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The Trump Administration's Zero-Tolerance Immigration Policy and Its Impact On Migrant Children's Well-Being

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Abstract

The purpose of this research was to understand the impact that the zero-tolerance immigration policy had on the well-being of children who were forcibly separated from their guardians at the U.S. border. Focusing on the factors that influence children and their families to migrate to the United States from their countries, the impact that forcible family separation has on children and their mental well-being. The experiences that children went through while in the custody of the Department of Health and Human Services (HHS) in the immigration detention centers, and the impact that the zero-tolerance immigration policy had on migrant families and children over time. I will be using a qualitative research method, a small-N study of 20 children who completed the UCLA Post-Traumatic Stress Disorder Reaction Index. Focusing mainly on children but also looking at their relationship with their family members after they were reunited if they were. This research helped me find that some migrant children who were not separated from their guardians and family members still showed to have PTSD. This could be due to the experiences that the children saw or experienced at the immigration center or experiences that they saw crossing the border or pre-migration. Additionally, this research helps to show the impact that pre-migration factors had on children's mental health before they were forcibly separated from their families and guardians and the impact the zero-tolerance policy had on families and children who were separated.

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Introduction

Every year many Central American families migrate to the U.S. Mexico borders many of whom are seeking asylum, some families request asylum at the U.S. border and others enter the United States unauthorized. According to the U.S. Customs and Border Protection in the year 2018, the United States Border patrol apprehended a total of 396,579 individuals at the Southwest border (U.S. Customs and Border Protection 2018). After the zero-tolerance policy was in place in the year 2018 on July 13, 2018, it was reported by the Department of Health and Human Services (HHS) that approximately 2,551 children ranging from the ages 5 years old to 17 years old remained separated from their families and guardians (HHS 2018).

This study aims to identify the impact that the Trump Administration's zero-tolerance immigration policy had on children who were separated from their families, parents, and or guardians at the border compared to children who were not separated from their families. My research question is what impact did the Trump Administration's zero-tolerance immigration policy have on the well-being of children who were forcibly separated from their families, parents, and or guardians at the U.S. border compared to children who were not separated from their families? My independent variable is the zero-tolerance policy, and my dependent variable is the impact that it had on children who were separated from their families due to the zero-tolerance policy.

Previous literature has found that many immigrants who are detained at the U.S border are majority asylum seekers from Honduras, El Salvador, and Guatemala. These countries are known as being part of the Northern Triangle of Central America.

These areas were found to be unstable areas filled with high levels of human rights violations, insecurity, poverty, violence, a corrupt justice system, and drug cartel infiltration. (Wood 2018) Moreover, previous research on family separation has shown that family separation can have a great impact on a child's health especially if the separation is a forcible separation. In 2018 the Society for Research in Child Development focused on the effects that the zero-tolerance immigration policy had on children who were separated from their families and found that family separation has long-term damaging psychological and health consequences for not only children but also their families, and communities (Society for Research in Child Development 2018). Additionally, the Society for Research in Child Development found that the zero-tolerance immigration policy had raised large concerns in researchers, child welfare advocates, the public, and policy makers.

My central hypothesis for my thesis is if children were separated from their families and parents while the zero-tolerance policy was in effect then they are likely to develop problems that can affect their mental and physical health compared to children who were not separated from their families when the zero-tolerance policy was implemented. This is my hypothesis because previous research that has been conducted on family separation on children has shown that this separation leads to health problems that can affect children in the future. Additionally, the zero-tolerance immigration policy separated children from their families, and guardians forcibly which I think made it worse for these children because they didn't have any other choice.

This research question is important because it brings awareness on how a policy can impact the lives of others and we can utilize this as a learning experience. That way, we don't have the same problem later on. It is also important to acknowledge the impact that this policy had on the lives of young children and families at the border. This policy separated children from

their loved ones, some were able to be reunited while some to this day have not been reunited, and some lost their lives at the United States Immigration detention centers. I am focusing on this topic because immigration is an important topic in the United States and politics. Immigrants in the United States make significant contributions not only to the labor force in the US but also to their economy. In addition, the United States has one of the largest immigrant populations in the world, with approximately 46.6 million immigrant workers (Camarota 2022).) Finally, I believe that this research question is important because it's important that we focus and acknowledge how children were impacted by this policy. Many children were not able to speak up for themselves or advocate for themselves when they were in this situation, the only thing that they could do was call for their parents which many of them were forcibly separated from. These children may have not had a choice or decision to migrate to the United States, since many were brought to the United States by their parents or guardians as the outcome of the zero-tolerance immigration policy.

