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# How do Immigrant Children and Families Experience Immigrant Detention?

Scholars Taking Action for Families (STAFF): A CICW Workgroup

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## RESEARCH BRIEF

### Introduction

The Trump Administration's decision to implement a "zero tolerance" policy with regard to families arriving with children at the border precipitated a series of events that violate basic child welfare principles of safety, permanency, and wellbeing. Citing the Flores Settlement of 1997 - which stipulated that children must be held in the least restrictive setting possible, and released without unnecessary delay - the Trump Administration separated thousands of children from their parents and placed these children in one of the many temporary detention centers around the country. Deterrence appeared to be the initial intent behind implementing this policy.<sup>1</sup> Yet, after significant public outcry, President Trump issued an Executive Order directing the reunification of families and indefinite family detention during their immigration court proceedings, a process that may take many months or even years. Parents are then faced with a difficult choice: keep their children with them in detention, or consent to being separated. If they do not make a choice, the government can assert that they have "waived" their children's right to release and can detain children and families together indefinitely.<sup>2</sup>

The legality of the Executive Order will no doubt be further challenged in light of the Flores Settlement. However, scientific research into children's wellbeing and development highlights the risk of significant harm to children detained with or without their parents. The purpose of this research brief is to review the existing literature on the effects of detention for children and families, and to provide recommendations to support their wellbeing.

## Experiences of Child Detention Amid Family Separation

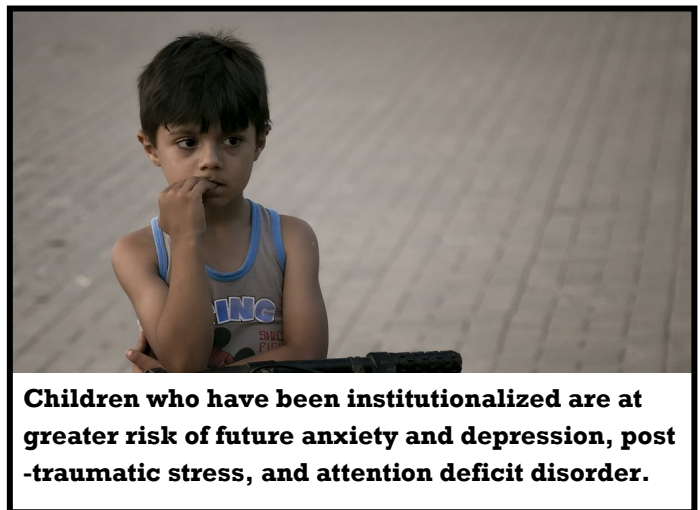
Many immigrant children separated from their parents were placed by the Trump Administration in child detention centers around the country. This policy prompted widespread condemnation from scholars who noted the detrimental effects of institutionalization on children's development. Children who have been institutionalized are at greater risk of future anxiety and depression, post-traumatic stress, and attention deficit disorder. The longer-term consequences of detention will depend on a variety of factors, however, such as the age of the child, prior exposure to trauma, and how long they have been separated from their parents. Other mitigating factors include the characteristics of the holding facility, such as the quality of the staff, staff turnover, whether children know the location of their parents, and whether children know how long they will be held in detention.<sup>3</sup>

While no academic research exists yet on the specific conditions of current child detention centers—some of which have been opened specifically to address the crisis created by the “zero tolerance” policy – advocacy organizations have reported inhumane conditions faced by children in detention centers as far back as 2008.<sup>4</sup> In addition, recent news media accounts from the New York Times<sup>5, 6</sup> paint a picture that suggests the kind of conditions that put children at increased risk of the negative outcomes already well documented in the literature on parent/child separation.

Conditions vary widely among detention centers. Some provide opportunities for outdoor recreation. Others are located in converted motels or warehouses. Children in detention centers are awakened early in the morning, assigned work such as cleaning bathrooms and mopping and they attend classes. As is common in institutional facilities, there are many rules governing behavior, some of which are not developmentally appropriate and are likely to exacerbate the trauma that children are suffering, such as the rule that prevents siblings from hugging each other. The uncertainty that children experience around whether they will see their parents increases their psychological distress. The ability to speak with counselors and caseworkers onsite may mitigate some of the harm introduced by family separation and indefinite detention<sup>7</sup> and some children do report having access to mental health and social work

professionals as well as other positive experiences.

The Trump Administration has slowly reunited children with their families after public outcry and a recent court order demanding that they do so immediately,<sup>8</sup> even with parents whom the Trump Administration has already deported.<sup>9</sup> As of this writing, 19% of the 2,551 children separated from their parents have not yet been reunified.<sup>10</sup> Accounts of children returned to their parents suggest that while some are resilient, many others will carry lasting scars. The negative outcomes documented in these reports include anxiety and depression, children who speak less than they used to, are afraid to be apart from their parents, and are experiencing traumatic flashbacks.<sup>11</sup> Some children appear confused or frightened upon reunification and others do not immediately recognize their parents.<sup>12</sup> The consequences of family separation thus pose a significant threat to children's current and future wellbeing.



