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Immigration Enforcement Practices Harm Refugee Children and Citizen-Children

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Abstract

Aggressive immigration enforcement hurts the very youngest children. Refugee and U.S.-born children of undocumented immigrants experience many childhood adversities, compromising their development and health. Refugee children flee traumatizing violence in their home countries, face grueling migrations, and are harmed further by being held in detention centers. Citizen-children of undocumented immigrants fret every day that their parent won't come home because they were apprehended, detained, or deported. They become hypervigilant, anxious, and depressed from constant worry. When parents are deported, citizen-children become orphans or exiles. This article discusses the situations of these youngest refugees and citizen-children and how threats of detention and deportation affect them.

On August 7, 2017, 3-year-old Diego Rivera Osorio was released with his mother, Wendy Osorio Martinez, from an immigration detention center in Berks County, Pennsylvania (Benshoff, 2017). He had spent 22 months of his life locked up during critical early-development stages, and his life was ruled by prison guards, head counts, and confinement. "He learned how to talk and walk there. That's where he learned everything," said his mother. Diego's crime? His mother fled Honduras in October 2015, when Diego was just 1 year old, to avoid physical violence, sexual assault, and threats of kidnapping. Despite having Special Immigrant Juvenile Status because he was neglected and abandoned by his father, Diego languished in prison. A federal immigration judge in York, Pennsylvania, saw the injustice and issued an order to release Diego. Although free and eligible to be a legal permanent resident, Diego still faces the potential loss of his mother, who can be deported. Like other traumatized children, Diego will very likely show behavioral and emotional reactions to his detainment that will require extensive assessment and intervention. Sadly, Diego is only one of thousands of refugee children who have been detained for months.

Whether they are refugees, like Diego, or the U.S.-born offspring of undocumented immigrants, children are hurt

by the practices described above. In this article, I consider the experiences of refugee children and citizen-children of undocumented immigrants. Very little is known about the effects that their own or their parents' detention and deportation have on very young children. Getting access to children in detention or immediately after detention to conduct developmental or clinical research is made nearly impossible by federal authorities and private prison companies that operate detention centers.

In discussing the situation of these young children, I draw on my clinical experience evaluating refugee and citizen-children from Mexico, El Salvador, Guatemala, and Honduras. There is not much written about the lives and development of very young children in the birth to 3-year-old group who are affected by enforcement practices. By applying what researchers know about early childhood development, it is possible to extrapolate that aggressive enforcement practices targeting adult immigrants makes children "collateral damage."

The Triple Traumas of Refugee Children

In the spring and summer of 2014, the United States' southern border with Mexico was overwhelmed by thousands of women with children and unaccompanied children seeking asylum.

Some were from Mexico, but the majority came from the Northern Triangle countries of Central America: El Salvador, Guatemala, and Honduras. Americans saw on television older children leading their younger siblings, some as young as 3 years old, unaccompanied by parents. Most of these unaccompanied minors were turned over to the Office of Refugee Resettlement, which handles these children. From there, many were placed with families in the United States or assigned to nonprofit groups with residential facilities.

The public also saw mothers with their children surrendering to border agents. It was painful to see but joyous, too, for these refugees could now feel safe and secure and were clothed, fed, sheltered, and prepared to join their families in the United States. Or so we thought. Federal immigration enforcement and customs and border patrol officials were simply not prepared for this large and immediate influx of women and children. In places like McAllen, Texas, where many such families entered the United States, federal authorities quickly registered the names of the women and children and other information, and hastily dropped them off at the local bus depot without food. The overwhelming number of non-English-speaking children and mothers became a public health and humanitarian problem. As often happens when government agencies fail, nonprofit groups, led by churches, stepped up to help. In the initial crush of the surge, many mothers with children were placed on buses to join family members in different parts of the United States. By summer, detention centers were created in south Texas, and incoming refugee mothers and children, many thousands of them, were placed in detention, for months at a time. The government contracted with private prison companies to operate the centers, then provided little oversight.

