

The Impact of Immigration Enforcement on Children's Mental Health

Healthy Mind, Healthy
Future Symposium
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Objectives

- Deepen the understanding of complex trauma and its impact on children's development, learning and relational wellbeing
- Explore the application of trauma to the present day forcible separation of children from their parents. Intersection of trauma, institutional racism and xenophobia
- Where do we stand? What's our call to action?

The impact of trauma

- The protective system of an acute stress response (changes in our biology to activate fight, flight or freeze) is meant to be temporary with a return to a calm state baseline. It's not meant to be a chronic, pervasive way of being
- If it's chronic, there is a breakdown in the body's stress response system and the person's capacity to regulate internal states over time
- Traumatic events overwhelm the system that gives people a *sense of control, connection and meaning*

Complex trauma

- Multiple, ongoing traumatic events of an interpersonal nature. In most cases, such trauma includes exposure to repetitive childhood sexual, physical, psychological abuse, and/or family violence, often in the context of coexisting emotional neglect
- A PTSD diagnosis captures only a limited aspect of the traumatized child's complex self-regulatory and relational impairments. *The template for all future relationships and their sense of identity are impacted.*

Single incident vs. complex trauma

Single trauma

- Limited exposure of most commonly external threat
- Often within context of otherwise protective system
- Onset tends to be later in development
- Support of caretaker/family
- Secure attachment

Complex trauma

- Multiple exposure of different types of trauma
- Often within multiply-stressed system
- Onset tends to be earlier in development stage
- Often caretaker/family is source of threat
- Insecure attachment

Mediating factors in complex trauma

- Relationship to abuser
- Type of trauma, level of intensity and invasiveness
- Losses associated with abuse
- Reaction to disclosure
- Age of first trauma experience
- Community safety, poverty
- Access to treatment
- Environmental Supports
 - **Best predictor of outcome for children following a traumatic event is the caregiver's ability to cope with the trauma**

Young children



Attachment based perspective

- Young children develop in the context of relationships
- Young children use relationships with caregivers to
 - Regulate physiological response
 - Form internal working models of relationships
 - Provide secure base for exploration and learning
 - Model accepted behaviors
- ➡ Young children who experience interpersonal complex trauma may develop a view of relationships as: unpredictable, scary, punitive, and confusing

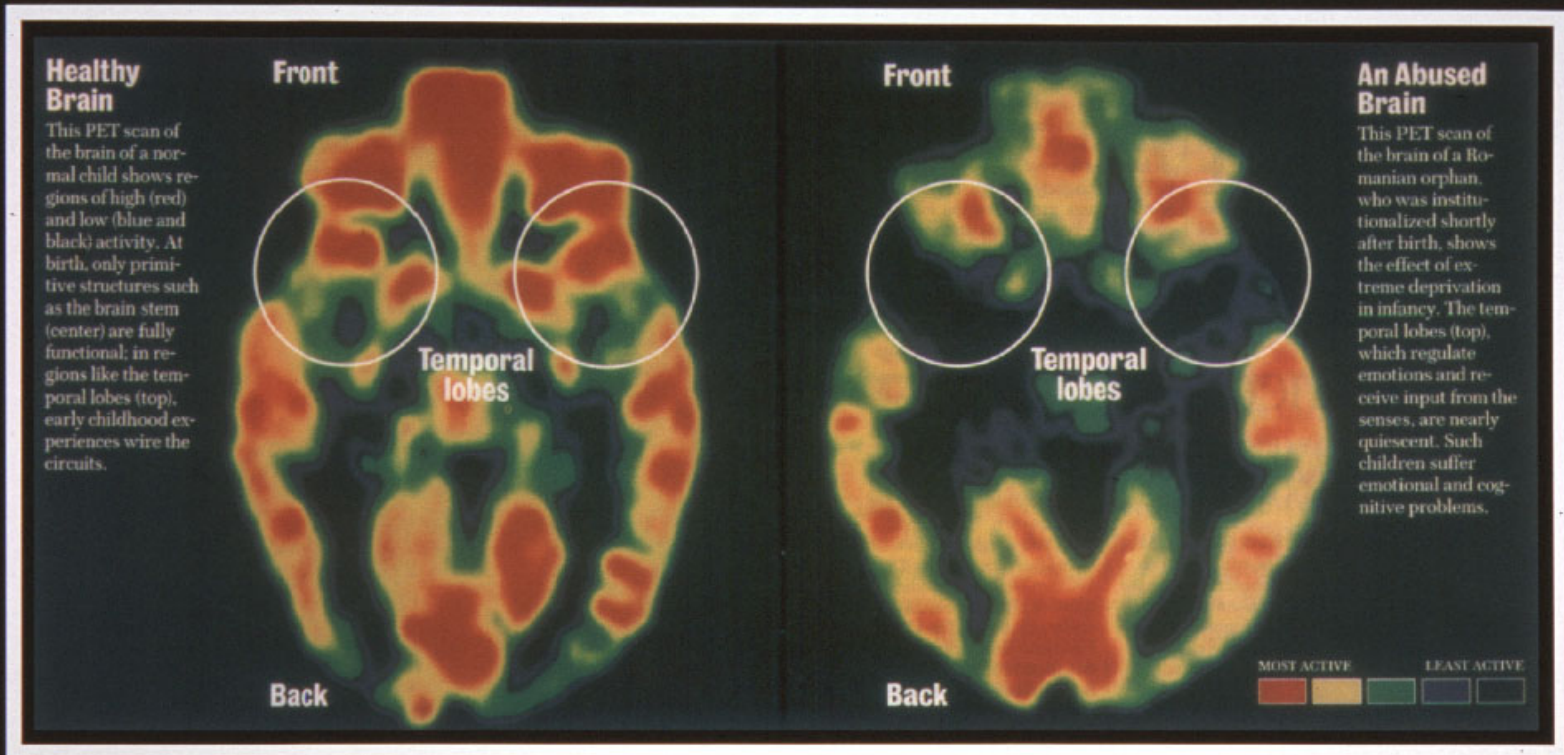
The impact of complex trauma on young children

