

Immigrant Detention of Families and Post-Traumatic Stress Disorder

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ABSTRACT: Family separations and detention due to immigration policies are traumatizing events that have a profound impact on the children and young adults involved. American society responded strongly and vociferously in 2018 to the news that children were being separated from parents, partially because the experience is widely recognized as being traumatic. The after-effects from harrowing occurrences might cause immigrants to suffer from Post-Traumatic Stress Disorder (PTSD), a condition of persistent mental and emotional stress occurring as a result of severe psychological shock. PTSD can even manifest into physical symptoms that lead to illness and other impairments. The purpose of this paper is to explore how young victims react emotionally to the difficult challenges of risking entry, being detained, waiting for judicial hearings and then fearing deportation for years. The presentation will also evaluate the issues policymakers and judges face in solving these critical problems to address the mental well-being of those involved.

KEYWORDS: Immigration Policy, Family Separations, Unaccompanied Minors, PTSD, Youth Detention

Introduction

The Trump administration's policy of separating children from immigrant families drew widespread condemnation from a broad spectrum of politicians, religious organizations, human rights groups and many segments of society. Laura Bush, the former First Lady, said, "I appreciate the need to enforce and protect our international boundaries, but this zero-tolerance policy is cruel" (Schallhorn 2018).

The current First Lady, Melania Trump, expressed her opposition by stating, "We need to be a country that follows all laws, but also a country that governs with heart" (Schallhorn 2018, Fox News). The detention of asylum-seeking families with children and other immigration-related events in the United States have consequences - many of the immigrants suffer a severe psychological toll. The aftermath of family detentions, separations and deportations often results in post traumatic stress disorder (PTSD). This research paper details the PTSD symptoms that scientists and mental health experts have found after evaluating people involved with difficult immigration-related experiences and discusses public policy challenges surrounding the issue of enforcing immigration law.

The primary factors that compel many immigrants in family units to seek asylum are hunger, violence, extreme poverty, violations of human rights, an environmental crisis and/or Chronic Exposure to Potentially Traumatic Events (PTEs) (Bayram 2014). If the asylum seeker and their children are placed in detention, it might have devastating effects on immigrants who are already suffering from pre-existing trauma experienced in their home countries or enroute. International law prohibits detention of asylum seekers except as a measure of last resort and only for reasons such as concerns about dangers to the public (Human Rights Watch. 2015).

Changes after the Flores Settlement was Upheld in 2016

There are close to 200 immigration detention facilities in the United States, located far from cities: Some house several thousand detainees at any one time, mixing foreigners with criminal records with families that don't. However, the goal of reducing the number of children held in detention led to profound undesired consequences/results. The established legal settlement between the Executive Branch of the Government and the Federal Judiciary is known as the The Flores Settlement Agreement (Acer 1997) which imposed several obligations on the authorities that include: release of children from detention without unnecessary delay, placement of children in the "least restrictive" setting appropriate to their age and implementation of standard care and treatment of children. In 2016, when U.S. District Judge Dolly Gee of the Central District Court in California affirmed that Flores applies not only to all children,

but their parents should be released as well, there was a 95% increase in people seeking to cross the US borders with families - from 40,000 in FY 2015 to 78,000 in FY 2016. (Chishti and Bolter 2018). Asylum seekers were less afraid to take the risk of getting into the US illegally if they made the risky journey with children.

Apparently, parents and children were emboldened to attempt to get into the US even without adult supervision. Over 2 million unauthorized immigrants were deported from 2008-2016, but only 24,000 of those deported were under 18 years old in this 8 year period. (Raphel 2014). Simultaneously, the number of children illegally entering the United States surged, from 20,000 in 2009 to over 62,000 in 2014. According to the US Customs and Border Protection, in the five year period of 2009-2014, there was a significant increase in the number of unaccompanied children who arrived at the border from El Salvador (+707%), Guatemala (+930%) and Honduras (+1272%). Interestingly, the number of unaccompanied children arriving from Mexico fell (-28%) (Raphel 2014). Therefore, the number of children in US detention facilities skyrocketed as they awaited adjudication. See Chart 1.