Literature Review/ Theory

The zero-tolerance immigration policy, also known as the family separation policy, was put into effect on May 7, 2018, by the Department of Justice of the United States under the Trump Administration (Congressional Research Service 2019). The primary goal of this policy was to discourage undocumented migration into the United States, decrease undocumented border crossing, and reduce the processing of asylum claims during the Trump Administration. Under this policy, adult migrants found crossing the border without documentation would be prosecuted and detained in federal criminal facilities or they would be deported. Children who were found crossing the border without proper documentation would be placed under the supervision of the US Department of Health and Human Services. The most disputed aspect of

this policy was that it allowed federal authorities to separate children and infants from their parents and families with whom they had entered the United States. The zero-tolerance policy was in effect from May 7, 2018, to June 20, 2018. During the time that the policy was in place, many children were separated from their families. This policy caused a lot of controversies, outrage, and disapproval from many people and organizations. Many brought awareness to the impact that this policy was having on children and they filed claims against it.

On June 20, 2018, the Trump Administration was forced to rescind the policy and signed an executive order to end family separations at the United States border. Donald Trump signed this executive order to end family separations because controversy started to arise, there was national criticism against his administration and the zero-tolerance policy due to the discovery that the zero-tolerance policy didn't include measures to reunite the families that had been separated this public pressure lead him to sign this executive order. Dr. Colleen Kraft who is president of The American Academy of Pediatrics visited a government shelter for immigrant children in Combes, Texas when the zero-tolerance policy was still in effect. In this government shelter majority of the children who were there had been separated from their parents. Dr. Colleen stated that "I've never been in this situation where I've felt so needlessly helpless." "This is something that was inflicted on this child by the government, and really is nothing less than government-sanctioned child abuse." (Kraft, 2018) These observations that Dr. Colleen had made encouraged her to release statements in which she rebuked the practice of separating families. "Prolonged exposure to highly stressful situations — known as toxic stress — can disrupt a child's brain architecture and affect his or her short- and long-term health." (Kraft, 2018) Dr. Colleen Kraft's findings encouraged more than 65,000 members across the United States who are part of the association that she leads to send multiple letters to the Department of Homeland

Security, calling for change and action. (Shoichet, 2018)

The zero-tolerance policy was implemented for a total of 44 days and in January 2020 The Southern Law Center reported that an estimated 4,368 children were separated from their parents, guardians, and families (SPLC, 2020). Additionally, in 2021 the Biden Administration completed a review and reported that more than 1,400 parents were deported without their children. On June 26, 2018, Dana Makoto Sabraw who is the Chief Judge of The United States District Court for the Southern District of California issued a nationwide injunction against the zero-tolerance policy and he ordered that all children who had been previously separated had to be reunited with their parents and guardians within a period of thirty days. (United States District Court Southern District Of California, 2018)

Despite the Trump administration claiming that they had the information of the parents and children who were separated, “the United States government knows the location of all children in its custody and is working to reunite them with their families.” (Soboroff, 2019) In 2019, NBC was able to obtain emails that were released to them and found that even though the Trump administration stated that they would use the government central database to connect a large number of children and families who were separated, the Trump administration only had enough information in their central database to reunite sixty children with their guardians and families out of the estimated 4,368 children. In June 2018, a Health and Human Services official stated that “We have a list of parent alien numbers but no way to link them to children.” (Soboroff, 2019). This information along with the emails that had been sent show that the Trump Administration was not able to reunite all of the children who they had separated from their families and guardians when the zero-tolerance policy was in effect.