- The brilliant defensive structure we are equipped with is insufficient for young children who are trapped in an abusive environment
- When neither escape (flight), resistance (fight) or disconnection (freeze) are effective strategies to keep you safe, the protective system *disintegrates* and *disorganizes*

The costs of adaptation for children

- Adapting to a climate of chronic abuse and trauma requires constant alertness (constantly scanning for warning signs by being overly focused on the mood, facial expressions, voice of the adults around them)
- “Frozen watchfulness” efforts to avoid abuse by becoming immobile, invisible, non-existent
- They may try to gain control of the situation by being overly compliant or may try to construct a system of meaning that justifies it (blaming themselves and believing their innate “badness” is the cause)

Impact on brain development

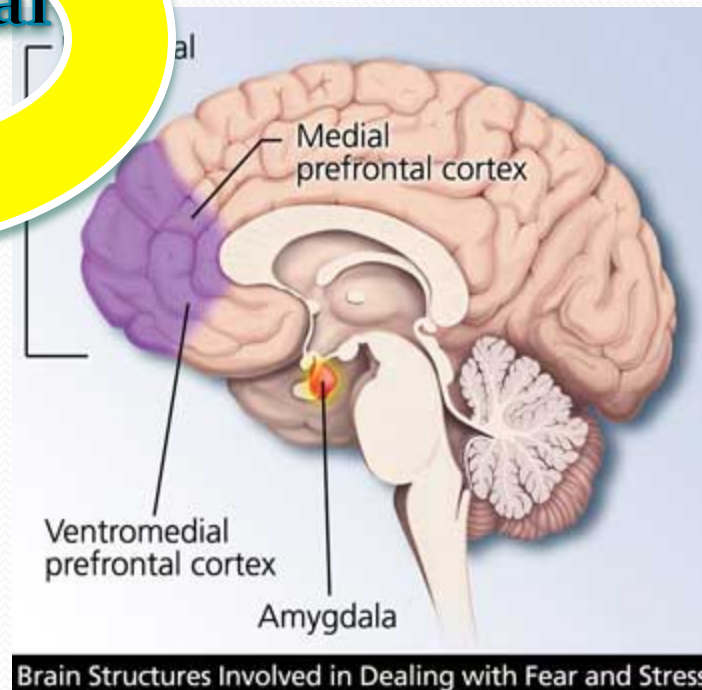


CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

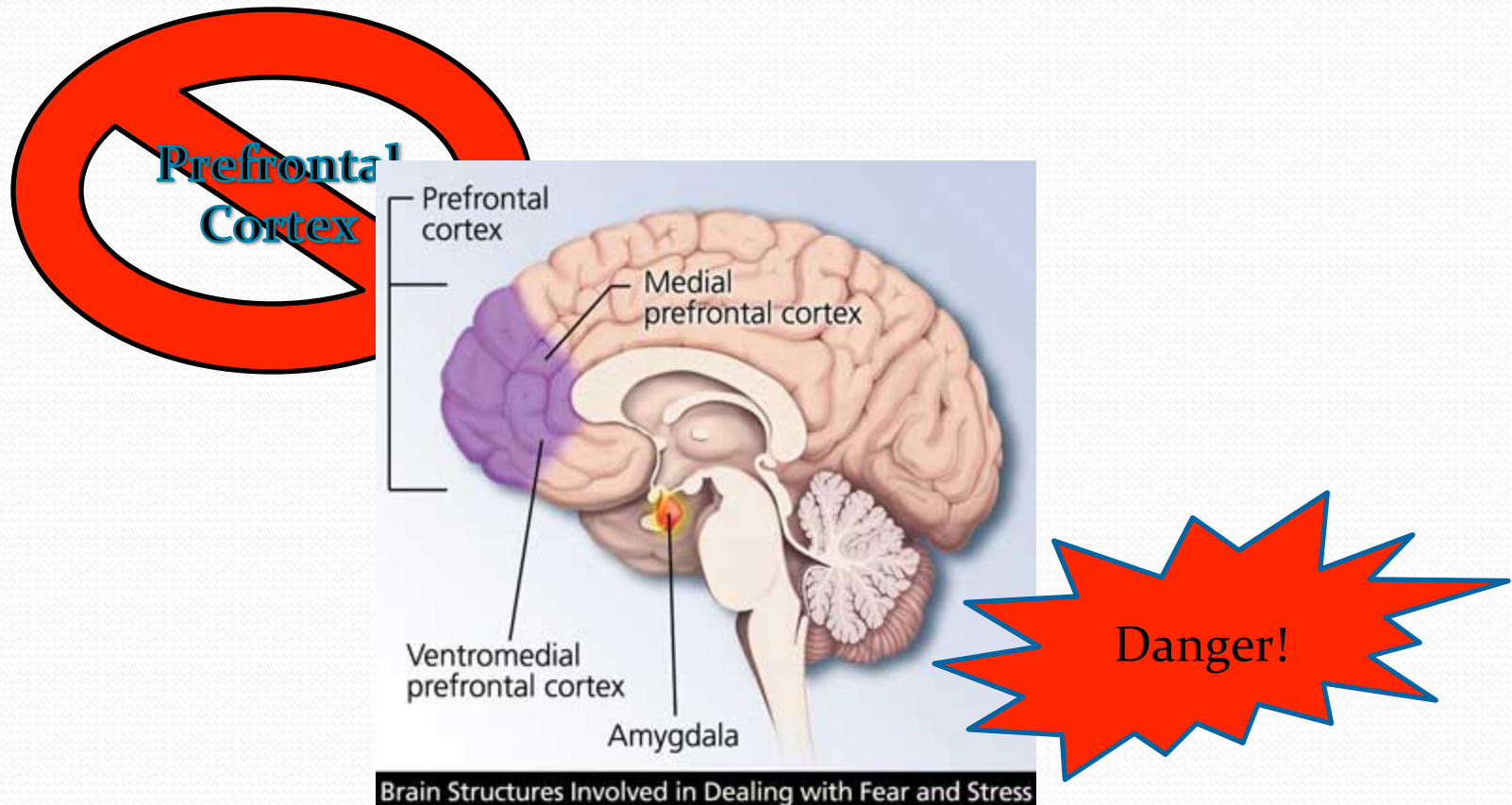
(As cited by Felitti & Anda, 2003; Source CDC)