There are three levels of trauma that refugee children experience. The first level occurs before the migration, in their home countries, where gang and drug cartel violence is rampant and is often abetted by the police and ineffectual governments. Children of all ages have seen dead bodies in the streets and hanging from overpasses. They have witnessed murder or its immediate aftermath. One 6-year-old told me of seeing his uncle's dead body, with bullet holes in the face. Other children have seen or heard sexual assaults on their mothers by gang members or beheld the physical abuse of their mothers by husbands or boyfriends. Either after some planning or suddenly, mothers fled with their children, sometimes with little explanation other than a promise that they were going to a better place.

The next level of trauma is the migration across Mexico. Human smugglers are paid to get the families to the United States, but many dangers and horrors accompany them during transit: ransoms are exacted, women are abused and raped, families are held in stash houses for weeks with little food and poor sanitary facilities, the bodies or bones of earlier migrants are seen along the way, and crossing the Rio Grande on makeshift rafts can be treacherous. Safety eludes the women and children: They can't trust the police, food

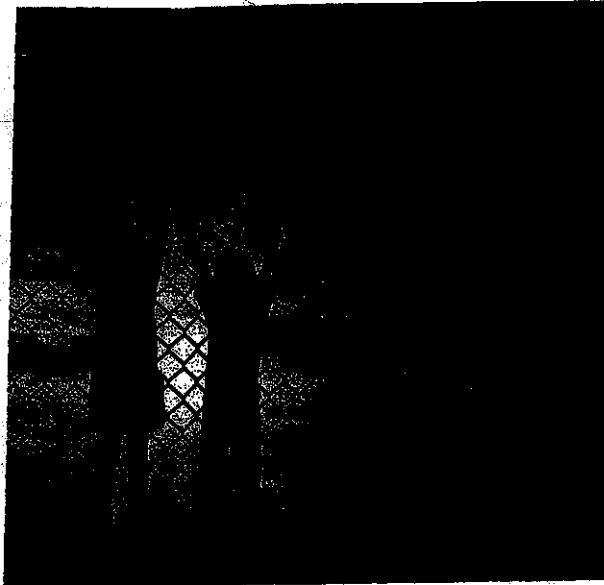
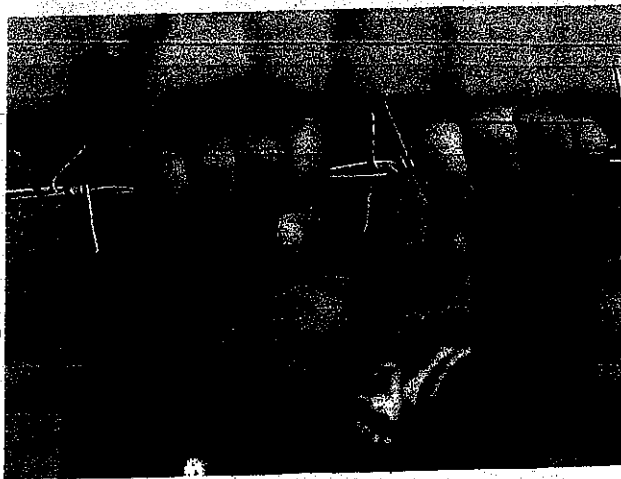


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Most commonly, mothers and children apprehended at the border are taken to holding facilities.

vendors, or local citizens, and they can't tell friend from foe. As Oscar Martinez (2013) wrote, "A migrant passing through Mexico is like a wounded cat slinking through a dog kennel: He wants to get out as quickly and quietly as he can" (p. 93). Fear is pervasive, and actual terrors are layered onto previous traumatic experiences.

The third level of trauma occurs upon entry to the United States. Most commonly, mothers and children apprehended at the border are taken to holding facilities. Known as *hieleras* (ice boxes) because they are kept very cold, these large rooms hold about 30 people, and the lights are on all of the time. Typically, there is one toilet behind a half-wall for all 30 people to share. Mothers and children are held for about 48 hours, no matter the child's age or physical condition. They are then transferred to detention centers in Texas or Pennsylvania. Guards rule in the detention centers, and life becomes a humdrum of suspended existence, where there is no interaction with the outside world. Children's developmental strides are truncated. Parental authority over children is removed, with mothers disempowered by guards. Sterile cells are shared with two or three other families. Mothers suffer depression and anxiety, all of which children feel. I learned of 2-year-olds who had regressed in their behaviors during one of my visits to the detention center. One 9-year-old girl I met was insisting that she be breastfed by her mother. Family routines and rituals end when living in cells with several other families: Mothers cannot cook family meals or instruct their children. Privacy is impossible in such close quarters, and mothers cannot read a nighttime story to their children without the presence of others who are talking or moving about. Brabeck, Lykes, and Hunter (2014) wrote of a 2-year-old boy whose Guatemalan mother was detained for 9 days. The separation precipitated tantrums; nightmares; sleeping, eating, and speaking problems; and extreme separation anxiety.