My theory is that the migrant children who were forcibly separated from their families at the US-Mexico border are more likely to develop problems that can affect their well-being which can then lead to mental and physical health problems compared to children who were not separated from their families. Forcible family separation has been found to have a negative effect on children and their mental well-being. Another factor I think has an impact on children's well-being is the experiences that children went through while in the custody of the Department of Health and Human Services (HHS) in the immigration detention centers and the experiences that they experienced pre-migration. The conceptual definitions for well-being in children are the physical health, development, safety psychological and emotional development, social development and behavior, cognitive development, and educational achievement of a child which includes both their mental health and physical health (Neuraxpharm 2021) Children's well-being can be measured by looking at observational factors and different factors. The aspirational child well-being measurement framework by the OCED can also help us measure the well-being of children.

Child Migration to the United States

Previous literature and research conducted have shown that there are multiple major reasons why many children and families migrate to the United States. Those reasons include trying to escape violence, poverty, and exploitation in their home countries. Countries like El Salvador, Guatemala, and Mexico have very high rates of violence mainly targeting children and women (Ataints et. al 2017). According to the Insight Crime's 2020 Homicide Roundup in the year 2015 Mexico had a total of 34, 515 murders, and 969 femicides, with a homicide rate of 27 per 100,000. El Salvador had a homicide rate of 19.7 per 100,000, Guatemala had a homicide rate

of 15.3 per 100,000. The U.S Customs and Border Protection in the year 2018 reported that they had apprehended 13,669 family units from El Salvador, 50,401 family units from Guatemala, 39,439 family units from Honduras, and 2,261 family units from Mexico all family units represented individuals who were parents or legal guardians of a child under 18 years old (U.S Customs and Border Protection in 2018). The journey that these children face to come to the United States is long and dangerous; some children also come unaccompanied. Additionally, 9 along the way children also face the risk of being exploited by others and facing violence and death. Previous research has found that 70% - 80% of children who migrate to the United States unaccompanied have been victims of human trafficking by the smugglers who sell them to the labor force or prostitution (Ataints et. al 2017). Additionally, previous findings have shown that there are three types of organized crime groups in Central America which include mara street gangs, Central American drug transporters, and Mexican drug cartels; it was reported that these groups create forced displacement and high levels of violence (Cantor 2015).

The Impact of Forcible Family Separation

The impact that forcible family separation has on children and their mental well-being is huge and can lead to future health problems. Previous research that has been conducted has shown that trauma can be caused by the forcible separation of children from their families or parents. Trauma can cause drastic changes in the brain of children. Which can lead to affecting their mental health and physical health. The American Psychological Association has found that children who were separated from their parents for a long period of time during the immigration process led to higher rates of anxiety and depression. (Journal of Adolescent Research, Vol. 26, No. 2, 2011). Additionally, previous research has shown that children and families who migrate to the United States may face traumatic experiences and continued stress that can be due to the

experiences that they face during their migration process which can then lead to mental health problems. Like PTSD and anxiety “Immigration detention itself is a traumatic experience with inherent toxic stress and has been shown to have deleterious effects on the physical and emotional wellbeing of migrant children, resulting in greater rates of PTSD, depression, anxiety, and developmental delays” (Dudley et al. 2012). In 2019 The American Academy of Pediatrics renewed their call for an end to family separation at the border in which they addressed that we should be treating children with more respect, which they added that this means not separating them from their families and not keeping them in detentions. “We need to treat children with compassion and respect. This means not separating them from their parents. This means not keeping them in detention. This means having pediatric guidance and medical professionals to care for them when they are in United States custody” (Jenco, 2019).

Moreover, the role of child attachment in a child's development is important, and forcible family separation from their parents can harm their development. Which can then negatively impact a child's development of social skills. For example, previous researchers have predicted that children develop into healthy adults when there is a context of stable parental relationships. On the other hand, relationships that are forcibly separated may lead to significant developmental challenges in the future (Winnicott, 1958). These findings help us understand the negative impact that forced family separation can have on children and how this can lead to developmental challenges in the future. These problems might not present themselves right away but they can present themselves later in the future as anxiety, depression or PTSD. Previous research on migrant children and families who have sought asylum at the U.S Mexico border between the years 2017 and 2018 has shown that both children and their parents shared similar pre-migration traumas. Additionally, this research has also found that children and parents both presented to

have mental health problems, and both parents and children met the criteria for the DSM diagnoses, and children who were separated from their families and then reunified also showed signs and symptoms of trauma. Symptoms and distress continued after reunification, prompting the evaluators to recommend therapy, and also removal from detention for those still in immigration detention centers (Hampton et.al., 2021) This helps to show that even after children have reunited with their family members this separation still had a negative effect on their mental health which then also impacted the relationship between children and their parents.

