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Seeking Safety and Humanity in the Harshest Immigration Climate in a Generation: A Review of the Literature on the Effects of Separation and Detention on Migrant and Asylum-Seeking Children and Families in the United States during the Trump Administration

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ABSTRACT

In recent years, families with children from the Northern Triangle countries of Central America constitute a large and growing proportion of migrants and overall filed asylum claims. In an effort to deter overall immigration through the U.S.–Mexico border, the executive branch under the Trump administration has made substantial changes to federal immigration and asylum policy in recent years. Given the sensitive nature of early development and the hardship and trauma that many migrant children have experienced, immigration policies that do not prioritize child wellbeing, and in fact, neglect or harm it, can have lifelong negative consequences on physical and psychological wellbeing. In light of the scope of children and families affected by these policies and potential magnitude of their effects, the present review aimed to: 1) outline federal immigration policies under the Trump administration that primarily impacted migrant children and families; 2) review the research base regarding the effects of these policies on physical safety and health, development, mental health, family wellbeing, and education; and 3) provide policy recommendations to prevent further harm, mitigate the great harm already done, and prioritize child wellness moving forward. Findings from the review indicate that even short experiences of detention, particularly when children are separated from parents and caregivers, are associated with serious, lasting negative effects across every domain of functioning. The practices of separation, detention, and removal to temporary encampments compound traumatic experiences that migrant families are often fleeing, which in turn may set up already vulnerable children for a trajectory of continued marginalization. Future directions for research and implications for policy and practice are discussed.

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FROM THE EDITOR

This *Social Policy Report* could not come at a more opportune time for affecting U.S. policy on immigration. According to the February 7, 2021 New York Times, about 1000 families have been released at the Mexican border since President Biden took office, and immigration officials expect these numbers will continue to rise as more families continue trekking to Mexico hoping to reach asylum in the United States. At this point, the only unknown is how long it will take for President Biden's promised "more humane" immigration policy to be put into action and with what effect.

Authored by Kelly Edyburn and Shantel Meek, Partner and Founder, respectively, of the Children's Equity Project, this *Social Policy Report* provides a harrowing account of the Trump-era policy of separating families at border crossings. The *Report* details the lack of adequate documentation of family separation (indeed more than 600 children have not yet been reunited with their families) and describes the dismal physical and psychological conditions migrant families have been subjected to in the past several years, including inadequate access to health, education, and legal services. While the separation policy was adopted in May 2018 and was suspended in June 2018 after considerable public outcry, the authors review the period from May 2018 through December 2020, noting that the separation policy continued to impact hundreds of children well beyond the official suspension of the policy.

Moreover, Edyburn and Meek offer an extensive chronicle of the consequences of the family separation policy on the children's wellbeing, both in the short term and potentially the long term. In addition to the fact that seven children died while in custody with immigration officials, the authors note that migrant children have shown higher rates of suicide and mental health problems than the general population and continue to show signs of trauma even after being reunited with their families. Longitudinal follow-up studies of these migrant children are very much needed, as the authors note, in order to identify what long term effects might exist for such a population of children suffering from PTSD and, critically, to identify what possible interventions might reduce the negative consequences of their experiences.

Most importantly, Edyburn and Meek offer several policy recommendations for the current administration to begin repairing the damage done by the previous administration. First and foremost, they recommend that families must be kept together. The current administration must also work to: terminate Migrant Protection Protocols, which have had the effect of putting children and their families in crowded, dirty, and disease ridden encampments; keep migrant children out of secure facilities intended for adults and rather try to place children in local, community-based facilities which are licensed by the state to ensure minimally optimal conditions for children's health and welfare; and, finally, provide migrant families access to non-cash services such as Medicaid and SNAP (Supplemental Nutrition Assistance Program). Should the current administration care about the health and wellbeing of immigrant children and families—a priority that clearly was not upheld over the last four years—humane and equitable migration policies must be enacted now.

Seeking Safety and Humanity in the Harshest Immigration Climate in a Generation: A Review of the Literature on the Effects of Separation and Detention on Migrant and Asylum-Seeking Children and Families in the United States during the Trump Administration

Introduction

In recent years, shifts in migration flows and changes to federal immigration policy have altered the pathways of those who migrate to the southern border of the United States seeking asylum or economic opportunities. Until the early 2010s, individual adults, mostly working-age men from Mexico, made up most of the migrants to the United States. (Gramlich & Noe-Bustamante, 2019). Today, families with children from the Northern Triangle countries of Central America (i.e., El Salvador, Guatemala, Honduras) constitute a large and growing proportion of migrants arriving at the US–Mexico border (91% of all families apprehended at the border in fiscal year 2019; Chishti & Bolter, 2020), as well as an increasing share of filed asylum cases (Meissner, Hipsman, & Aleinikoff, 2018; Mossaad, 2019). The surge in migration and applications for asylum in the United States from families from these three Central American countries reflects a state of ongoing sociopolitical crisis throughout the region, involving gang violence, extreme poverty, and government corruption and instability (Cantor & Johnson, 2016; Hiskey, Córdova, Orcés, & Malone, 2016), much of which is associated with United States and other foreign intervention in these regions in the latter half of the 20th century (González, 2000).

In general, migrants who present at a US port of entry without legal documentation to enter the country are detained by Customs and Border Protection (CBP) and placed into expedited removal (i.e., deportation) procedures. However, if an individual expresses fear of returning to their country of origin, they are referred for an initial "credible fear" screening with a U.S. Citizenship and Immigration Services (USCIS) asylum officer. If this initial screening is passed, the individual/family is placed into formal removal proceedings, during which they may "defensively" apply for asylum before a judge (Mossaad, 2019). As immigration courts have experienced tremendous backlogs of cases in the last decade, asylum applicants often must wait years for a hearing. Historically, families seeking asylum have often been released from the custody of federal immigration agencies to live in the United States for the duration of the processing of their case (Meissner et al., 2018).

Migrant children (under age 18) who are apprehended at the border without a parent or legal guardian are likewise initially detained at CBP processing facilities; however, due to their vulnerability to exploitation, they receive special protections under the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA, 2008). At the CBP processing facilities, they are screened for trafficking and asylum claims (Kandel, 2016). They are not placed into expedited removal proceedings, but rather formal immigration court proceedings, with their asylum cases first adjudicated by USCIS asylum officers (Meissner et al., 2018). Meanwhile, after a child is identified and classified

as an unaccompanied child (UC), they are to be transported from the CBP processing facility and released to an Office of Refugee Resettlement (ORR) care provider within 72 hours (TVPRA, 2008). ORR funds a network of shelters, group homes, foster agencies, and other facilities of varying levels of security around the United States that house UCs while they await release to an approved sponsor pending their immigration hearings (Kandel, 2016).

In an effort to curb waiting periods for asylum cases and deter overall immigration through the US–Mexico border, the executive branch under the Trump administration made substantial changes to federal immigration and asylum policy through executive orders, policy memos, and regulatory changes (Meissner et al., 2018; Pierce, 2019). Federal courts have suspended or enjoined many of these changes (Pierce, 2019), and further litigation remains ongoing (Oyez, 2020). The rapidly shifting immigration policy context is immensely consequential to children's health, development, and wellness. It is critical to recognize the sensitive nature of children's early development, paired with the hardship and trauma that many migrant children and families have experienced prior to, during, and after migration and in US detention. Policies that do not prioritize child wellbeing, and in fact, neglect or harm it, can have lifelong negative consequences on children's physical and psychological wellbeing.

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Purpose of the present review

As children and families represent a growing segment of the migrant population traveling to the United States, recent policies shape the experiences of children and families in contact with federal immigration agencies and have the potential to exert a substantial and lasting impact on the development and wellbeing of children from vulnerable backgrounds. Despite the scope of children and families affected by these policies and potential magnitude of the psychological, social, and economic effects, the authors are unaware of any comprehensive reviews of the policy context and research related to this issue, as of the time of this publication. Aiming to address this gap in the literature as it relates to the recent policy context, the present review will: 1) outline current federal immigration policies, including new policies instituted under the Trump administration, that primarily affect migrant children and families, 2) review the research base regarding the effects of these policies, including separation and detention-focused immigration policies, on children's physical safety and health, development, mental health, education, and family wellbeing, and 3) provide policy recommendations for the incoming administration to prevent further harm and mitigate the great harm done.

Recent Policy Context

Parallel to the increases in the migration of children and families through the southern US border, there have been significant changes to immigration and asylum policy and enforcement over the course of the last decade. To focus on the most proximate policy changes affecting children and families migrating through the southern border during the Trump administration, the present review will examine a specific timeframe: starting in May 2018 with the initiation of the "zero-tolerance" policy for prosecuting unlawful border crossing that resulted in a de facto family separation policy and concluding with the last full month of the administration, in December 2020.[1]

Family separations

In May 2018, Attorney General Sessions publicly announced that federal prosecutors would adopt a "zero-tolerance" policy regarding prosecution of the misdemeanor offense of unlawful border crossing (Kandel, 2018), adding that adults traveling with children would be separated from them "as required by law" in order to prosecute the adults (Sessions, 2018). This decision to prosecute all individuals, including family units, for the misdemeanor offense of crossing the border without documentation was historically unprecedented (Cillizza, 2018). With the adoption of this policy, children were forcibly separated from their parents as they were apprehended at the border and placed in separate facilities (Office of Inspector General, 2019a). The separations were often abrupt, taking children out of parents' arms without permitting parents to console or say goodbye to their children, although some parents report that they were taken away from their sleeping children in the middle of the night or returned to find their children gone after receiving medical care in a separate room (Habbach, Hampton, & Mishori, 2020). Children and parents were not provided with information about when or how they would be reunited, nor were they permitted any contact via phone or video (Garcia Bochenek, 2019; Habbach et al., 2020). Due to overcrowding in CBP processing facilities as a result of this policy change, many separated children were repeatedly moved, including across state lines, to different CBP and ORR facilities over the course of weeks and months (U.S. House of Representatives Committee on Oversight & Reform, 2019). Later investigations revealed that federal agencies did not collect sufficient identifying information from the families they separated, including families with very young children who would be unable to identify their parents by name, and likewise did not track where parents and children were moved or being held (Office of Inspector General, 2019a). Physicians for Human Rights has found that the treatment

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of asylum seekers and implementation of the policy of family separation under Trump rises to the level of torture (Habbach et al., 2020).

