The Effects of Childhood Separation:

A Study on Mental Health

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## Abstract

This study examines the impact of child separation at the US/Mexico border. Since 2016, immigration has been a large part of the republican policy platform and has led to policies like ending DACA and the "zero tolerance" policy, researched here. This research will study the trauma responses of migrant children who were separated at the border as well as the trauma responses of parents who have had their children taken from them by US border agents. It is important to know how a country's immigration policy affects those it targets and include data about mental health in those discussions. Our study contributes to that data.

Participants will be examined via a mixed-method trauma questionnaire and an in-person interview. This data will then be compared to the surveyed "control group" made up of immigrant families in similar detention centers that are still intact. This is done to limit extraneous variables. We expect to find that separation intensifies trauma associated with migrant detainment in both parents and children. This knowledge will fortify the advocacy for the well-being of immigrants in hopes of ending family separation and the "zero tolerance" policy at large. Findings can be used to hold lawmakers accountable for their actions and contribute to the discussion on immigration on a global level.

**Introduction**

When current president Donald Trump was campaigning for his presidency, he ran on a platform that would claim to "prioritize the American people". This was mainly due to his push for stronger immigration laws and closed borders. His plan to punish immigrants, specifically Mexican immigrants at the border in hopes of reducing crime and creating safer communities, helping to boost the economy by increasing available jobs, and ending the exploitation of the social welfare system. One realization of this platform was when the current administration made crossing the border between ports of entry a criminal instead of a civil offense. This meant that border security could separate children from their parents or minors from the relatives they came with. A primary concern for the public has been the development and safety of the children involved.

By November 2019, 69,550 migrant children were detained by the United States government (Sherman, Mendoza, & Burke 2019). While some of these children have been deported or reunited with their families in the United States, there are lasting effects from this temporary separation. Separation anxiety disorder affects around 4%-5% of children in the United States. It happens when children develop an excessive fear or anxiety when separated from their caregivers ("Separation Anxiety in Children").

Our research will involve a cross-sectional, mixed-method study to research the effects of child separation on both children and parents. We are specifically looking at the trauma responses of this population and comparing it to immigrant family units that are being detained but not separated. The phenomenon of migrant children being separated from their families at the border of the United States and Mexico is relatively new which means very little research has been published on this topic.  With this research, we will be able to make better-informed

decisions about our immigration policy as a country and be able to identify at-risk populations to provide preventative and rehabilitative services.

The specific topic is related to social work in many ways. First, the welfare of all the children involved is being put at risk. Children who are separated from their parents in general experience floods of various emotions. Separation can cause fear, anxiety, depression, trauma, etc. The relevance of this to social work lies in the need for resources for these families and individual children affected. As these children grow up without their parents or even are without their parents for a small period of time, they are going to need help healing and working through their trauma. Adults who have experienced this and have gone without treatment are still in need of social services, as well (Heim & Nemeroff, 2001). Social work is crucial in this area for providing resources and knowledge to people affected by this separation.

## Literature Review

### Childhood Separation & Mental Health

There have been few studies done on the relationship between the new immigration policy, involving separating families at the border of Mexico, and trauma the children of these families experience and specifically with how these experiences shape child development (Pierce, Bolter, and Selee, 2018). Because of similar historical events that also involved the separation of families, such as the Holocaust in Nazi Germany, we can see that there is evidence of trauma and effects of separation in adults who were separated from their families when they were young (Durst, 2003). It is normal for children to suffer some degree of trauma and separation anxiety as they grow into independence, between the ages of 6 and 20 months (Dallaire and Weinraub, 2005) but there is information missing regarding this recent separation at the border connecting Mexico and America. A study published in 1980 warned of

developmental failures brought on by childhood trauma and separation during the holocaust. The children faced low self-esteem, narcissistic vulnerability, identity problems, and/or impairments of interpersonal relations (Barocas, 1980). These same concerns could also show up in the population of migrant children from the US/Mexico border and the 40 years of development since the study could give us a more robust outlook on what state forced separation does to the development of children.