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Intuitively, prison-living can only have negative outcomes on already-traumatized children. Detention will have a serious, long-lasting impact on children's psychological well-being. The persistent stress, despair, and uncertainty of detention—even when it's just for a few weeks—compromises young children's intellectual, cognitive, emotional, and social development (Foster & Hagan, 2013). Detention raises the risk of recurrent and distressing memories, nightmares, dissociative reactions, prolonged psychological distress, and negative alterations in cognition. Cumulative stress contributes to chronic illnesses in childhood, some that may be irreversible (Evans & Kim, 2013).

Research on infants and children who live in jails with their mothers show more maladaptive social and emotional development, academic failure, antisocial and delinquent behavior, and later criminal involvement compared to other children (Byrne, Goshin, & Blanchard-Lewis, 2012; Dallaire, Zeman, & Thrash, 2014). It is well known that disruption in infants' attachment to their primary caregivers leads to insecure bonding and that insecure attachment affects general growth and brain development as well as social functioning and reactions to stress. Insecure attachment can also increase the risk of aggression. Trauma and detention are detrimental to children's brain growth and neural development and predict psychopathology (McLaughlin, Sheridan, & Lambert, 2014).

Two distinct elements of detention seem to hurt children the most. One is deprivation, the absence of expected developmentally appropriate environmental inputs and complexity. Detention deprives children of moving about freely, mastering their environments, and learning about the world outside prison walls. Socialization experiences are stunted: Children cannot watch their parents interact with shopkeepers, ministers, teachers, and neighbors, so they don't learn from seeing the day-to-day problem-solving that living in communities requires.

The other detrimental element is *threat*, that is, experiences that represent immediate or ongoing menace to the child's

physical integrity and psychological security. Besides the presence of guards, walls, locked gates, and barbed wire, there is the threat of punishment for minor violations, and children in detention cannot question guards' punitive authority. They live under a penal mentality rather than in an environment focused on child care. In one detention facility, crayons were banned from the visitation room or waiting area where mothers left their children while they met with their attorneys, and children were restricted to a 9-by-5 rug and weren't allowed to take toys off the rug or into the meeting rooms with their parents (Buch, 2016). As one lawyer said, "... anyone who's had a 2-year-old or a 3-year-old or a 5-year-old ... to confine them to ... [a 9-by-5 space] is unrealistic" (Buch, 2016). These threats, spurious and mean-spirited rules, and uncertainties of what will come next are damaging. Children ask themselves and their mothers: *What if I do the wrong thing? Will the guard do something to me or to my mom? What will happen to me? Will they take something away from me tomorrow? When will we be released, and to where—back to the frightening place we left or somewhere in the United States?* To small children, the threats loom large.

These are the kinds of conditions that children like Diego face and the outcomes they are likely to encounter in years to come. All three levels of psychological trauma will require years of mental health services to alleviate. As professionals who will be entrusted with the care, education, and health of these children now and in the future, we must be prepared for behaviors and emotions we seldom see.

Citizen-Children: Overlooked, Exiled, and Orphaned

Citizen-children—those born to undocumented immigrants and given citizenship under the 14th Amendment of the U.S. Constitution—are haunted daily by the possibility that one or both parents will be apprehended and detained by Immigration and Customs Enforcement agents. Very young children may not understand what is going on around them or what "legal status" means. They respond emotionally, psychologically, and behaviorally to the stresses on their parents and siblings. Immigration policy and practice does not take into account the well-being of the children, who are citizens. Enforcement makes children collateral damage by the use of raids, arrests, detention, deportation, and repatriation. Citizen-children's rights do not extend to their parents; immigration law treats them separately, not as a unit. While an undocumented immigrant citizen's home country may confer rights to offspring born abroad/in another country, the United States does not give citizen-children's undocumented parents any rights to claim legal status. When immigrants appeal deportation in immigration court to protect their U.S.-born children, they must prove that the deportation will cause "exceptional and extremely unusual hardship" on the citizen-child. That is, citizen-children's needs are not given the same priority as they are in family court. Instead of applying the "best interest of the child" standard that is common in family court, immigration courts insist that the immigrant must prove the

potential harm of deportation to their child. Failing to do so, a deportation will be executed and parents will have to make decisions about what to do in the best interest of their children.