Children In Custody Of The Department of Health and Human Services

Moreover, it has also been found that children who were forcibly separated from their families have higher posttraumatic stress, anxiety disorders, depression, aggression, and suicidal ideation (Teicher, 2018). This is mainly because younger children depend on their parents and guardians on attachment bonds for their self-regulation and resilience also which leads them to feel safe and secure (Teicher, 2018). Resilience is important in children because resilience helps children learn how to cope with problems or situations that they might experience during their childhood. Both resilience and self-regulation was found to be most important in children's mental health. Beyond Blue, which is a mental-health and support organization, found that children who have greater resilience can manage their stress better and which leaves them to be less likely to experience PTSD, anxiety, and depression. (Beyond Blue, 2022) Moreover, previous studies on the neuropsychiatric consequences of traumatic stress have found that repetitive early life stress on the brain can have negative effects on the brain structure, function and connectivity, and the identification of sensitive periods. This occurs mainly throughout a child's childhood when the specific regions and pathways of their brains are strongly influenced by adversity (Teicher, 2018).

Additionally, previous research has found that children who were forcibly separated from their parents could experience and suffer from different changes in their brains, early death, and changes in social and cognitive functions. “When children live in potentially stressful conditions such as those experienced in a facility, it is likely that they will frequently encounter challenging situations, with no resort but physiological arousal. Such responses may be even more intense for children who have experienced prior adversity such as early parental separation”(McLaughlin et al., 2015). This information helps to show the effect that constant stressful conditions can have on children which they are likely to experience in a detention facility. Children are more likely to have physiological arousal and this is more likely to happen in children who have experienced parental separation due to the trauma that this separation has caused them. “Another major mechanism through which adverse experience may impact stress regulation and health is by influencing the development and functioning of the ANS. The ANS supplies nerves to parts of the cardiovascular, pulmonary, endocrine, exocrine, gastrointestinal, genitourinary, and central nervous systems" (Duke & Keech, 2016). This information indicates that activation of the ANS can result in major health issues. This is due to the ANS being linked to the brain, which plays a crucial role in various areas of the central nervous system that can be impacted by this significant mechanism.

Additionally, previous literature has focused on the trauma exposure and mental health problems that Central American and Mexican children have experienced when they are held in immigration detention centers at the US-Mexico border. Researchers have also looked at the children's early-life adversity and migration-related stress and the effect that it has on children at the US-Mexico border. Researchers have found that family separation was a major attachment-related trauma specifically in younger children who were forcibly separated from

their parents and that pre-migration childhood trauma history predicted PTSD symptoms in migrant children due to their childhood trauma history. “Migrating children have high rates of trauma exposure prior to and during migration. Early-life adversity increases the risk of developing mental health disorders. Forced separation of migrating children from their parents at the United States–Mexico border potentially exacerbates this risk.” (Sidamon et al., 2021)

Moreover, prior information on the conditions that migrant children were kept in the immigration detentions by HHS. Multiple migrant teenagers stated that they felt underfed and poorly fed and were also fed raw and undercooked meat (Monyak, 2021). A 13-year-old from Honduras who was at an emergency intake in Texas stated that “I remember that during one meal, my friend was given chicken that still had feathers in it and she had to pull out the feathers” (Monyak, 2021). Additionally, the conditions in which these children were kept included limited space and limited resources and supplies like cleaning clothing, blankets, and hygiene supplies. In 2018 a Walmart in Brownsville Texas was turned into a detention center for 1,500 migrant children. The biggest detention center for children was near the border of South Texas and there were 10 shelters in three of the Valley counties in Texas (Fernandez, 2018).

Conceptual Hypothesis

My hypothesis for my thesis is if children were separated from their families and parents while the zero-tolerance policy was in effect then they are likely to develop problems that can affect their mental and physical health compared to children who were not separated from their families when the zero-tolerance policy was implemented. My independent variable is the zero-tolerance policy, and my dependent variable is the impact that it had on children who were separated from their families due to the zero-tolerance policy.