According to the research done by the Council on Community Pediatrics, "The Department of Homeland Security facilities do not meet the basic standards for the care of children in residential settings" (Linton, 2017). They draw specific attention to the compounding variables that could contribute to developmental challenges for migrant children. Even after they leave detainment by border patrol, consistent access to education, childcare, interpretation services, legal services, and healthcare is a concern. (Linton, 2017). A study done in 2018 found the effects of child separation can include damaged attachment relationships, traumatisation, toxic stress and wider detrimental impacts on immigrant communities (Wood, 2018). Our study contributes to this discussion because of its mixed-method data, focus on both parents and children, and the limiting of extraneous variables in the design by comparing groups that have and have not experienced separation. Other studies constitute either a different sample (from other immigration tragedies) or a different focus, such as separation anxiety, while ours focuses on trauma.

**Research Question and Hypotheses**

The findings of the Harvard Study of Adult Development, which lasted almost 80 years, determined that communal relationships have exponentially large effects on our satisfaction in later life (Mineo, 2017). Since the effects of having strong communal relationships lead to higher

life satisfaction and better mental health, our research would follow the hypothesis that those who are denied strong communal relationships are more likely to have poorer mental health and less life satisfaction than their non-immigrant counterparts.

We are researching the question, "How does family separation at the border affect the mental health of migrant children and parents?" The value of attempting to answer this question is that we can use the information this research affords to inform our decision about immigration policy in the future with a special focus on the protection of children.

## Research Methods

### Research Design

Our study will follow a mixed-method, cross-sectional design. We will visit various ports of entry on the US/Mexico border where immigrant children are being separated from their parents via Trump's punitive "zero tolerance" policy. Data will be collected on the perceived stress and trauma responses of both parents and children separated from each other. Though we will certainly try to match up parents with their children and survey both of them, the nature of the detention will make this difficult to do. Therefore, the groups will be compared in general as "parents of separated families" and "children of separated families". Our quantitative research includes a trauma assessment administered in English or Spanish.  The qualitative portion will be done via in-person semi-guided interviews in English or Spanish. All participants will be compensated.  We will also study a group made up of families at similar detention centers that are still intact, who will act as our control to be compared to the separated group, making our research a comparison study.

### Participants

In the case the American Civil Liberties Union brought against the Trump administration, the government data indicated that at least 2,654 immigrant children mostly around the ages of 5-17 had been separated from their caregivers at the US southern border as a result of Trump's Policies (ACLU, 2018). These families are being held at detention centers such as El Paso Processing Center and Houston Contract Detention Facility. Our team will visit a random sample of the detention centers where we will use snowball sampling to gather 50 children and 50 parents of separated families and 50 children and 50 parents of intact families, totaling 200 participants, 100 children, and 100 adults. The intact families at detention centers will act as the control group. All children must be 10 years old or younger. Though not a qualifier for participation, data about their county of origin, age, length of time in the United States, sex, gender, and immigration status will be gathered to the best of our ability. We assume we will have more detailed information about the adults than the children.

**Measurements**

For the quantitative aspect of this study, we are choosing to administer a trauma assessment among participants. Our independent variable is whether or not children have been separated from the parents and our dependent variable is perceived stress and trauma response. We will have two separate scales, one to give to adults (see Appendix A)  and one to give to children (see Appendix B). The scale we are using to measure trauma in adults is the PCL-5 or the PTSD Checklist (Weathers, Litz, Keane, Palmieri, Marx, & Schnurr, 2013). This is a 20-item self-report that measures the symptoms of PTSD as detailed in the Diagnostic and Statistical Manual of Mental Disorders (5th Edition) or DSM-5. This assessment takes 5-10 minutes to fill out and can be scored in several different ways. We have chosen to score it by totaling the numbers selected for each question on the assessment. Answers for each question are given on a

