

Effects of Harmful Immigration Practices/Systemic Triggers on Refugee and Immigrant Support Services: How to Respond and Reduce the Trauma and Fear

Asian Americans for Community Involvement

Amana Ayoub, Psy.D.
Licensed Clinical Psychologist
Senior Staff Clinician, Center for Survivors of Torture (CST)
dramanaayoub@gmail.com
415 244-4023

Stacie Papineau, Ph.D.
Program Manager/Clinical Supervisor
stacie.papineau@aaci.org
619-363-5399

I. TRAUMATIC FACTORS PRE-ARRIVAL

- A. Refugee/Asylum Seeker Experience (versus Immigrant):
Active PTSD/Terror is why they are fleeing**
- B. Conditions in Home Country**
- C. Socio-political Repression**
- D. Police and Government Corruption and Indifference**
- E. Pre-trauma histories of Child Abuse: Physical, Emotional and
Sexual**
- F. Family and “Domestic” Violence**
- G. Gender and Power Dynamics**
- H. Gang Violence and Narco Cartels**

II. TRAUMA DURING THE JOURNEY

- A. Dangers of Coyote Transportation**
- B. Physical Dangers: Temperature, Starvation, Dehydration, Confinement, Falling off Trains**
- C. Sexual Assaults**
- D. Impact of Witnessing Rape and Violence to Others (Added Survivor Guilt)**
- E. Kidnapping and Extortion by Coyotes and Criminal Gangs**

III. TRAUMA OF CHILDREN BEING HELD IN DETENTION

- A. Preexisting PTSD is Triggered and Exacerbated**
- B. Conditions in Detention**
- C. Abuses of Power by Detention Guards**
- D. The Stress of Indefinite Confinement**
- E. Extended Families Terrified to Come Forward**

U.S. citizen children of undocumented parents suffer from clinical levels of depression, separation anxiety, and low self-esteem.

The fear and threat of deportation can have a devastating impact, plunging children into a state of constant dread and hypervigilance.

**—Joanna Derby, sociologist,
University of Albany**



TRAUMA OF HARMFUL IMMIGRATION PRACTICES

- **CHILD-PARENT SEPARATIONS AT BORDER**
- **UNACCOMPANIED MINORS SENT TO REUNITE WITH FAMILY OR TO FEND FOR THEMSELVES**
- **UNACCOMPANIED MINORS HELD IN PRIVATELY CONTRACTED FACILITIES WITH INADEQUATE OVERSIGHT: PHYSICAL ABUSE, EMOTIONAL/VERBAL ABUSE, SEXUAL EXPLOITATION**
- **UNDOCUMENTED CHILDREN WHO FEAR THEIR FAMILIES WILL BE DEPORTED**
- **US BORN CITIZEN CHILDREN & TEENS WHO FEAR THEIR PARENT(S), SIBLINGS, EXTENDED FAMILY WILL BE DEPORTED**
- **DACA APPLICANTS WHO'VE BEEN OFFERED HOPE AND NOW FEAR**
- **FAMILIES WORRYING HOW THEY ARE GOING TO SURVIVE WITH ONE OR MORE PARENT... NOT ONLY EMOTIONALLY, BUT LOGISTICALLY.**



U.S.
BORDER
PATROL





Immigration Center in McAllen, TX

**



Immigration enforcement—and the threat of such actions—can negatively impact a child’s long-term health and development

(Details in Appendix)

- **Millions of US Citizen Children Have Unauthorized Parents & Family Members**
- **Mental: PTSD, Chronic Depression, Panic Disorder**
- **Physical: Increased Risk of Cancer, Stroke, Diabetes, Heart Disease**
- **Separation Anxiety following a raid or arrest: increased crying and fear, sleep and appetite disturbance, demonstrably more anxious, withdrawn, clingy, angry, or aggressive**
- **Stress on Pregnant Women leads to premature births, underweight babies**
- **Fear and uncertainty among immigrant families leads to decreased participation in the health coverage programs like Medicaid**
- **Citizen children are more likely to be uninsured if they have an immigrant parent than children with US-born parents.**

Children who reside in communities that partner with ICE or are the focus of ICE raids experience negative educational outcomes

(Details in Appendix)

- **Communities who choose to partner with ICE/law enforcement have larger displacement of Hispanic students— Families choose to leave or avoid moving to them**
- **Large-scale ICE enforcement can impact school attendance for students with friends or family members affected by raids.**
- **Education concerns related to immigration enforcement include:**
 - * **Student absences**
 - * **Decline in academic performance**
 - * **Less involvement from parents**

The detention or deportation of a parent puts children at risk of economic instability

(Details in Appendix)

- **Increases in immigration enforcement linked to higher poverty rates among US children with unauthorized parents**
- **One study showed median income dropping by 50% with deportation of undocumented family member**
- **Another study found in six US locations found average income dropped 70 percent within six months of a parent's immigration-related arrest, detention, or deportation**
- **Ability to afford housing becomes more tenuous: Eviction, Foreclosure, Relocations**

Children may end up in the child welfare system following the detention or deportation of their parent(s)

(Details in Appendix)

- **Parental rights and children's well-being disrupted by deportation**
- **There are limited mechanisms to safeguard parental rights. . . incredibly difficult to regain following detention or deportation**
- **All parents have the right to receive a notification of custody proceedings affecting their children, attend such proceedings, and receive copies of related court documents. . .**

However, IN PRACTICE, there are few enforceable, permanent policies in place to protect those rights

- **Protections put in place in 2013 were replaced in 2017 with a new “Detained Parents Directive” only requiring ICE to “be cognizant of the impact enforcement actions have”**

- **ICE is not required to inform CPS of the child's parents' whereabouts**
- **Extended family may be afraid to come forward and claim children if they are also undocumented**
- **Parents with a final deportation order must make the difficult decision of whether to bring their children—including U.S. citizen children— with them. While the government does not track whether U.S. citizen children stay in the United States or leave with a deported parent, both scenarios occur and pose challenges**

**OUR
PARENTS
ARE NOT**

CRIMINALS

I
MY MOM
DAD...

TOXIC STRESS RESPONSE

Just knowing that your parents are undocumented, even if they are not in the process of deportation, produces a state of persistent stress which has both physical, as well as psychological and emotional consequences.

The Stress of Indefinite Confinement

“There’s this flight-or-fight response that people talk about all the time, that is designed for people to respond to an emergency. Your body is not designed to be in that state 24/7, for days on end. And so when that happens, there is release of stress hormones, like cortisol that can ultimately cause severe damage to the brain and body.”

—Julie Linton, co-chair of the American Academy of Pediatrics Immigrant Health Special Interest Group

*That level of “**toxic stress**” can increase children’s risk for illnesses like depression, diabetes and even heart disease.

“She couldn’t have been more than two years old. Just crying and pounding and having a huge, huge temper tantrum. This child was just screaming, and nobody could help her. And we know why she was crying. She didn’t have her mother. She didn’t have her parent who could soothe her and take care of her.”

—Dr. Colleen Kraft, president of the American Academy of Pediatrics, visiting a shelter for migrant children in Texas

IV. TRAUMA OF FAMILY SEPARATION ON CHILDREN

- A. Neurological Trauma
- B. Feelings of Abandonment
- C. Attachment Disorder and Separation Anxiety
- D. Feelings of Being Punished
- E. Loss of Safety in the World and Trust in Others
- F. Vulnerability to Exploitation and Abuse

“It’s not like an auto body shop where you fix the dent and everything looks new. We’re talking about children’s minds. Our government should be paying for this. We did the harm; we should be responsible for fixing the damage. But the sad thing for most of these kids is this trauma is likely to go untreated.”

—Luis H. Zayas,
Professor of Social Work and Psychiatry,
University of Texas, Austin

Physiological & Neurological Damage: How does Toxic Stress Impact Brain Development

- Children separated from their parents in their first two years of life scored significantly lower on IQ tests later in life
- Overactive Limbic System, Impaired Frontal Cortex
- The neurons that fire together, wire together
- Traumatic memories are strongly encoded, easily triggered
- Traumatic Stress in children creates a brain WIRED FOR FEAR

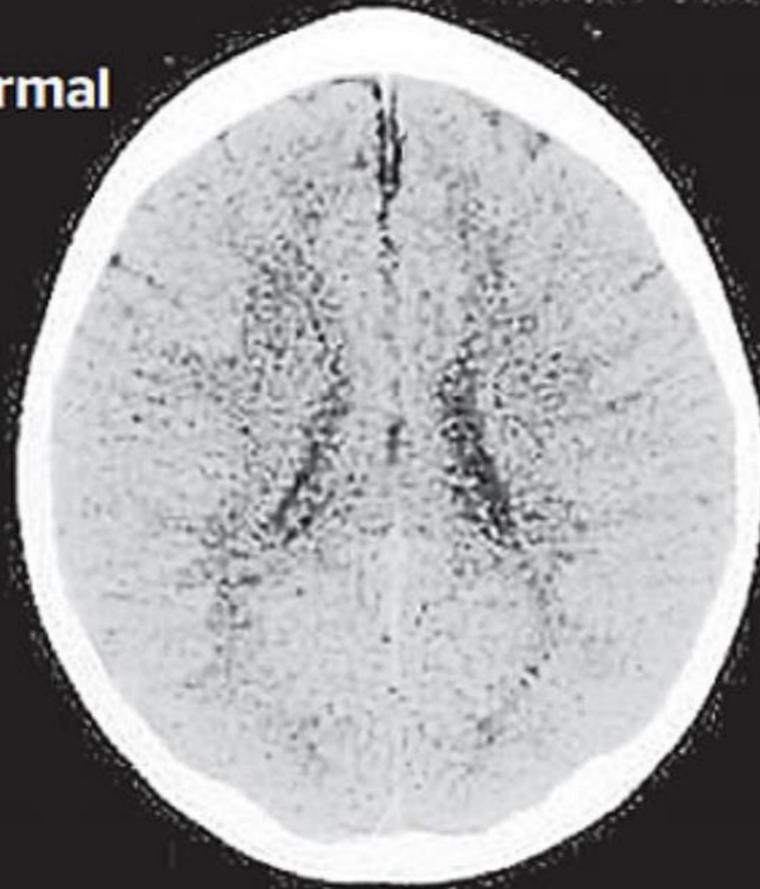
When Children are Forcibly Separated From Their Parents

- Their heart rate goes up
- Their body releases a flood of stress hormones such as cortisol and adrenaline
- Those stress hormones can start killing off dendrites—the little branches in brain cells that transmit messages
- In time, the stress can start killing off neurons and—especially in young children—wreaking dramatic and long-term damage, both psychologically and to the physical structure of the brain.

HOW STRESS CHANGES A CHILD'S BRAIN

3-YEAR-OLD CHILDREN

Normal



Extreme neglect



■ Prolonged exposure to trauma triggers physiological changes in the brain.

■ Neural circuits are disrupted, causing changes in the hippocampus, the brain's memory and emotional centre.

■ This can cause brain shrinkage, problems with memory, learning and behaviour.

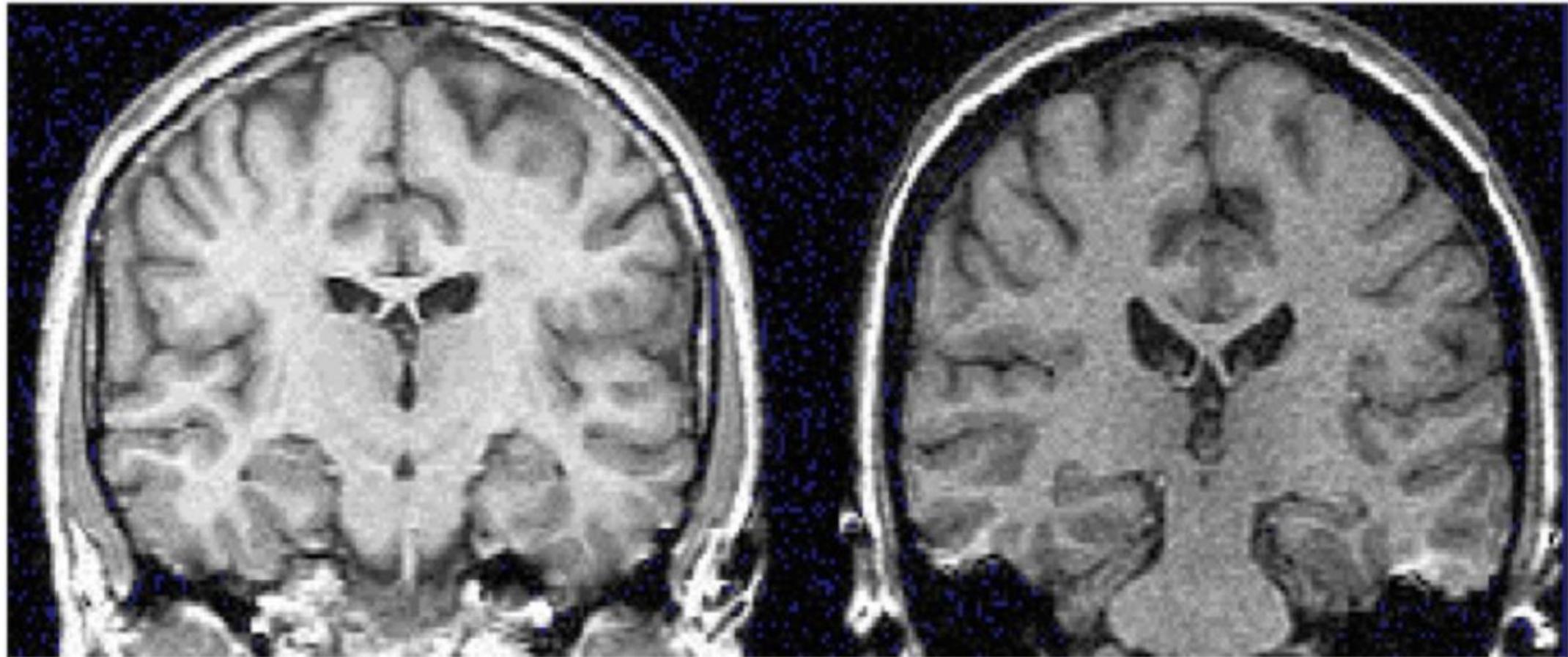
■ A child does not learn to regulate emotions when living in state of constant stress.

■ Associated with greater risk of chronic disease and mental health problems in adulthood.

“The effect is catastrophic. There’s so much research on this that if people paid attention at all to the science, they would never do this.”

—Charles Nelson,
Pediatrics Professor,
Harvard Medical School

PTSD IS A REAL PHYSICAL INJURY



REGULAR

PTSD

NOT A SOCIAL OR POLITICAL OPINION.

The American Academy of Pediatrics, the American College of Physicians and the American Psychiatric Association have all issued statements against family separation. Their petition reads:

“To pretend that separated children do not grow up with the shrapnel of this traumatic experience embedded in their minds is to disregard everything we know about child development, the brain, and trauma.”

Feelings of Abandonment

- Case example of 8 year old girl removed from her home and separated from her undocumented parents for several days as her parents awaited charges.
- “Even two years later, she couldn’t let go of them, ever. She had nightmares and would get fearful whenever she saw any police vehicles. She lived in extreme fear that her parents would do something wrong and be taken away again. It stayed inside of her.”
- “You see some children even strike out at the parents. They don’t always understand why their parents ‘abandoned’ them and sometimes blame them. So they have difficulty reattaching.” (Professor Zayas)

Attachment Disorder and Separation Anxiety

- THE REASON CHILD-PARENT SEPARATION HAS SUCH DEVASTATING EFFECTS IS BECAUSE IT ATTACKS ONE OF THE MOST FUNDAMENTAL AND CRITICAL BONDS IN HUMAN BIOLOGY: ATTACHMENT
- From the moment of birth, children emotionally attach to their caregiver and vice-versa: why “skin-to-skin” contact is so critical to newborns’ development

“Our bodies secrete hormones like oxytocin on contact that reinforces the bond, to help us attach and connect.

—Lisa Fortuna, Medical Director for Child and Adolescent Psychiatry,
Boston Medical Center

- A child's sense of safety depends upon that relationship.
- Without it, the parts of the brain that deal with attachment and fear—**THE AMYGDALA** and **THE HIPPOCAMPUS**—develop differently.
- The reason such children often develop PTSD later in life is that **those neurons start firing irregularly**, says Dr. Fortuna: “The part of the brain that sorts things into safe or dangerous does not work like it's supposed to. Things that are not threatening seem threatening.”
- What alarms researchers most is the **DURATION** of the damage: Their “fight or flight” response appears permanently broken
- Stressful situations that would usually prompt physiological responses in other people (increased heart rate, sweaty palms) would provoke nothing in these children

“Children’s brains have high elasticity. If you do the right intervention as the trauma is happening, it allows you to transform a traumatic experience into an empowering one.”