Following bipartisan political pressure and widespread denunciation of the family separation policy by medical (MacKenzie, Bosk, & Zeanah, 2017), scientific (American Psychological Association, 2019; Society for Research in Child Development, 2018), and civil rights communities (American Immigration Lawyers Association, 2018; Leadership Conference on Civil & Human Rights, 2018), as well as the United Nations (Al Hussein, 2018), President Trump signed an executive order ending the policy of family separation in June 2018 (Exec. Order No. 13,841, 2018). In the same month, a federal court mandated that children under age 5 be reunified with their parents within 14 days and all children over age 5 be reunified within 30 days (Ms. L v. ICE, 2018). Initially, the U.S. Department of Health and Human Services (HHS) identified 2,654 children who had been affected by the separation policy (Office of Inspector General, 2019a). However, a report released by the HHS Office of Inspector General (OIG) in January 2019 found that the total number of children separated from their families was actually "unknown" and may have been thousands more than originally reported, due to insufficient data tracking and coordination among agencies, and a previously undisclosed "pilot program" for family separation in Texas, starting in summer 2017—many months before the administration's official adoption of the "zero-tolerance" policy (Ainsley & Soboroff, 2020a; Office of Inspector General, 2019a). Following this OIG report, efforts to count the total number of children affected by the family separation policy identified 1,556 additional separated children not included in the original government reporting, including 202 children under 5 years old and 5 infants under 1 year. According to attorneys at the American Civil Liberties Union (ACLU), that new information brought the count of families separated from July 2017 to June 2018 to approximately 5,500 (known as of October 2019; Spagat, 2019). Furthermore, in July 2019, ACLU attorneys reported to the federal court overseeing family separation lawsuits that separations have continued on a significant scale, identifying more than 900 children who had been removed from their parents since the formal termination of the "zero-tolerance" policy, often in cases where parents had a history—or even only an alleged history—of minor offenses (e.g., traffic offenses, theft, cannabis possession), or the child was immigrating with a relative other than a legal guardian (Ms. L v. ICE, 2019). In these cases in which children were separated from their parents, the children were subsequently designated as UCs and transferred to ORR custody for placement into a shelter or transitional foster care (Kandel, 2018; Office of Refugee Resettlement, 2021).

As of early December 2020—almost two and a half years after the Trump administration was ordered by a federal judge to reunify the separated families—628 children separated under the 2018 policy remain separated from their families; attorneys still cannot locate their parents (Alvarez, 2020b). Legal advocates on the steering committee charged with reunifying the families also reported in early December 2020 that the U.S. Department of Justice (DOJ) finally turned over addresses and phone numbers that could help facilitate reunification, after withholding this information for years (Ainsley & Soboroff, 2020b). Concurrent to attorneys' ongoing efforts to reunify families, additional information emerged in late 2020 regarding the DOJ's role and intention in the family separation policy. A draft report by the DOJ OIG, which has reportedly been ready for release since

the summer of 2020 but is yet unpublished as of December 2020, indicates that top DOJ officials were fully aware that the "zero-tolerance" policy would result in family separations, contrary to then-Attorney General Sessions' and others' public reports that they never intended to separate children from their parents and expected parents to be promptly prosecuted and reunited with their children within hours (Shear, Benner, & Schmidt, 2020). The draft report also reportedly describes how the "pilot program" for family separation in El Paso in 2017 resulted in breastfeeding infants being taken from their mothers, and how DOJ officials ignored the child welfare concerns raised by the five US attorneys along the US border when the family separation policy was presented to them (Shear et al., 2020).

Long-term family detention

Since the official termination of the family separation policy, repeated efforts by Trump administration officials have been made to facilitate the long-term detention of immigrant children and families, as they have asserted that as an alternative-to-detention practices (e.g., community-based monitoring) while families await hearings hinder effective immigration enforcement (Kelly, 2017). Legal experts have also identified that increased use of family detention would allow the administration to advance their stated goals of restricting and deterring immigration, as family detention has been shown to undermine asylum-seeking families' access to legal representation, which increases their chance of obtaining relief and remaining in the United States (Eagly, Shafer, & Whalley, 2018; Harris, 2018). The *Flores* Settlement, a 1997 court agreement that established the current standards for the federal government's care of both accompanied and unaccompanied immigrant minors in its custody, places limits on the amount of time children and families can be held in secure facilities[2]. The agreement stipulates that children be housed in non-secure, state-licensed facilities that are safe, sanitary, and provide sufficient food and water. However, the agreement has been interpreted in previous court cases to allow children to be held in secure, unlicensed immigration detention centers for a maximum of 20 days in times of "emergency" (Flores v. Lynch, 2015; Human Rights First, 2018). What constitutes an "emergency" or "influx" that allows exceptions to some of the provisions of *Flores* has not been explicitly defined in law. Advocates have raised concerns that the interpretation of "emergency" has not been consistent over time, identifying that Trump administration officials have used emergency shelters even when shelter beds in licensed facilities are available, potentially as a loophole to the minimum standards that the government must provide under *Flores* (Herrera, 2019).

Starting in June 2018, the DOJ under President Trump continually sought to amend or withdraw from the *Flores* Settlement in order to develop new regulations that would allow the detention of immigrant children and families indefinitely. After a year of having such requests denied in federal courts, on August 21, 2019, the administration announced a new regulation that would allow indefinite detention of migrant families apprehended crossing the border unlawfully (Shear & Kanno-Youngs, 2019). The new rule required approval from a federal judge before taking effect; in September 2019, a federal judge rejected the proposed changes, stating that any changes to *Flores* must be enacted by Congress through legislation (Jordan, 2019a).

Asylum policy changes

Several changes were also made to asylum policy in 2018, many of which were ongoing in their implementation through the remainder of the Trump administration. The right to asylum exists to protect vulnerable individuals who have a fear of returning to their country of origin due to persecution for their race, religion, nationality, political opinion, or membership in a certain social group and lack of protection by the government (Immigration & Nationality Act, 1965). The nature of "social groups" that are protected has been shaped by case law (Meissner et al., 2018), and in June 2018, Attorney General Sessions vacated an earlier court decision, stating in his decision that asylum applicants must belong to a protected social group that "must exist independently of the harm asserted" and that applications based on persecution by nongovernment individuals must show the government condoned the persecution or failed to protect the victims (Matter of A-B-, 2018). In effect, this decision significantly limits the grounds for asylum for those applying based on domestic violence or gang violence victimization, which are the basis of most current asylum claims made by Central Americans (Meissner et al., 2018). A federal court district judge subsequently ruled that this decision does not apply to initial "credible fear" asylum interviews, although it does apply at adjudication (Grace et al., v. Matthew G. Whitaker, 2018; Pierce, 2019). In addition to these changes, USCIS has implemented policy changes to raise the standards required for identity documentation and investigation of credible fear claims in initial asylum screenings, and CBP began metering the number of asylum seekers permitted to enter the ports of entry each day (Pierce, 2019).

Migrant Protection Protocols

In January 2019, the U.S. Department of Homeland Security (DHS), under which Customs and Border Protection (CBP) and Immigrations and Customs Enforcement (ICE) operate, announced implementation of the "Migrant Protection Protocols" (MPP), which is also known as the "Remain in Mexico" program. Under MPP, individuals arriving at the US border without documentation, including asylum seekers, may be removed to Mexico to await their immigration proceedings (Pierce, 2019; U.S. Department of Homeland Security, 2019). As of October 2020, more than 68,000 migrants and asylum seekers had been deported to Mexico under MPP (TRAC Immigration, 2020), including thousands of children under age 5 (Cooke, Rosenberg, & Levinson, 2019). In Mexico, homeless shelters have been overwhelmed, and most of these migrant families are forced to live on the streets or in tent cities and encampments in abject, unsanitary conditions and exposed to victimization by drug cartels (Cooke et al., 2019; Narea, 2019). Given the wait times for asylum cases (Meissner et al., 2018), families have had to remain in these conditions for months.

Changes in response to the coronavirus pandemic

With the novel coronavirus outbreak reaching the level of a global pandemic in early 2020, the Trump administration made additional immigration and asylum policy changes to further limit entry into the United States through the southern border. As of late March 2020, the Centers for Disease Control and Prevention (CDC) banned the entry of people and goods that might spread the virus (CDC, 2020). Later

investigations revealed that top officials at the CDC objected to closing the border to migrants and asylum seekers, citing that there was no evidence this would slow the pandemic (Dearen & Burke, 2020). Invoking the border restrictions, CBP implemented a new policy in which all individuals, including asylum seekers and UCs, would be immediately deported, without any processing of their cases or medical screening for the coronavirus (Kanno-Youngs & Semple, 2020). This policy was initially secret; it was not confirmed with explicit evidence until a policy memo was shared to the press by a source within Border Patrol in early April 2020 (Lakhani, 2020; Lind, 2020). In November 2020, a US district judge found this policy be in violation of federal laws (e.g., Trafficking Victims Protection Reauthorization Act of, 2008) that protect the rights of asylum seekers and UCs and ordered the Trump administration to end the expulsions (Lind, 2020; Narea, 2020a). The administration continued to expel UCs in December 2020, in violation of the court order (Narea, 2020b).

The scope of children and families affected by the implementation of this policy during the coronavirus pandemic has been extensive. As of June 2020, only about 4% of the UCs apprehended at the US–Mexico border between March and June had been transferred to ORR, as required by federal law (Annand, 2020; Kriel, 2020b). By November 2020, at least 13,000 UCs had been deported under this policy, returning even young children under age 10 to their home country alone, often without notifying their parents or attorneys (Dickerson, 2020b; Kriel, 2020a; Narea, 2020a). During the spring and summer of 2020, hundreds of these children, including infants and toddlers, were held by ICE in unlicensed, unregulated hotels near the southern border for days or weeks before being expelled or deported (Merchant & Sanon, 2020). In September 2020, a judge ruled that this practice was in violation of the TVPRA and *Flores* Settlement's stipulations that UCs in federal custody be transferred to licensed, supervised ORR facilities within 72 hours (Merchant, 2020b).