scale from 0-4, with 0 meaning "not at all" and 4 being "extremely." This assessment measures how much an individual is bothered by certain experiences in their lives within the past month. According to the Journal of Clinical Psychology, the PCL-5 is both a reliable and valid assessment to measure symptoms of PTSD (Conybeare, Behar, Solomon, Newman, & Borkovec, 2012). The assessment we are choosing to administer to the children of this study is the Child Stress Disorders Checklist or the CSDC. The CDSC can be administered to children ages 2 to 18. This questionnaire assesses for trauma based on criteria for Post Traumatic Stress Disorder (PTSD) and Acute Stress Disorder (ADS). We will score this measurement in the same way as the adult measurement, scoring every question as a means to a total score. This assessment takes about 10 minutes to take, and about 5 minutes to score. The Journal of the American Academy of Child and Adolescent Psychiatry deemed this scale as both reliable and valid in psychometric properties for assessing trauma in children (Saxe, Chawla, Stoddard, Kassams-Adams, Courtney, Cunningham, King, 2003).

**Data Collection Procedures**

For our data collection procedures, we are mainly relying on snowball and convenience sampling due to the uncertainty in the lives of our participants. Because we are relying on more unreliable methods of sampling, we will look up the community's racial composition beforehand to decide which communities will lead to the highest success based on their immigrant population. We plan to collect their socio-demographic information in the survey, and host the research collection at local community staples, such as community centers and recreational spaces.

A set goal for this project is to communicate with community leaders about the strengths that are to come from this study and its importance. From there, we intend to collect a list of

contact information from some of the community leaders of recommended families for the study. After collecting the contact information of possible participants, we'll have an informed consent form for the participants, as well as a brief screening question about if they have had their child or a child under their legal guardianship separated from themselves or an immediate family member when immigrating to the United States with a child currently under the age of 10. From this point forward we will provide the assessment. If the only way to contact the participant is through phone call, a phone interview following the written assessment for the adults (Appendix A) will be permitted with the participants in English and Spanish as well as the assessment for the children (Appendix B) to prevent written misunderstandings or illiteracy. To compensate the participants, they will receive $15 for completing the adult assessment, and an additional $15 for completing the assessment of the child.

**Expected Results**

The expected results from this study are a positive relationship between trauma and separation at the border for both children and adults. We expect that the trauma will have different effects depending on the age of the participant and how long they have been/are separated from their family. It is also predicted that trauma from the situation will be present among most of the participants in the study. In another study done over the separation of immigrant children from their families, Dr. Lauren C. Wood concluded that detained children remain at increased risk of short and long term disorders such as physical, mental, emotional and relational (Wood, 2018). We believe that the children and adults in our study will face the same effects that those in Wood's study faced as well. We also believe that the theory of separation anxiety can be applied to this study. We predict that children will suffer from extreme separation anxiety due to the trauma that they have experienced through familial separation and detainment.

It is also predicted that the severity of the trauma in each participant will be increased the longer the families are separated from each other.

**Discussion**

The largest challenge we face with this research project is with the data collection and sample size. Because of our target population's immigrant status, many of our participants will have a temporary stay in the United States, and could possibly be deported at any time. Another limitation we may also face is in our data size. We may run into a shortage of participants for the study solely because we are dependent on referrals from snowball sampling and convenience sampling. Although we may face some limitations, our study will greatly contribute to the literature surrounding our research topic. A strength in our study that is not in other similar studies is that we are focusing on the parent as well as the child. Most studies about the separation of children from their parents at the Mexican border only focus on the child's mental and emotional state.

<div align="center">

**Conclusion**

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Throughout his administration, Trump has vilified immigrants in rhetoric and policy. His "zero tolerance" policy separated migrant children from their guardians and prompted outrage but also a discussion about what we believe about immigrants and how our action, through policy and otherwise, affects them. Our research hopes to add to this discussion.