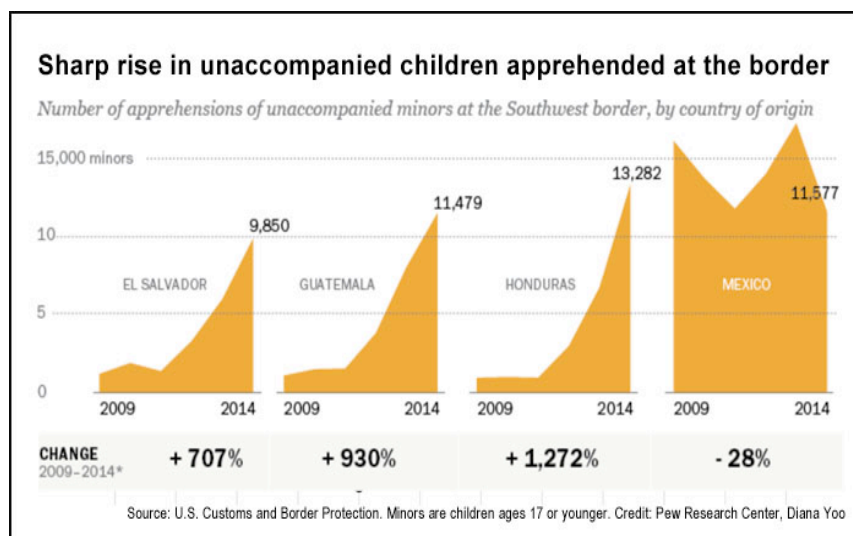


Figure 1. Number of unaccompanied minors at the Southwest border

Source: Pew Research Center

The Challenge of Balancing Criminal Prosecution with Humanitarian Concerns

The following summative history is from the Migration Policy Institutes July 2018, White Paper, explaining how the policies of prosecuting unaccompanied minors evolved:

“Operation Streamline, launched in 2005 by the George W. Bush administration in Texas’ Del Rio border sector, aimed to increase immigration prosecutions in response to an uptick in non-Mexican border crossers {coming from the three countries named in Figure 1}. Streamline continued through the Obama administration, and remains in place today. Criminal immigration prosecutions reached a peak of 97,000 in FY 2013. As originally defined by the Homeland Security Act of 2002, an unaccompanied minor is a child under age 18 who either has no parent or legal guardian in the United States, or none available to provide care and physical custody. Under 2009 guidance issued by the Obama administration, if unaccompanied minors (as classified by CBP or ICE) applied for asylum, USCIS asylum officers were to make independent determinations of their unaccompanied minor status. The Trump administration is clearly seeking to restrict who qualifies. In September 2017, the General Counsel of the Executive Office for Immigration Review (EOIR), the Justice Department entity in charge of the immigration courts, issued a legal opinion that immigration judges may make their own unaccompanied minor determinations—and those deemed not unaccompanied would lose protections” (Chishti and Bolter 2018).

Significant Increase Due to Reduces Deportations

Overcrowding in detention centers because of lower deportations of minors led to strong deterrence from both President Obama in 2014 and his successor President Trump - both introduced “Zero Tolerance” policies via Homeland Security and the Justice Department. Despite publicizing the fact in Mexico and Central America that children would be taken away from parents, many emigres “took the chance” of entering the US illegally. This led to massive occurrences of family separations. The latest statistics according to Trump administration officials - 10,773 migrant children were in US custody in May, which is up 21% from the total of 8,884 in April. Between April 19 to June 9, 2018, 4,337 children have been forcibly separated from their parents at the US-Mexico border (Lind 2018).

Family Detention Centers and PTSD

The correlation between family detention centers and post traumatic stress disorders in children has long been noted by immigration advocates. Mares (2002) recorded that children in detention centers experienced “dehumanization” and went through depression. And because their parents are often traumatized, detained children also lacked proper parental care and protection. The current documentation of the facilities in the U.S are very poor. As Robjant and Katona (2009)’s review proves, detention not only negatively affected children’s mental health but also worsened/harmed their mental and physical development. According to the American Civil Liberties Union, the growth in detention has caused horrible conditions of confinement, such as grossly improper health care, physical abuse, overcrowding, and discrimination. NGOs received complaints from detainees regarding “problems such as lack of access to necessary medications for persons with chronic illnesses; shackling; use of segregation or tasers for disciplinary purposes; inability to visit with family members and problems with access to telephones” (American Civil Liberties Union 2018, 1).

Regarding mental health, the current treatment system is sorely lacking in the U.S and other detention centers. In addition, detainees who are survivors of torture or trauma may be re-traumatized due to detention or the inability to obtain necessary mental health treatment. A consistent problem is the overuse or misuse of suicide prevention segregation. Detainees have claimed that the wrong and unnecessary use of “segregation” led them to hide depressing thoughts from facility counselors because of fear that such thoughts or request of mental health treatment could put them in segregation. One detainee stated she needed mental health medications and “just wanted to talk to someone about her fears,” but was unwilling to seek medical care for fear of being placed in segregation. Some segregation rooms are unsanitary, allowing extreme temperatures, or malodorous foul-smelling (American Civil Liberties Union 2018).

Once PTSD is diagnosed, it should result in a long-term regimen of individual psychotherapy and addiction treatment where appropriate, with an emphasis on the mental health component. “PTSD does not have to last forever but when it remains untreated, it can certainly last a lifetime”. Post Traumatic Stress Disorder (PTSD) is formed by traumatic events that happen before detention procedure and after if “institutional abuse” occurs during detention procedure. The following are the six symptom/signs that could be encountered by the children and family immigrants: “(1) intrusive memories and flashbacks to episodes of severe institutional abuse; (2) intense psychological distress and physiological reactivity when exposed to cues triggering memories of the institutional abuse; (3) episodes of dissociation, emotional numbing, and restricted affect; (4) chronic problems with mental functioning that include irritability, outbursts of anger, difficulty concentrating, sleep disturbances, and an exaggerated startle response. (5) persistent avoidance of anything that would trigger memories of the traumatic events; (6) hypervigilance, generalized paranoia, and reduced capacity to trust caused by constant fear of abuse from both correctional staff and other inmates that can be generalized to others after release” (Mandal 2015). See Chart 2.