The pandemic has also had consequences for children and families already in US custody. In May, amid families' concerns about the spread of the coronavirus in detention facilities and days before ICE had to report back to the judge who had found in April that they were not in compliance with the *Flores* Settlement, ICE distributed forms for parents to "voluntarily" select between a binary choice of agreeing to remaining detained together indefinitely or allowing their child to be released alone, which would again result in a de facto policy of family separation (Ainsley, 2020). None of the families completed this form, and the judge subsequently and repeatedly ordered ICE to release all children from these facilities throughout the summer (Soboroff, 2020). The Trump administration continued to delay complying with this order (Aguilera, 2020), and as of December 2020, hundreds of children and families remain detained (U.S. Immigration and Customs Enforcement, 2020b).

Effects of Policy Changes

As a result of the policy changes described above (prior to the coronavirus pandemic), more migrant and asylum-seeking children and families were physically detained in CBP, ICE, and ORR facilities, and had to stay in those institutions for longer periods than in previous administrations (DHS Advisory Committee on Family Residential Centers, 2016; Dickerson, 2018; Kandel, 2016, 2019; Kassie, 2019; Lind, 2019; U.S.

Department of Health and Human Services, 2020a; U.S. Immigration and Customs Enforcement, 2020a). Still others were forced to wait for their immigration proceedings in often dangerous and unsanitary conditions in encampments in Mexico (Cooke et al., 2019). In May and June 2019, CBP processing facilities held, on average, about 2,000 UCs at any given time—a population for which CBP officials reported their facilities did not have sufficient capacity (Lind, 2019). UCs in ORR custody, including at shelters, secure facilities, and foster homes, previously averaged 61 days in care between fiscal year 2008 and 2010 (Kandel, 2016); the average length of stay for UCs as of the end of October 2020 was more than double that at 123 days (HHS, 2020b).

A greater proportion of UCs in ORR custody are also being placed in more restrictive settings, as a policy initially documented in 2017 requires placement of all UCs with any alleged gang-related history into secure, juvenile justice detention facilities (Office of Refugee Resettlement, 2017; Pierce, 2019). Of note, as gangs in Central America often recruit even very young children and threaten violence for not joining, children may be forced into gangs. Some children are seeking asylum in the United States. precisely to escape retaliation for not joining or leaving gangs (Ackerman et al., 2019; Cantor & Johnson, 2016). Under the ORR policy, youth are not required to have prior arrests or charges to be placed in these settings; the policy does not provide guidance regarding how gang affiliation is evaluated (Office of Refugee Resettlement, 2017), raising questions about whether ORR may inappropriately overidentify children for placement in these restrictive settings. As more children and families spend more time in federal immigration facilities in the United States and in tent encampments in Mexican border towns, it is critically important to understand the conditions they experience, given their substantial effects on children's physical, psychological, and social wellbeing and development.

Immigration facilities in the United States

Customs and Border Protection processing centers. CBP processing centers are intended to hold migrants only temporarily to process asylum claims; children are only supposed to be held at CBP facilities for a maximum of 72 hours after being identified as unaccompanied, under requirements in Trafficking Victims Protection Reauthorization Act of 2008. However, multiple reports have documented violation of this requirement in recent years, with children remaining in a CBP facility for weeks at times (Attanasio, Burke, & Mendoza, 2019; Da Silva, 2019; Lind, 2019). Accounts from attorneys, physicians, and legislators who have been permitted to access CBP facilities have often described crying, confused, hungry children in soiled clothes who have few opportunities to leave the overcrowded fenced-in cells and often must sleep on concrete floors with aluminum foil blankets (Attanasio et al., 2019; Dickerson, 2019; Romero et al., 2019). In at least one facility in Texas, Border Patrol agents have acknowledged that there is a practice of asking older children (some as young as 7 years old) to help care for younger ones, including infants and toddlers (Attanasio et al., 2019; Romero et al., 2019). Some of these young children were separated from their parents and alone in the CBP facilities; for others, attorneys and lawmakers visiting the processing centers were unable to obtain any information regarding who or where their family members are (Attanasio et al., 2019). During these prolonged stays, children do not have access to school or other services, as these facilities are detention

facilities designed primarily for adults and very short-term stays (Linton et al., 2017).

The overcrowded and unsanitary conditions in CBP processing centers present an ongoing threat to child safety and health, both physical and psychological. This context is ripe for the spread of contagious diseases such as influenza, scabies, and chickenpox, all of which have already been documented among hundreds of detained migrants (Fernandez & Kanno-Youngs, 2019; Fink & Dickerson, 2019), and of most immediate concern, COVID-19. More than 1,000 UCs have tested positive for the coronavirus as of December 2020 (Alvarez, 2020c). Of further concern, there is no clear policy regarding who makes health care-related decisions or provides consent to medical treatment for detained UCs while in CBP processing facilities, which may contribute to delays in children receiving needed medical attention or, alternatively, coercion into unwanted treatment.

In general, there appears to be insufficient medical care provided at CBP processing centers, which may be particularly necessary for children who arrive with migration-related injuries, illnesses, special health care needs, or disabilities (Fink & Dickerson, 2019). This became tragically apparent in December 2018, when Jakelin Caal Maquin, age 7, and Felipe Gómez Alonso, age 8, died within 3 weeks of each other while in CBP custody (Jordan, 2018). By May 2019, a total of six migrant children had died in CBP custody, and a seventh child, age 2, died shortly after being released from custody with his mother (Acevedo, 2019; Fernandez & Kanno-Youngs, 2019; Moore, Schmidt, & Jameel, 2019). After almost a decade in which no child had died under CBP custody, even during unprecedentedly large surges of unaccompanied children arriving at the border (Acevedo, 2019), these deaths have raised alarm about the federal policies governing migrant treatment in these facilities. Furthermore, the deaths raise questions about the culture inside CBP, and their capacity, responsivity, and willingness to provide humane conditions that meet the basic needs of migrant children and support their wellness—rather than subjecting children to degrading conditions and inflicting further harm (Flores v. Barr, 2019; Linton et al., 2017; Thompson, 2019). Notably, if children were exposed to similar conditions to those documented in CBP facilities within their own homes, these would likely constitute neglect or abuse, and parents would likely be charged criminally.

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Immigration and Customs Enforcement family residential centers. Following the executive order ending family separation, some migrant families with children apprehended at the US–Mexico border have been sent to family-specific detention centers managed by ICE. There are currently at least[3] three in operation: the Berks Family Residential Center in Pennsylvania and the Karnes Residential Center and South Texas Family Residential Center in Texas (Águilar, 2020; U.S. Immigration and Customs Enforcement, 2020b). In these facilities, children are detained together with their families. All three facilities are required to follow federal ICE standards for operation and are also licensed as child residential facilities by the state in which they operate, as unaccompanied child shelters funded by the federal Office of Refugee Resettlement are

(Children's Equity Project, in preparation; Kassie & Hager, 2018). Licensure at the state level seemingly allows children to remain in care there longer than the 20-day maximum for detention in secure, unlicensed facilities outlined in the *Flores* Settlement (Kassie & Hager, 2018). However, it should be noted that these are still secure detention facilities in which young children are being detained, and these facilities share many of the same characteristics with other detention settings. Media reports and limited data available from ICE suggest that families have stayed much longer than 20 days under Trump and recent administrations (DHS Advisory Committee on Family Residential Centers, 2016; Kassie & Hager, 2018). As of the end of fiscal year 2020, the average length of stay in family residential centers was 47 days (U.S. Immigration and Customs Enforcement, 2020a).

Under *ICE Family Residential Standards,* facility operators are required to provide children with access to school, special education services as appropriate, recreation, medical, and mental health care in these facilities (U.S. Immigration and Customs Enforcement, 2020c). However, relatively little is known about the implementation of these standards and the conditions in these facilities, as ICE makes only limited information about these facilities publicly available. Reports from previously detained families and security footage obtained in a sexual assault case at Berks Family Residential Center suggest limited programming, inadequate supervision of children, and inappropriate relationships between staff and detainees (Kassie & Hager, 2018). Allegations of abuse and insufficient medical and mental health care have also emerged (Kassie & Hager, 2018; Merchant, 2020a; Sacchetti, 2018). In 2016, a 40-year-old guard was convicted of institutional sexual assault for assaulting a 19-year-old Honduran woman, who was being detained in Berks Family Residential Center with her 3-year-old son. The first report about this assault was made by a 7-year-old witness (Feltz, 2016). In August 2018, a 21-month-old died shortly after being released with her mother from the South Texas Family Residential Center (Sacchetti, 2018), and in March 2020, a 27-year-old father died by suicide in the Karnes Residential Center, days after a judge upheld the decision that he had failed his initial asylum screening (Aleaziz, 2020).

Office of Refugee Resettlement care facilities[4]

Unaccompanied children, including children who were separated from their parents under the practice and policy of family separation and those separated from other relatives they may have migrated with, transfer from CBP processing facilities to ORR custody (Kandel, 2018). Children are then placed in foster settings or ORR-contracted facilities, which must be licensed to provide residential child care services by the state in which they operate (Office of Refugee Resettlement, 2021). In cases of an influx of migrant children at the border that surpasses the capacity of existing ORR shelters, the government is permitted to house UCs in temporary emergency shelters, which are permitted to be unlicensed by the state and may be secure facilities (Office of Refugee Resettlement, 2021). As of 2019, these facilities are now required by ORR policy to provide medical care, educational services Monday through Friday, recreational activities, and at least one individual counseling session a week, among other services. However, shelters may be granted waivers for up to two consecutive years from their service requirements if they are deemed "operationally infeasible" (Office of Refugee Resettlement, 2021).

