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Statement

Of

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On behalf of the American Psychological Association

Hearing on

Examining the Failures of the Trump Administration's Inhumane Family Separation Policy

Before

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Subcommittee on Oversight and Investigations

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Chairwoman DeGette, Ranking Member Guthrie, and Members of the Subcommittee, thank you for the opportunity to share my thoughts related to the adverse health impact of immigrant family separation. I am Dr. Cristina Muñiz de la Peña, a licensed clinical psychologist at the Center for Child Health and Resiliency (CCHR) and co-founder and director of mental health services at the Terra Firma Immigrant Youth Clinic in New York City. I am also speaking today on behalf of the American Psychological Association (APA).

I am here to offer over 10 years of experience providing mental health services to vulnerable children and families, including immigrants and trauma survivors in both the United States and abroad. As Terra Firma's director of mental health since 2012, I am responsible for the design, coordination, and management of mental health services for recently-arrived immigrant youth. Terra Firma is a program specifically serving unaccompanied immigrant youth, since its inception in September 2013. CCHR is a Federally Qualified Community Health Center (FQHC) of The Children's Hospital at Montefiore and the Children's Health Fund.

We offer individual, family, and group therapy interventions that aim at healing the impact of traumatic experiences, alleviating the levels of acute stress associated with immigration and adjustment to a new culture, and facilitating healthy reunification of children and caretakers. During psychotherapy sessions with immigrant children, I gather in-depth psycho-social histories and observe the emotional, cognitive, interpersonal, and behavioral problems arising from the traumatic experiences children endure during the process of entering this country. Over the past six months, Terra Firma has received increased requests for mental health services from foster care agencies and immigration attorneys caring for children separated at the border, hence rendered "unaccompanied," as well as from parents who have recently been reunited with their children but still worry about the psychological sequelae of the separation experience for them.

APA is a scientific and professional organization representing psychology, with 115,700 members and affiliates across the United States and internationally. APA works to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives. Many APA members serve immigrant youth and adults in a wide range of settings, including schools, community centers, hospitals and refugee resettlement centers.

I have been asked today to share what I have learned and experienced about the health impacts on immigrant children and families who have been separated. In this testimony, I include both my own professional observations in my work with recently-arrived children and parents who were separated at the border, as well as what the research tells us about the psychological effects that these experiences have. I will focus on four areas of specific impact separation has on children and families.

Anxiety and Distress Severely Impact Developmental and Psychosocial Functioning

Unwanted and unexpected separation from parents may have severe consequences in a child's developmental processes and psychosocial functioning. When separated from their parents, high levels of anxiety and distress occur which impair the developmental trajectories in otherwise healthy children. The intense fear, sense of helplessness, and vulnerability for the child associated with forced separation from their parent can lead to a state of hyperarousal, attention deficits, depressive symptoms, and interference in their ability to communicate and relate to others. These observations based on my own clinical work are reflected in research findings as well.

Negative Impacts of Sustained Parent- Child Separation (Post Traumatic Stress Disorder, Depression, Anxiety)

Research shows that the longer parents and children are separated, the greater the reported symptoms of anxiety and depression are for children.¹ According to the APA's Presidential Task Force on Immigration, sustained parental separation also predicts ongoing difficulty trusting adults and institutions, as well as reduced educational attainment.² These negative outcomes of separation reflect largely the disruption of the parent-child relationship – a relationship that is a central part of healthy psychological development and a necessary protective source for children, particularly when they are exposed to traumatic life experiences.³ Sudden and unexpected family separation is also associated with stress and emotional trauma for children, housing instability, food insecurity, interrupted schooling, and behavioral/emotional responses such as fear, anxiety, aggression and changes to sleep and appetite. Parental separation can have a long-term negative impact on children into adulthood.⁴

It is my observation that the difficulties associated with parent-child separation are evident in the greater rate observed in these children of post-traumatic stress symptoms, depression and anxiety disorders, attention and hyperactivity, interpersonal challenges, poorer performance in school, and greater vulnerability to re-victimization and abuse than in the general population. Even living under the threat of separation has been shown to have a negative effect on children and their development. There

¹ Suarez-Orozco, C., Bang, H.J., & Kim, H.Y. I felt like my heart was staying behind: Psychological implications of family separations and reunifications for immigrant youth. *Journal of Adolescent Research*. 2010, 26(2), 222-257.

² American Psychological Association, Presidential Task Force on Immigration. Crossroads: The psychology of immigration in the new century, 2012.

³ Lustig, S.L., Kia-Keating, M., Knight, W.G., Geltman, P., Ellis, H., Kinzie, J.D., & Saxe, G.N. Review of child and adolescent refugee mental health. *Journal of American Academy of Child & Adolescent Psychiatry*. 2004, 43(1), 24-36.

⁴ Dávila, S. (2019). Immigration Policy: A Psychological Perspective, *American Psychological Association*, <https://www.apa.org/advocacy/immigration/fact-sheet.pdf>.

is the constant sense of vulnerability to losing a parent and the threat to the foundational needs for protection, safety, and nurturance that only the main attachment figure can provide.