—Dr. Essam Daod, Palestinian psychiatrist treating Syrian refugees

If proper mental health treatment and support is withheld during this prime period of elasticity, this critical window is lost.

Changes in Personality

- Studies have shown (and families report) separated children are withdrawn, “shy”, and only speak when spoken to when reunified
- They often demonstrate clinginess, and extreme fear at any further separation, refuse to let their parents out of sight (going to school may now be a source of terror: will parents be there when they return?)
- Many suffer from Separation Anxiety, cry uncontrollably and have trouble sleeping because of recurring nightmares
- Left untreated, such trauma can lead to deeper problems like PTSD, substance abuse, and suicidal behavior (Jodi Berger Cardoso, University of Houston, where she studies the effects of trauma on immigrants)

- **Others develop eating disorders, problems with trust and unresolved anger, in some cases against their own parents**
- **Anger, which is how depression can manifest itself in children and teenagers**
- **Studies have shown that boys held in detention, even for short periods of time (2/3 weeks) can develop anti-social behavior, violence and substance abuse problems**
- **Teenage girls more often show depressive disorders and substance abuse**
- **Even the IDEA OF SEPARATION exposes children to stress and trauma**
- **Children may be present during immigration raids and witness their parents being forcibly removed**
- **Many younger children have a misunderstanding of legal status in general, often equating being an immigrant with being unauthorized. They may believe they or their authorized relatives are also in danger of being deported, further escalating their fear**

Feelings of Being Punished

- Those being deported to certain countries (such as Honduras, Guatemala and El Salvador, which have among the **WORLD'S HIGHEST MURDER RATES FOR CHILDREN AND ADOLESCENTS**) face many of the same dangers they were fleeing
- Some children are reunited but remain in detention centers with their families:
- Studies show long-term detention can have damaging effects on children, which is **WHY SOME RULES EXIST ON LIMITING HOW LONG AUTHORITIES CAN KEEP CHILDREN IN DETENTION**
- US born children feeling they are not “truly American”, even though the US is all that they know
- Hate speech and hate crimes on the rise, targeting anyone of color or anyone who speaks a different language—Politicians stoking xenophobia with their rhetoric

Loss of Safety in the World/Trust in Others

“As psychologists, we are committed to policies that keep families together. . . We do not believe that it is safe or ethical to send young immigrants back to dangerous conditions that they or their parents fled.”

—APA President Antonio E. Puente,
Ph.D.

- **Children are being arrested the moment they turn 18 (without a ‘post 18 plan’) which is traumatizing—being ripped from childhood**
- **These 18 year olds are then put in adult facilities, even though developmentally they are adolescents:**

“At the shelter I’d been in a place where they took care of us and treated us well, but here the officials yelled at us, got mad at us for not speaking English. . .and almost everyone else was older than 30. The bathrooms didn’t have a separation, even to shower. I was embarrassed and uncomfortable.”

—Maria, age 18, who originally fled Mexico after years of abuse and death threats

Increased Vulnerability to Exploitation and Abuse

- **PTSD and its sequelae leave children vulnerable to self-medicating with drugs and alcohol, acting out sexually, self-mutilation and increased suicidal ideation**
- **Older children/teens may join gangs when released as a form of finding inclusion and protection**
- **Immigrants have been arrested by ICE after coming forward to retrieve their unaccompanied family members**
- **Undocumented Immigrants are Refusing to Testify in Domestic Abuse Cases for Fear They'll be Apprehended and Deported by ICE at the Courthouses**
- **Under “Sensitive Locations” policy, ICE prohibited by making arrests at school—although numerous undocumented immigrants have been detained while taking their children to school—as well as hospitals and places of worship.**
- **Courtsrooms should be safe places as well: The crackdown on immigrants is “undercutting our ability as law enforcement, to develop the critical trust to keep our communities safe.” (Massachusetts Attorney General Maura Healy)**

VI. Immigrants who have not experienced this type of trauma, but are now fearful of deportation/family separation

- **With nearly 11 million undocumented immigrants nationwide and 17.6 million with at least one undocumented relative, large communities are experiencing anxiety**
- **Some are having flashbacks to violence they experienced or witnessed in their home countries**
- **Some are retreating into the shadows, afraid to drive, bring their children to school, or seek medical care**
- **Those brought here as children (DACA) feeling more vulnerable than ever**
- **Even American born citizens are experiencing increased anxiety**
- **Hate Crimes on the rise, especially in Hispanic and Asian-American Communities, particularly targeting the elderly**

A group of people, including a woman in the foreground and several men behind her, are holding up cardboard signs. The woman in the foreground has a serious expression and is looking upwards. The signs are handwritten in black marker on brown cardboard. The main sign in the foreground reads "STOP DEMONISING IMMIGRANTS". To the right, another sign says "BAN ~~LAMOPHOBIA~~" and a third sign below it says "WALL". The background is slightly out of focus, showing more people and a blue banner with some illegible text.

STOP
DEMONISING
IMMIGRANTS

BAN

~~LAMOPHOBIA~~

~~WALL~~

THE GRIEF ASSOCIATED WITH
BOTH THE UPROOTING
EXPERIENCE AND SEVERE
IMMIGRATION ENFORCEMENT IS
NOT IMAGINARY.

“We have children who have nightmares. We have high school kids who don’t go to school anymore, that are depressed, that are suicidal because their parents are threatened.”

**—Father Juan Carlos Ruiz,
co-founder of the New Sanctuary Movement,
about immigrants who attend his weekly legal clinics**

Living with Uncertainty

Dr. Margarita Alegria, a professor at Harvard Medical School's Department of Psychiatry, is currently running two trial programs with Latino and Asian immigrants to help them cope with the stress of migration and PTSD.

- Alegria found that clients go into “ruminations. They enter ceaseless stares of worry about what can happen to them, especially around deportation.”**
- A growing body of literature shows the effects of LIVING WITH UNCERTAINTY (ex: hypervigilance and sleeplessness)**
- A Kaiser study on health care and immigrants found that children in “mixed status” families face the risk of anxiety, depression, and other mental health issues as their parents’ fears increase.**
- Many younger children have a misunderstanding of legal status in general, often equating being an immigrant with being unauthorized.**
- When parents are deported, research shows children go through multiple negative experiences: psychological trauma (especially if they witness a parent’s arrest), housing insecurity, and economic instability issues after their family is separated.**

“When children are traumatized, that trauma is a pivotal moment in their life that’s going to define how they see themselves—how they identify as a person of color, as an American, as a Mexican American, as a young person, as a student.”

—Dr. Concepcion Barrio,

USC Suzanne Dworak-Peck School of Social Work

Anxiety of Dreamer (DACA) Parents and their Children

- **DACA status of Dreamer parents has for the last five years been a relieving factor for immigrant families**
- **Research found that mothers' DACA eligibility significantly decreased adjustment and anxiety disorder diagnoses among their children**
- **Post-DACA, mothers started to benefit from protection and the rates of adjustment and anxiety disorders dropped by half (Jens Hainmueller, Ph.D., co-director of the Stanford Immigration Policy Lab)**
- **40% of those eligible for DACA reported improvements to their mental health after the program began (2016 data, U.S. National Health Interview survey)**
- **These mental health “gains” are now threatened with DACA’s uncertainty**
- **Dreamers face the potential loss of work permits, driver licenses, homes, health insurance, grants and student loans, scholarships, in-state tuition programs, post-graduate studies and internships**

- **A Dreamer's uncertainty over the future of their DACA status can be torture**
- **Physical and emotional manifestations of stress include: chronic headaches, toothaches, ulcers, sleep problems, trouble getting out of bed in the morning, eating issues**
- **Self-identity conflicts: “They understand that, regardless of having an education and mastering the language, and almost being like their U.S. born counterparts, they are not. So they continue to be not second-class citizens, but third-class citizens” (Luz Garcini)**
- **Heavy stigma of “ni de aqui, ni de alla”. . . neither from here, nor there. . .**

Latina suicide rates are out of control. . .

- According to the CDCP's (Center for Disease Control and Prevention) 2017 youth risk behavior survey
- 10.5% of Latinas aged 10-24 attempted suicide in the past year, compared to 7.3% white female, 5.8% Latino, and 4.6% white male teens.
- Mental health struggles include issues of misogyny, machismo, rape culture, and generational trauma, combined with a culture that stigmatizes psychological treatment
- For many Latinxs seeking therapy, 50% DO NOT RETURN AFTER THEIR FIRST SESSION
- We need more care givers of COLOR: As of 2013, the psychology workforce was 83.6% WHITE



“We’re talking about a very resilient population—a population that relies on their work, their spirituality, the social support of families, even though they might not be here to deal with all this stress. It’s not that they’re a weak population, but the stress that they face is so much bigger that I doubt any of us could take it.”

—Luz Garcini, postdoctoral fellow, Rice University’s Department of Psychology

How do we respond to their fear?



- Stable, loving relationships can buffer against harmful effects by restoring stress response systems to “steady state”. . .
- **SUPPORTIVE, RESPONSIVE RELATIONSHIPS WITH CARING ADULTS AS EARLY IN LIFE AS POSSIBLE CAN PREVENT OR REVERSE THE DAMAGING EFFECTS OF TOXIC STRESS RESPONSE**

How can we combat the negative effects of toxic stress?

- **Research shows best ways to buffer effects of ACEs and toxic stress are to stop or reduce a child's exposure to the stressful condition**
- **Begin providing stable conditions for the child—school can one of the most stable, consistent environments for stressed children**
- **Ensure the child has a responsive relationship with as many caring adults as early as possible**
- **Encourage professional therapeutic help—normalize and de-stigmatize mental health treatment for both the child and their family**
- **Ensure that any interventions and support given are HIGH QUALITY and EVIDENCE BASED, and that helpers are TRAINED IN TRAUMA and CULTURALLY COMPETENT**

- **Educate and Empower : use a social justice perspective as a driving force**
- **Do not be dismissive of their concerns**
- **Encourage open discussion of fears and “what ifs”**
- **Validate feelings of betrayal**
- **Use psychological evaluations to explain to immigration judges how the emotional health of a family can be affected by one deportation.**
- **Encourage parents to share stress (age appropriately) with their children**
- **Guide these parents on how to talk to their children/family in a positive, hopeful way**

WHAT TO CONSIDER WITH INDIVIDUAL FAMILIES

- **Individual profiles (including trauma history)**
- **Socio-economic reasons for migration**
- **Length of time clients have been in the US**
- **Quality of lives here in the US**
- **The degree of “uncertainty” in their lives**
- **Degree of mistrust for authority figures, including police, lawyers, and care workers**
- **Fear that Federal Immigration agencies will share personal identifying information found in their applications and use it for targeted deportation enforcement**

A Few Last Thoughts. . .

- These kids are distracted by their worry and what's happening at home—instead of reprimanding, be as affirming and accommodating as possible
- Self-regulation for anxious kids can be a major children. Schedule “brain breaks” and tell them at the beginning of the day when they will be—time for games, to stretch, “free time”, etc.
- These kids are always worrying about what's going to happen next. Having routine and explaining throughout the day creates safety and stability. The classroom should be a safe haven.
- You don't need to dip deep into the trauma to be able to provide with empathy and flexibility. Stick with observing what you're seeing in the moment (hurt anger, worry) rather than prying for details of home stressors
- Kids who experience trauma need to feel they're good and something and can influence the world. . . Find opportunities for them to set and achieve goals. Assign them classroom jobs that they can do well or let them be peer helpers for someone else. Because trauma is such a sensory experience, kids need more than encouragement; they need to feel their worth through **CONCRETE TASKS**
- It's OK to ask kids point blank what you can do to help them make it through the day (listen to music with headphones, put their head on their desk for a few minutes, etc.)

APPENDIX

Conditions in Detention

- **Bedrooms are typically doorless, no privacy, conditions overcrowded**
- **Reports of “terrible food”. . . “. . .a bit of bread, a nasty egg and some beans and an apple and some milk. Everyone complained about the food.” (one 17 year old describing breakfast)**
- **Feeling like “animals in a cage”**
- **Can spend two hours outside each day, including one hour of physical exercise and one hour of free time**
- **In some centers, allowed to make two phone calls a week, but it sometimes takes days, or weeks, to reach parents**

- **Detention sites lacking proper staffing or adequate facilities**
- **Employees often do not have the training or experience sometimes with only a week of instruction before beginning work :**
- **“Kids are scared of the dark, so imagine what it would be like for a kid when they’re separated from their parents in a facility. An overworked and underpaid staff had to deal with the trauma of these kids, that required a very specialized training.”**
- **Older, unaccompanied minors typically have some knowledge of what awaits them in detention, but younger children, forcibly separated, are blindsided.**
- **“If you’re 5, 6, 7, and you don’t know where your mom is, toward the end of the day, these kids are going to act out.”**
- **Employees told not to touch, hold, or hug:**
- **One employee at a migrant detention facility in Arizona quit his job after being told to not allow several siblings to hug:**
- **“I realized, because of the way that things were going, there would be more situations that would arise in which I was asked to do things I thought were immoral.” — Antar Davidson**

Abuses of Power by Detention Staff

- **Cases of sexual abuse by staff members**
- **Reports of children being drugged with psychotropics without their parents' consent—if youth object to medication, ORR compels them by forcing pills or injection.**
- **Children have been told taking the medication is the “only way” they can ultimately get out of detention**
- **Medication might be improperly used to subdue and control detainees**

Exacerbation of Previous PTSD

- Separation of migrant families leaves parents in a no-win situation: They can try to get asylum in the U.S. and risk being separated from their children, or they can go back to the countries they fled (where they feared irreparable harm or death).
- *Testimonies from family members are also vital to children's path of legal protection/asylum. When children and parents are separated, who helps the child tell her story? How will they answer questions when all they can think about is 'where is my mom'?
- Examples of immigration attorneys working with preschool children's drawings to figure out where they are from

Extended Families Terrified to Come Forward

Traditionally, most sponsors have been undocumented themselves and have feared stepping forward to claim a child. This risk increased dramatically in June, 2018, when feds announced that potential sponsors and other adults in the household would have to submit fingerprints AND that the data **WOULD BE SHARED WITH IMMIGRATION AUTHORITIES (ICE).**

TRAUMA CONTINUES EVEN AFTER FAMILIES REUNITED

As Detention Facilities reach capacity, hundreds of families are being released without usual protocol:

- **Without warning**
- **Without instructions on where to go, how to find relatives, or travel to their court hearings**
- **Shelters are then also at capacity, struggling to provide shelter, food, showers and Greyhound bus tickets**
- **Parents are not given support or advice on how to care for their children who have been traumatized by the detention/separation experience**

Millions of US Citizen Children Have Unauthorized Parents & Family Members

- **4.1 million US citizen children** under the age of 18 live with at least one undocumented parent
- **5.9 million US citizen children** under the age of 18 live with an undocumented family member
- Roughly **half-a-million US citizen children** experienced the apprehension, detention, and deportation of at least one parent in the course of about two years, according to the most recent estimates available (analyzing Immigration and Customs Enforcement (ICE) data between 2011 and 2013)
- As of 2017, Temporary Protected Status (TPS) holders from El Salvador, Honduras, and Haiti had an estimated **273,000 US born citizen children**. With those TPS designations terminated, many of these parents will become undocumented by the end of 2019
- **More than 17 million US citizen children** have at least one foreign-born parent, including parents who are naturalized citizens, lawfully present immigrants, and unauthorized immigrants

**Immigration enforcement
—and the threat of such actions—
can negatively impact a child’s long-term health and development**

- **A child’s risk of having mental health problems like depression, anxiety, and severe psychological distress increases following the detention and/or deportation of a parent. Since late 2016, doctors and service providers have reported anecdotally that they have seen more children exhibiting stress- and anxiety-related behavioral changes, including symptoms of “toxic-stress,” due to fear that a family member will be deported.**
- **Children experience toxic stress when they are suddenly separated from their parents, which negatively impacts brain development. They are also at greater risk of developing chronic mental health conditions that include depression and post-traumatic stress disorder (PTSD), as well as physical conditions such as cancer, stroke, diabetes, and heart disease.**

- **A 2010 study of immigration-related parental arrests (at home or worksites) found that the majority of children experienced at least four adverse behavioral changes in the six months following a raid or arrest. Compared to the previous six months, children cried or were afraid more often; changed their eating or sleeping habits; and/or were more anxious, withdrawn, clingy, angry, or aggressive.**
- **Even before birth, immigration enforcement can put a child's health at risk. The 2008 worksite raid in Postville, Iowa—the largest single-site immigration raid in U.S. history—was tied to premature and underweight births, complications that put babies at risk for infant death or long-term health problems. Researchers found that babies born to Latina mothers in Iowa within 37 weeks of the raid were 24 percent more likely to be underweight compared to the previous year. This increased risk was not evident in babies born to non-Latina white mothers in Iowa.**

- **Fear and uncertainty among immigrant families leads to decreased participation in the health coverage programs Medicaid and CHIP. In turn, lack of coverage through Medicaid/CHIP can hinder a child's healthy growth and development and threaten a family's financial stability. Citizen children are more likely to be uninsured if they have an immigrant parent than children with US-born parents.**

Children who reside in communities that partner with ICE or are the focus of ICE raids experience negative educational outcomes

- Communities with local law enforcement agencies that choose to partner with ICE by entering into 287(g) agreements experience a large displacement of Hispanic students as families choose to leave or avoid moving into those communities. A Stanford University study analyzing the effects of 287(g) agreements on public school enrollment between 2005 and 2010 found that when local communities entered into 287(g) agreements between 2005 and 2010, the number of Hispanic students decreased nearly 10 percent within 2 years.
- Large-scale ICE enforcement can impact school attendance for students with friends or family members affected by raids. After a mass raid in eastern Tennessee occurred in April 2018, more than 500 students were absent from school the following day.
- Educators surveyed in 2017 and 2018 reported several concerns related to immigration enforcement, including student absences, decline in academic performance, and less involvement from parents. Eighty-four percent of educators said students from immigrant families expressed concerns about enforcement while at school.