Compared to both CBP processing centers and ICE family residential centers, ORR facilities offer substantially more services to children, including health, educational, and legal services (Linton et al., 2017). ORR facilities must meet federal standards specifying care provider requirements, admissions, case planning and management, health care, school and designated recreation time Monday through Friday, regular individual and group counseling sessions, visitation opportunities, and a right to privacy (Office of Refugee Resettlement, 2021). State licensing standards are more specific in some cases and in some domains, detailing child/caregiver ratios, nutrition guidelines, physical space requirements, types of acceptable discipline and emergency restraint procedures, etc. (Children's Equity Project, in preparation). The state standards vary significantly, which means that children may experience a different minimum quality of care depending on the state and facility in which they are placed.

Although ORR appears to provide significantly better living conditions and child-centered services, a number of concerns have been raised about education, mental health services, abuse, and case management. There is limited information regarding the nature of the educational services provided in ORR facilities, although reports in the media suggest that some shelters may not be equipped with sufficient resources and certified teachers to provide quality instruction and services for children housed there over an extended period of time (Goldstein & Fernandez, 2018; Keierleber, 2018). There are also reports and pending lawsuits regarding children with disabilities who would likely be served under the Individuals with Disabilities Education Act (IDEA) and do not appear to be receiving free and appropriate public education (FAPE) in these settings (Goldstein & Fernandez, 2018), as is required by federal law (IDEA, 2004). Furthermore, in June 2019, an email from an HHS official to the ORR-contracted shelters housing unaccompanied migrant children notified the shelters that the government would no longer be financing educational or recreational activities as of May 22, 2019 (Sacchetti, 2019). The critical role these services play in children's health, development, and wellbeing, and the devastating effects this policy decision can have on children's long-term outcomes, cannot be overstated. Although some shelter administrators reported that they would not be making any immediate changes to programming (Sacchetti, 2019), it is unclear to what extent the purported withdrawal of funding affected children's access to education.

Mental health services within ORR facilities are also a concern. There have been lawsuits related to forcible administration of psychotropic medication without parental consent, in order to control the behavior of traumatized UCs in ORR facilities, including some who were separated from their parents at the border (Chen & Ramirez, 2018; Reuters, 2018). Lawsuits have cited this happening with children as young as 11 (Chen & Ramirez, 2018), though data to examine the scope of the practice and whether this has happened in younger children are not publicly available. Additionally, in a report from the HHS OIG released in September 2019, mental health clinicians working in ORR-contracted facilities reported that children who experienced family separation and the chaotic reunification process in 2018 had greater mental health problems, demonstrating "more fear, feelings of abandonment, and post-traumatic stress than did children who were not separated" (Office of Inspector General, 2019b, p. 10). The OIG further reported that both unaccompanied children and those separated from their parents commonly had experienced significant trauma before or during involvement with federal immigration

agencies and had substantial mental health needs at the time of their stay in ORR facilities. Clinicians also indicated that longer stays in ORR shelters were associated with worsening mental health and increased frustration, hopelessness, self-harm, and suicidal ideation. This and subsequent OIG reports (Office of Inspector General, 2019b, 2019c) identified several ways in which ORR shelters are not currently equipped to meet children's mental health needs, despite an obligation to do so. Many difficulties were logistical, including an inability to provide treatment directly addressing children's trauma given the variable and often unclear timeframe of their stay, and challenges accessing external mental health specialists due to geographic location, reimbursement issues, or lack of bilingual practitioners. Therapists also reported difficulty establishing the trust and rapport needed for a therapeutic relationship due to children's perception of clinicians as part of immigration enforcement (Office of Inspector General, 2019b). This sense of mistrust has been justified by recent reports publicizing the policy under which ORR must share the confidential psychotherapy notes from children's mandatory therapy sessions with ICE, which may use the notes against minors in their asylum cases (American Psychological Association, 2020; Dreier, 2020).

Other problems were broader and highlighted concerns about the long-term functioning of the shelters. The OIG background check report (Office of Inspector General, 2019c) identified that some facilities were out of compliance on required employee background checks, with many employees lacking documentation of screening at all necessary levels. In addition, in about half of the 45 facilities visited by the OIG, employees who would have contact with children were allowed to start working before the results of their background checks had been received. Due in part to challenges screening, hiring, and retaining employees with appropriate qualifications, facilities often did not meet required staffing ratios for mental health clinicians and case managers. About half of the facilities had hired case managers without the minimum education requirements (Office of Inspector General, 2019c). Similarly, in the OIG mental health report (Office of Inspector General, 2019b), program directors report that existing clinicians have large caseloads, which impact the distribution, timeliness, and quality of services that children receive. Additionally, administrators and clinicians reported that there are many barriers to accessing a higher level of mental health care for children with more significant needs, such as delays in obtaining recommendations from external psychologists or psychiatrists, lack of available beds at residential treatment centers, and limited options for placements for children with aggressive behaviors or runaway history. In many cases, these barriers meant that children with oppositional defiant disorder, psychosis, or suicidal behaviors stayed in facilities that were not equipped to care for them, putting themselves and others at risk (Office of Inspector General, 2019b).

Beyond providing adequate mental health services, ORR-contracted facilities may not even be consistently meeting children's basic needs, like safety and privacy. Many of the ORR-contracted facilities have long histories of alleged and confirmed abuse, including physical, emotional, sexual abuse, and neglect (Bogado, 2020; Bogado, Michels, Swales, & Walters, 2018; Grabell & Sanders, 2018; Owens, Kight, & Stevens, 2019). Children in secure juvenile justice facilities—many of whom have never been adjudicated for a crime—have reported being placed in seclusion or confinement without cause and being tied to chairs with bags placed over their head (Michaels, 2020). Furthermore, as

recent policy changes have strained the capacity of federal immigration institutions and increased the requirements for asylum claims and UC sponsorship, children are more likely to remain in ORR custody for longer. Children who were separated from their parents under the 2018 family separation policy may have also been made to stay longer in ORR custody due to expanded fingerprinting requirements for potential sponsors of UCs (Pierce, 2019) and information sharing between ORR and ICE, which resulted in ICE arresting hundreds of potential sponsors who came forward to claim separated children (Cooke & Tobati, 2018). Given the disarray of the overloaded UC program and insufficient communication and accountability between contractors, state licensing agencies, and federal ORR during the Trump administration, it is not clear how many children were "lost" in ORR custody, bouncing around the United States from shelter to shelter for years, or even returning to their home country alone, potentially all without contact with their families (Bogado, 2020).

Encampments in Mexico under MPP

A vast number of migrant and asylum-seeking families did not entered the institutions described above in 2019 and early 2020, but rather, under MPP, were returned to Mexico to await their immigration proceedings (Harrington & Smith, 2019). DHS officers are not required to ask whether the asylum seekers, who are fleeing persecution or violence, fear persecution or violence *in Mexico* (Harrington & Smith, 2019; U.S. Customs & Border Protection, 2019). Thus, families may be returned to Mexico despite facing increased risk of retaliation or violence while their asylum claims are pending—in direct opposition to the goals of asylum law (Dickerson, 2020a). Although litigation of MPP remains ongoing, the policy is still in effect as of December 2020, and tens of thousands of children and families have already been returned to border cities in Mexico and forced to live on the streets or in tent cities and encampments near the ports of entry (Acer, Gendelman, & Kizuka, 2019; Cooke et al., 2019; TRAC Immigration, 2020).

For months, these makeshift encampments lacked clean water or toilets, and children and families who bathed in the nearby river, which is contaminated with human waste, got infections, diarrhea, and vomiting (Lithwick, 2019). Although humanitarian groups now have access to these communities to provide aid, conditions are not significantly improved. In the crowded camps, the flu and other viral infections have spread rapidly, and most families do not have access to nutrition or medical care for their children (Lithwick, 2019; Narea, 2019). Living in tents, families are also extremely exposed to the elements, as well as drug cartels, which have exploited the vulnerability of these communities and extorted, robbed, kidnapped, raped, and disappeared hundreds asylum-seeking parents from these encampments—often with their children bearing witness to the violence (Jordan, 2019b; Narea, 2019). Due to the conditions and circumstances in the encampments, many parents have resorted to sending their children to the ports of entry alone, hoping that the children will be accepted into the United States as unaccompanied children (Narea, 2019). With the onset of the coronavirus pandemic, humanitarian agencies' access to the camps was severely limited (Solis & Corchado, 2020), CBP stopped processing any cases at the border, and more migrants were quickly deported, including accompanied and unaccompanied children (Kanno-Youngs & Semple, 2020). These changes led to decreased numbers of families

in MPP encampments; however, the situation will likely continue to evolve as the circumstances of the pandemic and ongoing MPP litigation do, as well.

Research on the Impact of Immigrant Detention and Family Separation

There is a limited but growing body of research directly examining the experiences and outcomes of immigrant children who have been separated, detained, or otherwise housed in accordance with the new policies described above, given their recency. Studies involving similar migrant and asylum-seeking populations in other countries and time periods also inform the knowledge base regarding the functioning and development of these children before, during, and after experiences with immigration-related detention. We conducted a review of the literature to seek a better understanding of the effects of separation and detention-focused policies on the development and wellbeing of migrant children and families. We specifically focused on five domains of wellness, including physical safety and health, development, mental health, family wellbeing, education. To identify articles for the review, we conducted a search of scholarly articles and reports related to migrant and asylum-seeking children and families immigrating to/living in the United States published between 2017 and 2020 using ERIC, Google Scholar, and PsychINFO. Given the typical publication timeframe for academic journals (relative to the recency of the policy changes) and limited research with US-based migrant populations obtained in initial searches, the search was subsequently expanded to include publications within the last 20 years and detained migrant populations in other countries. Sources that involved internally displaced peoples or did not address the effects of immigration-related separation or detention on our five domains of interest were excluded. A summary of the existing body of research across the five domains follows.