Operationalization/Measures/Data

My operationalizations definitions are the children's ages which are (ages 4-18). These are the children's ages because children must be under the age of 18 to be considered to be minors and should still be a little older to be able to understand the questions that are asked to them. The mother's ages are from (ages 20-to 56) the time from arrival at the detention center to interview (days) which can be from (days 1-50) and if the children had been previously separated from the mother which can be either a yes or a no (n=10) Yes (n=10) The subjects are 10 migrant children who were separated from their mother and 10 children who were not separated from their mother. My data is from previous research that was collected by Sarah A. MacLeana, Priscilla O. Agyemanb, Joshua Walther, Elizabeth K. Singer, Kim A. Baranowski, and Craig L. Katz on the mental health of children who were held at a United States immigration detention center. The researchers interviewed 425 mothers and 150 children at this detention center in an immigration detention center for 2 months in the year 2018 while the zero tolerance policy was still in place.

The research method that I will be using is the UCLA Post-Traumatic Stress Disorder Reaction Index. The UCLA Post-Traumatic Stress Disorder Reaction Index is part of the DSM-5 the DSM-5 is a manual assessment and diagnosis of mental disorders and it's a self-questionnaire. The UCLA Post-Traumatic Stress Disorder Reaction Index assesses children and adolescents' trauma history and PTSD symptoms by using a self-report questionnaire that screens for exposure to traumatic events and PTSD symptoms in them. The UCLA Post-Traumatic Stress Disorder Reaction Index is useful because it will be able to tell us which children are experiencing Post-Traumatic Stress Disorder if its children who were forcibly separated from their families and parents or children who were not separated from their families and guardians. The average time that it takes to complete the UCLA Post-Traumatic Stress

Disorder Reaction Index is 20 minutes and the average time that it usually takes a child to complete it is 10 minutes. The number of questions that The UCLA Post-Traumatic Stress Disorder Reaction Index has is 22 questions and the response format is yes and no, that way it's easier for children to respond to the questions.

The measurement scale of the UCLA Post-Traumatic Stress Disorder Reaction Index is the Likert Scale which is (0=None, 1=Little, 2=Some, 3=A Lot, 4= A Whole Lot) and Likert Scale (0=None, 1=Little, 2=Some, 3=Much, 4=Most). The materials that are needed to complete the UCLA Post-Traumatic Stress Disorder Reaction Index are a pen or pencil and a paper. The test retest rating of The UCLA Post-Traumatic Stress Disorder Reaction Index by the National Child Traumatic Stress Network is a rating of 0.84 using the Pearson's statistics and the internal consistency of The UCLA Post-Traumatic Stress Disorder Reaction Index is a rating of 0.90 according to the National Child Traumatic Stress Network using Cronbach's Alpha Statics. The National Child Traumatic Stress Network also finds that The UCLA Post-Traumatic Stress Disorder Reaction Index has a validity type of convergent and concurrent in clinical samples and diverse samples, has a validity type of sensitivity to change in clinical samples and diverse samples, has intervention effects in nonclinical samples, clinical samples, and diverse samples, has longitudinal and maturation effects in clinical samples and diverse samples, is sensitive to theoretically distinct groups in nonclinical samples, clinical samples, and diverse samples have factorial validity in clinical samples, has predictive validity in clinical samples, and doesn't postdictive validity in clinical or diverse samples.

Research Design

My research design is a small N-study focusing on 10 children who were separated from

their mothers and were held at an immigration center for more than two months in the year 2018 and 10 children who were not separated from their mothers and were also held at an immigration center for more than two months with their mother in the year 2018. My main goal is to be able to see any significant differences in PTSD between children who were forcibly separated and children who were not forcibly separated from their parents. The potential control variable that needed to be considered as I picked my sample is the number of people in my study. Since it's a small-N study I only choose to focus on 10 children who were separated and 10 children who were not separated. The duration of time that the children were or were not separated from their mothers and the amount of time that children had spent in the detention centers.