The detention or deportation of a parent puts children at risk of economic instability.

- The deportation, and even the arrest or detention, of a parent or other household family member has significant short- and long-term financial implications. US citizen children and any remaining family members can face substantial economic disadvantages following the removal of a primary provider. In general, increases in immigration enforcement have been linked to higher poverty rates among US citizen children with likely unauthorized parents.**

- An analysis of 2014 median family income estimated that a family's income would decrease 50 percent following the deportation of a family member.
- A study of immigration enforcement in six U.S. locations between 2006 and 2009 found that families lost 40 to 90 percent of their income, or an average of 70 percent, within six months of a parent's immigration-related arrest, detention, or deportation.
- The ability to afford housing may become more tenuous following the deportation of a provider, resulting in the loss of a family's home and more frequent relocations.
- A 2016 study of immigration enforcement and housing foreclosures found that "deportations exacerbate rates of foreclosure among Latinos by removing income earners from owner-occupied households." Furthermore, the research revealed that counties with 287(g) agreements, which authorize immigration enforcement collaboration between local police and ICE, had substantially higher foreclosure rates among Latinos.

Children may end up in the child welfare system following the detention or deportation of their parent.

- Parents—regardless of immigration status, detention, or deportation—have a constitutional right to custody of their children (unless deemed unfit). While the child welfare system generally recognizes that it is in a child’s best interest to remain with a parent or family member, the intersection with immigration enforcement can negatively impact parental rights and thus a child’s well-being. For example, the lack of coordination between agencies has historically led to prolonged family separation and even termination of parental rights.
- To ensure that enforcement activities did not “unnecessarily disrupt the parental rights” of parents or legal guardians of minor children, ICE issued its Parental Interests Directive in 2013. The Parental Interests Directive was replaced in 2017 with a new Detained Parents Directive. The 2017 policy eliminated many aspects of the 2013 directive, including guidance for the use of prosecutorial discretion in cases involving children and all references to parental rights. The 2017 directive instead instructs ICE agents to “remain cognizant of the impact enforcement actions may have” on certain children.

- According to ICE's 2017 Detained Parents Directive, when certain minor children are encountered during immigration enforcement, ICE agents should "generally accommodate" the parent or legal guardian's efforts to make child care arrangements before contacting local child welfare or law enforcement to take temporary custody.
- If a parent is unable to arrange childcare or custody prior to detention or deportation, the child may be taken by the state's Child Protective Services (CPS) for placement and case management. The child is usually placed in an emergency shelter; group home; or with a relative, friend, or stranger in a foster home while custody is determined in family court.
- An estimated 5,000 U.S. citizen children in foster care had a detained or deported parent in 2011, according to a national study.
- Children in foster care in counties with 287(g) agreements were 29 percent more likely to have detained or deported parents compared to non-287(g) counties studied in 2011.

There are limited mechanisms to safeguard parental rights, which are incredibly difficult for parents to regain following detention or deportation.

All parents have the right to receive a notification of custody proceedings affecting their children, attend such proceedings, and receive copies of related court documents. Yet there are few enforceable, permanent policies in place to protect these rights.

- **Federal law mandates that parental rights be terminated if a child has been out of a parent's custody for 15 of the past 22 months. Policies and procedures vary by state, but in order to maintain or regain parental rights, CPS generally implements a reunification plan that requires a parent to have regular contact with the child and participate in family court hearings. Detained or deported parents have historically faced significant barriers to these requirements.**
- **Parents may request release from detention in order to care for their children while they are in immigration proceedings. However, ICE no longer provides its personnel with guidance for exercising such discretion in cases that involve a child.**
- **The 2017 directive generally instructs agents to facilitate regular visitation for detained parents and their minor children, though no longer emphasizes in-person visitation. ICE personnel should also arrange for a detained parent's participation in custody proceedings when required by a court.**

- **Significant issues persist for detained parents who may be dealing with both immigration and custody proceedings. Since ICE is not required to inform CPS of a parent's whereabouts, CPS may have difficulty locating and properly notifying a detained parent; family courts and caseworkers may not understand why a parent is detained and unable to participate in proceedings; and ICE officials may underestimate the impact that enforcement has on U.S. citizen children who are likely to be left behind.**

Parents with a final deportation order must make the difficult decision of whether to bring their children—including US citizen children— with them. While the government does not track whether US citizen children stay in the United States or leave with a deported parent, both scenarios occur and pose challenges.

- If parental rights remain intact, parents with a pending deportation may make custody arrangements for their children to stay in the United States. ICE is supposed to “accommodate, to the extent practicable,” a detained parent's efforts to make guardianship or travel arrangements for the child prior to deportation.**
- If a child’s custody is still being determined after a parent has been deported, the ability of the parent to regain custody or participate in proceedings—even if the court requires the parent’s attendance—is extremely limited. ICE no longer has guidance to consider facilitating the travel of a deported parent back to the United States to participate in proceedings that may result in the termination of parental rights.**

What does Toxic Stress look like in the classroom?

A traumatized child trying to learn is like someone trying to play chess in a hurricane.

— Wolpov, Johnson, Hertel & Kincaid, 2009



Difficulties with. . .

- **Higher order thinking skills:** abstract reasoning, problem solving, application of new learning
- **Learning and Memory:** Encoding and retrieval of information, working memory
- **Executive Functioning:** Planning, prioritization, sequencing, organization, attention, task initiation
- **Emotion Regulation:** Defiance, reactivity, aggression, impulsivity, withdrawal or passivity
- **Relationships:** May appear to lack empathy, struggle with social cues, make negative attributions, may be “adult wary”, lonely
- **Trauma can be misdiagnosed as ADD/ADHD or learning disorders, or even be seen as a child being “oppositional” or “defiant” . . . Educators can see a misbehaving child as a bad or mean or oppositional kid. . . these kids are SCARED kids.**



**"KIDS WHO HAVE EXPERIENCED TRAUMA
HAVE DIFFICULTY LEARNING UNLESS
THEY FEEL SAFE AND SUPPORTED."**

—Caelan Kuban Soma, clinical director,
National Institute for Trauma
and Loss in Children

Symptom	Classroom Example (adapted from Bell et al., 2013)
Somatization	Repeatedly complaining about headaches, stomachaches, pain
Hypervigilance	Constantly looking around the room, checking behind oneself, may appear jumpy or startle easily
Sleep disorders	Coming late to class, falling asleep in class, irritability, appearing exhausted, head on desk throughout the day, complaining of nightmares
Regression	Thumb sucking, baby voice, separation anxiety, wetting or soiling
Reenactment	Aggression in play, themes of trauma in play, age-inappropriate sexual play
Social isolation	Sits alone, does not talk to others, avoids interaction, approach/avoidance
Emotional reactivity	Mood swings, easily angered, irrational reactions, yelling, becoming upset quickly, difficulty calming, tearfulness
Fear	Phobias, appearing uncertain, strong reactions to certain stimuli, deteriorating behavior with changes in schedule or substitute teachers
High stress	Easily overwhelmed by new projects, late work, lack of effort, transitions are difficult, frequently uncertain or nervous
Inability to focus	Fidgeting, glancing around room, not completing work
Dissociation	Appears to blank out, poor memory, appears distant/unreachable
Flashbacks (may not be visible)	May appear as poor memory, high anxiety, difficulty concentrating, blanking out, difficulty following directions

IDENTIFYING TOXIC STRESS

- The Adverse Childhood Experiences (ACEs) test
- Identifies traumatic events that occur during childhood, including abuse neglect, family separation, or living with a parents with mental illness or substance abuse disorder
- A child's ACE score is determined by how many ACEs he or she has experienced
- At least half of children in the US have experienced one more more ACEs in their life
- 62% of children living in poverty experience multiple ACEs

TRAUMA

- Feelings of fear, helplessness, uncertainty, vulnerability
- Increased arousal, edginess and agitation
- Avoidance of reminders of trauma
- Irritability, quick to anger
- Feelings of guilt or shame
- Dissociation, feelings of unreality or being "outside of one's body"
- Continually feeling on alert for threat or danger
- Unusually reckless, aggressive or self-destructive behavior

OVERLAP

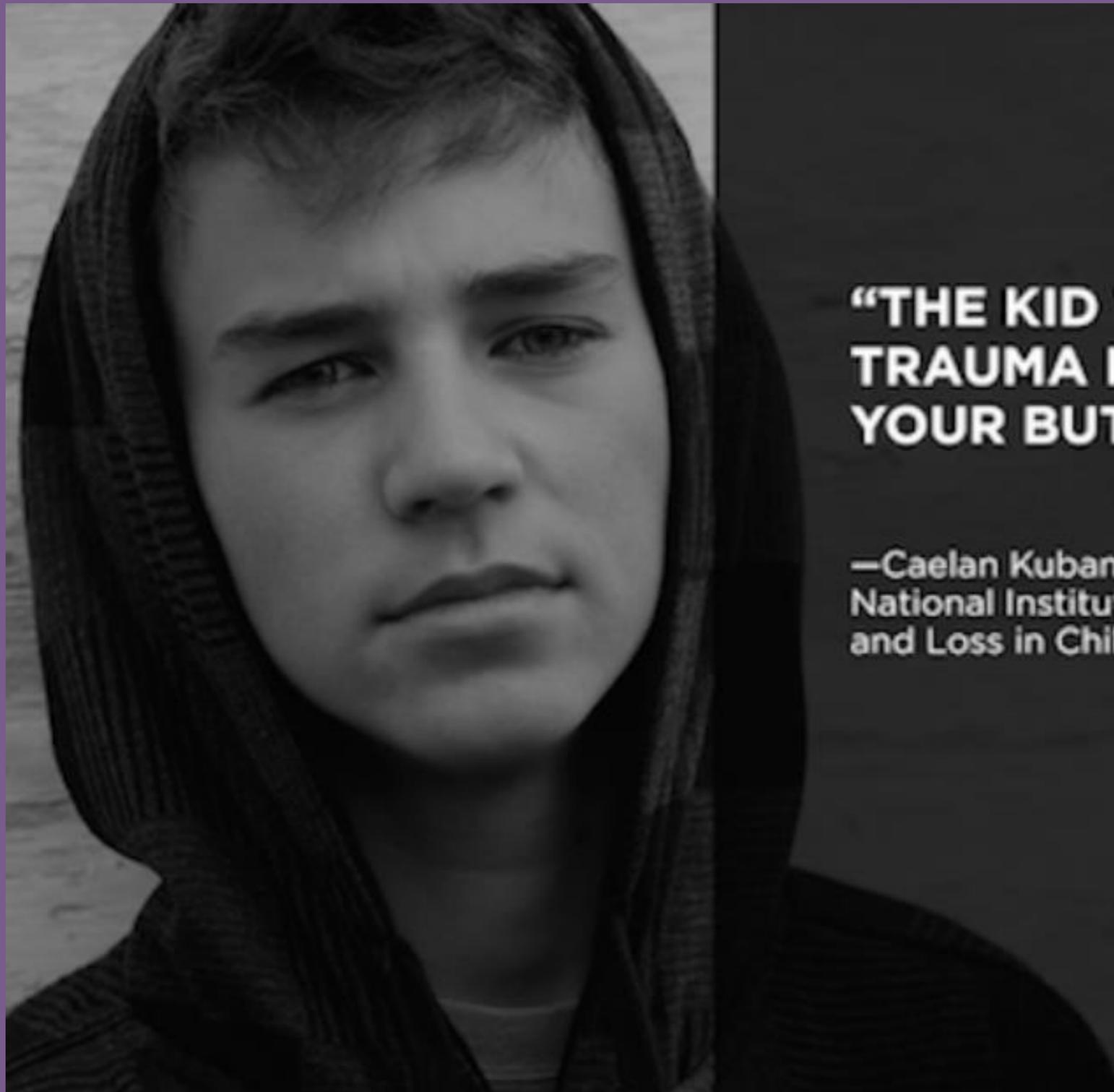
- Difficulty concentrating and learning in school
 - Easily distracted
 - Often doesn't seem to listen
- Disorganization
 - Hyperactive
 - Restless
 - Difficulty sleeping

ADHD

- Difficulty sustaining attention
 - Struggling to follow instructions
- Difficulty with organization
- Fidgeting or squirming
 - Difficulty waiting or taking turns
- Talking excessively
- Losing things necessary for tasks or activities
- Interrupting or intruding upon others

Prevent Dysregulation in School

- **Keep consistent schedules and predictable patterns for the day-provide and follow through with clear classroom and school expectations and rules**
- **Preview changes and events**
- **Reduce number of transitions**
- **Create calm, predictable transitions**
- **Teach stress regulation skills—Teach breathing techniques, mindfulness, and social problem-solving strategies**
- **Create rituals the child can look forward to and cherish**
- **Teach emotional literacy—model how to identify feelings (feelings poster, exercises)**
- **Maintain flexibility around homework and other stressors**



**“THE KID WHO HAS EXPERIENCED
TRAUMA IS NOT TRYING TO PUSH
YOUR BUTTONS.”**

—Caelan Kuban Soma, clinical director,
National Institute for Trauma
and Loss in Children

Recognize that a child is going into survival mode and respond in a kind, compassionate way

- **Ask yourself “What’s happening here?” rather than “What’s wrong with this child?”**
- **The student might:**
 - **Get a ‘deer in the headlights’ look, “freeze”**
 - **Turn red and clench his/her fists**
 - **Breathe more rapidly**
 - **Begin moving or fidgeting because their body is getting ready to run or react**
 - **Burst into tears or look as if they are about to cry**

- **Observe that the child seems to be overwhelmed and offer a couple of CHOICES for them to do. . . this will help the child gain a sense of control and agency, and help them feel safe once more.**
- **Over time, if a student who is experiencing toxic stress sees that you really care and understand, they will be more likely to say “I need help”**

Create calm, predictable transitions

- **Transitions between activities can easily trigger students into “survival mode”, the feeling of horrible uncertainty**
- **Some teachers will play music, blow a harmonica, or ring a meditation bell to signal it’s time to transition**
- **The important thing is to build a routine around transitions so the children know:**
 - A. What the transition is going to look like**
 - B. What they’re supposed to be doing**
 - C. What’s next**

Praise PUBLICLY and Criticize PRIVATELY

- **For some children with Complex Trauma, getting into trouble can seem dangerous or irredeemable**
- **For others, “I made a mistake” can mean “I’m entirely unlovable”**
- **Capture moments when the child is doing well and point it out to build self-worth**
- **When you need to re-direct behavior, do so privately and in as calm a voice as possible**

Adapt mindfulness practice in the classroom or session

- **Mindfulness can be a great tool, but may also be threatening for children who are anxious.**
- **Tell students that, if they wish, they can close their eyes BUT ALSO they can remain open and focus on a spot on the floor so no-one feels stared at.**
- **Instead of focusing on how the body feels, have students focus on a ball or other object they're holding in their hands—what it feels like and looks like in their palm.**
- **Focus on the sounds in the room or of cars passing outside the classroom—something external to the body.**
- **By breaking mindfulness down into these elemental components, the child is more likely to have a successful, positive experience—and to use these techniques at home.**

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The Implications of Trauma on Immigrant Children's Overall Well-being

Emilyn Ahmed

Pepperdine University

Abstract

This paper examines the psychological trauma immigrant children experience at the border and the ways in which their mental health is negatively affected, as a result. During the process of migration, children are forced to deal with a wide range of stressors. Psychological trauma, such as border trauma, can lead to mental illnesses such as depression, anxiety, post-traumatic stress disorder, and cognitive issues (Brabant et al., 2016; Santiago et al., 2018; DeJonckheere, Vaugh, & Jacquez, 2017; East et al., 2018; Fortuna et al., 2016; Ramos et al., 2017). Additionally, countless immigrant children face trauma, such as racism, discrimination, and social isolation, that oftentimes has the potential to follow them throughout the duration of their lives. Although these children need psychological help, they are often discouraged from seeking guidance by parents or a legal system ill-equipped to handle immigration-related trauma. Mental illnesses can have dire impacts on not only the immigrant children but also their families and the society as a whole. We expect to find that individuals impacted by immigration trauma will express fear, symptoms of depression, symptoms of anxiety, and inhibited psychological adjustment. We also expect that those who experience immediate trauma of abandonment and isolation will reflect more severe symptoms of depression and anxiety. Thus, parents who experience high levels of trauma will also have children who experience high levels of trauma.