Our study varies from others in a couple of ways. Where many traumatic separation studies were done during the holocaust, these were rarely done at the time of containment with researchers who valued the well-being of the victims. Children in Nazi camps only had contact with practicing professionals of the German administration and most (if not all) studies were done after the fact. Our study interviews the population during the traumatic event which we

believe will prove very valuable when compared to possible future investigation about the development of these children. Other studies done with this population only cover the children's response while ours gathers data from both the parents and the children. Although difficult to study, it opens the question as to how this trauma affects the family dynamics of these immigrant units as time goes on. Does it affect trust or attachment? Other gaps in research include the impending acculturation of the immigrants should they be successful in seeking asylum or citizenship or how these families are affected if they are turned away. We realize this is a difficult task due to the transient nature of their habitation.

After our mixed-method interview, where we will be having them take a trauma assessment and engage in an in-person interview, we anticipate that our research will back our hypothesis that separation will worsen the effects of trauma in both immigrant children and guardians. We hope that our findings will influence future immigration policy and aid in the treatment of immigrants in social work practice on both a direct and macro level.

<p style="text-align: center;">References</p>

American Civil Liberties Union. (2018, October 2). Family Separation by the Numbers. Retrieved April 4, 2020, from https://www.aclu.org/issues/immigrants-rights/immigrants-rights-and-detention/family-separation

A Global Measure of Perceived Stress. ( December 1983). *Journal of Health and Social Behavior*, *24*(4), 385–396. Retrieved April 5, 2020, from https://pdfs.semanticscholar.org/bed9/2e978f5bca851a79b16d8499b8ca21eeb3d6.pdf

Barocas, H.A., Barocas, C.B. Separation-individuation conflicts in children of Holocaust Survivors. *J Contemp Psychother* 11, 6–14 (1980). https://doi.org/10.1007/BF00946270

Conybeare, D., Behar, E., Solomon, A., Newman, M. G., & Borkovec, T. D. (2012). The PTSD Checklist-Civilian Version: Reliability, Validity, and Factor Structure in a Nonclinical Sample. *Journal of Clinical Psychology*, *68*(6), 699–713. DOI: 10.1002/jclp.21845

Dallaire, D., & Weinraub, M. (2005). Predicting children's separation anxiety at age 6: The contributions of infant-mother attachment security, maternal sensitivity, and maternal separation anxiety. *Attachment & Human Development*, *7*(4), 393–408. https://doi-org.er.lib.k-state.edu/10.1080/14616730500365894

Durst, N. (2003). Child-survivors of the holocaust: Age-specific traumatization and the consequences for therapy. *American Journal of Psychotherapy, 57*(4), 499-518. doi:http://dx.doi.org.er.lib.k-state.edu/10.1176/appi.psychotherapy.2003.57.4.499

Heim, C., & Nemeroff, C. B. (2001). The role of childhood trauma in the neurobiology of mood and anxiety disorders: preclinical and clinical studies. *Biological Psychiatry*, *49*(12), 1023–1039. Retrieved from https://www.sciencedirect.com/science/article/abs/pii/S000632230101157X

Linton, J. M., & Griffin, M. (2017). Detention of Immigrant Children. *Pediatrics* . doi:

https://doi.org/10.1542/peds.2017-0483

Mineo, Liz. (2017, April 11). *Harvard study, almost 80 years old, has proved that embracing*

*community helps us live longer, and be happier*. The Harvard Gazette. Retreived

https://news.harvard.edu/gazette/story/2017/04/over-nearly-80-years-harvard-study-has-

been-showing-how-to-live-a-healthy-and-happy-life/

Pierce, S., Bolter, J., & Selee, A. (2018). U.S. Immigration Policy Under Trump: Deep Changes

and Lasting Impacts . *Transatlantic Council on Migration*, 1–29. Retrieved from

https://observatoriocolef.org/wp-content/uploads/2018/07/TCMTrumpSpring2018-

FINAL.pdf

Saxe, G., Chawla, N., Stoddard, F., Kassams-Adams, N., Courtney, D., Cunningham, K., …