An example of what can happen when parents are detained by immigration appears in the case of "Ana," a citizen-child of two Mexican-born undocumented immigrants. Ana lived with her parents and older sister. I evaluated Ana when she was 5 years old as part of her parents' quest to have their removal cancelled.

When she was 3½ years old, Ana saw her parents arrested for unsubstantiated reports of placing their children in danger. Both parents were handcuffed and placed in a police car in Ana's presence. The two girls were taken in an ambulance by kind paramedics and placed with a maternal uncle, but were legally in the custody of local child protective services (CPS). CPS later determined that there was no indication that the parents had put their children in danger. Their father was released within 4 days but their mother was detained by Immigration and Customs Enforcement for 30 days without contact. Ana told her parents that she saw them in handcuffs from the ambulance.

Ana's father noted that when he returned from jail, the two girls clung to him for several days and did not want him to be out of their sights. From her mother's description, it seemed that Ana had a severe reaction to the separation. Once her mother was released, Ana insisted on sleeping with her parents for fear they would leave again. After the arrest and incarceration, the girls frequently warned, "put on your seatbelts so the police don't stop us," and were frightened when they saw police cars on the road. At the girls' request, the parents avoided driving past their old home.

I saw Ana once in my office and twice at their home. During the office visit, as I met with her parents to collect history, Ana entered the room at least three times in the course of 15 minutes to check on them, needing to be reassured that they were still there. My interactions with Ana were brief, owing to her refusal to meet alone with me. She did not cry, but became visibly distressed at the prospect, so I made sure we met with her parents nearby. Ana gave me one-word answers and would whisper to her mother in Spanish. Generally though, she was neurologically intact, and cognitively at age level. She behaved appropriately for the context, although she was more reserved than other children her age.

It became clear in time that Ana showed heightened levels of separation anxiety. She had faced a sudden, inexplicable separation from her parents under unusually stressful circumstances (i.e., police cars with flashing lights, emergency medical personnel, and CPS workers). My observation of Ana's wariness with me yielded a picture of hypervigilant engagement with the world and signs of reactive-attachment problems.

My evaluation implored the court to consider that Ana suffered from separation anxiety, with her recurrent, excessive distress when separated from her parents, her worry of being alone, and her refusal to be alone with others unless mom or dad

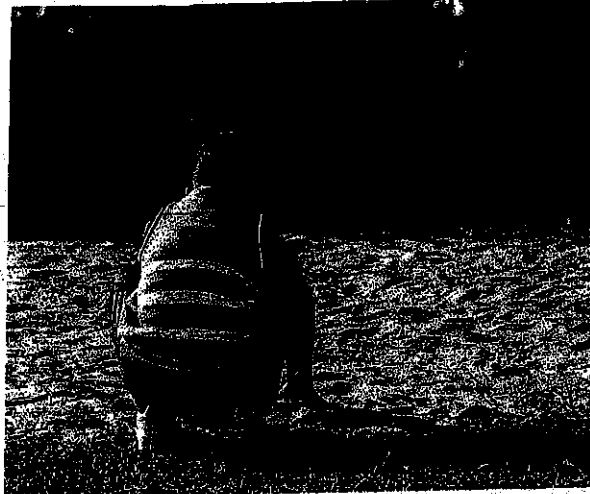


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The mere fact of living as a citizen-child means hiding openly, going to school and to the playground but always keeping watch, ready to recede from notice.

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were nearby. She also worried about something bad happening to her mom or dad and was constantly fearful that something bad would separate her and her parents again. Some signs of reactive attachment and posttraumatic symptoms were evident but too shallow from my limited observation to end in a diagnosis. The fact that Ana didn't show more symptomatology, I told the court, was a tribute to her parents' love, sensitivity, care, and stability. Furthermore, leaving the only country, community, school, and home she had known would have untold negative effects on Ana's psychological and emotional status. Fortunately, the immigration judge agreed and both parents were permitted to remain in the country.

