide clear examples of the short-term damage, and decades of research evidence confirm concerns about the likely long-term impact. It is the position of renowned professional organizations like the American Psychological Association and the American Pediatric Association that children migrating with their parents should never be detained, and less so separated from a parent, unless a pertinent family court makes that determination (American Academy of Pediatrics 2018; American Psychological Association 2018). Policy makers and administrators can design institutional procedures that respect the rights of migrant children and minimize the emotional damage that may come with migration, apprehension at the border, and resettlement in the

community. Similarly, service providers and administrators in the community may play a crucial role in mitigating the distress of displacement and alleviate the consequences of past and recent trauma for children and families fleeing for their lives. This article provides ample historical, scholarly, empirical, and direct case-study evidence of both the unjustified, race-based character of the ZTP, as well as evidence of damaging, likely life-long effect it is having on children and parents separated at the border. To conclude, relevant recommendations are delineated for professionals, legislators, and the community as a whole:

- Separation of a child from a parent should be avoided and limited to situations of clear concerns for the safety of the child at the hand of the parent. Proper protocols should be developed that ensure separations only occur as a result of judicial orders from a family court judge or determined by professionals adequately trained in child welfare practices.
- ICE procedures should be informed by and adapted to integrate child welfare guidelines. The Administration for Children and Families, a division of the Department of Health and Human Services, has a long history of defining and implementing policies regarding the assessment of risk of child abuse or neglect, as well as the protective measures necessary to safeguard the rights of children and families.
- When separations are warranted, they should be implemented only by properly trained staff. Separations should occur in a child-friendly environment that minimizes the sense of powerlessness and promotes safety. Parents and children should be provided with proper context and explanation for the separation, its duration, and the potential impact it may have on them. Child-friendly visitation practices during the separation and additional means of contact between children and their parents should be facilitated. Finally, siblings should be kept together, regardless of the age difference or gender.
- Facilitate reunifications of children that remain separated as a result of the ZTP promptly. Reunifications should occur in a child-friendly environment and not in ICE detention or processing facilities. Trained personnel should facilitate reunifications in a safe manner, providing context to both children and parents as well as psychoeducation to the parent about the potential traumatic reactions they may observe as a result of the trauma.
- Establish a monitoring system by an independent entity that ensures the adequate implementation of child-welfare practices.
- Develop an integrated database that ensures proper tracking of parents and children by ICE and ORR in order to facilitate continued contact between parent and child and prompt reunification.
- Provide reparative measures and supports to parents separated from their children at the border as a result of the ZTP, including those released and reunited with their children in the community and those deported to their home countries by procuring a fair chance at immigration court, and ensuing post-release support services that promote integration. Support services should include case management to assist families during their process of settling in the community with their basic needs, e.g. housing, food, access to legal services, primary healthcare and mental health services.
- Children and families should have access to free legal counsel throughout the immigration pathway. No child, whether accompanied or unaccompanied, should ever represent himself or herself in court.
- Reunification alone will not reverse the effects of separation. Facilitate access to culturally sensitive, linguistically appropriate, and trauma-informed mental health services (including sensitive assessment tools) to the affected children, detained parents, caregivers, and other family members throughout and following detention. The National Child Traumatic Stress Network (NCTSN) provides useful resources and guidelines on how to work with specific vulnerable populations (see <https://www.nctsn.org/>). A combination of individual, family and group psychotherapy is critical to address the complex and multisystemic difficulties associated with PTSD, attachment ruptures, and acculturative stress.
- Promote the longitudinal examination of the health consequences of separation on children and parents will be determinant in further informing policy and guidelines in immigration practice.
- Provide health insurance to released children and parents to promote access to primary and specialty medical care, as well as mental health services.
- Given the complexity of needs in the different life domains (e.g. physical health, mental health, legal, and social) professionals and institutions should make efforts to create systems of coordination that facilitates communication among service providers in the different domains. It is recommended to adapt the co-located, coordinated, model at Terra Firma to different settings and communities so legal, medical, mental health, and other professionals can collaborate and assist families holistically. [6]

References

- 6 U.S. Code § 279(g) (2012).
- Adams, D. W. (1995). *Education for extinction: American Indians and the boarding school experience, 1875–1928*. Lawrence: University Press of Kansas.

- Ainsworth, M. (1989). Attachments beyond infancy. *American Psychologist*, 44, 709–716.