The Implications of Trauma on Immigrant Children's Overall Well-being

Migration is capable of having long-term detrimental effects on immigrant children's mental health. As a result, the trauma can continue to impact the children's lives into adulthood. Oftentimes, children fail to receive guidance for mental health problems. This lack of support during the immigrants' childhoods can worsen their symptoms, which, in turn, leads to social, psychological, and emotional conflicts in adulthood. While immigrants may choose to migrate to countries such as America in order to escape war-torn countries and seek a safe haven; they encounter many obstacles during the process of migration (Fortuna et al., 2016). Alongside the issues that come with acculturation, immigrant children confront a varied range of stressors, including, but not limited to, language barriers, family separation, and social isolation (Brabant et al., 2016). These stressors have intensified in recent years, as a result of the anti-immigrant policies put forth by the current U.S. administration. Immigrant entry has been reduced, temporary status programs have been terminated, and programs such as DACA are beginning to phase out. Consequently, upwards of 800,000 immigrants have been negatively impacted (Hernandez et al., 2018). The traumatic experiences and events that immigrant children encounter include depression, anxiety, post-traumatic stress disorder, and alcoholism/substance abuse (Fortuna et al., 2016). This paper will examine past studies that found relationships between immigration and the resulting emotional trauma in children.

Statement of Hypotheses

We expect the impact of immigration trauma to influence families by creating fear, depression, anxiety symptoms, and psychological trauma. We predict that those who experience the most immediate trauma of isolation will reflect more severe symptoms of depression and anxiety. Chronic trauma will be reflected in the ongoing symptoms of trauma. We also predict

that immigrant children will experience more academic difficulties and high rates of neglect, abandonment, and isolation. We predict that parents with greater trauma will have children who also experience greater trauma. Consistent with that hypothesis, we predict that those with higher CRIES-8 scores will also have higher Childhood Trauma Interview (CTI) scores.

In order to measure the level of acculturation in immigrant families, the Short Acculturation Scale for Hispanics (SASH) can be utilized. The original measure contains 12 items and includes three subscales: language use, media, and ethnic social relations. In this study, we will use a shortened four-item version of the SASH, which has been found to have strong predictive value, reliability, and validity. This measure utilizes a 5-point bipolar scale, with “1” being “Only Spanish” and “5” being “Only English.”

Environmental Impacts on Immigrants

During all stages of the migration process, children face environmental conflicts that contribute to increases in their stress levels and the degradation of their overall mental health. Even before arriving in their host country, children often spend the start of their lives in violent countries where destruction and bloodshed have become the norm (Brabant et al., 2016). Having witnessed chaos at a young age, immigrant children live their lives with a vulnerability that is unusual for their ages. During the migration process, these children experience confusion and stress. Immigrant children enter a new country, where the language, lifestyles, and behaviors are so foreign from what they have become accustomed to in their home country. It takes time and effort to acclimate to these newfound ideals.

Trauma Impact of Border Crossing

Although children face hindrances after arriving in their host country, they encounter mental health issues in other periods of the migration process as well. In concordance with

Brabant et al.'s 2016 study, Cleary, Snead, Dietz-Chavez, Rivera, & Edberg's (2017) study found that children face different social, cultural, and psychological issues, depending on the stage of migration. Additionally, this study found that immigrant children reported histories of trauma associated with migration. Unlike other studies, Cleary et al.'s 2017 study states that immigrant children reported higher levels of anxiety during the "premigration" stage. This stage is momentous for immigrants because they face so many dangers while trying to leave their home countries. At any moment, immigrants may be detained by border patrol and sent back to their native countries, where they await numerous negative consequences.

As Cleary et al.'s (2017) study and Linton et al.'s (2018) study discuss, the plight that unaccompanied minors face at the border follows them for the rest of their lives, as they are forced to cope with the trauma. Because of the large number of immigrants that arrive at the border on such a frequent basis, those who work for the border patrol and other related agencies are often ill-equipped to deal with such an influx (Ataiants et al., 2018). Therefore, while enforcing all of the policies and procedures that they are lawfully required to do, these immigration representatives are often unjustly stringent upon these children. As a result, these children face additional trauma alongside the trauma that they felt as citizens of their home countries. Because of the extensive trauma that occurs for these immigrant children, the researchers in this article argue that positive changes must be effected in order to alleviate the children's mental health problems.

Pre-migration and post-migration stages involve different stressors, and thus they are challenging in distinctive ways. Immigrant children require specialized treatment for mental health problems incited by different stages of migration. One particular form of treatment,

assessment-based treatment, has been found to play a positive role in treating these immigrant children dealing with trauma.

Cultural Impacts on Immigrants

Mental health troubles, while already pervasive in immigrant children and adults alike, sometimes grow worse after children have migrated to America. As Cleary et al.'s (2017) study delineates, different stages of the migration process can be uniquely harmful to immigrants. Immigrants experience social, cultural, and psychological challenges that may lead to more severe mental illnesses. In Linton, Kennedy, Shapiro, & Griffin's (2018) study, they found that approximately 500,000 people cross the border from Mexico to the United States every year. While crossing the border, they encounter many dangers, not only with the authorities but also with drug cartels. During this treacherous journey, immigrants often experience sexual assault, theft, violence, and sometimes even death (Linton et al., 2018). These traumatic events instigate the deterioration of children's mental health; they constantly feel afraid of what will happen around them and how they will be treated by those in their direct environment. For unaccompanied minors, circumstances are even bleaker, because they do not have a responsible caretaker to guide them through the immigration process. Instead of being supported by their parents or other adults, immigrant children are alone in their attempts to reach America safely.

Each individual struggles with different types of traumas, depending on the environments they came from, the environments that they are currently in, and a plethora of other situational, cultural, and psychological factors. Cleary et al.'s (2017) study stresses the fact that immigrant children and parents alike encounter many different forms of trauma before, during, and after migration. While some conflicts that contribute to immigrant children's mental health issues

disappear, other conflicts may begin and remain long-lasting, such as the struggle for acclimatization.

Suggestions to help children with their mental health issues include providing legal counsel for the unaccompanied minors, as well as training the border patrol agents in such a way that they can more effectively work with children (Ataiants et al., 2018). By implementing these strategies, the government can efficiently and, more importantly, humanely interact with the unaccompanied minors at the border. The government can reduce and eliminate mental health consequences for these children, which can have long-lasting implications that not only affect them as adults, but also impact the people around them and even the country as a whole.

Immigrant Trauma and its Socialization

Even after these children have spent some time in the U.S., their problems are far from over. Instead, the emotional, psychological, and cultural conflicts have only begun for these immigrant children. Immigrant children often face discrimination, racism, and social isolation at school, which can lead to feelings of withdrawal, exclusion, and lowered confidence in these immigrant children (Brabant et al., 2016). Any sense of belongingness is shattered, for there is nowhere that the children feel they fit in. Immigrant children oftentimes question their identity and do not feel comfortable expressing aspects of their cultural upbringing as a result of teasing and prejudice from their peers. When asked how they would describe their experiences in school and with their peers, immigrant children have responded by saying that they are in “a confined space” or involved in “an obstacle race” (Brabant et al., 2016, p. 248). These negative experiences that immigrant children face affect their senses of self and their worldviews, for the ways in which others treat them impact how they see themselves.

After migrating to the United States, immigrant youth encounter some of the most complex cultural, social, and financial issues. As a result, they run a high risk of developing various mental health illnesses. For a variety of reasons, immigrant adolescents are typically expected to fend for themselves because their parents may no longer be with them (Linton et al., 2018). Thus, the immigrant youth have to look after themselves in a new country, where language barriers are an everyday impediment. They not only have to seek shelter and food, but they also have to worry about financial stability. Most orphaned immigrant children, along with their siblings, have to work from an early age in order to survive. Because these adolescents are immersed into a completely new culture, they “experience a significant amount of stress ... including the combined anxiety, depression, marginalization, confusion, and psychosomatic symptoms” (DeJonckheere, Vaughn, & Jacquez, 2017, p. 401).

Troubles are almost inevitable for immigrant children when they migrate to nontraditional cities. In these areas, resources and access to education and social support can be limited (DeJonckheere, Vaughn, & Jacquez, 2017). Much like other immigrants living in bigger, more developed cities, these immigrants experience discrimination and income differences. Due to language barriers, it is very difficult for them to obtain affordable housing and healthcare services.

The schools that are available in nontraditional cities are generally not equipped to provide help and resources to those who do not speak English. Even if children are willing and ready to learn, they are prevented from doing so due to the lack of services that are available to them. Due to the racism and discrimination that is regularly rampant in schools, children are further impeded from achieving their goals. As a result of their mistreatment, they grow increasingly wary and distrustful of those around them, including members of the school’s

faculty (DeJonckheere et al., 2017). When schools are unprepared to aid immigrant children, they discourage the students and hinder their growth. Thus, immigrant children in nontraditional cities face unique and perhaps more long-lasting issues than their counterparts living in traditional cities.

Though a significant number of immigrant youth who live in nontraditional cities encounter numerous conflicts, there are some children who overcome these obstacles and achieve success. A key factor for enduring adversities is that of resilience (DeJonckheere et al., 2017). The immigrant children who possess resilience are able to grow and develop positively and become stronger as a result of their hindrances. Protective factors, which act as a barrier between children and their surroundings, are often considered to alleviate the trauma. Examples of protective factors that have helped immigrant children to cope with their misfortunes include: supportive relationships with peers and parents, access to resources, and emotional management. By having supportive, helpful, and nurturing people around them who can lend advice and support, immigrant children feel as if they are able to overcome the majority of difficulties that come their way.

Emotional Impacts on Immigrants

Contrary to U.S. and international law, U.S. border patrol agents are refusing refugees asylum, even when the refugees elucidate that they are escaping perilous circumstances. Linton et al.'s (2018) study discusses how this constant stress and anxiety can inhibit the development of the children's brains. Since these children lack trustworthy and caring adults, they feel a lack of safety and experience, increasing suspicious toward adults. Therefore, immigrant children's mental health issues sometimes grow worse after crossing the border to come to America.

Much like Cleary et al.'s (2017) study, other studies have found that immigrant children encounter a plethora of hindrances resulting in trauma even after arriving to the United States. In Crea et al.'s (2018) study, the researchers found that after children migrate to America, they fall prey to human trafficking, sexual abuse, post-traumatic stress disorder and family instability. Because immigrant children come face-to-face with such harmful factors so often, they experience negative impacts on their well-being and on their mental health from a young age. Thus, acculturation and social integration become increasingly difficult, because these children feel distrustful of the people around them. Since they have been involved in dangerous or damaging situations for so long, the children no longer feel safe, no matter where they are or who they are with (Crea et al., 2018). The trauma from their unsafe situations impedes the immigrant children from making new friends, developing a strong support system, learning positive behaviors from their peers and others around them, and creating long-lasting bonds that will benefit their mental well-being. Immigrant children in America are oftentimes prevented from having happy and healthy lives because of the traumas' impacts on their social and cognitive functioning.

Suicide and Depression

The social, cultural, economic, and psychological difficulties that immigrants face can often combine with one another, leading to various mental health issues. One such mental health issue is suicide ideation, which is reported as being high in the population of Latino immigrants (Fortuna et al., 2016). However, despite the high number of reported suicidal thoughts, there is a low number of suicide attempts. Low suicide attempt rates can be explained by protective factors that serve to provide guidance and encouragement to those who experience depression, post-traumatic stress disorder (PTSD), and other mental illnesses. Much like the studies preceding it,

Fortuna et al.'s (2016) study found that depression, PTSD, and alcoholism/substance abuse are all related to suicide ideation. Specifically, depression and PTSD are the most statistically significantly correlated to suicide ideation.

According to Fortuna et al. (2016), this increased risk of suicidality stems from “frustrations in goal striving and/or acculturative stress, as well as decreasing cultural protective factors such as religiosity and extended family support.” Because undocumented immigrants are uncertain about when and if they will receive citizenship, they feel unsure about their futures and insecure about their careers. As a result, Latino adults scored higher on depression and anxiety assessments, and Latino children were found to have a higher likelihood of developing depression and anxiety (Santiago et al., 2018). If, at any time, the undocumented immigrants’ status is discovered, their livelihoods will be at stake and they will most likely have to return to their home countries. The possibility of deportation creates a lot of fear and anxiety in undocumented immigrants because they constantly feel the need to conceal their identities.

Parental Accompaniment

Not only are immigrant children exposed to their own trauma, but they are also receptive to the trauma that their mothers experience in their home countries. When immigrant children spend time with their mothers, they often take on the stress, trauma, and/or withdrawn feelings that their mothers feel. These emotions and feelings can contribute to the children’s trauma, which then affects their mental health (East, Gahagan, & Al-Delaimy, 2018). In East et al.’s (2018) study, immigrant children’s cognitive functioning was the most significantly altered when their mothers experienced depressive mood symptoms. It is assumed that the mothers experienced depression and volatility as a result of the mistreatment and torture when victimized in their home countries. These women experienced depersonalization and derealization as a

result of their abuse. As mothers, these women experienced difficulties in connecting and fostering intimate bonds with their own children. As a result of the mothers' mistreatment, trauma was passed down to the children (East et al., 2018). Neglect is immensely damaging to the growth and development of the immigrant children, because even when they seek out attention, warmth, and bonding with their mothers, they are rebuffed or unacknowledged. Because of this, the children often feel as if they are not enough when in reality, their mothers are struggling with their own emotional and psychological issues.

Many studies, such as Fortuna et al.'s (2016) study and Barrera et al.'s (2018) study, have highlighted the point that Latino immigrants experience the highest risks to their mental well-being due to factors such as stringent immigration policies, family instability, income insecurity, and discrimination. Life is complicated enough as it is in the immigrants' home countries and becomes even more difficult after coming to America. Though these immigrants are drawn to America because of its safety and income security, they are often faced with the stress and trauma from their home countries due to war, violence, and the threat of death.

Parallel to Gilbert et al.'s (2017) study, immigrant parents' mental health issues were transferred on to their children. According to Santiago et al. (2018), the stress felt by immigrant parents and children alike seems to be increasing over time, because immigration policies in the United States are becoming more uncompromising than ever. During each step of the immigration process, immigrants are forced to contend with cultural and situational factors that are out of their control. Though they are coming to their host country to seek refuge and asylum, immigrants' safety is often just as threatened after arriving in America. This lack of belonging and security are direct threats to immigrants' emotional and psychological wellness, which profoundly affect immigrant children as they grow up.

As discussed in prior studies, when immigrant parents' mental health deteriorates, so too does that of their children's. The anxiety, depression, and trauma that is often associated with the migration process directly reflects on to the children, who then feel these same psychological symptoms. More often than not, immigrant children's potentials and academic successes are hindered due to the psychological ailments that their parents suffer from (Gilbert, Spears, & Mistry, 2017). In this study specifically, the Latino parents who reported feeling higher levels of stress related to their financial situations also experienced greater amounts of depressive symptoms. These symptoms carried over to the ways in which parents were less involved when it came to their children's schooling. Thus, parental mental health and well-being were directly tied to the success of Latino immigrant children in school.

Due to immigrants' children's vulnerability, they often become easy targets for criminals to manipulate them and take advantage of them, and these children face more dangers as a result. Safety is often called into question, even when these children are in foster care, because sex traffickers and gang members prey upon the children's emotions and find ways to remove the children from the foster care system (Crea et al., 2018). Instead of setting goals to ensure desirable, successful futures for their children, foster parents are instructed to become hyper-aware of dangers online, in the streets, etcetera. Protecting the children's safety becomes the highest priority while other aspirations, such as encouraging and helping the children to pursue their desired career paths, are tossed aside. Although immigrant children gain nourishment and shelter in the foster care system, they face increasing risks as they fall prey to criminals who take advantage of the children's vulnerabilities.

Due to individual differences, immigrant children have unique ways to cope with the environmental and psychological traumas that they face. In Brabant et al.'s (2016) study, the

researchers found that many of the immigrant children resort to physical or verbal violence as a result of their anger. This is, undoubtedly, an unhealthy coping mechanism that can negatively affect the children, as well as individuals who are around the children. Many other children in this study, however, chose to cope with their anger by avoiding or escaping the situation. Unlike their nonwhite counterparts, immigrant children endure a broad range of problems while they are in school. They are commonly victims of discrimination and racism because of cultural and racial differences.