Terra Firma Traumatic Separation Psychotherapy Session Examples

In my observations of children who experience traumatic separation from a parent, the impact is prevalent, multilayered, and varies depending on several critical factors and the complex interplay among them. These include: the child's age and gender; the way separation was enforced; the length of the separation; the level of communication with the parent; and the level of predictability or availability of information for the child during the separation. Overall, it has been my observation that children who endured separation at the border are more likely to develop symptoms of post-traumatic stress and depression which are reflected in their negative perceptions of the world as unsafe and uncontrollable and their self-perceptions as helpless and endangered. These perceptions affect how children navigate the world, how they communicate with others, how they learn, and how they develop relationships with peers and other adults in their life.

The following case examples illustrate some of the adverse circumstances and outcomes of parent-child separations:

1. The youngest child referred to our program was a 2-year-old who had been separated from his mother while asleep and was kept separated for two months. The mother had been told to leave the detention area and when she asked to wake her son to take him with her, the officers told her to not bother because she was going to come right back. After two months of desperation, the mother was reunited with her son in New York. At the time she came to our program for assistance, the boy had turned 3 and demonstrated separation anxiety and hypervigilance.

2. In the case of a 4-year-old Salvadorian boy, I observed severe symptoms of dissociation triggered specifically when recalling the separation from his father. This boy had been yanked from his father without any explanation or opportunity to say goodbye. At the time of the assessment, the boy had been separated for over 2 months and waited in foster care for the reunification with his father with total uncertainty of when or if this would ever take place.
3. Similarly, a 16-year-old girl from Honduras who had been separated from her mother was referred to our program due to depressive symptoms. The girl appeared to struggle with the deep confusion about the separation and severe feelings of depression and acute stress. The experience of total lack of control and terror during the separation had left her with severe helplessness, which she described as feeling like others would always have control over what happens to her, and hopelessness, which she described as feeling like her life would never get better.

The Rupture of the Emotional Bond

In my clinical observations, the impact that separation from the primary caregiver at Immigration and Customs Enforcement (ICE) detention had on the child was two-fold: 1. the manner of separation and 2. the act of separating the parent from the child. First, the manner in which these separations were enforced was traumatic in itself due to the harsh ICE protocols. Most children reported post-traumatic stress symptoms from the terror experienced by the yelling, insults, and aggressive manners of the officers who handled the separations. A 6-year-old girl described feeling terrified because of the officer who yelled at her for crying after being separated which she explained caused her to try her best to contain her tears and comfort the other children around her.

Second, after the act of separating the child from the parent, the period of separation causes another set of potential ruptures in the attachment trajectory of these children. For example, when a 9-year-old

child with developmental delays was reunited with his mother after a month, he displayed ambivalent attachment toward his mother, who herself was struggling with post-traumatic stress since the separation.

It is evident from the reports of many immigrant children that there is a steep difference between ICE-run and Health and Human Services (HHS)-run facilities. Children describe the ICE processing centers as inhumane both in their conditions as well as in the attitudes of the officers. On the other hand, children tend to describe their time at the Office of Refugee Resettlement (ORR) facilities, an office within HHS, as positive, productive, and peaceful. They describe the shelters as pleasant and comfortable and the staff as caring, and nurturing.

Attachment is the emotional bond that typically forms between infant and caregiver. It is the means by which helpless infants get their primary needs met. It then becomes the engine of subsequent social, emotional, and cognitive development. Healthy attachment is the foundation from which the child can develop and survive independently. When this foundation is ruptured, this ability is severed, and it is likely to lead to adverse long-term personality, interpersonal, cognitive, and emotional sequelae.⁵

As reflected in some of the examples above, the ruptures in attachment and the impact of separation are not only evident in children but also in the parents, which ultimately further affects the child's outcomes. For example, the mother of the 2-year-old that was described earlier requested therapy to help her with feelings of profound anxiety and depression because she feared connecting emotionally with her son then being deported, causing him a second trauma of separation. In response, she kept her emotional distance to protect him.

⁵ Bowlby, J.(1988). A secure base: Parent-child attachment and healthy human development. New York:US: Basic Books.

Over the past five years directing the mental health services at Terra Firma, I have observed the impact of recent immigration policies on children and families, both positive and negative. I have seen an increase in anxiety in children and families due to potential separation, detention, and deportation. It is worth noting here that separation of children and parents continues to take place under unjustified circumstances; two of the examples described above happened recently, in November of 2018.

Ending Family Separations

Over the past year, many families have reported to me increased fear of opening the door at the possibility of ICE officers being on the other side. Several parents have complained about their children's fear reactions when the doorbell rings, and some have reported an increased fear and mistrust of institutions and agencies in general.

In sum, decades of psychological research have determined that it is in the best interest of the child and the parents to keep families together. Research also suggests that the longer that parents and children are separated, the greater the reported symptoms of anxiety and depression are for children.⁶ My experiences described in this statement working with immigrant children and families as a psychologist and director of mental health services corroborate the findings that past studies report on the negative impact of separation. As a result of my observations and well documented research findings, meaningful access to trauma-informed mental health care is critical to ensure that both adult and child survivors of trauma heal and ultimately achieve psychological wellbeing. I would urge this committee to consider the serious mental health impact of parent-child separation on both children and parents and put an end to the practice of family separation and help to ensure that immigrant children and their parents receive needed mental health care.

⁶ Suarez-Orozco, C., Bang, H.J., & Kim, H.Y.(2010).