- Allen, B., Cisneros, E. M., & Tellez, A. (2015). The children left behind: The impact of parental deportation on mental health. *Journal of Child and Family Studies*, 24, 386–392.
- American Academy of Pediatrics. (2018). *AAP Statement on executive order on family separation*. Retrieved from: <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Statement-on-Executive-Order-on-Family-Separation.aspx>.
- American Civil Liberties Union. (2016). *J.E.F.M. V Lynch*. Retrieved from <https://www.aclu.org/cases/jefim-v-lynch>
- American Immigration Council. (2015). A guide to children arriving at the border: Laws, policies and responses. *Special Report*. Retrieved from https://www.americanimmigrationcouncil.org/sites/default/files/research/a_guide_to_children_arriving_at_the_border_and_the_laws_and_policies_governing_our_response.pdf
- American Immigration Council. (2017). *A primer on expedited removal*. Retrieved from <https://www.americanimmigrationcouncil.org/research/primer-expedited-removal>
- American Immigration Lawyers Association. (2014a). AILA statement for house judiciary committee hearing on unaccompanied children. Doc. No. 14062447. Retrieved from <https://www.aila.org/infonet/aila-statement-house-judiciary-hearing-on-uacs>.
- American Immigration Lawyers Association. (2014b). *AILA recommendations on legal standards and protections for unaccompanied children*. Doc. No. 14070847. Retrieved from <https://aila.org/infonet/recommendations-legal-standards-protections-uacs>.
- American Psychological Association. (May, 2018). *Statement of APA president regarding the traumatic effects of separating immigrant families*. Retrieved from: <https://www.apa.org/news/press/releases/2018/05/separating-immigrant-families>
- Amuedo-dorantes, C., Pozo, S., & Puttitanun, T. (2015). Immigration enforcement, parent-child separations, and intent to remigrate by central American deportees. *Demography*, 52, 1825–1851.
- Belsky, J., & Fearon, R. M. (2002). Early attachment security, subsequent maternal sensitivity, and later child development: Does continuity in development depend upon continuity of caregiving? *Attachment and Human Development*, 4, 361–387.
- Bowlby, J. (1973). *Separation: Anxiety and anger*. New York: Basic Books.
- Brown, D. W., Anda, R. F., Tiemeier, H., Felitti, V. J., Edwards, V. J., Croft, J. B., & Giles, W. H. (2009). Adverse childhood experiences and the risk of premature mortality. *American Journal of Preventive Medicine*, 37, 389–396.
- Bryant, R. A., Creamer, M., O'Donnell, M., Forbes, D., Felmingham, K. L., Silove, D., Malhi, G., van Hoof, M., McFarlanes, A. C., & Nickerson, A. (2017). Separation from parents during childhood trauma predicts adult attachment security and post-traumatic stress disorder. *Psychological Medicine*, 47, 2028–2035.
- Burnett, J. (2018). *Overwhelmed customs and border protection halts 'zero tolerance' for migrants*. National Public Radio. Retrieved from <https://www.npr.org/2018/06/26/623451388/trumps-zero-tolerance-policy-overwhelms-border-agents>
- Carswell, K., Blackburn, P., & Barker, C. (2011). The relationship between trauma, post-migration problems and the psychological well-being of refugees and asylum seekers. *International Journal of Social Psychiatry*, 57, 107–119.
- Congressional Research Service. (2018). *An overview of U.S. immigration laws regulating the admission and exclusion of aliens at the border*. Retrieved from <https://fas.org/sgp/crs/homesec/LSB10150.pdf>
- Conteras, J. M., Kems, K. A., Weimer, B. L., Gentzler, A. L., & Tomich, P. L. (2000). Emotion regulation as a mediator of associations between mother-child attachment and peer relationships in middle childhood. *Journal of Family Psychology*, 14, 111–124.
- De Haene, L., Grietens, H., & Verschueren, K. (2010). Adult attachment in the context of refugee traumatization: The impact of organized violence and forced separation on parental states of mind regarding attachment. *Attachment & Human Development*, 12, 249–264.
- Deblinger, E., Behl, L. E., & Glickman, A. R. (2012). Trauma-focused cognitive-behavioral therapy for children who have experienced sexual abuse. In P. C. Kendall (Ed.), *Child and adolescent therapy: Cognitive-behavioral procedures* (pp. 345–375). New York: Guilford Press.