As parents, it is important to encourage children and emphasize the value of a good education. When children succeed in school from an early age, they have strong foundations from which to build upon as they grow older. Because these Latino immigrant children lack involvement from their parents, they are prevented from doing well in school. Mathematics and language arts are often affected negatively because parents did not get involved (Gilbert et al., 2017). However, it is often difficult for parents to stress the importance of school when they are inundated with other issues, such as finances and their own mental well-being.

Limited Access to Mental Health Services

After experiencing their parents', as well as their own, trauma in relation to immigration, immigrant children face mental health issues and often do not receive the help that they so deeply need. Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt's (2015) study delineates the lack of mental health service utilization by immigrant children. According to the study, 35.4% of U.S.-born children utilized mental health services, but only about 17.9% half of immigrant children (17.9%) used these services. This study found that acculturation difficulties may be a factor in receiving mental health services: there was a positive association between the number of years that someone lived in the U.S. and the receipt of mental health services (Finno-

Velasquez et al., 2015). Contrarily, it is assumed that perhaps these immigrant children did not receive mental health services because of language barriers between healthcare professionals and the immigrant children. These language barriers could potentially lead to misunderstanding the needs, desires, and issues immigrant children encounter on a daily basis. As a result, adequate mental health services can be withheld from the children.

On the other hand, the lack of receipt of mental health services may be attributed to the immigrant parents' lack of willingness to seek these services for their children. They may feel that their families will face legal issues, such as deportation, if they seek out mental health services, and thus, they encourage their children not to receive mental health care. Even in school settings, where all children (regardless of citizenship status) have access to resources, immigrant children receive less school-related support in comparison to their non-immigrant counterparts (Finno-Velasquez et al., 2015).

In addition, many cultures frequently stigmatize mental illnesses and have their own ideas, methodologies, and practices to alleviate the symptoms associated with various mental illnesses. For this reason, immigrant parents may not want their children to seek outside help for their mental health problems, and instead they may want to take matters into their own hands (Finno-Velasquez et al., 2015). By utilizing their culture's practices, immigrant parents could possibly avoid deportation while also trying to improve their children's mental health. Due to their immigrant statuses, many children in America face trauma as a component or result of their mental health issues. Though their needs and problems are unique, these children often do not get the support and guidance that they need from mental health professionals, thus leading to further problems for these children as they progress through their lives.

Even when immigrant children do utilize mental health services, they oftentimes do not receive these services in full for a variety of reasons. In Kim, Lau, & Chorpita's (2016) study, the researchers determined that, in families with first-generation immigrant parents who were less acculturated, the children were more likely to miss appointments with the mental healthcare provider. On the other hand, first-generation immigrant parents who were more acculturated were more likely to ensure that their children attended the appointments. In terms of cancellations made by the families and the overall rate of attendance, however, acculturation was not one of the factors involved. The researchers described that, beyond cancellations and low attendance rates, the parents whose children were "no shows" to appointments indicate that the parents did not place great importance in attending the appointments. Fortunately, once the immigrant children had begun therapy, they were more likely to continue through until the termination of therapy. This indicates that therapy was helpful in alleviating the mental health issues of the immigrant children.

An important factor to therapeutic growth and efficacy was when therapists shared the same culture as their clients. As explained by Fortuna et al.'s (2016) study, immigrant parents and children alike experienced a lack of social support once they were in America. Kim et al.'s (2016) study, however, conjectured that, when immigrant children received therapy from a mental health provider who shared the same background and spoke the same language, they felt as if they had social support. By feeling that they had a source of guidance to assist in their growth, development, and betterment, immigrant children suffering from mental health traumas were able to continue through the therapy program.

Lifelong Impacts of Childhood Trauma

As was discussed in Brabant et al.'s (2016) study and Cleary et al.'s (2017) study, children and adults alike face many traumas in relation to immigration. The traumas and mental health symptoms that immigrant children encounter often follow them into their adult lives, where they are left to struggle with mental health issues on a daily basis. These adults not only have to face common stressors such as financial struggles and family conflicts, but they also have to confront mental health problems, stemming from when they were merely children. In Barrera, Sharma, & Aratani's (2018) study, the researchers focused on the Latino minority population in rural areas and found that 40% of the participants reported encountering three or four adverse childhood experiences. Past research had found that there was a positive correlation between the number of adverse childhood experiences and binge drinking. Additionally, those who reported experiencing three or more adverse childhood experiences were thrice as likely to report days of experiencing mental anguish. These participants were also eight times as likely to experience issues related to excessive alcohol and drug usage (Barrera et al., 2018). As Finno-Velasquez et al.'s (2015) study described, immigrants are more likely to avoid seeking mental health services.

Barrera et al.'s (2018) study reflects this because instead of receiving guidance from mental health professionals, Latino immigrants turned to drugs and alcohol to alleviate the pain from their past and present traumas. As they become physiologically and psychologically dependent upon these substances, immigrants drift further and further away from seeking mental health services. As a result, immigrants inadequately coped with their difficult situations. Furthermore, because 3.2 million Latino immigrants live in rural areas, they have limited access to mental health services. These areas have few, if any, mental health centers, making it difficult for those to receive help. For this reason, it is important to study ways to combat adverse

childhood experiences, because the traumas involved in these events lead to destructive psychological consequences when these children become adults (Barrera et al., 2018). There is a need for assessment in order to provide better treatment to the immigrant population. Such measures could include the CRIES measure, a commonly used assessment for post-traumatic stress disorder (PTSD). This screens children for posttraumatic symptoms and contains 13 items. It was found to have good reliability, and a positive predictive value (Perrin, Meiser-Stedman, & Smith, 2005). The Childhood Trauma Interview (CTI) is also a useful measure for screening PTSD in children and adolescents. The CTI focuses on six different types of childhood interpersonal trauma (Fink, Bernstein, Handelsman, Foote, & Lovejoy, 1995). This assessment has been found to have high inter-rater reliability, with 63% of intraclass correlations being above 0.90. The construct validity of the CTI was also found to be supported. Overall, the researchers have found that the CTI is a reliable and valid measure used to assess six different types of trauma in children.

As many studies, much like the ones above, have found, mental health problems - specifically PTSD – are often the gateway to other problems, such as alcohol and substance abuse disorders. Ramos et al. (2017) found that, in comparison to their white counterparts, Latinos who had encountered the traumas associated with migration experienced more symptoms and effects of PTSD. Whether the immigrants had come to America as adults or as children, they all reported experiencing feelings of trauma and isolation. Similar to the studies that had come before it, Ramos et al.'s (2017) found that Latino immigrants who displayed post-traumatic stress disordered symptoms also had depression, anxiety, and/or alcohol and substance abuse disorders. These mental illnesses are detrimental to the health of clients because of their self-perpetuating nature. If the Latino immigrants are unable to eliminate or reduce their alcohol

and/or substance abuse, their PTSD, depression, and/or anxiety will persist. On the other hand, if the Latino immigrants do not receive the help they need in terms of dealing with their PTSD, depression, and/or anxiety, their alcohol and/or substance abuse will continue.

Family Assessment of Trauma

Consistent with Kim et al.'s (2016) study, Ramos et al. (2017) concluded that empowering the Latino immigrants and making them feel socially supported were indispensable to the betterment of this population. If the immigrants continue feeling isolated by those around them, they will have a difficult time in improving their mental illnesses. Because Latino immigrants often feel neglected when they come to America, it is important that the therapists stress the importance of experiencing belongingness and confidence with one's ethnic background. The therapist plays a key role in the mental wellness of these immigrant clients, as they often do not have close friends and family that can lend support to them. Thus, by receiving mental health services, immigrants can combat the issues that they face with PTSD, depression, and/or anxiety and substance and/or alcohol abuse.

In order to improve the mental health of these immigrant children, it is important for screening tools to be tested across a wide range of settings so as to increase the validity of these tools. By doing so, psychologists and therapists can collaboratively determine which treatment methods and pathways to implement when attempting to improve the mental health of the immigrant children (Gadeberg & Norredam, 2016). Once these children are able to improve their mental health, they can be productive, contributing members of society and better their health overall.

Dimensions of Trauma Assessment

Aside from immigrants' lack of usage of mental health services, there is sometimes a paucity in services for other reasons. Research by Gadeberg and Norredam (2016) supports this idea because the tools that are available to measure trauma in immigrant children are often insufficient due to their lack of validity. Because of the increase in immigrants over the past few years, it is a crucial time to find measurement tools that are both valid and reliable in measuring such constructs such as PTSD in children. Immigrant children commonly experience trauma and related symptoms due to the fact that they come from such high-risk, war-torn countries. Not only do these children face devastation from a very young age, but they also grapple with life-threatening issues such as hunger, poverty, lack of shelter, etcetera. These issues make immigrant children vulnerable once they are in America, especially when they lack one or both parents, because they are then plunged back into poverty and (possibly) homelessness. Even if these children receive mental help, they cannot be effectively treated if their symptoms are measured with the wrong tools. The immigrant children's mental health issues can be overlooked if assessed with screening tools that lack validity, which would then potentially prolong the children's mental illnesses. Due to the stringency of border security, family instability, violence, and threats to socialization, immigrant children are often faced with trauma and do not have adequate resources to combat this mental health issue. This trauma then follows them into adulthood and becomes a generational issue, affecting many immigrants and their qualities of life negatively.

The process of immigration can have detrimental effects on the physical and mental health of children. When they come to America in order to seek refuge and support, they often have to face discrimination, racism, homelessness, poverty, and a long list of other issues at the border and in school. These young immigrants experience a deterioration in their mental well-

being as a result, with many children dealing with depression, anxiety, PTSD, and cognitive issues. Even if the immigrant children seek help, they are sometimes prevented from receiving the care they need, due to the fact that their parents may discourage them from doing so or because impediments such as language barriers exist. The various forms of trauma that immigrant children face impact them throughout the childhoods and into their adult lives. Therefore, it is imperative that proper actions be taken in order to combat the adverse consequences immigrant children face after migrating to the United States. All children, regardless of cultural background, need adequate support and care in order to be successful throughout their lives. If their psychological ailments are not dealt with, they will not be able to lead productive lives as citizens of our society.

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Trauma and Families: Fact Sheet for Providers

What is trauma?

Traumas are frightening, often life-threatening, or violent events that can happen to any or all members of the family. Traumas can cause traumatic stress responses in family members with consequences that ripple through family relationships and impede optimal family functioning. Families living in unsafe or *traumatic* circumstances often experience multiple traumas and have fewer resources needed for stability and recovery.

How does trauma impact the family?

All families experience trauma differently. Some factors such as the children's age or the family's culture or ethnicity may influence how the family copes and recovers. After traumatic experiences, family members often show signs of resilience. For some families, however, the stress and burden cause them to feel alone, overwhelmed, and less able to maintain vital family functions. Research demonstrates that trauma impacts all levels of the family:

- **Families** that “come together” after traumatic experiences can strengthen bonds and hasten recovery. Families dealing with high stress, limited resources, and multiple trauma exposures often find their coping resources depleted. Their efforts to plan or problem solve are not effective, resulting in ongoing crises and discord.
- **Children, adolescents, and adult family members** can experience mild, moderate, or severe posttraumatic stress symptoms. After traumatic exposure, some people grow stronger and develop a new appreciation for life. Others may struggle with continuing trauma-related problems that disrupt functioning in many areas of their lives.
- **Extended family relationships** can offer sustaining resources in the form of family rituals and traditions, emotional support, and care giving. Some families who have had significant trauma across generations may experience current problems in functioning, and they risk transmitting the effects of trauma to the next generation.
- **Parent-child relationships** have a central role in parents' and children's adjustment after trauma exposure. Protective, nurturing, and effective parental responses are positively associated with reduced symptoms in children. At the same time, parental stress, isolation, and burden can make parents less emotionally available to their children and less able to help them recover from trauma.
- **Adult intimate relationships** can be a source of strength in coping with a traumatic experience. However, many intimate partners struggle with communication and have difficulty expressing emotion or maintaining intimacy, which make them less available to each other and increases the risk of separation, conflict, or interpersonal violence.
- **Sibling relationships** that are close and supportive can offer a buffer against the negative effect of trauma, but siblings who feel disconnected or unprotected can have high conflict. Siblings not directly exposed to trauma can suffer secondary or vicarious traumatic stress; these symptoms mirror posttraumatic stress and interfere with functioning at home or school.

Safe and nurturing relationships among parents, intimate partners, siblings, and extended family members—as well as neighbors and faith-based group members—are protective and help families recover and grow. Risk factors contributing to family instability generally include prior individual or family psychiatric history, history of previous traumas or adverse childhood experiences, increasing life stressors, severity/chronicity of traumatic experiences, conflictual or violent family interactions, and social isolation. Facing significant risks, including limited resources, compromises families’ ability to adapt and to gain a sense of safety, stability, and well-being.

How can providers support families experiencing traumatic stress?

Providers aware of the impact of trauma on family relationships and functioning can help members access supports and treatments that focus on all family members and work to stabilize the whole “family unit”. Look for **family-informed trauma treatments** that:

- Promote safety for all family members and prevent exposure to further traumas
- Optimize the strengths of the family’s cultural or ethnic background, religious or spiritual affiliation, and beliefs to support recovery
- Link families to essential community resources
- Educate families on the signs of posttraumatic stress and how it can affect the family
- Include family-informed trauma assessments and evidence-based treatments that actively engage family members
- Help family members talk together about their traumatic experiences and how they were impacted

Partner with families to attain safety and access **family centered, trauma** specific services that put families in the “driver’s seat” and empower them to plot their own courses of recovery and healing in the aftermath of trauma. Family informed trauma treatments can help to build stronger families and hold promise for benefiting future generations.

“You can’t change the past, but you can do something with the present and prepare for the future. This is what really kept me going.”

A grandmother raising grandchildren who were abused

“It’s all in your heart, what you want, and what you can do. You can overcome anything.”

A mother whose child was murdered in a random act of violence

Go to nctsn.org to learn more about how to help families impacted by trauma and to check out the companion tip sheet for families: “Trauma and Your Family”

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HARVARD MEDICAL SCHOOL



Children's Hospital Boston

NCTSN

The National Child
Traumatic Stress Network

Treating Traumatized Immigrant and Refugee Youth

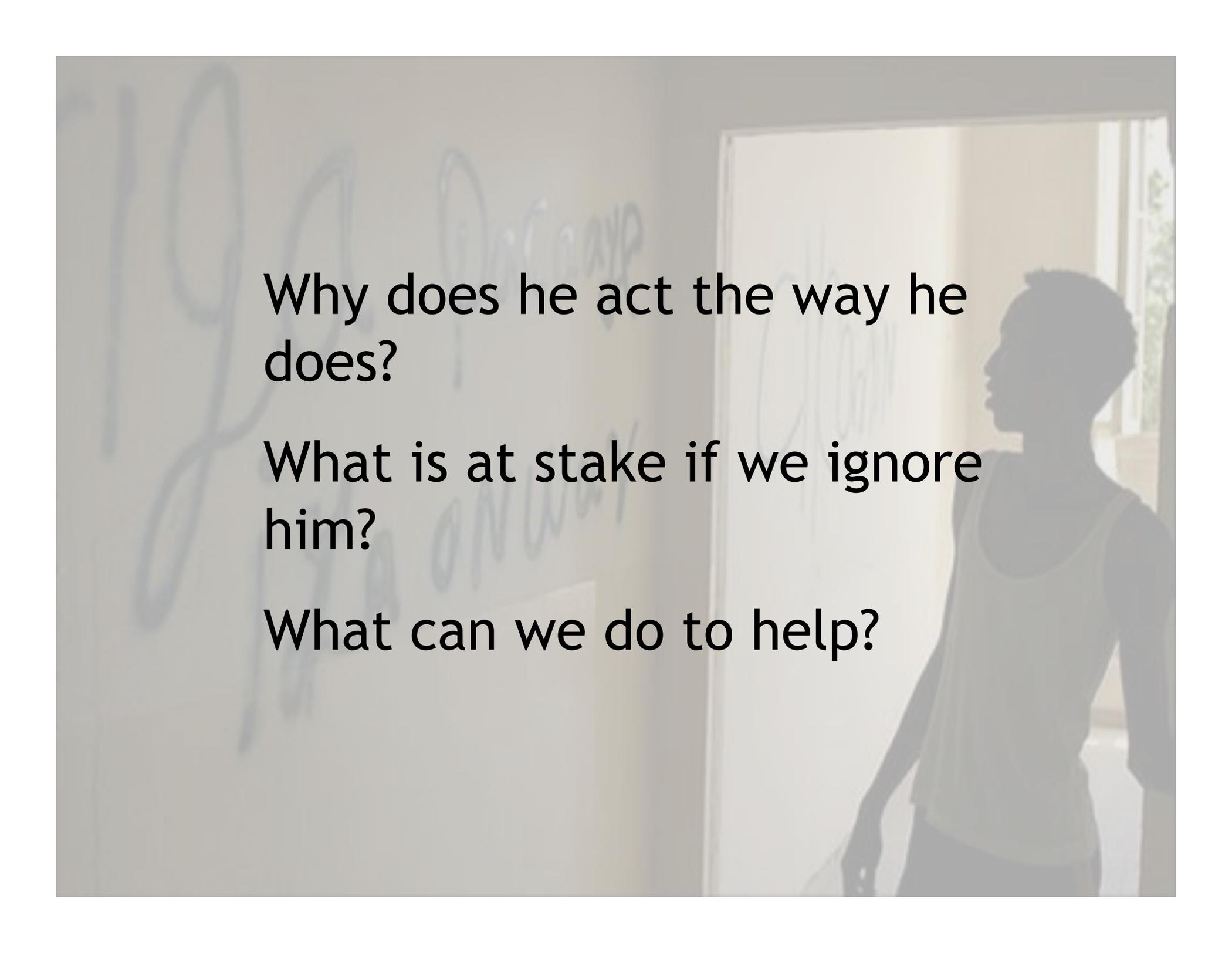
B. Heidi Ellis

Harvard Medical School

Children's Hospital Center for Refugee Trauma and Resilience

Egal





Why does he act the way he does?