If I could conduct a large N- research design I would conduct a research study that will operationalize children's well focusing on their mental health after being forcibly separated from their families and parents at the U.S-Mexico border due to the zero-tolerance-policy. My research design will compare children who were separated at the border while the zero-tolerance policy was in place compared to children who were not forcibly separated from their parents and family members. I chose this research design because I wanted to be able to compare the difference in the mental health of children who were forcibly separated from their parents and families compared to those who were not separated. In my large N-research design I would conduct an Adverse Childhood Experiences (ACE) study on my subjects. The Adverse Childhood Experiences (ACE) assessment was constructed by the Centers for Disease Control and Prevention and Kaiser Permanente. This assessment helps predict the health outcomes of large groups of people due to the frequency of answers to the questions. The Adverse Childhood Experiences (ACE) study would consist of my subjects taking an ACE quiz, this ACE quiz would sum up the different types of abuse, neglect, and any traumatic childhood experiences that the

participants in my study had previously faced. The Adverse Childhood Experiences assessment would ask participants in this study 10 questions. This ACE assessment would look at the abuse which includes emotional, physical, sexual physical, and emotional neglect, and family dysfunction which also includes family separation.

Additionally, the ACE assessment is measured from a score of 1-10. According to the Adverse Childhood Experiences study, if you had a more challenging childhood, the higher your score is likely to be. This ACE score then indicates if the participant is at a higher risk for later health problems. The ACE score that my participants accrue would serve as guidance to me which would then tell me if my participants are at risk for any mental or health problems. Moreover, I would also conduct self-assessments and questionnaires for my participants with the main goal of finding information regarding their relationship with their parents or guardians and families and if this relationship has any changes that occurred due to being forcibly separated. Being able to conduct research on the long-term relationship between children and their parents or guardians after being separated due to the zero-tolerance immigration policy and then reunited. I would want to see their relationship after they have been reunited and look for any changes in the well-being of children, and their parents, and also look at the overall relationship between both.

Results

My empirical results show that children who were separated forcibly from their mothers presented more PTSD symptoms and emotional symptoms compared to the children who were not separated from their mothers. When young children are forcibly separated from their guardians and or families they are more likely to suffer longer-term and short term negatively

affect their mental health and cause emotional harm. The results show that children who were forcibly separated from their mothers did show to have higher PTSD compared to the children who were able to stay with their mothers and were not separated. This information doesn't prove my hypothesis or theory to be right. I do not have the sufficient information or data to accurately evaluate whether the children's self-questionnaire that was administered is correct. As I was not the one responsible for collecting the data. I am also unsure whether the questionnaire and survey was conducted correctly. I am not sure whether the children were capable of understanding and answering the questionnaire properly, and if there was any possibility of bias in the survey process.

Additionally, there could have been pre-migration that children experienced back home or on their migration process that could also be affecting their mental health. Due to this, I am not able to prove my thesis. Additionally, there were many limitations which included the lack of data due to privacy issues. Many data that was online regarding the effect of the zero-tolerance immigration policy on children were not available to the public and were locked or only specific people had access to this information due to the children being underage, some documents with data included personal information on children like their age and name and were not available to the public. Some data that I encountered was collected to be used by the asylum seekers and the individual legal cases which restricted this information. Although the data available online was de-identified meaning that it did not contain any identifiable information about the participants. This information still contained highly sensitive including personal health information, and details about traumatic events such as sexual assault, domestic violence, physical assault, and child abuse.