- Dudley, M., Steel, Z., Mares, S., & Newman, L. (2012). Children and young people in immigration detention. *Current Opinion in Psychiatry*, 25, 285–292.
- Eguizábal, C., Ingram, M. C., Curtis, K. M., Korthuis, A., Olson, E. L., & Phillips, N. (2015). Crime and violence in Central America's northern triangle: How U.S. policy responses are helping, hurting and can be improved. Retrieved from Woodrow Wilson Center website: https://www.wilsoncenter.org/sites/default/files/FINAL%20PDF_CARSI%20REPORT_0.pdf.
- Examining the Failures of the Trump Administration's Inhumane Family Separation Policy. (2019). Hearing before the Subcommittee on Oversight and Investigations of the House Committee on Energy and Commerce. 116th Cong. Retrieved from <https://energycommerce.house.gov/committee-activity/hearings/hearing-on-examining-the-failures-of-the-trump-administration-s-inhumane>
- Famularo, R., Barnum, R., & Stone, K. (1986). Court-ordered removal in severe child maltreatment: An association to parental major affective disorder. *Child Abuse & Neglect*, 10, 487–492.
- Felitti, V. (2009). Adverse childhood experiences and adult health. *Academy of Pediatrics*, 9, 131–132.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine*, 14, 245–258.
- Fitzpatrick, M., & Orloff, L. (2016). Abused, abandoned, or neglected: Legal options for recent immigrant women and girls. *Journal of Law and International Affairs*, 4, 614–685.
- Gindling, T., & Poggio, S. (2008). Family separation and reunification as a factor in the educational success of immigrant children. *Journal of Ethnic and Migration Studies*, 38, 9–104.
- Goodvin, R., Meyer, S., Thompson, R. A., & Hayes, R. (2008). Self-understanding in early childhood: Associations with child attachment security and maternal negative affect. *Attachment and Human Development*, 10, 433–450.
- Greenberg, J. R., & Mitchell, S. A. (1983). *Object relations in psychoanalytic theory*. Cambridge: Harvard University Press.
- Gulbas, L. E., Zayas, L. H., Yoon, H., Szlyk, H., Aguilar-Gaxiola, S., & Natera, G. (2016). Deportation experiences and depression among U.S. Citizen-children with undocumented Mexican parents. *Child: Care, Health and Development*, 42, 220–230.
- Haagsman, K., Mazzucato, V., & Dito, B. B. (2015). Transnational families and the subjective well-being of migrant parents: Angolan and Nigerian parents in the Netherlands. *Ethnic and Racial Studies*, 38, 2652–2671.
- Haight, W. L., Black, J. E., Mangelsdorf, S., Giorgio, G., Tata, L., Schoppe, S. J., & Szweczyk, M. (2002). Making visits better: The perspectives of parents, foster parents, and child welfare workers. *Child Welfare*, 81, 173–202.
- Harvard University Center on the Developing Child. (2017). *Toxic stress*. Retrieved from https://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response/
- Homeland Security Act. (2002), Pub. L. 107–296, title IV, §462(g), codified in 6 USC § 279(g).
- Human Rights Watch. (2018). *Q&A: Trump administration's "zero-tolerance" immigration policy*. Retrieved on December 20, 2018 from <https://www.hrw.org/news/2018/08/16/qa-trump-administrations-zero-tolerance-immigration-policy>

- Illegal Immigration Reform and Immigrant Responsibility Act. (1996). IIRIRA §§305, 309(d)(2), Pub. L. No. 104-208, 110 Stat. 3009 (Sept. 30, 1996), codified at 8 U.S.C. §1325 (penalties for entering without authorization) and §1326 (felony penalties for reentering without inspection and having a prior removal order).
- Indian Child Welfare Act of 1978 §1214, 25 U.S.C. §§ 1901-63 (1977-1978).
- Iyendgar, U., Kim, S., Martinez, S., Fonagy, P., & Strathearn, L. (2014). Unresolved trauma in mothers: Intergenerational effects and the role of reorganization. *Frontiers in Psychology*, 5, 1–9.
- Jones, J., Obser, K., & Podkul, J. (2017). Betraying family values. Retrieved from <https://supportkind.org/resources/betraying-family-values/>
- Kaptur, M. (2018). Children Headed to Michigan. *Congressional Record*, 164 (104) U.S. Government Publishing Office. Retrieved from <https://www.govinfo.gov/content/pkg/CREC-2018-06-21/html/CREC-2018-06-21-pt1-PgH5488.htm>.