## Experiences of Family Detention

In the context of the current crisis, news media reports cite dangerous and inhumane conditions in family detention centers. From FY2013-FY2017, ICE has reported 1,310 cases of reported sexual abuse of detainees, a figure that is likely significantly underreported.<sup>13</sup> Firsthand accounts of conditions at family detention centers reveal a lack of medical care; mothers not being allowed to sleep in same beds as their children; young children feeling confused and acting out what had happened to them during pretend play (i.e., as smugglers, border patrol agents, and immigration judges); and older children

experiencing depression and suicide attempts. When children are sick, parents wait days for medical attention, or never receive any medical assistance. Food and milk are often expired, children frequently go to bed hungry, and water is highly chlorinated and makes some children sick.<sup>14</sup> These reports are supplemented by accounts at other facilities of food poisoning, rotten or infested food, inadequate nutrition, and having to wait as long as two weeks to receive medical care. Texas authorities are currently reviewing a case of a girl who died of a respiratory infection after leaving a detention facility alleged to be unsanitary.<sup>15</sup> Detainees are also frequently the target of physical and verbal abuse and sexual harassment.<sup>16</sup>

Being detained together with their parents does not exempt children from being harmed. Although being with parents may mitigate some of the risks to children, the experience of detention itself is intensely stressful and destabilizing, even when the period of detention is brief. Children feel helpless and criminalized, and the trauma of detention can continue long after release. Like family separation, being detained with their families subjects many children to toxic stress (prolonged exposure to extreme stress without adequate supports), putting them at higher risk for psychological problems (anxiety, depression, PTSD) and physical problems (heart disease, lung disease, cancer, and stroke) over time.<sup>17</sup> From a public health perspective, the experience of either family separation or family detention places thousands of children and their parents at risk for future mental health and medical problems.<sup>18</sup>

The first detention facility for immigrant families in the U.S. opened in 2006, but few studies in the U.S. have examined the experiences of children and parents detained together. The available evidence suggests multiple negative short- and long-term outcomes for immigrant children and youth. Testimonies provided during the *Flores v. Meese* proceedings revealed that parents experienced difficulties meeting their children's basic needs while at the Hutto family detention center in Texas. The center controlled access to food, clothing, blankets, toys, and books. Children reported feeling confused and frightened while they awaited the judge's decision about their immigration status.<sup>19</sup> Following the re-invigoration of family detention in 2014, the *RILR v. Johnson* case highlighted the experiences of



asylum-seeking mothers and their children, primarily from Central America, in family detentions centers in Karnes, Texas; Dilley, Texas; and Berks County, Pennsylvania. Testimony called attention to concerns about children's physical and emotional wellbeing, including: difficulty adjusting to imposed routine; behavioral concerns, such as temper tantrums and conflict with other children; onset of urinary incontinence; lack of developmentally appropriate and adequate independent play and physical activity; subdued mood; frequent crying; self-isolation; difficulty falling asleep and disturbed sleep; nightmares; waking up in the night screaming, trembling, and crying; the sense that someone is following them; and loss of appetite.<sup>20</sup>

Findings from other studies suggest that families spend up to a year in detention, and that long detention stays increase their sense of isolation and anxiety.<sup>21</sup> Indigenous women from Central America who do not speak Spanish or English, and women from other non-English speaking countries, face further isolation because of a lack of professionals who can interpret.<sup>22</sup> Even when parents and children remain together, contact with extended family members is limited.<sup>23</sup>

Internationally, research into family detention centers in the United Kingdom, Canada, and Australia provides additional evidence of negative outcomes among children. In Canada, short-term family detention has been linked to increases in bedwetting, nightmares, separation anxiety, sleep disturbances, and difficulty in school.<sup>24</sup> In a study at a British immigration detention center, 10 out of 11 children in the sample showed somatic complaints and all of them expressed confusion and fright at the detention setting, with several presenting emotional and behavioral difficulties.<sup>25</sup> For infants and children



under 4 years of age, family detention increases crying and withdrawn behavior and regression.<sup>21</sup> Family detention can also impact the physical health of children with pediatricians documenting child weight loss since admission into a family detention center.<sup>21</sup> Pregnant women have described inconsistent antenatal care, and those with infants report concerns about the availability of infant food and medical care.<sup>26</sup> In Australia, asylum-seeking families who were detained experienced feelings of hopelessness and demoralization.<sup>27, 28</sup> Studies across multiple contexts have found that family detention inhibits parenting skills and may undermine parent-child attachment relationships.<sup>29, 30, 31, 32, 33</sup> Parental distress worsens over time which, in turn, negatively impacts parenting.<sup>20</sup> Furthermore, prolonged family detention increases rates of anxiety, depression, mental deterioration among parents and children,<sup>21</sup> and negative mental health impacts may extend beyond the period of detention.