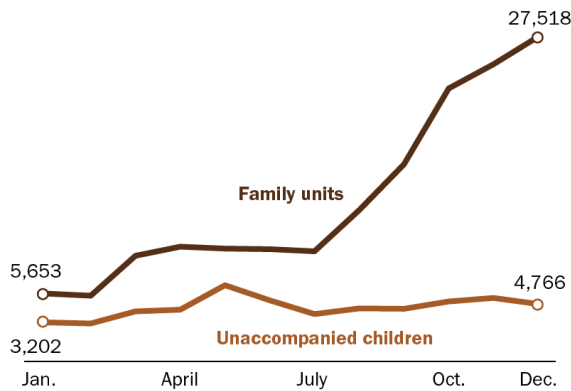
Conclusion

In conclusion, my argument is that children who were separated from their families when the zero-tolerance policy was in place are more likely to develop problems that can affect their mental and physical health and well-being compared to children who were not separated from their families and guardians. I believe that my argument is reliable because forcible family separation can affect children's mental health and lead to serious problems, like depression, anxiety, and PTSD. I am not able to prove my hypothesis and theory due to not having enough data due to different limitations. The significance of this paper is important because it brings awareness and attention to how certain policies affect the lives of others. The zero-tolerance policy affected the lives of many children and adults. Creating mental health problems for them and PTSD due to being forcibly separated. Current research has shown that currently many children have still not been able to be reunited with their parents. I believe that these findings are significant; because they show the impact that policies can have on the lives of many people. Policies are strong enough to hurt people's mental health and their overall well-being. It's important that awareness is brought to the impact that the zero-tolerance policy had on the lives of many people and that we find alternative policies that don't affect the mental health and overall well-being of a person, specifically children.

Figures

U.S. apprehensions of family units rose substantially over past year

Number of family units and unaccompanied children apprehended at the U.S. southwest border per month, Jan.-Dec. 2018

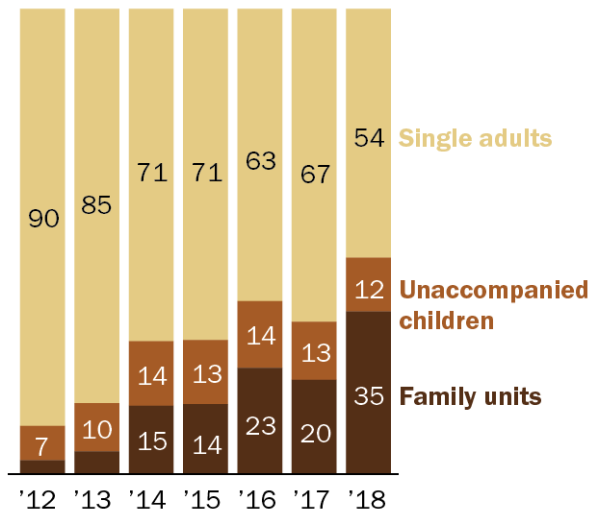


Note: "Family unit" represents the number of individuals (either a child younger than 18, parent or legal guardian) apprehended with a family member.
Source: U.S. Customs and Border Protection.

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Family units make up an increasing share of U.S. border apprehensions

% of apprehensions at the U.S. southwest border from January to December, by type



Note: Figures may not add to 100% due to rounding. "Family unit" represents the number of individuals (either a child younger than 18, parent or legal guardian) apprehended with a family member.
Source: U.S. Customs and Border Protection.

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Southwest Border Family Unit* Apprehensions by Country

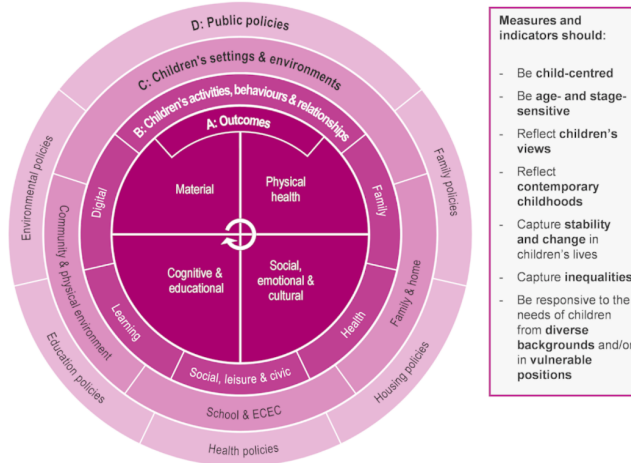
Numbers below reflect Fiscal Years 2016 - 2019.

Family Units* Apprehensions by Country				
Country	FY16	FY17	FY18	FY19
El Salvador	27,114	24,122	13,669	56,897
Guatemala	23,067	24,657	50,401	185,233
Honduras	20,226	22,366	39,439	188,416
Mexico	3,481	2,271	2,261	6,004

*Note: Family Unit represents the number of individuals (either a child under 18 years old, parent or legal guardian) apprehended with a family member by the U.S. Border Patrol.

Source U.S. Border Patrol Southwest Border Apprehensions by Sector Fiscal Year 2019

Figure 1.2. The aspirational child well-being measurement framework



Source Organization for Economic Co-operation and Development Aspirational Child Well-Being Measurement Framework

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