- Kim, S., Fonagy, P., Allen, J., & Strathearn, L. (2014). Mothers' unresolved trauma blunts amygdala response to infant distress. *Social Neuroscience*, 9, 352–363.
- Klest, B., Tamaian, A., & Boughner, E. (2019). A model exploring the relationship between betrayal trauma and health: The roles of mental health, attachment, trust in healthcare systems, and nonadherence to treatment. *Psychological Trauma: Theory, Research, Practice, and Policy*.
- Kobak, R., Zajac, K., & Madsen, S. D. (2016). Attachment disruptions, reparative processes, and psychopathology: Theoretical and clinical implications. In J. Cassidy & P. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 25–39). NY: Guilford Press.
- Krügera, S., Priebe, S., Fritsch, R., & Mundt, A. P. (2017). Burden of separation and suicide risk of prisoners with minor children. *International Journal of Law and Psychiatry*, 52, 55–61.
- Lajimodiere, D.K. (2014). American Indian boarding schools in the United States: A brief history and their current legacy. In Institute for the Study of Human Rights, Columbia University (Ed) *Indigenous peoples' access to justice, including truth and reconciliation processes* (pp. 255–261). Retrieved from <https://doi.org/10.7916/D8GT5MIF>.
- Lawson, K (2018). The lasting impact family separation can have on parents. Retrieved from: https://broadly.vice.com/en_us/article/j5nqzg/the-lasting-impact-family-separation-can-have-on-parents.
- Linton, J., Kennedy, E., Shapiro, A., & Griffin, M. (2018). Unaccompanied children seeking safe haven: Providing care and supporting well-being of a vulnerable population. *Children and Youth Services Review*, 92, 122–132.
- McWey, L. M., Acock, A., & Porter, B. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. *Children and Youth Services Review*, 32, 1338–1345.
- Migration Policy Institute. (2018). Trump's first year on immigration policy: Rhetoric vs. reality. Retrieved from <https://www.migrationpolicy.org/research/trump-first-year-immigration-policy-rhetoric-vs-reality>.
- Miller, A., Hess, J. M., Bybee, D., & Goodkind, J. R. (2018). Understanding the mental health consequences of family separation for refugees: Implications for policy and practice. *American Journal of Orthopsychiatry*, 88, 26–37.
- Nagata, D. K., Kim, J. H. J., & Wu, K. (2019). The Japanese American wartime incarceration: Examining the scope of racial trauma. *American Psychologist*, 74, 36–48.
- Nixon, K. L., Radtke, H. L., & Tutty, L. M. (2013). Every day it takes a piece of you away: Experiences of grief and loss among abused mothers involved with child protective services. *Journal of Public Child Welfare*, 7, 172–193.
- O'Connor, K., Thomas-Duckwitz, C., & Nuñez-Mchiri, G.G. (2015). No safe haven here: Mental health assessment of women and children held in US immigration detention. Retrieved from http://www.uusc.org/sites/default/files/mental_health_assessment_of_women_and_children_u.s._immigration_detention.pdf.
- Paksarian, D., Eaton, W. W., Mortensen, P. B., Merikangas, K. R., & Pedersen, C. B. (2015). A population-based study of the risk of schizophrenia and bipolar disorder associated with parent-child separation during development. *Psychological Medicine*, 45, 2825–2837.
- Paris, M., Antuña, C., Baily, C. D. R., Hass, G. A., Muñoz de la Peña, C., Silva, M. A., & Srinivas, T. (2018). Vulnerable but not broken: Psychosocial challenges and resilience pathways among unaccompanied children from Central America. Retrieved from <https://cillas.uoregon.edu/wp-content/uploads/2018/08/Vulnerable-But-Not-Broken-Final-Report-Aug-2018.pdf>.
- Rasmussen, A., Nguyen, L., Wilkinson, J., Vundla, S., Raghavan, S., Miller, K. E., & Keller, A. S. (2010). Rates and impact of trauma and current stressors among Darfuri refugees in eastern Chad. *The American Journal of Orthopsychiatry*, 80, 227–236.