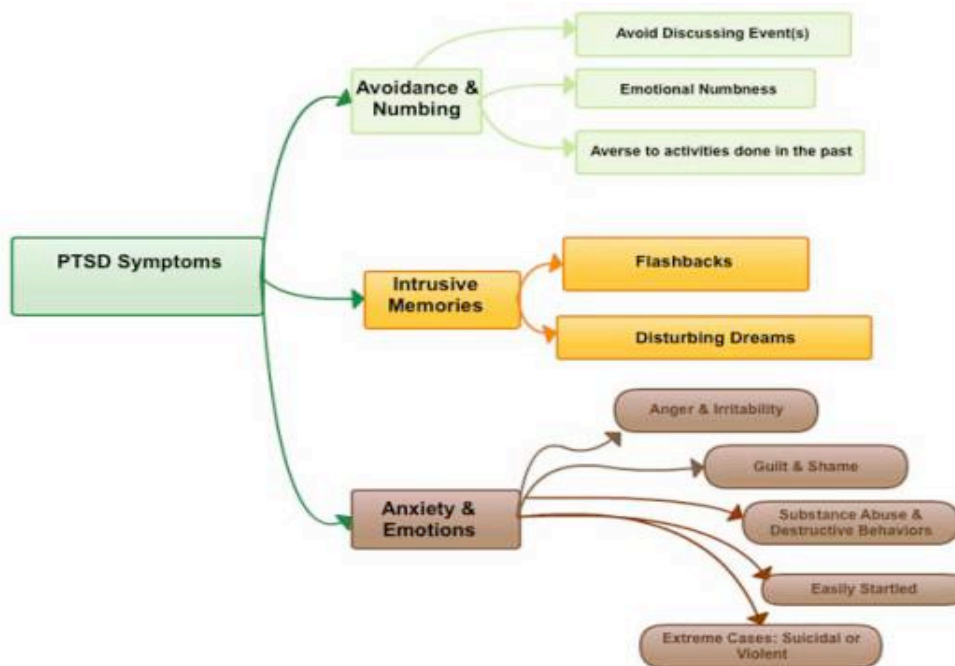


Figure 2. Main PTSD Symptoms

Source: Social Work Helper

A 16-year-old immigrant from Guatemala recalled back to his experience in U.S. Immigration and Customs Enforcement (ICE) detention facility and described the “office sized cell” being held with 30 other men. The room had a terrible smell. As a young child of age 7, he recounts himself screaming and crying for his parents along with the other kids while the guards were being negligent. (USA Today and Fox News 2018)

Different forms of PTSD symptoms are exhibited in children. Under harsh conditions and barriers to treatments of detention centers, the effects of untreated PTSD almost always are dangerous and results in misdiagnosis of mental health disorders, which prevents medical practitioners from providing proper clinical courses of rehabilitation and recovery (Linton, Griffin, Shapiro 2017).

Australian research on the correlation between detention and PTSD

In a 2006 study conducted with refugees in Australia, Steel observed that detaining families increased the risk of PTSD, depression and mental-health related disabilities - [and] longer detention periods had correlation with “more severe mental disturbance” (Simmons et al. 2016). Therefore, family detention contradicts the values on international standards, especially the idea that the “best interest of the child” should control the government’s actions toward children (Simmons et al. 2016). Traumatic experiences at young ages change the development of brain structures during adolescence. The trauma of detention is likely to worsen these harmful effects, which may even last long after the completion of the immigration process. For any country or region, childhood is “a sensitive and vulnerable period”; traumatic experiences and hardships can result in harm that continues into adulthood stage. Thus, “This inescapable knowledge should inform policy on the release of children from detention and remind us of the care and support they will need when they are finally released” (Simmons et al. 2016).

Conclusion

To ameliorate the issue of resolving family separation cases and lowering the incidences and repercussions of PTSD, the Department of Homeland Security should consider promoting the unauthorized immigrants to use ports of entry to claim asylum in order to avoid prosecution. Along with

a sensible modification of US immigration policy, the Trump administration should increase financial resources for Federal courts to meet the staggering case-load demand. It is inevitable that the immigration court system will be overloaded with work since the backlog is already more than 698,000 cases. The Justice Department sent 35 additional prosecutors to the border region, but the five Federal courts with jurisdiction are still struggling with the number of undocumented immigrants and cases they have to deal with. In fact, in FY 2017, the immigration prosecutions made up $\frac{1}{2}$ to $\frac{3}{4}$ of all Federal sentences. Finally, some judges and prosecutors are expressing their concerns about adjudicating the high number of crimes since most of the border cases are relatively low-level. All of these actions could reduce PTSD cases too.

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