There is a significant body of research regarding the best practices for facilitating recovery from trauma. These include reducing or eliminating seclusion and isolation, as well as training agency staff to understand the causes and effects of trauma and to engage in trauma-informed practices.<sup>34, 35, 36</sup> The conditions frequently found in immigrant detention settings represent the antithesis of recommended approaches, including a lack of information and transparency, a lack of choice and decision-making, the use of intimidation and threats, rules that change frequently, extreme power differentials, lack of emotional safety, and the criminalization of asylum-seekers.<sup>37</sup>



## Recommendations for Supports and Alternative Approaches

Studies from the U.S. and abroad have found consistently that family detention impacts negatively on wellbeing, including short- and long-term impacts on mental and physical health and parenting. Family

separations due to the “zero tolerance” policy have been discontinued as a result of public outcry and subsequently and consequently children and parents are detained together while they await legal proceedings. In contrast, little attention has been given to risks that families and children experience when they are detained together. Though the Flores Settlement of 1997 was provided by the administration as a factor in requiring family separation, its original intent was to protect children from the harm caused by extended detention, even when kept with their parents. In acknowledgement of the very real risk of harm to families and children resulting from detention, a number of strategies have been successfully implemented with immigrant families both in the U.S. and abroad. The programs presented below include more humane and cost-effective alternatives to family detention, along with, related recommendations:

## RECOMMENDATIONS

1. **Community-Based Supervision and Case Management**
2. **Intensive Supervision Alternative Program**
3. **Provision of Mental Health Services to Address Complex Trauma**
4. **Comprehensive Needs Assessment and Transitional Supports**
5. **Systemic Reform of Asylum-Seeking Process in the U.S.**

### 1. *Community-Based Supervision and Case Management*

Through the Family Case Management Program the US government enrolled 1,600 immigrants seeking asylum between 2015 and 2017 in a program that combined home visits with assistance for housing and transportation, and ensuring that families attend court hearings. Of the enrolled families, 99% successfully attended all court hearings.<sup>38</sup> This approach is significantly cheaper than the cost of family detention, which was estimated at \$11,400 per month for a family of four.<sup>16</sup> Similarly, programs in Spain, Sweden, and the United Kingdom match an individual or family seeking asylum with programs based on each family’s need for case management, legal advice, ability to meet basic needs, and documentation.<sup>39</sup> These programs provide services to address trauma, help the

family meet basic needs, while also reducing costs to the system and maintaining high rates of compliance and appearance.<sup>32</sup>

## **2. Intensive Supervision Alternative Program**

Previously, the Intensive Supervision Alternative Program allowed families to be released into communities with electronic monitoring (i.e., ankle bracelets).<sup>40</sup> Although more invasive than community-based supervision and case management, this option allows families to live in the community while ensuring compliance with legal proceedings. In fact, studies showed that over 99.6% of immigrants released under this program successfully attended all court hearings.<sup>39</sup> It is important to note that some research and advocacy efforts point to concerns that electronic ankle monitors, in particular, contribute to the criminalization of asylum-seekers. While more cost effective and humane than family detention, they may nonetheless compound the lack of access to mainstream social services and supports, impede employment opportunities and social integration, and potentially increase vulnerability to exploitation and other abuses.<sup>34,41</sup>

## **3. Provision of Mental Health Services to Address Complex Trauma**

The multifaceted traumas resulting from the conditions that led the migrants to leave home, combined with the dangers of the journey and experiences of detention, violence and trauma upon arrival, create an urgent need for mental health services. In the short-term, contracts for mental health services between the government and private non-profit agencies can build a foundation of trust with migrant families required to begin therapeutic work.

## **4. Comprehensive Needs Assessment and Transitional Supports**

In addition to the provision of support and services, a comprehensive needs assessment could help better understand what services immigrant families need as they reunify and leave detention. This would require access to families in detention and after they leave--either through deportation or release into the community. A preliminary study of families transitioning from detention in Texas identified multiple needs, such as legal services, employment, housing, medical, mental health, and culturally-specific support services for immigrant survivors (of

trauma and intimate partner violence) both in detention and upon release.<sup>34</sup>

## **5. Systemic Reform of Asylum-Seeking Process in the U.S.**

The negative effects of detention on migrant children with or without their families are well documented, as are the best practices in addressing the trauma of migrating families. Not only are the current policies contrary to best practices, they are also more expensive. Humane and cost effective alternatives have been successfully employed both in the U.S. and abroad. These alternatives present an opportunity to deliver much-needed services, including training, system-wide capacity-building, intensive case management, and other mental health services, while also ensuring that families comply with legal proceedings. Finally, increased transparency and information sharing about policy and procedural changes is necessary for families and providers (such as immigration attorneys and case managers) to navigate the asylum process effectively.



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