- Reyes, A. N., de Lima Bach, S., do Amaral, P. L., Jansen, K., Molina, M. R. A. L., Spessato, B. C., & Azevedo da Silva, R. (2019). Emotional and behavioral problems in children of depressed mothers: A school-based study in southern Brazil. *Psychology Health and Medicine*, 24, 14–20.
- Rienzi, G. (2018). Separated: Toxic stress and child development under 'zero-tolerance' immigration policies. Johns Hopkins University. Retrieved from <https://hub.jhu.edu/2018/09/18/family-separation-child-development/>.
- Robjant, K., Hassan, R., & Katona, C. (2009). Mental health implications of detaining asylum seekers: Systematic review. *The British Journal of Psychiatry*, 194, 306–312.
- Rousseau, C., Mekki-Berrada, A., & Moreau, S. (2001). Trauma and extended separation from family among Latin American and African refugees in Montreal. *Psychiatry: Interpersonal and Biological Processes*, 64, 40–59.
- Rusch, D., & Reyes, K. (2012). Examining the effects of Mexican serial migration and family separations on acculturative stress, depression, and family functioning. *Hispanic Journal of Behavioral Sciences*, 35, 139–158.
- Shear, M., Goodnough, A., & Haberman, M. (2018). Trump retreats on separating families, but thousands may remain apart. New York Times. Retrieved from <https://www.nytimes.com/2018/06/20/us/politics/trump-immigration-children-executive-order.html>
- Suárez-Orozco, C., Todorova, I. L. G., & Louie, J. (2002). Making up for lost time: The experience of separation and reunification among immigrant families. *Family Process*, 41, 625–643.
- Suárez-Orozco, C., Bang, H. J., & Kim, H. Y. (2011). "I felt like my heart was staying behind": Psychological implications of immigrant family separations and reunifications. *Journal of Adolescent Research*, 26, 222–257.
- Tappan, L. (1850). *The fugitive slave bill; its history and unconstitutionality: With an account of the seizure and enslavement of James Hamlet, and his subsequent restoration to liberty*. Oxford: Oxford University Press.
- Transactional Records Access Clearinghouse. (2017) *Criminal immigration prosecutions down 14% in FY 2017*. Retrieved from <https://trac.syr.edu/tracreports/crim/494/>
- U.S. Department of Health & Human Services, Administration for Children & Families, Unaccompanied Alien Children Program. (2018). *Fact sheet*. Retrieved from https://www.acf.hhs.gov/sites/default/files/orr/orr_fact_sheet_on_unaccompanied_alien_childrens_services.pdf
- U.S. Department of Homeland Security. Customs & Border Protection. (2018). U.S. border patrol southwest border apprehensions by sector FY2018. Retrieved from <https://www.cbp.gov/newsroom/stats/usbp-sw-border-apprehensions>

- U.S. Department of Justice. (2018). *Attorney general announces zero-tolerance policy for criminal illegal entry*. Press release 18-417. Retrieved from: <https://www.justice.gov/opa/pr/attorney-general-announces-zero-tolerance-policy-criminal-illegal-entry>
- U.S. Government Accountability Office. (2019). Unaccompanied children. Agency efforts to identify and reunify children separated from parents at the border. Retrieved from <https://www.gao.gov/assets/700/696788.pdf>
- U.S. Office of Inspector General. (2019). Many children separated from parents, guardians before 'Ms. L. v. ice' court order and some separations continue. Retrieved from <https://www.oig.hhs.gov/newsroom/news-releases/2019/uac.asp>
- United Nations High Commissioner for Refugees (2014). Children on the run: Unaccompanied children leaving Central America and Mexico and the need for international protection. Retrieved from http://www.unhcrwashington.org/sites/default/files/1_UAC_Children%20on%20the%20Run_Full%20Report.pdf
- van Ee, E., Kleber, R. J., Jongmans, M. J., Mooren, T. T. M., & Out, D. (2016). Parental PTSD, adverse parenting and child attachment in a refugee sample. *Attachment & Human Development, 18*, 273–291.
- Vera Institute of Justice. (2018). Operation streamline: No evidence that criminal prosecution deters migration. Retrieved from <https://www.vera.org/publications/operation-streamline>
- Winnicott, D. W. (1958). *Through pediatrics to psycho-analysis*. London: Hogarth Press.
- Zeman, L. D. (2004). Etiology of loss among parents falsely accused of abuse or neglect. *Journal of Loss and Trauma, 10*, 19–31.

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