King, L. (2003). Child Stress Disorders Checklist: A Measure of ASD and PTSD in

Children. *Journal of the American Academy of Child & Adolescent Psychiatry*, *42*(8),

972–978. Retrieved 16 April, 2020, from

https://www.sciencedirect.com/science/article/abs/pii/S0890856709611047

*Separation Anxiety in Children*. Web MD. (n.d.). Retrieved from

https://www.webmd.com/parenting/separation-anxiety#1

Sherman, Christopher, Mendoza, Martha, & Garance Burke. (2019, November 12). *US held*

*record number of migrant children in custody in 2019*. Associated Press News.

https://apnews.com/015702afdb4d4fbf85cf5070cd2c6824

Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013).

  The PTSD Checklist for *DSM-5* (PCL-5). Scale available from the National Center for

  PTSD at www.ptsd.va.gov.

Wood, L. C. N. (2018, September 26). Impact of punitive immigration policies, parent-child

  separation and child detention on the mental health and development of children.

  Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6173255/

Appendix A

**KANSAS STATE**
U N I V E R S I T Y
**University Research
Compliance Office**

Institutional Review Board (IRB)
**Informed Consent**
comply@k-state.edu | 785-532-3224

**PROJECT TITLE:**

The Effects of Immigrant Separation

| **PROJECT APPROVAL DATE:** | | **PROJECT EXPIRATION DATE:** | | **LENGTH OF STUDY:** | 20 minutes |
|---|---|---|---|---|---|

**INVESTIGATOR(S):**    Rebekah Castle, Cole Griffin, and Taya Josenberger

**CONTACT DETAILS FOR PROBLEMS/QUESTIONS:**    Email Taya Josenberger at tjosenberger@ksu.edu

**IRB CHAIR CONTACT INFORMATION:**    Rick Scheidt, Committee Chair
(785) 532-1483
rscheidt@ksu.edu

**PROJECT SPONSOR:**    Kansas State University Social Work Department

**PURPOSE OF THE RESEARCH:**

To observe the mental and emotional toll of children being separated from their parent(s) at the Mexican border.

**PROCEDURES OR METHODS TO BE USED:**

We are collecting data from families referred to us from local community leaders or current participants. The data collection per client will only occur once. We will be providing a survey for the adult clients as well as a brief assessment for the children. We will be collecting data from the parent(s) of a child separated at the border, as well as a brief three question assessment on the behavior of the children to assess their mental and emotional health. This study will be completely anonymous, and participants are not required to share any information they would prefer to keep private.

**RISKS OR DISCOMFORTS ANTICIPATED:**

There is the risk that the participants could feel a sense of discomfort thinking about their past experiences in their lives. To help reduce this risk, we are allowing as much time as the participant needs to take answering the questions, and those administering the or assessments will all be trained in trauma informed care.

**BENEFITS ANTICPATED:**

We hope this study will impact immigration policies by informing policy makers of the hardships immigrants go thorough when immigrating. We hope by humanizing and sharing the stories of many immigrants in the United States, immigration will become less criminalized.

**EXTENT OF CONFIDENTIALITY:**

The surveys will be anonymous and will not require any identifiable information from the participant. However, the results from this study may be used to further

**The information or biospecimens that will be collected as part of this research could be used for future research studies or distributed to other investigators for future research studies without additional informed consent.**

**PARENTAL APPROVAL FOR MINORS:**

| PARENT/GUARDIAN APPROVAL SIGNATURE: | | DATE: | |
|---|---|---|---|

**Terms of participation:** I understand this project is research, and that my participation is voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled.

