Thousands of Older Children Also Were Separated at the Border. What Happens to Them?

Health Equity

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It's been more than three months since our government began systematically separating children from their parents at the southern border, and one month since a federal court ordered the reunification of those families. What was once a daily front-page story has already become buried in the 24-hour news cycle. The stories that do continue to be told about these children and their parents largely focus on the youngest children, as the government missed a court-ordered 14-day deadline for their reunification with their families.

The failure to reunify many of these infants and toddlers by July 10 is deeply concerning to me, considering their numbers—about 100 children—are far fewer than the more than 2,500 children over the age of five who were also separated from their parents. The federal government is facing an imminent July 26 deadline for reunifying this larger group, and we haven't seen promising signs that this important deadline will be met.

As a pediatrician who has worked closely with our child welfare and foster care systems, I worry that this necessary, but primary focus on separated infants and toddlers has distracted us from the gravity of what is transpiring for the larger, older group of children. We have decades of experience with children growing up in our child welfare system to draw on as we realize the magnitude of what these families now face.

Take the story of a child I once cared for as an example. The first time I met him was just prior to his reunification with his grandmother, who had been fighting for nearly two years to gain custody of this child while he languished in foster care—Child Protective Services had removed him from his mother's care after an episode of child abuse and neglect. As I was seeing other patients, a nurse alerted me that a child was throwing objects and being very disruptive in our waiting room. His behaviors resembled oppositional defiance disorder or attention deficit disorder, conditions that individuals can often mistake for physical and psychological manifestations of trauma.

After this initial consult, I asked the social worker to have the child return to the office in a few weeks once he had been reunified with his grandmother. When he did return, he was a completely different kid. He was polite, calm and respectful in the room, and dare I say, thriving. The lesson of the power of family that I learned that day was seared into my memory. His prescription was his family, and that prescription was far better than any medication or counseling I could have provided to him.

Several decades of research on children who have been placed into foster care reveals the devastating trauma that they may face when they are inappropriately separated from their families. I can distill down that evidence

and my own experience to a few consistent themes, which illustrate the potential impact if we don't properly address this tragedy.

- First, removal—regardless of age—is traumatizing to children.
- Second, the older a child is when they are separated from their family, the more difficult it is to find them a stable foster care placement; my own research found that our child welfare system is not as successful at quickly finding long-lasting, secure home placements for the majority of children over 10 years of age as they are for children under two. This instability can only exacerbate trauma.
- Third, children who are placed with their kin after removal are much more likely to stabilize quickly and avoid the problems we often see among children in foster care. For many children crossing the southern border, this is a distinct advantage they do not have, as many of their kin remain in their countries of origin. Or if their relatives do live in the U.S., they may face financial, immigration or language barriers to being successfully vetted as appropriate caregivers.
- Finally, the cumulative emotional effect of separation on an older child and the subsequent difficulty in achieving stability for them unquestionably leads to significant mental health issues as a manifestation of that trauma.

In my career, I have encountered many of these children. That experience has taught me how difficult the decision should be to remove any child from their family and that our foster care placements should be reserved for those whose safety truly demands it.

For some unfortunate children, who are battered or sexually abused and reside in families where multiple family members have perpetrated abuse, this decision can be unavoidable, but unsettling nonetheless. While we celebrate the many terrific foster parents, who step up for that responsibility and provide the stability and nurturing those children need, the odds are unfortunately against this outcome for most youth. The more common, and dispiriting, situation is that children languish in foster care, which can worsen their trauma to the point that it results in withdrawal, disruptive behaviors, anxiety, depression or even suicide. It's these children I worry about the most because we know that many of these youth will eventually be restrained chemically with powerful psychiatric medications to reduce their behaviors at the expense of un-treating their trauma.

These basic and indisputable trends will most certainly be the reality of the more than 2,500 youth over age five who the government separated from their families if we don't get this right. If my experience with children in child welfare tells us anything, it's that this group's reunification requires the same urgency that we are demanding for infants. Certainly, the amazing resilience of children will help many endure the challenges of the child welfare system and achieve success in adulthood. But, I fear for the remaining children—those bright, driven youth whose uphill battles to achieving health and prosperity could be insurmountable.

David Rubin
David Rubin
MD, MSCE
Co-founder