What is at stake if we ignore him?

What can we do to help?

Prevalence

world-wide

- Approximately 11.4 million refugees and people in refugee-like situations world-wide
- About half of these are children <18yrs

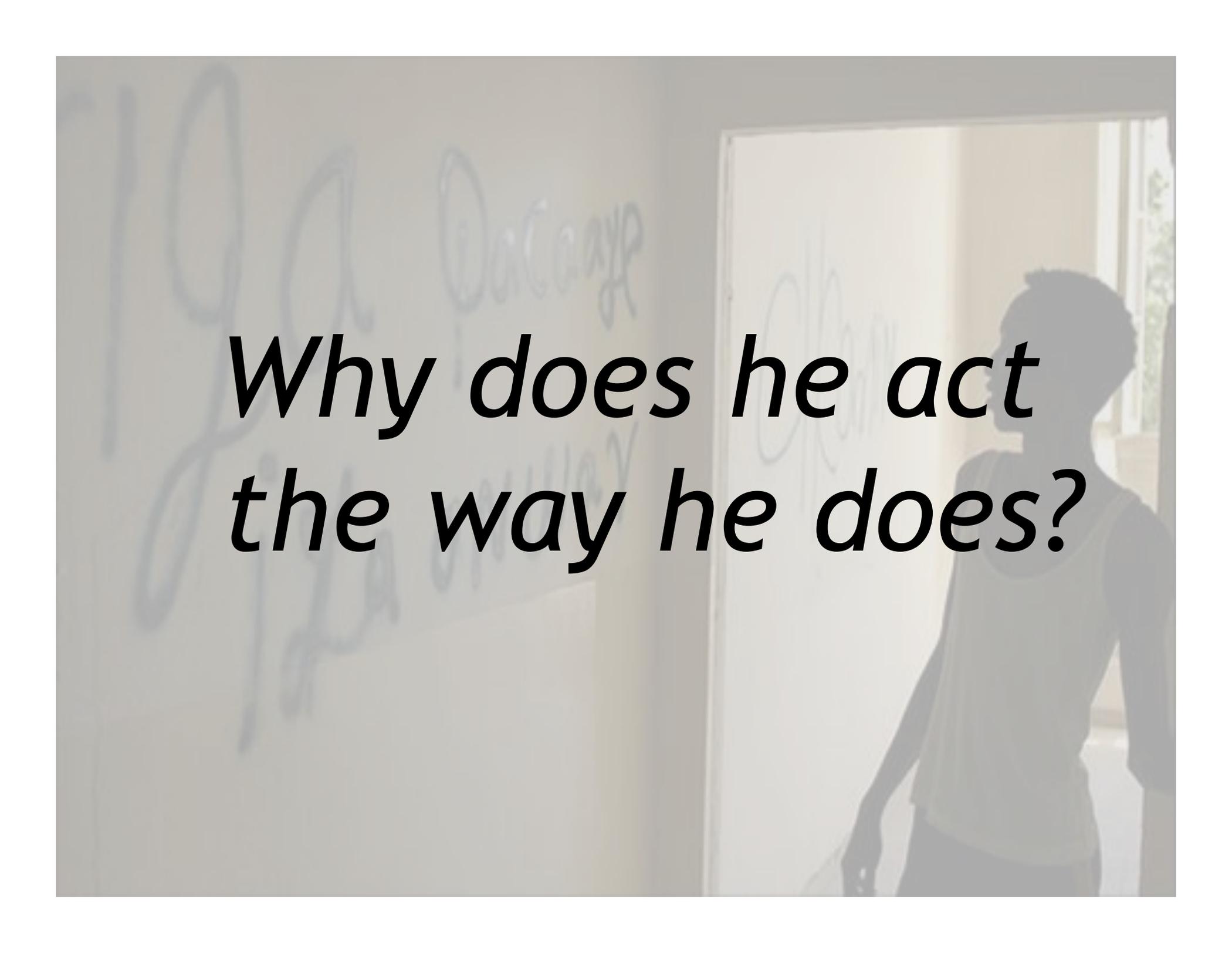
UNHCR 2007; www.unhcr.org/statistics

Prevalence

United States

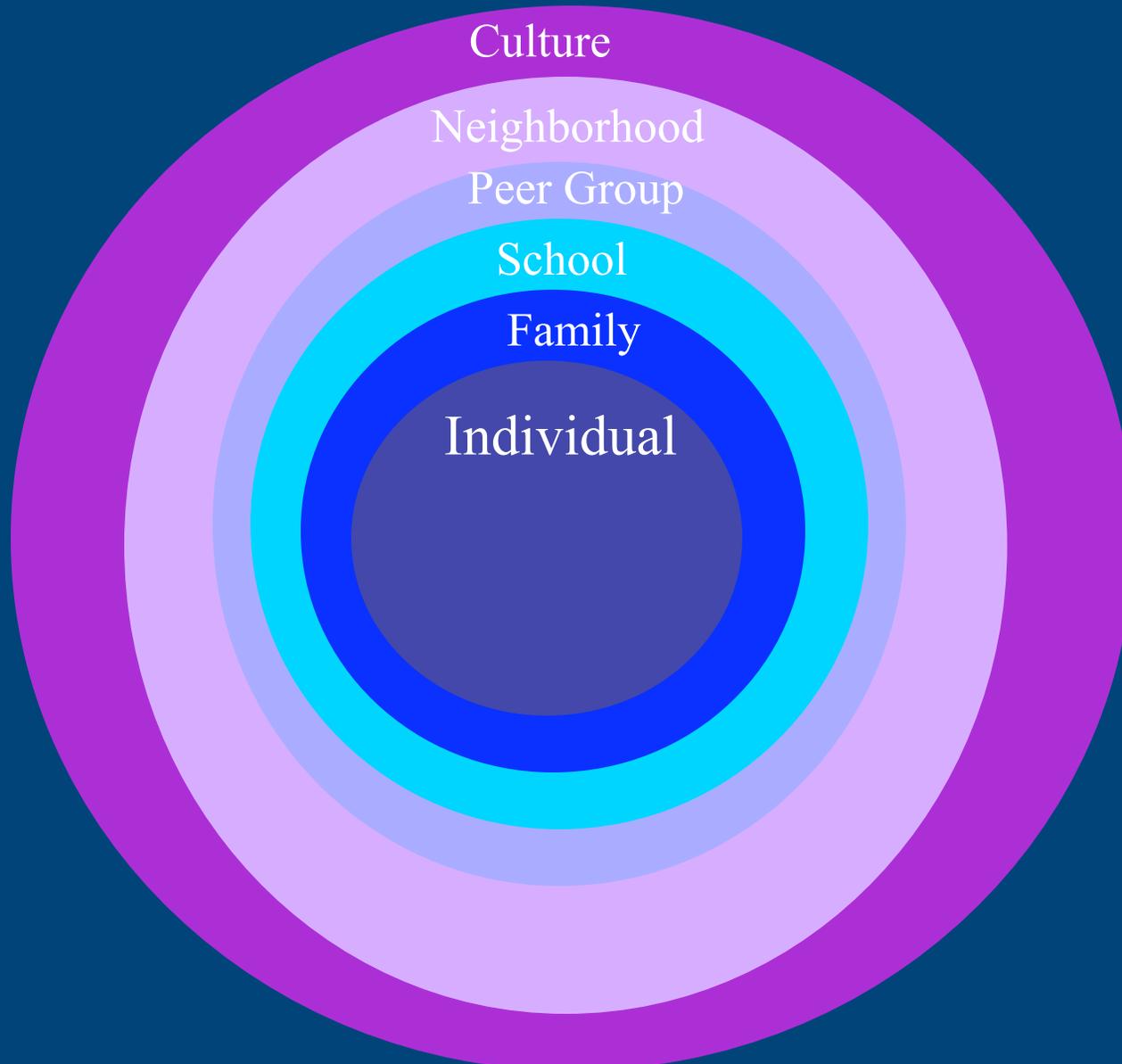
- Approximately 1 million refugees and people in refugee-like situations in the U.S.
- About 38% of these are children <18yrs

UNHCR 2007; www.unhcr.org/statistics

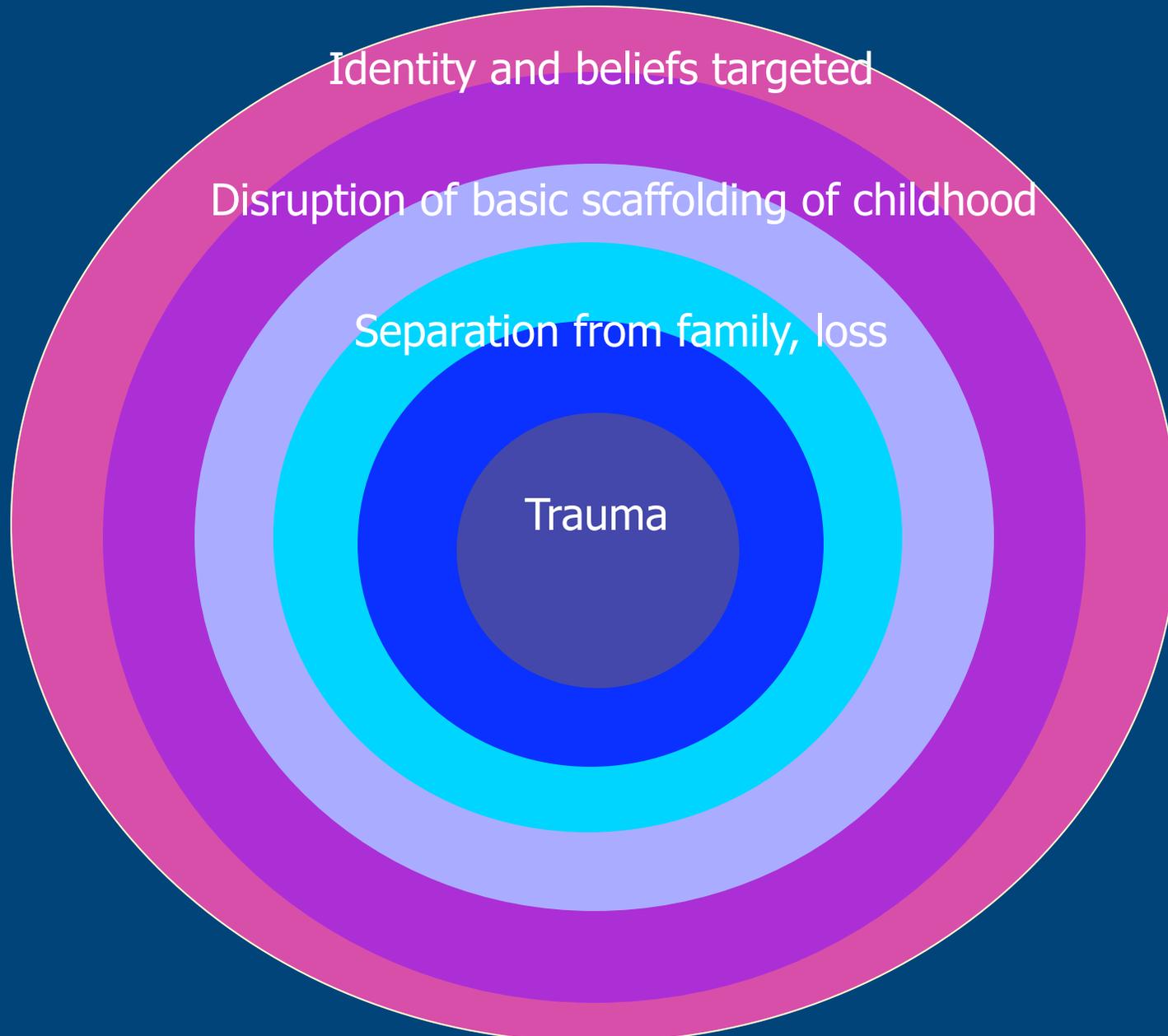
A grayscale image of a person's silhouette standing in a classroom. The person is positioned on the right side of the frame, looking towards a whiteboard on the left. The whiteboard is covered in faint, illegible handwriting. The background shows a doorway leading to another room. The overall scene is dimly lit, with the person's silhouette being the most prominent feature.