Physical safety and health

Research on immigrant populations in and outside the United States suggests that migrants are often a medically vulnerable group when they arrive at their destination, and the experience of detention may contribute to serious and ongoing physical health concerns. A study on emergency room attendance by detained immigrants in Australia found that among children and adults, chronic and generalized physical health problems (e.g., back pain, gastrointestinal issues, and respiratory problems) were common diagnoses (Deans et al., 2013). In a British study of immigrant children who had been detained with their parents for a range of 11 to 155 days, nearly all children assessed by a pediatrician exhibited new or increased symptoms of physical health problems since being detained (Lorek et al., 2009). Of particular concern, many of the illnesses and health problems identified were chronic conditions, potentially suggesting continued health vulnerabilities during and after detention.

Still other research has identified how facilities in the United States specifically may uniquely exacerbate and contribute to deteriorating health among migrant children. Doctors have identified cases in which children's medication has been confiscated by CBP and not replaced, leading to more severe symptoms of their chronic illnesses, which eventually required them to be admitted to emergency departments and then pediatric intensive care units (Halevy-Mizrahi & Harwayne-Gidansky, 2020). An analysis

of the death of Felipe Gómez Alonzo, the 8-year-old child who died in CBP custody, revealed that he had an influenza infection at the time of his death—one which he must have contracted while in the CBP processing center, given the timeframe he spent in the facility and incubation period of influenza (Travassos, 2019). Furthermore, when Felipe was taken to a hospital by CBP, he did not receive appropriate care—despite testing positive for influenza, he was prescribed an antibiotic (which treats only bacterial infections) and was discharged back to the custody of CBP. His autopsy revealed that Felipe had sepsis, a deadly infection as a result of influenza, which filled his chest cavity with bloody fluid (Travassos, 2019). Based on these findings, doctors have concluded that "U.S. detainment centers could be vectors for disease spread" (Travassos, 2019, p. 1), and further, that "acceptance of the conditions facing migrant children is to turn a blind eye to potential human rights violations" (p. 2). This inadequacy in evaluating and managing medical care, especially for children, makes these facilities a grave threat to child health, that, as has been demonstrated, can even result in death. Accordingly, many doctors and attorneys have called for Congress to investigate the medical care that children receive in these facilities (Acevedo, 2019; Travassos, 2019). This research indicates how incredibly vulnerable migrant children in all institutional settings may be to illness and infectious disease. The urgency of addressing this matter has become even more apparent in light of the ongoing coronavirus pandemic, as outbreaks of the virus have begun in ORR shelters (Gleeson, 2020).

These studies and the prevalence of health concerns among immigrant children at the border suggest that, at the least, many already vulnerable children will likely not receive adequate medical care in CBP or ICE detention facilities to promote their physical wellbeing. At worst, children may be denied treatment for illnesses contracted as a product of detention, which may result in complications, the development of chronic conditions, or even death, as has been observed in CBP facilities. The existing child health and development research, coupled with observations of the conditions in certain facilities, have led the American Academy of Pediatrics to emphatically conclude, "there is no evidence indicating that any time in detention is safe for children" (Linton et al., 2017).

Development

Policies that result in family separations (via children having to travel unaccompanied to be accepted into the United States or families being forcibly separated) and increase children's time in secure facilities also have significant implications for the course of child development. Decades of research indicates that the most foundational building block for cognitive, social, emotional, and behavioral development is a child's attachment to their primary caregiver in infancy and early childhood (Bergman, Sarkar, Glover, & O'Connor, 2010; Brumariu & Kerns, 2010; Fearon, Bakermans-Kranenburg, Van IJzendoorn, Lapsley, & Roisman, 2010; Pallini, Baiocco, Schneider, Madigan, & Atkinson, 2014). This attachment involves the caregiver's proximity and responsivity to the child's needs and reflection of the child's emotional experience. The nature of this bond strongly predicts a child's development of a sense of safety, self-regulation, exploration and learning, and cognitive and social skills (Ranson & Urichuk, 2008). The lack of a secure attachment or the interruption or weakening of attachment can have devastating consequences that last throughout childhood and into adulthood (Ranson

& Urichuk, 2008). For instance, in studies of young children being raised in institutions, children display higher rates of insecure or entirely absent attachments, reactive attachment disorder, negative affect, and externalizing disorders. The externalizing symptoms are also observed to persist even after children have been placed in foster care (Bos et al., 2011). Similarly, among children detained with their families in a British immigrant detention center, pediatricians noted developmental delays and regressed self-care, language, and cognitive skills (e.g., return to bedwetting or thumb sucking, refusal to self-feed, loss of ability to count or name colors) (Lorek et al., 2009).

Under recent US immigration policies, many children, including infants and toddlers, have been separated from their parents or housed with their parents in conditions that threaten healthy parenting, secure attachments, and child development (Wood, 2018). The effects of an interrupted or weakened attachment may be observed even after children and parents are reunited (Suárez-Orozco, Todorova, & Louie, 2002; Wood, 2018). In a study of immigrant children who had been separated from their parents due to circumstances other than detention (e.g., a parent emigrating to the United States alone and leaving the child in the home country), researchers found in qualitative analyses that many children reported experiencing a sense of disorientation, ambivalence, and unfamiliarity when reunifying with their parents (Suárez-Orozco et al., 2002). Reports of children reunifying with their parents after the family separation policy officially ended in 2018 documented similar responses: many children were withdrawn and disoriented, screamed and cried, or did not recognize their parents (Jordan, Benner, Nixon, & Dickerson, 2018). The effects of interrupted attachment may be lasting; a recent study found that, controlling for covariates, Latinx adolescents who had ever experienced immigration-related parental separation were significantly more likely to report poor relationship quality with the parent from whom they had been separated (Conway, Roy, Choque, & Lewin, 2020).

Migration, separation from a parent (especially under forced circumstances), detention in secure facilities, and living on the street in tent encampments are all extremely stressful circumstances for a child to experience. Neuroscience research has documented that in-utero exposure to maternal stress, as well as stress experienced in the early years of life, may not only elicit an acute stress response, but also impact a child's future response and processing of stress. Additional research is needed to fully understand the mechanisms at work; however, the current science suggests that exposure to stress during these sensitive periods may contribute to epigenetic changes that alter the development of the neural pathways that activate a stress response (Roth, Lubin, Funk, & Sweatt, 2009). While some amount of stress is needed for healthy development, prolonged exposure to stress or particularly extreme stressors can contribute to dysregulation (i.e., over- or under-activity) of the hypothalamic–pituitary–adrenocortical (HPA) axis, which can result in lasting physiological and psychological damage (Shonkoff, Garner, & S., 2012). The detention and separation of immigrant children from their families, even briefly, may trigger this kind of toxic stress, due to the intensity of the stressor and the likely absence of a trusted, supportive, emotionally regulated caregiver to help a child cope with the circumstances (Linton et al., 2017; Shonkoff et al., 2012).

In young children in particular, this toxic stress may alter the developing brain's architecture in ways that are associated with long-term consequences, such as increases

in anxiety and risk-taking behaviors, impairments in memory and executive functioning, learning difficulties, and problems in the development of language, cognitive, and social-emotional skills (Shonkoff et al., 2012). Similarly, children who are exposed to or grow up in institutions, such as US immigration facilities, are likely to experience the cognitive effects of neglect and environmental deprivation—which involves insufficient nutrition, shelter, access to medical care, inadequate supervision, presence of a stable, responsive, nurturing caregiver, and consistent school attendance. In the absence of these expected inputs during childhood, synaptic pruning is accelerated, leading to reduced cortical thickness and cortical gray matter. These structural changes to the brain result in lowered global cognitive functioning, as well as impaired language development and executive functioning among children who are deprived sensory, linguistic, cognitive, and social stimulation (McLaughlin, Sheridan, & Nelson, 2017). Thus, in light of the current research, the combination of toxic stress and the lack of access to essential developmental building blocks (e.g., secure attachment to caregiver; good nutrition; sufficient sleep; adequate health care; plentiful opportunities for stimulation, exploration, play, and education) in CBP processing facilities and ICE family residential centers in particular—although potentially to some extent in ORR shelters as well—will likely have an enormous, detrimental and long-term impact on the developmental course of migrant children.

Mental health

In addition to potential long-term consequences for development, research suggests that the mental health effects of ongoing and intense stressors like migration, separation, and detention are particularly potent for children.

Migration. Stressful experiences during migration, such as being robbed, physically attacked, accidentally injured, and becoming sick, have been found to be associated with increased odds of anxiety symptoms among first-generation Latinx immigrant youth (Potochnick & Perreira, 2010). Children migrating unaccompanied from Mexico and Central America appear to be especially vulnerable to serious mental health problems, with one recent study finding that over half of the sample met full diagnostic criteria for posttraumatic stress disorder (PTSD), almost a third met criteria for major depressive disorder, and almost a third reported suicidal ideation within the previous year (Cardoso, 2018). Comparatively, in the general population of children in the United States, 1% to 15% of children under age 18 who have experienced a trauma develop PTSD, about 4% of children ages 3–17 have ever been diagnosed with depression, and about 16% of high-school age children have experienced serious suicidal ideation (CDC, 2013; Hamblen & Barnett, 2019). Notably, research suggests that *familismo* may be a protective factor for children migrating from Latin America. In a sample of recently immigrated adolescents of Mexican origin who had entered the United States without documentation, level of *familismo* had a negative relation with PTSD symptoms, suggesting that stronger family orientations and relationships may serve as protective factors that enable children to be more resilient in the face of difficult and traumatic migration experiences (Perreira & Ornelas, 2013).