Thinking Brain: Prefrontal Cortex

Prefrontal Cortex



What Happens When We Are Afraid



The nervous system is re-wired

- The brain is wired for danger. People with untreated PTSD symptoms take longer to fall asleep and awaken more frequently during the night
- Trauma lives in the body: Muscle memory and preverbal trauma. The physical body retains a memory of what the mind experiences and the mind, or brain and nervous system, retain a memory of what the body experiences

The impact of trauma on learning

- Critical window of brain development is between birth and the age of 5
- Neuroplasticity is the process by which our brains are shaped by experiences.
 - Synaptic plasticity is the strength of the connections between the brain cells
 - Cellular plasticity is the number of connections between brain cells.
 - **0-5 is a unique time of development where both types of neuroplasticity are taking place.**

Impact on cognitive development and learning

- Exposure to trauma is linked to learning and behavior problems, including difficulties in the following areas:
 - language, communication, and problem solving skills; executive functioning; regulating emotions, and peer and teacher relationships.
- Trauma is also linked to an increase in impulsivity and aggressiveness. A child experiencing trauma can have a difficult time concentrating, following lessons, and sitting still.

www.nctsn.org

Impact of trauma on the parent-child relationship

- Shatters the developmental expectation of protection from the attachment figure
- The protector either becomes the source of danger, is unavailable or cannot protect them from the source of danger
- “Unresolvable fear”: Nowhere to turn for help - Who is safe and who is dangerous?
- Contradictory feelings toward the parent
 - (Pynoos, 1993; Main & Hesse, 1990; Lieberman & Van Horn, 1998)

Impact of trauma on the parent-child relationship

- Either partner may develop new negative attributions based on trauma experience
 - Changes to internal working models
 - Traumatic expectations
- Caregiver and child may serve as traumatic reminders for one another

Pynoos, 1997

Impact of trauma on parent-child relationship

- When the caregiver has also experienced interpersonal trauma:
 - The caregiver's ability to establish and maintain an empathic relationship with the child may be impaired
 - The caregiver may have a decreased capacity to recognize danger or stress
 - Parent may have untreated PTSD symptoms that would make the already difficult task of parenting an enormous challenge (constant state of vigilance and irritability, sense of disconnection from others, feelings of badness as a parent/person, difficulty regulating emotions, etc.)


Standing by what we know

In summary, we can confidently stand behind thousands of scientific studies that support:

- 1) Children need a stable relationship with a primary caregiver to develop a strong foundation for healthy development
- 2) High and persistent levels of stress is toxic to brain development and has serious negative consequences on children's health

How can we apply child development and trauma theory to the current immigration policy?





There is no question that the immigration policy of separating young children from their families is causing deep and long lasting damage for both the parents and the children

“What’s wrong with my son?”

- <https://www.youtube.com/watch?v=7ZutQCfAqBI>
- Reyes-Mejia family (a pseudonymous name for the sake of safety) came to the U.S. from Honduras to escape violent crime. They presented themselves at a border crossing facility to seek asylum.
- The father, Ever, was told he could briefly leave his son alone at a detention facility while he completed some paperwork. When he returned, the boy was gone. Immigration and Customs Enforcement (ICE) agents had taken him to foster care in Michigan.
- His response at reunification with his mother (after 3.5 months of separation) is an example of the deeply traumatic impact to both children and parents when they are forced to separate
- The ACLU estimates that 528 migrant children remain separated from their families in federal custody

Mediating factors in forced family separations (According to the biology of adversity)

- **Age:** Younger children are most vulnerable as their biological systems are underdeveloped and they are most dependent on their parents for emotional co-regulation and protection
- **Previous harm:** Refugee families are escaping persecution, pervasive violence, assaults and often deep deprivation and poverty.
- **The duration of separation:** Prolonged separation inflicts greater harm

Pervasive discrimination and oppression

- Historical trauma (History of forced family separations for families of color and indigenous communities)
- Anti-immigrant rhetoric
- Constant state of fear
- Institutional racism
- Social inequity and injustice
- Implicit bias and microaggressions
- There may not be a particular incident, but there could be a cumulative impact from feeling frightened in your home, community, or witnessing your parent being frightened/feeling threatened.