*Why does he act
the way he does?*

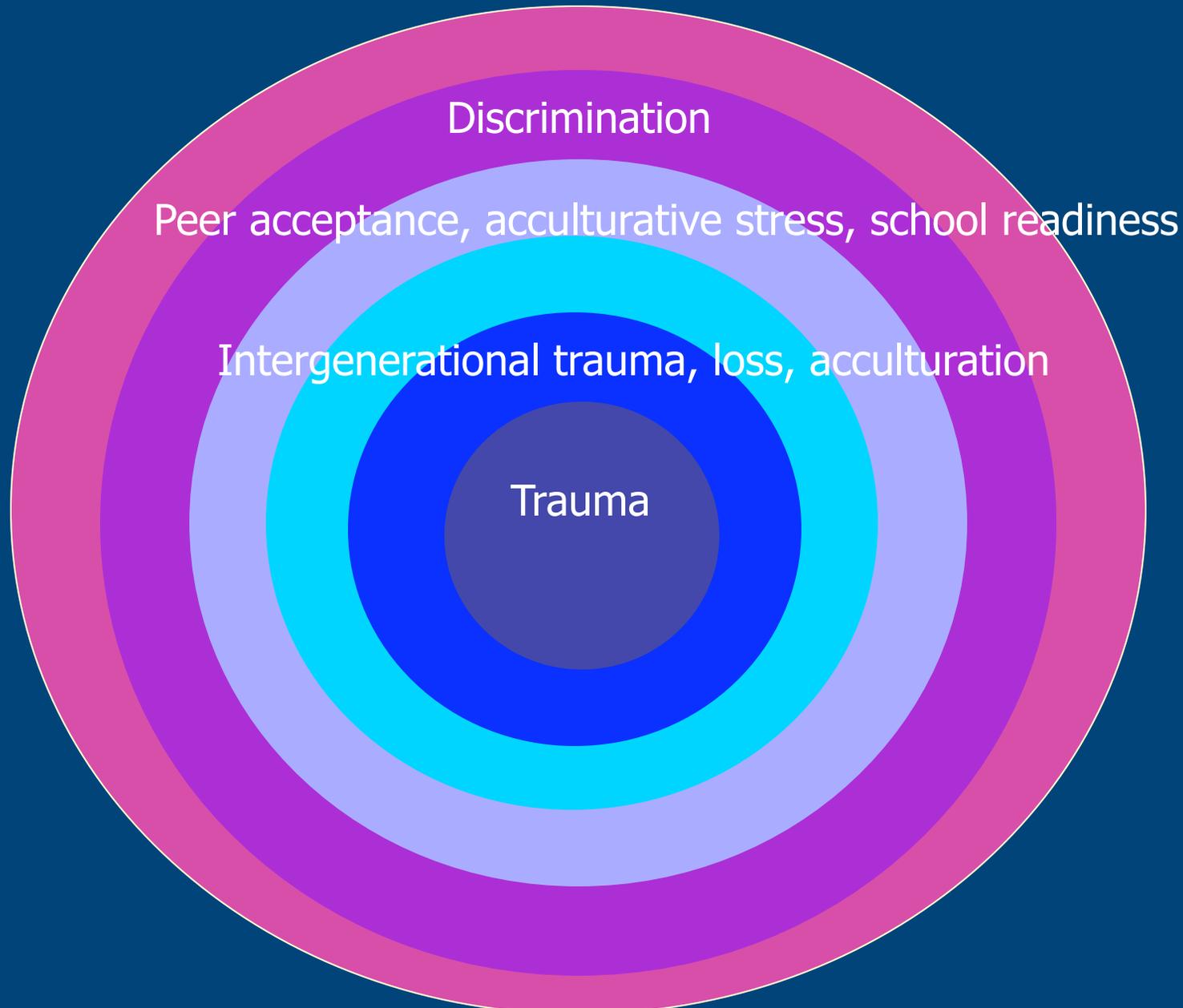
Social-Ecological Model



Pre-migration / migration

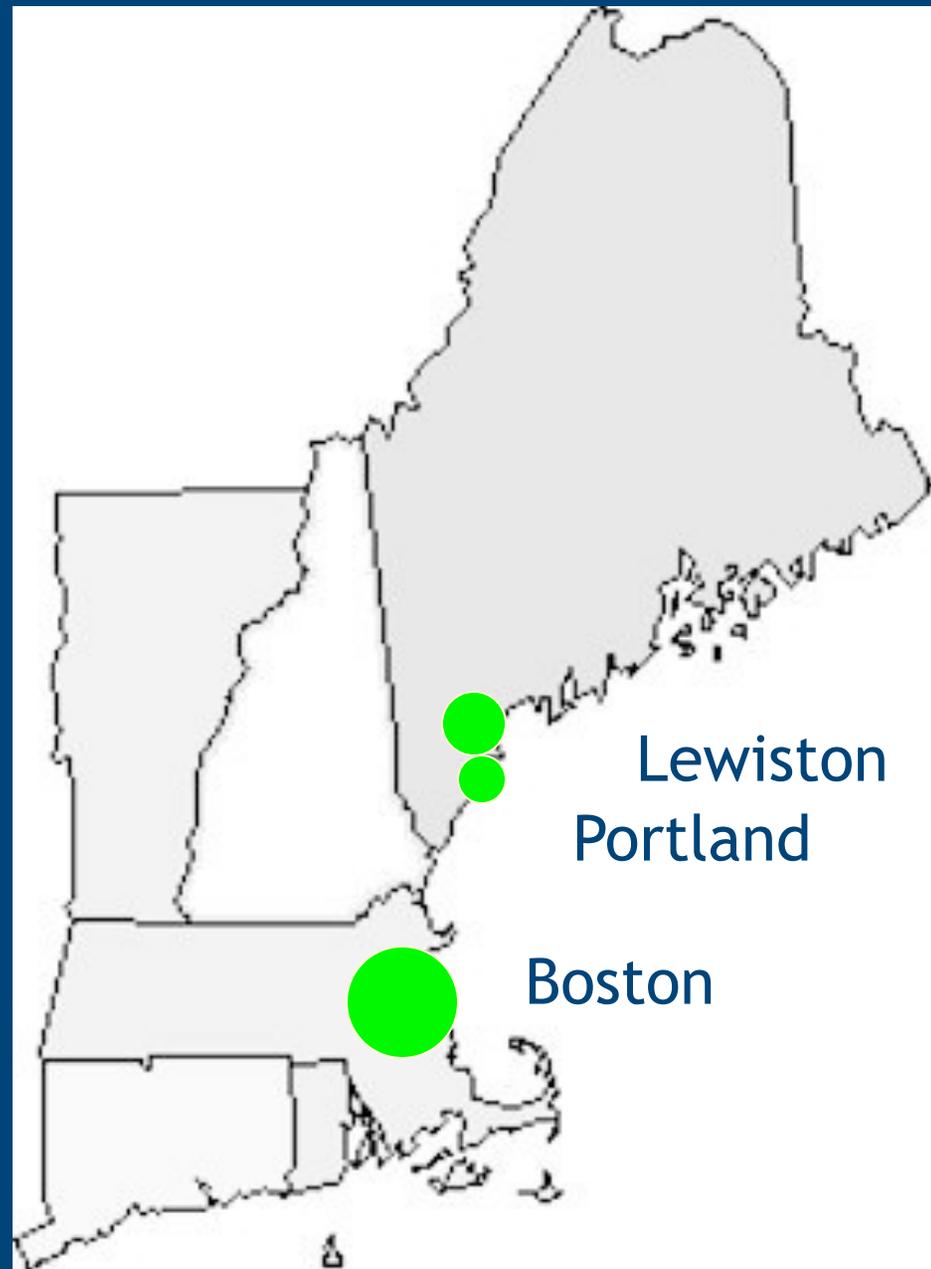


Resettlement

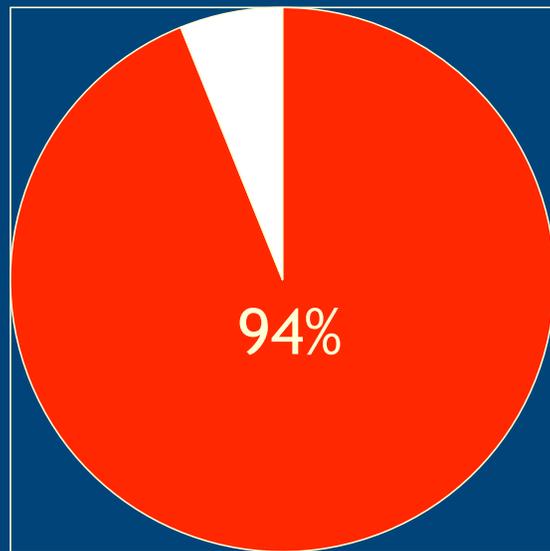


Somali Youth Experience Project

- N = 144
- Ages 11-19, living in U.S. at least 1 year
- Community sample



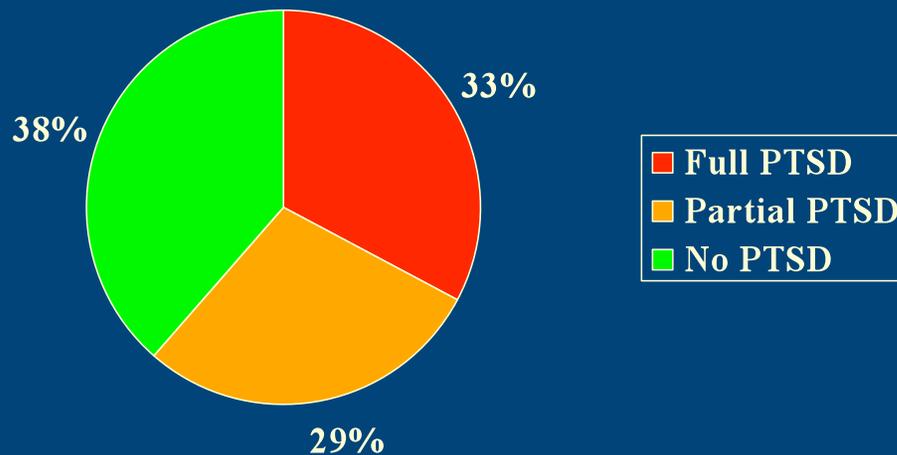
Trauma exposure



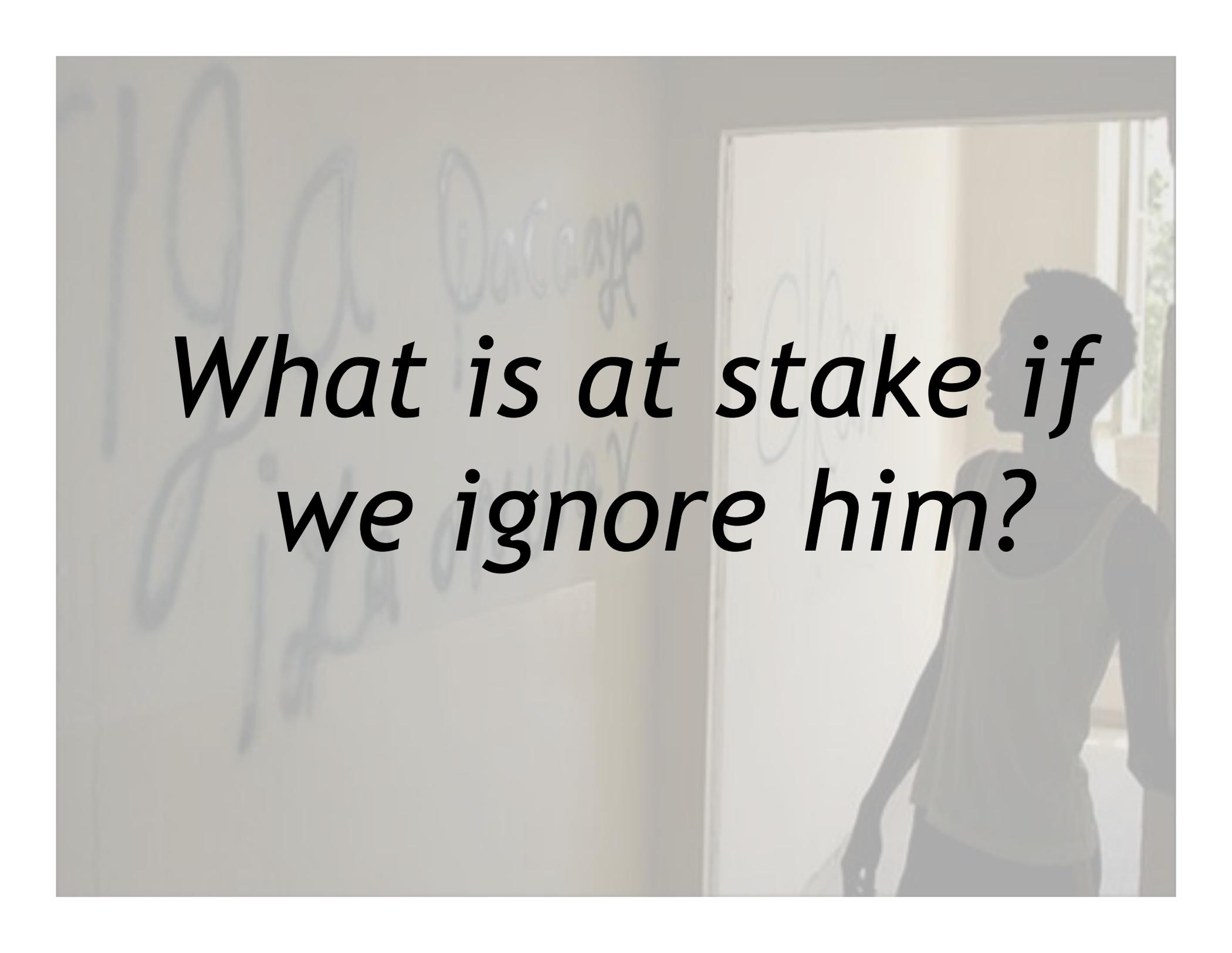
■ Trauma exposed
■ Not exposed

- Average 7 traumatic events (range 0-22)

Posttraumatic Stress Disorder (PTSD)



- Nearly 2/3 of youth reported significant PTSD symptoms, and 1/3 screened positive for Full PTSD

A grayscale image showing a person's silhouette in profile, standing in a room. The wall behind them is covered in graffiti. The person is looking towards the right. The overall tone is somber and contemplative.

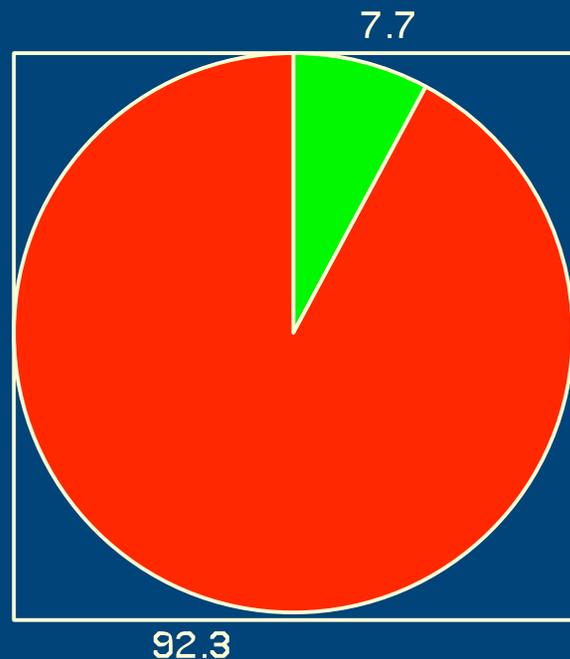
*What is at stake if
we ignore him?*

Consequences of traumatic stress

- Social
 - Drug abuse
 - School failure
 - Anti-social behavior
 - Isolation/withdrawal
- Psychological
 - Posttraumatic Stress Disorder
 - Reexperiencing, Avoidance, Hyperarousal
 - Depression
 - Conduct disorder
 - Emotion Regulation



Are refugee youth receiving services?



Parent and adolescent report of formal service use by the 26 'in need' adolescents

■ Formal Services ■ No Services

A person in silhouette stands in a room with graffiti on the wall. The person is wearing a tank top and is looking towards the right. The wall behind them has various graffiti, including the words "ONWAY" and "ONWAY". The scene is dimly lit, with light coming from a doorway on the right.

How can we help?