Post-migration. Experiences of being separated from family members, being detained, or having movement restricted to a specific facility as a result of migration also appear to severely negatively impact the wellbeing of children. The impact of separation from

a parent in the course of migration is particularly salient and more acutely detrimental. A study comparing immigrant children in the United States who had been separated from their parents at some point during the immigration process (prior to the 2018 "zero-tolerance" policy) and those who migrated with their parents throughout their journey found that children experiencing separation were three times more likely to experience serious emotional or behavioral problems, and these difficulties did not abate even 2 years after reunification. Age at time of migration was a significant moderator, with greater negative psychosocial effects observed among children who migrated before age 10 (Lu, He, & Brooks-Gunn, 2020). Another recent study conducted around the time of the "zero-tolerance" policy surveyed mothers detained with their children at an ICE detention center and found high rates of parent-reported emotional problems, peer problems, overall difficulties, and PTSD, with children who had been separated from their parents at some point showing significantly higher rates of emotional problems and overall behavioral/emotional problems, compared to those who had never been separated. Furthermore, researchers found that children ages 4 to 8 had higher rates of conduct problems, hyperactivity, and overall difficulties than older children (MacLean et al., 2019).

Although there has been limited research to date with families directly affected by the 2018 "zero-tolerance" policy, the evidence base is growing. One analysis of affidavits in 20 family separation cases found that clinicians diagnosed *nearly all* the children in the sample with PTSD, major depressive disorder, or generalized anxiety disorder, and some of the children were also exhibiting aggressive behaviors (e.g., biting, hitting, kicking) and regressive symptoms (e.g., inability to sleep independently, clinging to caregivers, and loss of bladder control) (Habbach et al., 2020). In one of the only quantitative studies to date directly studying the mental health of a sample of children and parents who were forcibly separated under the "zero-tolerance" policy, children were found to have high rates of emotional problems, peer problems, and overall behavioral/emotional problems. Boys had significantly higher rates of peer problems than girls, and younger children, ages 5 to 11, had significantly higher rates of conduct problems, hyperactivity, and total difficulties than children ages 12 to 17. Although the length of time that children in the study had been separated from their parents ranged from 31 to 81 days, there were no significant differences in emotional or behavioral difficulties by length of separation—suggesting that separations of any length can be harmful and severe (MacLean et al., 2020).

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In a qualitative study involving interviews with transitional foster care staff working with children in ORR facilities who had been forcibly separated from their parents under the

2018 policy, staff and mental health clinicians reported significant confusion and anxiety among the young children, indicating that they often asked for their parents or cried when speaking to their parents on the phone. Program staff speculated that distress was increased among children separated from their parents compared to unaccompanied children, as the children migrating with their parents likely anticipated to remain under parental protection throughout the process (Roth et al., 2018). Taken together, these findings highlight that in children at high risk for developing psychopathology, including those living in impoverished conditions and those exposed to severe trauma, attachment to caregivers is a major protective factor (Breidenstine et al., 2011); by separating children from their parents, a potential protective factor that may help buffer against the effects of trauma is removed.

Evidence of the effects that immigration-related detention has on children is similarly clear. In an Australian sample of families detained for 12 to 18 months, a majority of the detained children age 5 and under presented with a developmental delay or emotional disturbance, and some also demonstrated changes to their sleep and feeding patterns and problems with language and social development. *All* of the migrant children in the sample between the ages of 6 and 17 met criteria for major depressive disorder and PTSD (Mares & Jureidini, 2004). Another Australian study also found alarmingly high rates of psychiatric disorders among immigrant children who had been detained with their families for more than 2 years. Using a semi-structured diagnostic interview, all children in the sample were diagnosed with at least one psychiatric disorder at the time of assessment. Ninety-five percent were diagnosed with major depressive disorder, 50% with posttraumatic stress disorder, 50% with separation anxiety, and 45% with oppositional defiant disorder. Fifty-five percent of children in the sample also reported regular suicidal ideation. Researchers also obtained retrospective reports of child mental health prior to detention and found that only a few children in the sample had any previous psychological disorders in their lifetime, which may suggest that the experience of detention itself contributed to the decline of children's mental health (Steel et al., 2004).

Although many of these studies rely on relatively small samples and often involve children detained for much longer periods than regularly practiced in the United States, it is important to note that the rates of psychological disorders found among detained children in the literature to date, even among children detained briefly, are much higher than observed among the general child population (CDC, 2013). Indeed, studies examining mental health differences between detained migrant children and immigrant children living in the community or without contact with immigration enforcement have found higher levels of trauma symptoms, internalizing problems, negative affect, conduct problems, and hyperactivity among those in detention (von Werthern et al., 2018; Zwi, Mares, Nathanson, Tay, & Silove, 2018).

Qualitative studies also suggest that children subjectively experience high levels of distress throughout the migration and detention process. Among a sample of detained families in Canada, many parents reported that children showed increased aggression and oppositionality, as well as anxiety and confusion about the circumstances and duration of detention. In one case in which a mother was detained alone and her children were permitted to visit her in detention, her child asked her during the visit,

"Why do you not want to come home?" and then the child stated, "She does not want to come." Another child, an 11-year-old, asked her mother where she was going whenever her mother went to the bathroom. Children were also observed to re-enact traumatic situations that they had experienced during migration in play; for example, a 5-year-old pretended to hold a gun to his brother's head after witnessing his mother's rape at gun-point. Another child recreated her detention in "jail" during play with researchers. Following detention, most families in the sample reported continued mental health problems, including separation anxiety, selective mutism, sleep problems, and posttraumatic stress responses (Kronick, Rousseau, & Cleveland, 2015). Similarly, an analysis of children's play in sand trays among a sample of detained asylum-seeking children in Canada reflected children's subjective experiences of migration as distressing. The sand play narratives included themes of detention as imprisonment, constant surveillance, anxiety about family separation, histories of violence and danger, and ambivalence about their new host country (Kronick, Rousseau, & Cleveland, 2018).

The mental health literature consistently documents high rates of psychological problems and disorders among children separated from their families during or after migration and kept in residential immigration facilities. Of note, a recent review of the literature identified only one longitudinal study on the impact of detention on mental health of immigrants (von Werthern et al., 2018). Additional longitudinal research is needed to understand the mental health trajectories of migrant children housed in secure and non-secure facilities, as well as potential mechanisms contributing to promotion of wellbeing or mental health deterioration among this vulnerable population. The need for this research is particularly salient, as the process of migrating to the United States may itself be violent or traumatic for children and families (Menjívar & Perreira, 2019); it is only possible to disentangle the individual and cumulative effects of migration, detention, family separation, and acculturation with longitudinal studies. Despite the limitations of the current research, the existing knowledge base is clear: children who are separated from their families and/or detained experience significant distress and psychological disorders at higher rates than seen in the general population, and the experience of separation or detention may compound historical traumas experienced prior to or during migration. These findings highlight the need for policies that ensure that migrant children remain with their parents and families, and that they are comprehensively screened for mental health needs and provided with developmentally appropriate, culturally and linguistically responsive mental health services outside the context of a detention facility.

Family wellbeing

Recent immigration policy changes affect not only children, but the entire family unit. The literature indicates that parent and family characteristics, such as parental resilience/psychopathology, degree of *familismo,* parent–child attachment, and family-focused policies (e.g., family separation, providing parents with legal status), may represent mediating mechanisms in the relation between exposure to stressors and child outcomes. The family separation policy, in particular, raised public concern about parent mental health. There has been at least one documented case in which a migrant parent died by suicide in custody after being apprehended and separated from his child at the border (Miroff, 2018). One report analyzing affidavits from 20 family separation

cases from the 2018 “zero-tolerance” period found that separated parents were in extreme distress, and nearly all parents met full diagnostic criteria for depression, anxiety, or PTSD, if not exhibiting symptoms of multiple conditions (Habbach et al., 2020). High levels of depression, anxiety, and PTSD have been also documented among other populations of asylum-seeking Central American mothers specifically (Bianco, 2019). Suicidality among detained migrant parents has also been documented in empirical research, with one study of immigrant families in a British detention center finding that all parents in the sample had experienced passive suicidal ideation and two mothers were actively suicidal and on suicide watch at the time of assessment. All parents also endorsed symptoms of anxiety and depression and had clinically significant scores of psychological distress (Lorek et al., 2009).

The effects of low parent wellbeing on family health may be particularly salient among Latinx immigrants in the United States, given the cultural value of *familismo* and the current anti-Latinx sociopolitical context (Torres, Santiago, Walts, & Richards, 2018). In one study, Latinx immigrant parents’ undocumented status and history of contact with immigration enforcement, along with diminished wellbeing, ability to provide financially, and quality of parent–child relationships, were associated with decreased child wellbeing and academic functioning (Brabeck & Xu, 2010). Similarly, in a study of Latinx parents with US citizen children, findings reflected that parent immigration status predicts child PTSD symptoms, such that children of detained or deported parents had significantly higher trauma symptoms than children of legal permanent residents or children of undocumented parents with no history of contact with immigration enforcement (Rojas-Flores, Clements, Hwang Koo, & London, 2017). The children of detained or deported Latinx immigrant parents also demonstrate disintegrating educational outcomes (Gonzalez & Patler, 2020).

In contrast, higher levels of *familismo,* secure parent–child attachments, and legal protection from deportation for parents may be protective and buffer the effects of adverse migration experiences on mental health among Latinx immigrant children (Cardoso & Thompson, 2010; Hainmueller et al., 2017). In a study of recently immigrated Central American adolescents, maternal and paternal attachment were both significantly negatively associated with adolescent psychopathology, and maternal attachment was further positively related to adolescent resilience. Low parental attachment was significantly associated with mental health problems regardless of adolescents’ age (Venta et al., 2019). There is preliminary causal evidence that reducing the threat of detention and deportation for parents (i.e., by providing legal status to undocumented parents, as in the case of the Deferred Action for Childhood Arrivals [DACA] program) results in improvements in the mental health of their children. Among mothers eligible for DACA, a significant reduction was observed in their children’s diagnoses of adjustment disorder, acute stress disorder, and anxiety disorder (Hainmueller et al., 2017). Cumulatively, these findings reveal that parent–child relationships and parent mental health, if protected and supported, have the potential to serve as important bolsters for child wellbeing through and after the migration process.

In addition to potential ripple effects on child mental health, policies targeting families may either promote or hinder the social and economic stability of migrants and asylum seekers. In many cases, the economic hardships facing migrant families are enormous.