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

(Remember that it is a requirement for the P.I. to maintain a signed and dated copy of the same consent form signed and kept by the participant).

| PARTICIPANT NAME: | | | |
|---|---|---|---|
| PARTICIPANT SIGNATURE: | | DATE: | |
| WITNESS TO SIGNATURE: (PROJECT STAFF) | | DATE: | |

Appendix B

Country of Origin        _____

Sex     M  /  F

Age       _____

Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem in the **last month.**

| No. | Response | Not at all (1) | A little bit (2) | Moderately (x) | Quite a bit (x) | Extremely (5) |
|---|---|---|---|---|---|---|
| 1. | Repeated, disturbing memories, thoughts, or images of a stressful experience from the past? | | | | | |
| 2. | Repeated, disturbing dreams of a stressful experience from the past? | | | | | |
| 3. | Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)? | | | | | |
| 4. | Feeling very upset when something reminded you of a stressful experience from the past? | | | | | |
| 5. | Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past? | | | | | |
| 6. | Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it? | | | | | |
| 7. | Avoid activities or situations because they remind you of a stressful experience from the past? | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **8.** | Trouble remembering important parts of a stressful experience from the past? | | | | |
| **9.** | Loss of interest in things that you used to enjoy? | | | | |
| **10.** | Feeling distant or cut off from other people? | | | | |
| **11.** | Feeling emotionally numb or being unable to have loving feelings for those close to you? | | | | |
| **12.** | Feeling as if your future will somehow be cut short? | | | | |
| **13.** | Trouble falling or staying asleep? | | | | |
| **14.** | Feeling irritable or having angry outbursts? | | | | |
| **15.** | Having difficulty concentrating? | | | | |
| **16.** | Being "super alert" or watchful on guard? | | | | |
| **17.** | Feeling jumpy or easily startled? | | | | |

Appendix C

**CHILD STRESS DISORDERS CHECKLIST- SHORT FORM (CSDC-SF)**
(v. 3.0- 8/10)
Glenn N. Saxe, M.D. & Michelle Bosquet Enlow, Ph.D.
National Child Traumatic Stress Network,
New York University, & Children's Hospital Boston
Contact: Glenn.Saxe@nyumc.org

Child's Name (or ID #): _____  Age: _____  Sex:  M    F
Person Completing Questionnaire: _____  Date_____
Relationship to Child: _____

Has your child experienced or witnessed an event that caused, or threatened to cause, serious harm to him or herself or to someone else? Please check any and all events and age(s) of your child at the time of the events below:

| | | | | | |
|---|---|---|---|---|---|
| 1) Car Accident | ____ Age(s) ____ | | 5) Physical Illness | ____ Age(s) ____ | |
| 2) Other Accident | ____ Age(s) ____ | | 6) Physical Assault | ____ Age(s) ____ | |
| 3) Fire | ____ Age(s) ____ | | 7) Sexual Assault | ____ Age(s) ____ | |
| 4) Storm | ____ Age(s) ____ | | 8) Any Other Event | ____ Age(s) ____ | |

Directions: Below is a list of behaviors that describe reactions that children may have following a frightening event. For each item that describes your child NOW or WITHIN THE PAST MONTH, please circle 2 if the item is VERY TRUE or OFTEN TRUE of your child. Circle 1 if the item is SOMEWHAT or SOMETIMES TRUE of your child. If the item is NOT TRUE of your child, circle 0. Please answer all items as well as you can, even if some do not seem to apply to your child. The term "event" refers to the most stressful experience that you have described above.

   0 = Not True (as far as you know)
   1 = Somewhat or Sometimes True
   2 = Very True or Often True

0  1  2   Child reports more physical complaints when reminded of the event, such as headaches, stomachaches, nausea, difficulty breathing.

0  1  2   Child avoids doing things that remind him or her of the event.

0  1  2   Child startles easily. For example, he or she jumps when hears sudden or loud noises.

0  1  2   Child gets very upset if reminded of the event.