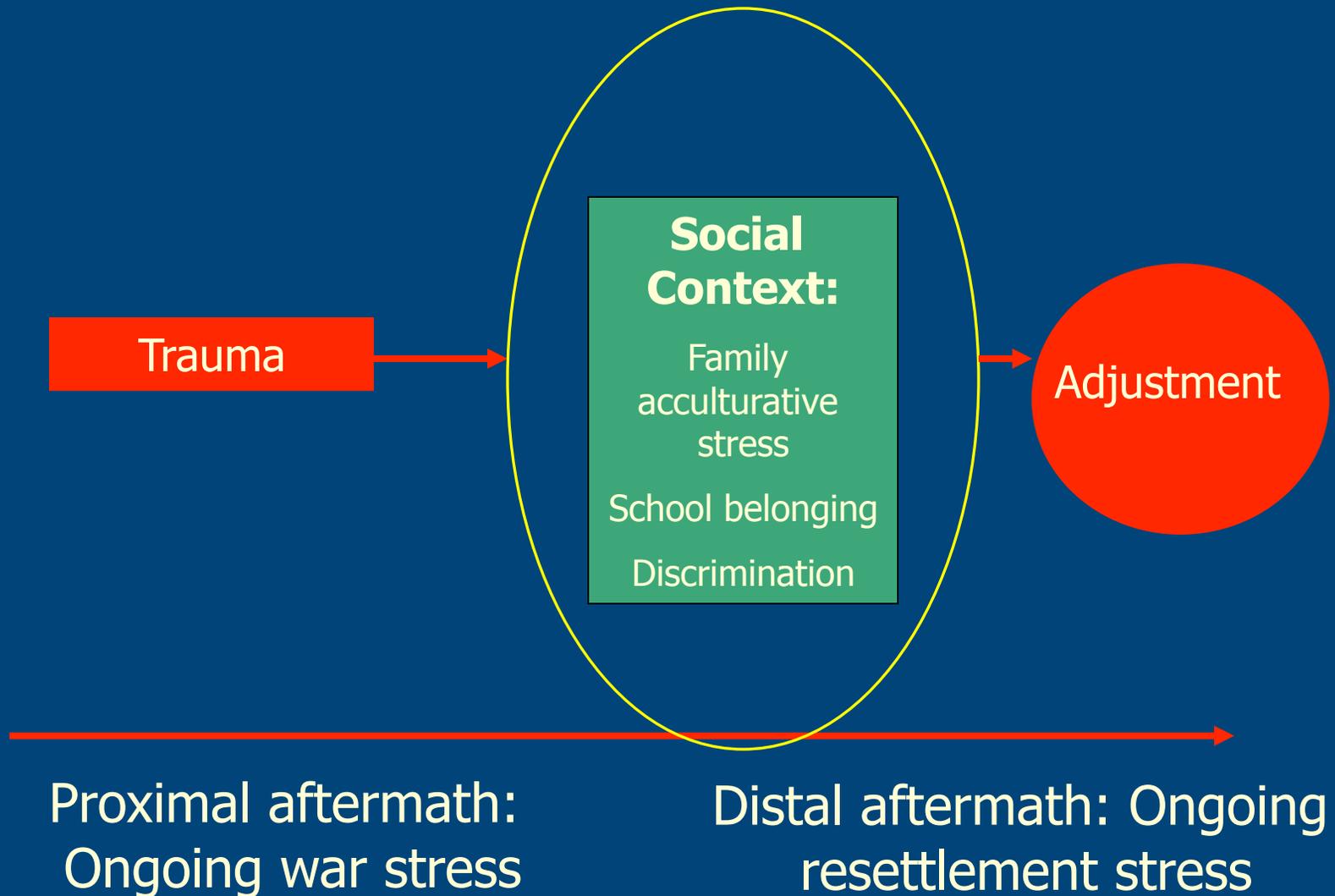
Trauma and adjustment



Proximal aftermath:
Ongoing war stress

Distal aftermath: Ongoing
resettlement stress

Trauma and Social Context



Project SHIFA: Supporting the Health of Immigrant Families and Adolescents



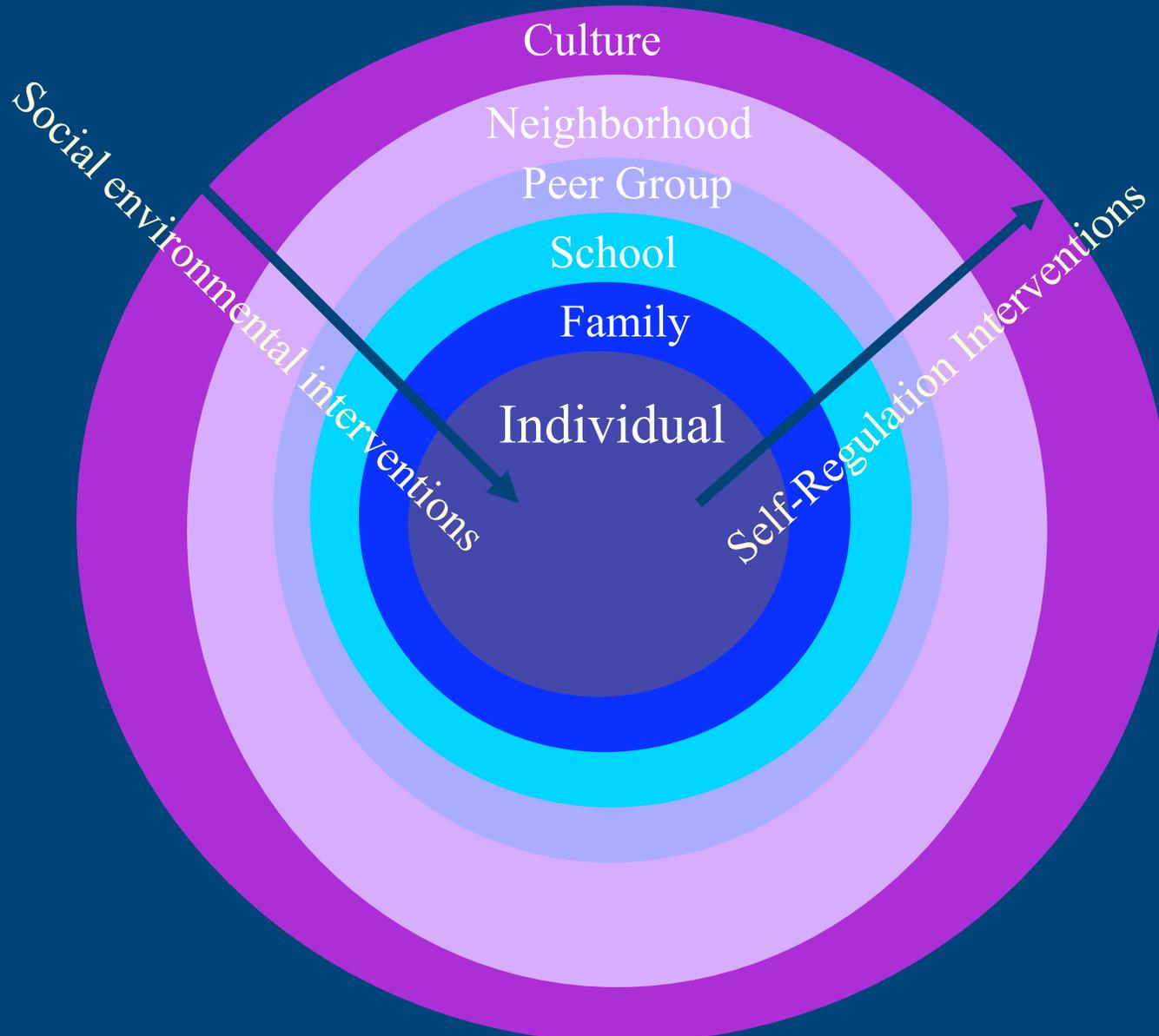
*Funding provided by the Robert Wood Johnson
Foundation Caring across Communities initiative*

It's about a trauma system...

1) A traumatized child who is unable to regulate emotional states,

2) A social-environment/system-of-care that cannot help contain this dysregulation.

Social-Ecological Model



Partnership:

- **Mental Health Providers** (Children's Hospital Boston, Boston University School of Social Work, Home for Little Wanderers)
- **Somali community agencies** (Refugee and Immigrant Assistance Center, Somali Development Center)
- **School** (Boston Public Schools, Lilla G. Frederick Middle Schools, Alliance for Inclusion and Prevention)



- **Families** (Family advisory board, parents)

The Base: Social Context and Trauma

Trauma

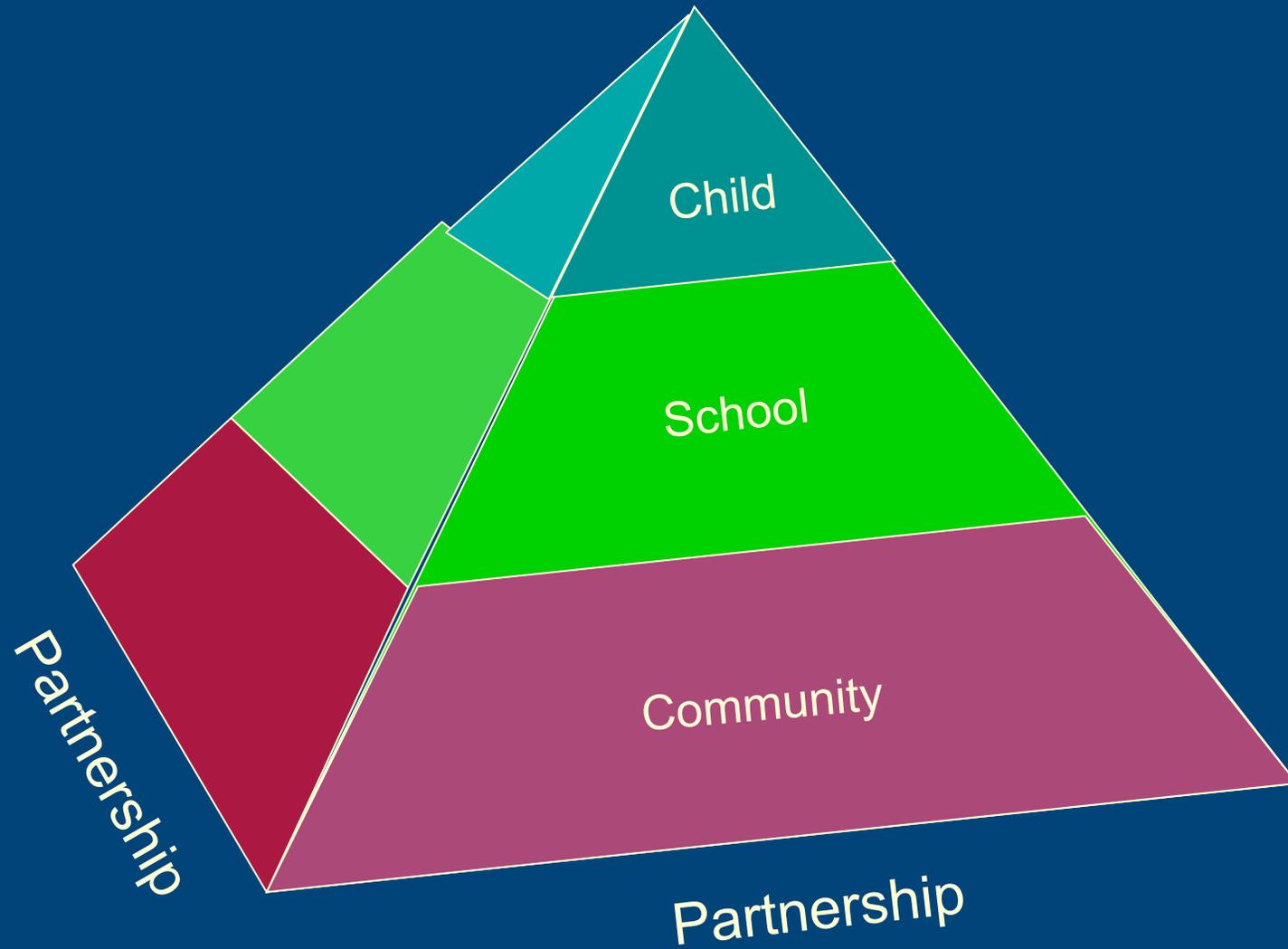
Resettlement
stress



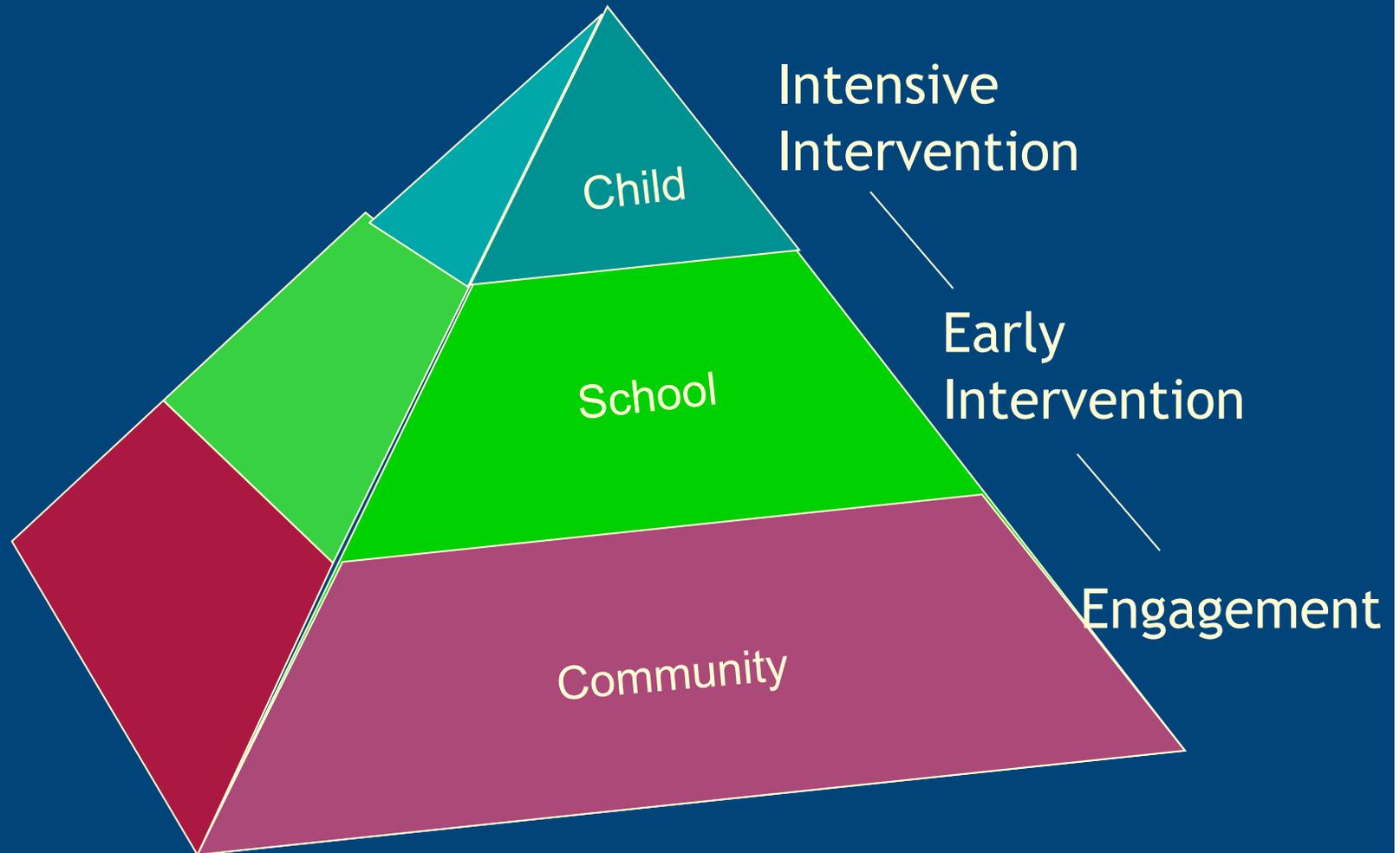
Isolation

Acculturative
stress

Continuum of care



Continuum of care



Community

Approach:

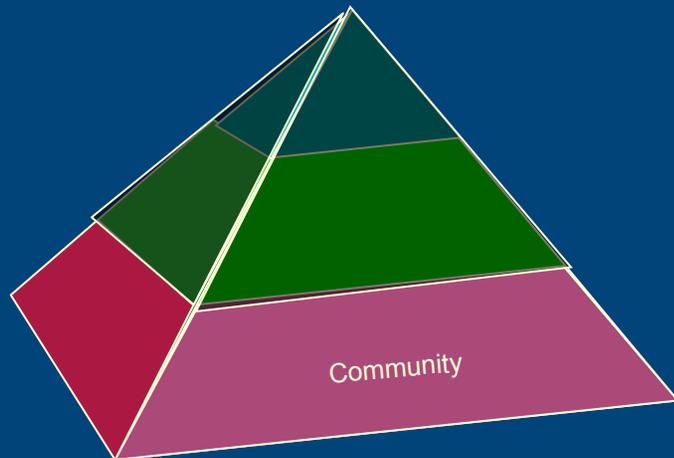
Parent outreach lead by
Community-based organization

Goals:

Engage parents as partners in
advocating for children

Connect with parents *before*
problems emerge

Connect parents with school
and beyond



School

Approach:

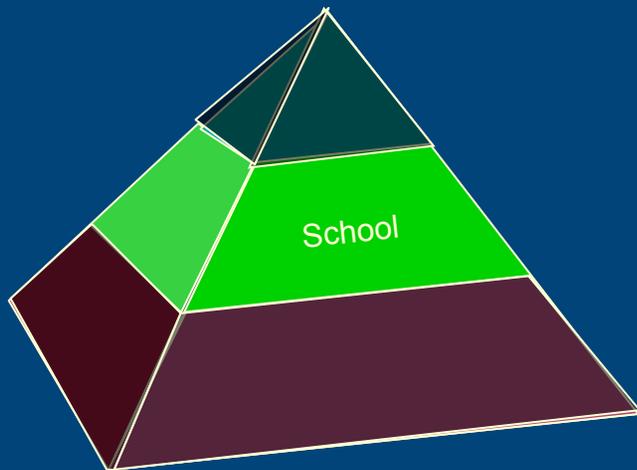
School-based youth groups
Teacher consultation

Goals:

Connect with youth in non-stigmatized setting

Connect *before* problems emerge

Address core risk factors of alienation, discrimination



Child

Approach:

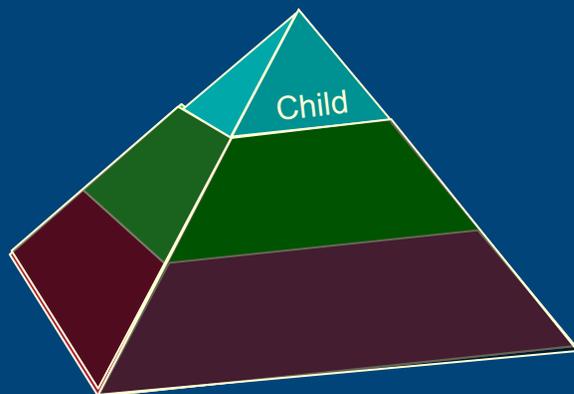
Trauma Systems Therapy: Evidence-based mental health intervention addressing key stressors in the social environment and related emotional dysregulation

Goals:

Engage child and family

Decrease child traumatic stress symptoms

Prevent long-term negative outcomes



Outcomes

- Community

 - Family advisory board

 - 100% engagement in treatment

 - Families and youth self-referring

- Family

 - Decrease in acculturative stress in family

- School

 - Increase in sense of belonging, decrease in rejection

 - Decrease in experiences of discrimination



- Child

 - Decrease in PTSD symptoms

 - Decrease in Depression symptoms

Contact information:

Heidi Ellis

Email: Heidi.ellis@childrens.harvard.edu

[http://www.childrenshospital.org/clinicalservices/
Site1936/mainpageS1936P24.html](http://www.childrenshospital.org/clinicalservices/Site1936/mainpageS1936P24.html)

[http://www.healthinschools.org/Immigrant-and-Refugee-
Children/Caring-Across-Communities/Boston.aspx](http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Boston.aspx)

<http://traumasystemstherapy.com/>