In order to navigate the asylum or immigration process, families—many of whom are fleeing extreme poverty—often must pay a substantial amount in legal fees to hire attorneys and pay for bonds (Koball et al., 2015). Furthermore, when a parent is detained or deported, a family may lose its primary source of income and face significant financial hardship (Chaudry et al., 2010; Dreby, 2012; Koball et al., 2015). A study of six US communities that experienced ICE raids found that the family income of participants fell by an average of 70% in the 6 months after the arrest of a parent in a raid (Chaudry et al., 2010). Undocumented status or limited prior work experience may also restrict employment opportunities to recoup losses in income, particularly when a father has been detained or deported (Dreby, 2012; Koball et al., 2015).

Children growing up in poverty with minimal stability and limited preventative care are more likely to experience a number of negative developmental, psychological, health, and educational outcomes in the short and long term (Vernon-Feagans, Garrett-Peters, Willoughby, & Mills-Koonce, 2012; Yoshikawa, Godfrey, & Rivera, 2008; Yoshikawa, Aber, & Beardslee, 2012). Moreover, the loss of income associated with detention and deportation may contribute to housing instability and food insecurity (Koball et al., 2015); ongoing fear surrounding the threat of immigration enforcement can contribute to constrained access to and utilization of health care and other public benefits (Artiga & Diaz, 2019; Torres et al., 2018). Thus, immigration enforcement efforts that target families likely contribute to many low-income immigrant families remaining in poverty, whether they are deported and return to limited economic opportunities in their country of origin or are permitted to remain in the United States.

Perhaps the most extreme potential impact of family-focused detention and immigration enforcement policies is family dissolution. Following the implementation of the family separation policy in 2018, children separated from their parents were subsequently designated as UCs and placed in temporary shelters to wait to be released to an approved sponsor, with children under 13 years old being prioritized for placement in transitional foster care (Office of Refugee Resettlement, 2021). Although many children have been reunified with their parents and either remained in the United States or returned to their home country, at least 628 children remain separated from their parents (Alvarez, 2020b). Despite the fact that a federal judge ruled that children had to be reunited (and required the government to provide a plan for how it comply with that order), the failure of a functioning data tracking system before, during, and after the 2018 family separation policy has been a substantial barrier in reuniting all affected families (Ms. L. v. ICE, 2019; Office of Inspector General, 2019a). These children have, as of December 2020, been separated from their parents for over 2 years—an extraordinarily long amount of time in child development, which could prove disastrous to children's long-term outcomes.

Immigrant children who were deported or otherwise returned to their home country or whose parents were detained/deported may be released to sponsors; however, previous research has suggested that such living situations can be unstable, and new caregivers may face challenges establishing guardianship in order to obtain health care and other benefits for the children (Koball et al., 2015). This is added to the physical health ailments and psychological trauma that many children face upon release, and that sponsors must address. The Office of Refugee Resettlement is not adequately funded to provide the

level of necessary support to sponsors once children are released out of their custody. These circumstances contribute to heightened risk for involvement with the child welfare system (Finno-Velasquez & Dettlaff, 2018; Koball et al., 2015; MacKenzie et al., 2017).

In some cases, children have been immediately involved with the foster care system; migrant parents have been deported without their children and not notified of their child's placement into foster care or adoption. The case of a 2-year-old from El Salvador who was separated from her deported mother and subsequently adopted by a couple in Michigan has been widely reported on (Associated Press, 2018). However, the scale of the problem appears much greater than one case, as more than 300 parents were deported without their children in just the summer of 2018, and many have claimed that they were coerced into signing paperwork regarding their parental rights that they did not understand or told by officials that their children would be put up for adoption (Associated Press, 2018; Soboroff, 2018). In the case of UCs for whom appropriate sponsors cannot be identified, ongoing involvement with the foster care system is likely. Once children are involved with these systems, undocumented immigrant parents are likely to face numerous barriers to reunifying and regaining custody of their children (see Finno-Velasquez & Dettlaff, 2018 for a review). Permanent family separations have tremendous and long-term psychological effects for children and parents.

Education

Another area that may be impacted by current federal immigration policies is children's academic development. Based on a 1982 U.S. Supreme Court ruling, all children in the United States, including asylum-seeking or undocumented immigrant children, have a right to a free public education (Plyler v. Doe, 1982). The Equal Educational Opportunities Act (EEOA) of 1974 (1974) also prohibits states from denying equal educational opportunities on the basis of race, color, sex, or national origin. This legislation also specifically identifies the failure to provide adequate language services that allow students to "overcome language barriers that impede equal participation" in educational programs as a form of discrimination (20 U.S.C. §1703(f)). Students with disabilities are also guaranteed the right to FAPE, which includes educational services that match students' specific needs (IDEA, 2004). The extent to which migrant children receive these minimum rights of access to appropriate educational opportunities in ICE family residential centers and ORR shelters is unknown and likely uneven across settings. Migrant children in CBP processing centers and those living in encampments under MPP enforcement almost certainly do not receive access to appropriate education, if any. As far as the authors are aware, there is no empirical research examining the instruction or academic achievement of children within ICE family residential centers or ORR shelters, a concerning gap in the literature.

Nevertheless, existing research suggests that current immigration and asylum policies may be harmful for children's academic success. Children migrating from Central America may have experienced gaps in formal schooling in their home country and primarily speak languages other than English, both of which may make school more difficult without sufficient instructional and linguistic support (Ruiz-de-Velasco & Fix, 2000). Receiving low-quality instruction with insufficient language support and social isolation from a diverse peer group in immigration institutions and/or having to

relocate to new settings (e.g., from shelter to shelter while in ORR custody) can cause interruptions to schooling and further exacerbate academic difficulties.

Even if migrant children are provided access to public education in a community setting, without adequate supports, there are significant barriers to their achievement, based on extant research with other immigrant and Latinx populations. Latinx immigrant children are disproportionately more likely to attend segregated, under-resourced, and low-performing schools (Gándara & Orfield, 2012; Orfield & Lee, 2007), and school characteristics, such as inadequate engagement and support for new immigrant students, may contribute to long-term academic difficulties and drop-out (Pong & Hao, 2007; Ruiz-de-Velasco & Fix, 2000). Furthermore, a recent study surveyed educators nationally and found that 85% of participating teachers and administrators reported observing explicit indications of fear of immigration enforcement among immigrant children—even though most of the children were US citizens. Researchers also found that Title I schools with larger shares of English learners (ELs) and schools with higher proportions of White students were more likely to experience more pronounced negative effects associated with immigration enforcement (e.g., absenteeism, increased student emotional and behavioral concerns, bullying) (Ee & Gándara, 2020). The latter finding that teachers in schools with more White students reported more salient negative effects of immigration enforcement appears to bolster previous research documenting increasing polarization and belligerence toward racially minoritized students in majority-White schools (Ee & Gándara, 2020).

In addition to lower quality instruction and a stressful school climate, migrant children may experience ongoing distress related to historical traumas, the detention or deportation of family members (or threat of such actions), or potential acculturation difficulties. Both low socioeconomic status and traumatic stress are risk factors for lower academic achievement (Goodman, Miller, & West-Olatunji, 2012), and neuroscience research has documented that exposure to trauma in children is related to, among other changes in the brain, a reduction in the volume of the hippocampus (Wilson, Hansen, & Li, 2011), which helps regulate memory and emotion and plays a significant role in learning. These neuropsychological changes may help, at least in small part, explain findings that migrant children with detained or deported parents have lower academic achievement compared to their immigrant peers (González, Kula, González, & Paik, 2017; Koball et al., 2015). Similar effects are observed among immigrant children whose parents are not detained or deported, but are living in the United States without documentation. Among a sample of immigrant parents from Mexico, Central America, or the Dominican Republic with US-born children, parents' legal vulnerability was negatively related to children's academic performance in reading and math (Brabeck, Sibley, Taubin, & Murcia, 2016). In terms of school attendance and attainment, immigrant children whose parents are undocumented have an estimated 1.18 fewer years fewer of education, compared to immigrant children whose parents obtained legal status in the United States. (Bean, Leach, Brown, Bachmeier, & Hipp, 2011). Taken together, this research highlights the potential risks of the status quo educational experience for recently immigrated children and indicates a need to strengthen not only the educational experiences offered by federal immigration agencies, but also instructional, linguistic, and school-based mental health supports in community schools, as well.

Discussion

In recent years, a number of changes to immigration and asylum policy have targeted migrant families, an increasingly large proportion of whom are asylum-seeking families with young children, fleeing violence and poverty in Central America. These policy changes have included separating children from their parents, attempting to implement long-term family detention, making criteria more stringent and increasing documentation requirements for asylum claims, metering the number of asylum seekers permitted to enter ports of entry each day, administering the "Migrant Protection Protocols," and closing the ports of entry and ending the processing of new asylum claims at the border altogether during the current coronavirus pandemic. Although existing studies on the health, wellbeing, and educational outcomes of separated, detained, and expelled migrant children and families in the United States are cross-sectional and relatively limited in number, extant research on similar populations and decades of literature on child development uniformly signal that even short experiences of detention, particularly when separated from parents and caregivers, are associated with serious and lasting negative effects on children across every domain of functioning: health, development, psychological wellbeing, education, and more. The practices of separation, detention, and removal to temporary encampments compounds traumatic experiences of violence and poverty that migrant families may be fleeing in their home countries, which in turn may set up already vulnerable children for a trajectory of continued marginalization—including long-term mental health problems, diminished educational opportunities, and families in unstable social and economic positions.

Future directions for research

Previous research with other immigrant and asylum-seeking populations has suggested that traumatic experiences during and after migration, including family separation, detention, and other restrictive immigration policies, have profound and long-term negative effects on the development and wellbeing of children and families. However, there is a paucity of research examining the impact of such policies on the mental health of Central American asylum-seeking families in the United States specifically. This population represents a large, growing proportion of migrants and asylum cases (Chishti & Bolter, 2020; Meissner et al., 2018; Mossaad, 2019) and is likely to be particularly vulnerable to mental health difficulties, given the especially violent and turbulent region they are fleeing (Hiskey et al., 2016) and the increasingly harsh immigration policy context in the United States (Pierce, 2019). The knowledge base for how to best support Central American asylum-seeking families is all but nonexistent, and research on strengths and resilience in migrant populations in general is similarly scarce.