Possible unique sources of traumatic stress for immigrants

- Social marginalization
- Isolation
- Poverty
- Untreated mental health symptoms from pre-migration or migration trauma
- Housing difficulties (cost, lack of documentation/credit history, overcrowding)
- Fear of separation or deportation

Unaccompanied refugee minors

68,541 unaccompanied refugee minors made the journey from Central America.

The majority were escaping violence from organized gangs (61% in El Salvador, 43% in Honduras and 31% in Mexico).

Children from Guatemala (29%) identified extreme poverty and hunger as the main reason for fleeing



Family separation

- Forced family separation due to immigration policy
- Temporary planned separation when crossing the border (children being transported by people they don't know)
- Families divided due to the forced exile of certain family members (parents migrating first and leaving children with family members, often reunifying years later)
- How are these families helped in healing the wounds of the separation when they reunite?

Post traumatic strength and resilience



Optimism and Bravery

- The immigrant story is not only of the trauma one has lived through or the often horrific journey getting here... it's also a story of **hope**. It's a story of believing that something better is possible for you and your children. There you will find the protective narrative.
- Restoring the protective shield

Transforming trauma



Relationship-based work

- The main healing agent in your work is the relationship you can build with them
- It is an honor for people who have been hurt in the past to trust you. You may have to earn that trust; their defensive structure is alerting them to be cautious of closeness with others
- See and reflect the best in them; truly believe that they can find their path
- When there is a rupture, make attempts to model repair in relationships

Speaking the unspeakable

- Parents UNDERSTANDABLY need to believe that their children/youth were not impacted by traumatic events. One first has to show parents you understand and align with this wish.
- Acknowledgement of the child/youth's experience: When it's not talked about, children/youth are left with their sensory experiences, fears, and questions without a guide as to how to understand it and talk about it. How would you like your child to understand your family's story?

The elephant in the room

- When children/youth are not given a narrative in which to understand their experience, they may make up their own explanations to the violence they witnessed.
- Children/youth tend to:
 - Believe it's their fault the violence happened(egocentric stage in cognitive development)
 - Form generalized worries (if one parent abruptly left, they may worry that the other caregiver may also abruptly leave)
 - May receive the message that it's not ok to talk about their experiences/feelings/memories. May feel burdened and alone by holding this secret
 - May feel invalidated if they ask about what happened and are told that "everything is ok" when they know that it's not

What you can do if a caregiver is not involved/present

- Sometimes children/youth are reminded of a trauma and start sharing part of their story with medical providers, teachers, coaches, child care providers, case managers, etc.
- If you don't have immediate access to a caregiver and don't know how the caregiver would like the child/youth to understand what happened, just reflect back what he/she is telling you and highlight the feelings they may have as a result. Refrain from asking questions
- If possible, follow up with the caregiver later and assess whether they would like your support

Family-based interventions

- Studies show that less parental distress and more familial support mitigates the negative impact of trauma on children. Interventions that help the parent resolve emotional distress about the child's trauma, and which enhance the parent's ability to support their child, will maximize the child's outcome in treatment (Cohen, Mannarino, and Deblinger, 2003).

Cultural Humility

“More than a concept, Cultural Humility is a process of communal reflection to analyze the root causes of suffering and create a broader, more inclusive view of the world.”

- Lifelong learning and critical self-reflection
- Recognizing and changing power imbalances
- Developing institutional accountability

(Tervalon & Murray-Garcia, 1998)

Vicarious traumatization

- It is a privilege to hear about other people's pain, but it comes with a cost. Being exposed to others' traumatic material may result in psychological distress and symptoms that mimic PTSD
- This is different than Burnout- which is a gradual process of physical, emotional, and mental exhaustion in response to job stressors. Burnout is gradual, where Vicarious Traumatization tends to be more sudden

Vicarious traumatization

- Pay attention to your internal reactions when working with families who have experienced trauma
 - What are signs you can identify in yourself when you need extra support?
 - How can you regulate your feelings in the moment when families evoke emotions in you?
 - What do you do regularly to remain balanced?

Wrapping up

- 1) How does this information inform your call to action?
Take a minute to reflect on the ways you can be an agent of change and hope in whatever role you are in
- 2) Support and accountability: We are in this together.
Turn to the person next to you and share one of the reflections that came up for you (in question 1)

- Questions and comments?