The mere fact of living as a citizen-child means hiding openly, going to school and to the playground but always keeping watch, ready to recede from notice. Dreading the deportation of parents generates formidable effects on children and families, both emotionally and materially (Allen, Cisneros, & Telez, 2013; Dreby, 2015; Gutbas et al., 2016). The looming dread of arrest, detention, deportation, loss, and separation raises tensions in the family and strains relationships between parents, and between parents and children (Chavez, Lopez, Englebrecht, & Viramontez Anguliano, 2012; Dreby, 2012). As parents' level of vulnerability to deportation rises, so do their children's stress levels (Brabeck & Xu, 2010). Immigrant parents' worry and anxiety is transmitted to their young children through the many channels of parent-infant interaction (Yoshikawa, 2011). Parents' legal vulnerability and experiences of detention and deportation, in particular, are associated with children's withdrawal and depression, anxiety, fears of separation, social isolation, self-stigma, rule-breaking and aggressive behaviors, and attentional deficits (Delva et al., 2013; Gonzales, Suárez-Orozco, & Dedios-Sanguinetti, 2013).

In my research on citizen-children and their parents' deportations (Zayas, 2015), I reported similar findings regarding children's mental health. In everyday life, citizen-children said

they abided by two rules related to their parents' susceptibility to deportation. Rule 1 was "don't talk," in order to keep the secret that parents were undocumented. Rule 2 was "sit still," so that the children would not draw attention when in the car or other public places. Children told stories of sudden, terrifying moments when they had to be quiet and sit still. In a deeper analysis of these children, Lauren Gulbas and I (2017) uncovered a *cultural script of silence* among families, in which members followed a code not to discuss parents' legal status inside and especially outside the home. This is part of the fear brought by deportability.

When parents are deported they must decide whether to take their citizen-children with them or leave them behind. It is an agonizing decision that no parent should ever have to make. Sometimes teenagers are left behind to finish high school and continue on to college or jobs. Younger children are usually taken to the other country. Sometimes all minor children are taken. The "orphans" are the children who are left behind in the care of someone else. This group in our study showed high levels of anxiety, grieving the loss of parents. Their attachment figures had been ripped from them. Children I call "exiles" are those who have been taken by their parents to another country. To be an exile is to lose a sense of place, leading to statistically meaningful rates of depression. The adjustment to countries they have never known, to speaking Spanish, to new schools and public institutions, and to new peer groups with different expectations are often painful. Schools and neighborhoods become places where these exiles are assailed for being "gringos" who dress and speak funny and who are not authentically from their parents' country.

One rupture among citizen-children that is closely associated with attachment is the sense of belonging, the personally meaningful connection to our social and physical world (Baumeister & Leary, 1995; Zayas & Gulbas, 2017). Whereas attachment satisfies the child's emotional needs for safety, security, and comfort through a personal relationship with their parents, belonging extends attachment as a connection to the broader social and physical world. Exiles are deprived of what legal scholar Jacqueline Bhabha (2009) calls "territorial belonging," the bond between person and country so important for identity, well-being, health, education, linguistic competencies, gender roles, and family and social networks.

Clinicians and Advocates

What can clinicians and advocates do? As clinicians and frontline practitioners they will increasingly see children who have spent time in immigration detention and citizen-children

who are deportation orphans. They must prepare themselves with research and training.

As practitioners, they can be advocates. It has been my experience that practitioners bring the authority of firsthand experience to extending social justice to refugee and immigrant children. Clinicians' knowledge and testimonials are extraordinarily effective in immigration courts. They not only speak with the authority of individuals who have treated and served these children but who know the science behind childhood trauma. In my experience as an expert witness in dozens of cases in immigration court, I know scientific data is irrefutable. Clinicians and advocates use data to inform the court about the developmental effects of immigration practices. By taking this teaching role, they can change how immigration courts think and act. They can get them to look at "the best interest of the child" and not just what is "exceptional and extremely unusual hardship." They can all play a part in improving the future of refugees and citizens.

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