Future qualitative, quantitative, and mixed methods research should explore the developmental, mental health, and educational needs and resilience of this population, which may inform changes to immigration, public health, and education policy and services. Prospective longitudinal studies following migrant and asylum-seeking families who have experienced separation, detention, or removal to encampments in Mexico would help clarify the proximate and distal effects of these policies on development,

mental health, and education. And, although some practitioners across the United States are supporting children and families post-release, intervention research is needed, as the published literature is almost entirely absent of “best practices” for providing migrant children and families with health, education, and legal services through immigration agencies or in community settings. All future studies should utilize an intersectional lens in studying this population, as multiple intersecting systems affect, and in many cases, further marginalize these families. Research must also recognize the myriad ways that the intersecting identities of children and families may connote unique experiences of marginalization and define subgroups that are particularly vulnerable under current immigration policies (e.g., children with disabilities, LGBTQ + children and families, indigenous families, mixed-status families).

Additionally, recent policy changes under the Trump administration have affected US humanitarian response to individuals and countries that have experienced crises, including war and natural disasters. For instance, a federal appeals court ruled in favor of the Trump administration’s discretion to terminate Temporary Protected Status (TPS) for hundreds of thousands of immigrants from Sudan, Nicaragua, Haiti, and El Salvador who resettled in the United States. due to armed conflict and disasters (Alvarez, 2020a). The ceiling for and actual number of refugee admissions has also substantially decreased under the administration, and the number of Muslim refugees who have been resettled has fallen by 87% since fiscal year 2016 (Greenberg, Gelatt, & Holovnia, 2019; Mossaad, 2019). Although there is some research exploring the mental health of refugee populations in the United States and other countries, additional research is needed to understand the effects of recent changes to TPS, refugee admissions, and other policies on the development and wellbeing of migrating children and families globally, not just within the western hemisphere.

Implications for policy and practice

Current federal policies related to the separation, detention, and removal of migrant and asylum-seeking families at the US–Mexico border present urgent and alarming humanitarian and equity issues. Changes to policy and practice are critical to build supports for this vulnerable group to cope with prior harm and trauma, rather than experience further and exacerbated victimization in the immigration and asylum process. With the Biden administration transitioning into office, there is an important opportunity to undo the immeasurable harm that has been done to young migrant children and families, intentionally through policy. The need for the following reforms is clear and supported by a robust base of developmental science, and must be a top priority for President Biden’s DHS and HHS.

First, there is a clear and urgent need to implement policies and practices that keep families together and prioritize child and family wellbeing—including reunifying the 628 children who remain separated from their families with the utmost urgency, and terminating family separations under any circumstances except verifiable cases of abuse or neglect at the hands of the parent. Although the Trump administration officially ended this policy, the practice continued to occur (Ms. L v. ICE, 2019), meaning there may be additional children beyond the 628 who remain separated as of the end of the Trump administration. The harm done to these families, especially those who were forcibly

separated, is impossible to undo, but some level of mitigation may be possible with prompt reunification of the whole family and provision of community-based resources, including the possibility of protected legal status or reparations, to support health, family cohesion, economic stability, and wellness. Furthermore, the threshold for deciding when a parent is or is not a safe guardian for the child must be raised, while maintaining a strong system of vigilance for child trafficking and endangerment. American parents do not have their children removed from their care for minor, unrelated misdemeanor offenses; this standard should not be applied to migrant parents. Relatedly, the caps on asylum seekers and refugees should be increased, at least to levels under the Obama administration, with an emphasis on reuniting families who were forcibly separated or who were unable to be reunited due to an array of other restrictive immigration policy decisions during the Trump administration. Policymakers must hold children's safety top of mind, and alongside physical safety, consider the overwhelming benefits of keeping children with their parents. The litany of negative effects caused by child separation, including the explicit disruption of the critical parent–child attachment—which is the foundation upon which healthy brain development and cognitive, social, and emotional skills unfold—can last a lifetime and have a significant impact on an entire generation of young child migrants. The extreme stress and its prolonged and toxic effects on the young developing brain can be devastating across a range of domains of functioning. This, combined with the complete failure of a data tracking system to reunite children with families—potentially leaving families permanently separated—makes this policy and practice (even in the absence of policy) the most devastating for children.

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Second, terminating the Migrant Protection Protocols is critical for child health and safety. The crowded, unsanitary, and often dangerous conditions in tent encampments in Mexico are hazardous to child health and family wellbeing. The fact that parents with young children and even unaccompanied children are now required to return to Mexico and live in these conditions poses a grave threat to child safety, health, and wellbeing.

Third, it is critical to keep children out of secure facilities that were never meant to care for them, including any ICE family facilities that are physically secure and restrict the movement and freedom of families. Instead, policymakers should increase resources and expand the government's capability to implement family-oriented, effective, and economical non-detention-based strategies, like community-based case management (Edwards, 2011; TRAC Immigration, 2019). If family facilities are used, they should not be restrictive, secure facilities, but facilities that are licensed by the state, are safe and healthy for families, and provide the supports, resources, and healing children and families need post-migration in the community. The developmental consequences and added trauma related to living in secure congregate care facilities undermine, and may directly harm, child health and family wellness.

Fourth, it is crucial, especially in light of the coronavirus pandemic, that the new administration eliminate the changes to the public charge rule made under the Trump administration, which changed how immigrants' applications for permanent residence would be considered by expanding the definition of a "public charge" to include use of non-cash social service programs, such as Medicaid or the Supplemental Nutrition Assistance Program (SNAP). The rule was officially adopted as of February 24, 2020, but is currently enjoined by a federal court due to the circumstances of the pandemic. Nevertheless, the announcement of this policy alone was associated with significant declines in child enrollment in Medicaid and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), suggesting fear of using such programs among immigrant and mixed status families (Barofsky, Vargas, Rodriguez, & Barrows, 2020). Prioritizing child health and wellbeing in a humane immigration and asylum policy agenda requires that vulnerable immigrant children not only have access to basic resources needed to survive, but also receive additional supports during a global health emergency and economic crisis. Based on prior research, building on or expanding DACA would also ease the psychological burden of both mothers and children (Hainmueller et al., 2017), which may enable immigrant families to heal and live, work, and participate in society with less fear.

Our analysis of the evidence base on the effects of Trump-era policies indicates that policy change is also needed at the agency level (i.e., CBP, ICE, ORR) to systematically improve medical screening and care, mental health screening and care, quality of education and other services, cross-agency coordination, and post-release and integration services. The science is clear: the conditions within CBP facilities put children's health and development at great risk. This underscores the urgency for CBP to release children from these environments as soon as possible, but never longer than 72 hours, as specified under TVPRA. Although ideally children would not spend any time in these settings, the current logistical reality indicates that they likely will; this suggests that the federal government should allocate added resources to support safety, basic health, and social-emotional needs. The need for policy reform and additional resources is especially urgent given the recent child deaths in CBP custody.

Across agencies, more qualified mental health professionals are needed to support these children and families. All ORR facilities, ICE family facilities, and community-based case management programs should be staffed with licensed child welfare and mental health professionals with training in working with child immigrant populations specifically. Although community-based models, such as case management, are clearly far superior to restrictive detention-based models for child health and wellness, there is little research examining *optimal* community-based and culturally and linguistically responsive interventions for migrant and asylum-seeking families. That is, there do not yet appear to be "best practice" recommendations (i.e., strategies with strong empirical support) for mental health practitioners and educators specific to the current circumstances. However, the emerging evidence base suggests that culturally responsive adaptations of cognitive behavior therapy (CBT) and narrative exposure therapy (NET) may be effective for treating trauma in migrants and asylum seekers (Nosè et al., 2017; Slobodin & de Jong, 2015), and schools and school-based health centers may serve as an important

resources for migrant children, if they can be leveraged to provide referrals to care providers, parent, and family services, and a positive school climate (Cardoso et al., 2019; Venta et al., 2019). Early childhood mental health consultation may be an effective tool for helping care providers and clinicians in immigration facilities cope with secondary trauma and burnout and help them build skills for serving this vulnerable population (Brennan, Bradley, Allen, & Perry, 2008).

Conclusion

The present review focused on the recent federal immigration policies in the United States under the Trump administration that primarily impacted migrant children and families and the research base regarding how these policies affect physical safety and health, development, mental health, family health, and education. The picture that has emerged from media reports and the scientific evidence is clear: the wellbeing of vulnerable migrant children and families is being acutely threatened in ways that will likely lead to enduring deleterious effects across domains of functioning. In some cases, it has tragically led to death. Although this alone should be a call to act and change policy and practice, an analysis of the policy changes made by the executive branch of the Trump administration indicates that immigration and asylum policy decisions have been made in direct conflict with current evidence on child and family wellbeing, and, further, disregard for the very humanity of migrant children and families. A failure to provide humane treatment to human beings violates globally accepted accords of children's and human rights, and represents a failing of humanity. In order to *advance* humanity, we must support the safety, dignity, development, and wellbeing of migrant and asylum-seeking children and families.

ENDNOTES

[1] Although this paper specifically focuses on the effects of policy changes on migrant and asylum-seeking children and families (the majority of whom are emigrating from Central America), it is important to note that the Trump administration also made numerous policy changes affecting other immigrant populations, including refugees and individuals with Temporary Protected Status due to conflict or natural disasters in their countries of origin.

[2] Secure facilities refer to locked, physically secure residential institutions in which the movement of detained individuals, including the freedom to leave the facility, is restricted.

[3] As of December 2020, ICE facility data document that a fourth facility, T. Don Hutto Residential Center, in Taylor, Texas has been reopened; however, media reports document that only adult women are being held in this facility (Tuma, 2020), and it is not clear from ICE data whether any children are being detained there.

[4] The discussion in this section applies only to physical facilities—that is, ORR-contracted institutions providing congregate care, not child-placing agencies or individual foster homes.

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