



February 11, 2022

The Honorable Alejandro Mayorkas
Secretary
U.S Department of Homeland Security
Washington, DC 20528

Dear Secretary Mayorkas:

On behalf of the American Psychological Association (APA), I am writing to thank you for establishing the Family Reunification Task Force and for the opportunity to respond to the Task Force's recent request for public comment in the *Federal Register*. Yet the stated goal of the announcement to solicit "input and recommendations to minimize the separation of migrant parents and legal guardians and children entering the United States, consistent with law" raised concerns for us as to whether the practice of parent-child separation at the border was still taking place, even if on rare occasions.

APA is the leading scientific and professional organization representing psychology in the United States. Our membership includes researchers, educators, clinicians, consultants, and students. APA works to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives. We have over 130,000 members and affiliates across the United States and in 183 other countries, many of whom serve migrant youth and adults in a wide range of settings, including schools, community centers, hospitals, and refugee resettlement centers.

Based on empirical evidence of the psychological harm of parent-child separation, we ask you to commit to the humane policy of housing families together pending their immigration proceedings to safeguard their human rights and protect them from further trauma. Ideally, Alternatives to Detention (ATD) would be employed, which might involve migrant families being housed together in temporary shelter care under the authority of the U.S. Department of Health and Human Services or provided with a community placement with supportive services pending their immigration proceedings.

Decades of psychological research have determined that it is in the best interest of the child and parents to keep families together. Families fleeing their homeland to seek sanctuary in the United States are already under a tremendous amount of stress.¹ Sudden and unexpected family separation, such as separating families at the border, can add to that stress, leading to emotional

¹ Chaundry, A. (2011). Children in the aftermath of immigration enforcement. *The Journal of the History of Childhood and Youth*, 4 (1), 137-154.

trauma for children.² Research also suggests that the longer parents and children are separated, the greater the reported symptoms of anxiety and depression are for children.³ Furthermore, immigration policies, such as the prior Zero-Tolerance policy, can also adversely impact those migrants who are already in the United States. These individuals can suffer from feelings of stigmatization, social exclusion, anger, and hopelessness, as well as fear for the future.⁴

There is a growing body of research showing that toxic stress (prolonged exposure to trauma and the biological stress response) and adverse childhood experiences can have a profound adverse impact on later adult health outcomes.^{5 6} Fortunately, research also indicates that the impact of these environmental risk factors can be reduced through early and sustained intervention.^{7 8 9} This vital early intervention could be achieved through access to mental health care for migrants or the implementation of policies and procedures to release migrant families into the community with a support system in place, including access to health care, education, adequate housing, and other rights and essential services.

However, there are clearly challenges to the development and implementation of custodial and non-custodial community-based alternatives for the detention of migrant children and their families. These include significant financial and staffing challenges to support community-based alternatives to achieve program stability and effectiveness. Standards of care must be established and followed. Staff must be qualified and trained. The complex service needs of migrant children and families require a multidisciplinary team of professionals, including mental health providers and case managers, to offer linguistically, culturally, and developmentally appropriate care that is trauma-informed. Many of these families have been traumatized as a result of exposure to extreme poverty and violence before and/or during their migration experience. They are now struggling to start a new life, while learning a new language in a new culture apart from family and friends.

In the midst of the coronavirus pandemic, community-based alternatives to detention for migrant children and their families are more critical than ever as a public health intervention. Yet these programs are also suffering financially during this pandemic. Additional resources will be

² Dreby, J. (2012). The burden of deportation on children in Mexican immigrant families. *Journal of Marriage and Family*, 74, 829-845. Doi:10.1111/j.1741-3737.2012.00989x.

³ Suárez-Orozco, C., Bang, H. J., & Kim, H. Y. (2010). I felt like my heart was staying behind: Psychological implications of family separations and reunifications for immigrant youth. *Journal of Adolescent Research*, 26 (2), 222-257.

⁴ Suárez-Orozco, C. (2017). Conferring disadvantage: Behavioral and developmental implications for children growing up in the shadow of undocumented immigration status. *Wolters Kluwer Health, Inc.*, 426.

⁵ American Psychological Association. (2018). Health disparities in racial/ethnic and sexual minority boys and men. <https://www.apa.org/pi/health-disparities/resources/race-sexuality-men>

⁶ Shonkoff, J. P., & Gardner, A. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 1542, 2011–2663.

⁷ Masten, A. (2014). *Ordinary magic: Resilience in development*. New York, NY: Guilford.

⁸ Center on the Developing Child. (2015). *Supportive relationships and active skill-building strengthen the foundations of resilience: Working paper No. 13*. Retrieved from www.developingchild.harvard.edu

⁹ Leslie, L. K., Mehus, C. J., Hawkins, J. D., Boat, T., McCabe, M. A., Barkin, S., ... Beardslee, W. (2016). Primary health care: Potential home for family-focused preventive interventions. *American Journal of Preventive Medicine*, 51, 106–118.

needed to support both staffing and programs, as well as to provide access to COVID-19 testing, tracking, and treatment, in order to meet the needs of migrant children and their families.

In closing, APA requests that you consider the following policy recommendations to safeguard the well-being of migrant children and their parents:

- prioritize family unity in all depositions of migrant families;
- detain children and parents for the least amount of time necessary;
- ensure the best interests of the child in all processing, custody, removal, and repatriation decisions;
- hire child welfare professionals at the border to supervise the protection of children and families and to be consulted in instances of family separation;
- enhance community support networks/services, (with accessible physical and mental health services);
- employ ATD placements and related best practices to avoid separating families;
- protect the confidential health records of migrant children and their families.

As psychologists, we have documented multiple harmful effects of parent-child separation on children's emotional and psychological development and well-being and urge the Administration to ensure that there are no further family separations and detentions of children and families. If you would like any additional information, please contact Serena Dávila, J.D., Senior Director, Congressional and Federal Relations at sdavila@apa.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Arthur C. Evans, Jr.', with a stylized, flowing script.

Arthur C. Evans, Jr., PhD
Chief Executive Officer