The Science of Family Separation and How It Can Harm Children

Health Equity

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After more than a decade caring for refugee and immigrant children as a pediatrician, stories of family separation remain the most difficult to hear. Children are typically silent and withdrawn as their caregivers break down in tears in front of me describing families torn apart by politically motivated incarceration, armed conflict or deportation.

These caregivers also share concerns about children's nightmares, insomnia or acting out in school, all of which can be signs of anxiety or depression. As I have monitored the situation at our southern border, I have been reminded of Anna Freud and Dorothy Burlingham's infamous 1943 book War and Children, which recorded the authors' study on the impacts of family separation while directing British wartime nurseries.

From their experiences caring for children who survived the blitz we learn, "...children who arrived [from a bombed house] together with their own families showed little excitement and no undue disturbance…. It is a widely different matter when children, during an experience of this kind, are separated from or even lose their parents."

This insight — that children's well-being at times of adversity is dependent upon the presence of safe, loving caretakers, ideally their parents — has been confirmed repeatedly in the intervening decades. It has held true across settings no less disparate than the rehabilitation of child soldiers, the resettlement of refugee children and the aftermath of Hurricane Katrina.

Scientific evidence supporting childhood resilience and family preservation is robust enough to have informed U.S. policy on areas ranging from international development to domestic child protection.

What we need to recognize is that separating children from their parents is always a devastating event, regardless of the cause. Children experience profound grief when a parent dies, divorces, is incarcerated or is deported. Sudden, unexpected and violent deaths are particularly damaging and can trigger symptoms of post-traumatic stress disorder rather than a healthy grieving process.

Although research on family separations like those experienced at the border is more limited, public documents describe separations that are often sudden, unexpected and traumatic. One mother reports having five minutes at a border station to say goodbye to her crying 4- and 10-year-old sons.

Another mother, who requested asylum at the international bridge in Brownsville, Texas, was forced to place her crying 18-month-old son in a car seat within a U.S. government vehicle. She reports, "I did not even have a chance to try to comfort my son, because the officers slammed the door as soon as he was in his seat."

What we do have is extensive evidence on how children's health and well-being is impacted by other types of traumatic family separations. From research on childhood adoption, we know that institutionalization for more than six months in a "grossly depriving" environment is associated with both poor mental health and unemployment later in adulthood.

Forbidding staff from physically comforting grieving toddlers — as observed by the president of the American Academy of Pediatrics (AAP)during a recent visit to a facility for migrant children—is certainly consistent with creating a "grossly depriving" environment. Unfortunately, other reports—such as the five-month-long separation of a seven-year-old girl from her asylum-seeking mother or housing children as young as 10 within a former Walmart — suggest that both prolonged separation and care in an impersonal, institutional environment may be commonplace.

From the foster care literature, we also know that mental health symptoms are more prevalent and mental health care costs are higher for children who move from one foster family to another. This seems to be true even after taking into account children's baseline mental health, or when focusing on children who are in good health before entering foster care.

We know relatively little about transitions between different government facilities or the stability of foster care placements for children separated from their parents at the border. However, in one multi-state study, more than one-quarter of unaccompanied children (who arrived in the U.S. without a parent) changed foster families at least once, so there is reason to believe that children separated from their parents will experience the same.

This social science research on the harms of family separation is backed up by biological research on its physiologic impact. In a 2012 literature review, the AAP wrote, "physiologic responses to stress are well defined" describing the "wear and tear" that prolonged stress places on multiple organ systems, including the developing brain. Sustained elevation of stress hormones can suppress children's immune systems and even alter the architecture of parts of the brain responsible for learning, memory and future stress responses.

Fortunately, the presence of sensitive and responsive caregivers (generally parents) seems to protect toddlers from some of these harmful hormonal fluctuations. By separating families at the border, we are eliminating this protective effect and rendering children more vulnerable to lasting physical harm.
The science of family separation is clear.

The adverse impact on childhood health is irrefutable. The question now is whether we will recognize the scientific and moral imperative that demands we "first do no harm" to children arriving at our borders, or whether we will be complicit in the damage done.

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