

## Family Belonging in Early Childhood: A Formula for Health Equity & Healthy Public Policies

By Lisa Cacari Stone, PhD, Maria Brave Heart, PhD, Steve Verney, PhD and Gabriel Sanchez, PhD

Transdisciplinary Research, Equity and Engagement Center for Advancing Behavioral Health  
(TREE Center) NIMHD Grant # U54 MD004811-06



Artwork by Taslim van Hattum, LCSW, MPH, National Council for Behavioral Health

Within the last six weeks, **nearly 2,000 migrant children have been separated from their families while crossing the U.S.–Mexico border** under the Trump administration’s “zero-tolerance” policy.<sup>1</sup> While President Trump signed an executive order on June 29<sup>th</sup> ending his administration’s policy of separating parents and children who have illegally crossed the border, it is unlikely that the children will be reunited anytime soon and the damage already done to these children through this traumatic experience will have long-term effects on their well-being. Currently, there is no formal protocol that ensures that separated migrant families are deported back to their home country together.<sup>2</sup>

**Most of the children who have been detained became “unaccompanied” because the U.S. federal government** separated the children from their parent(s) at the ports of entry. The border crossers are arrested and charged with a crime before being placed in immigration detention. If they came with their children, the children (some as young as 3 months) are turned over to the Office of Refugee Resettlement and treated as though they travelled to the U.S. alone. Fleeing from violence and in fear of their lives, most of the families are migrating to the U.S. from the Central American countries of El Salvador, Guatemala, and Honduras.<sup>3</sup> These children and their families have experienced grave trauma.

**Extant research has made clear that exposure to violence and trauma in childhood is a risk factor for future violent experiences and other negative outcomes throughout the life course for all children.** Children who are subjected to more Adverse Childhood Experiences (ACEs)—including separation from parents and neglect—are at a higher risk of health issues including cancer, substance abuse, mental

<sup>1</sup> <https://www.thecut.com/2018/06/immigrant-children-detention-center-separated-parents.html>

<sup>2</sup> <https://www.newyorker.com/news/news-desk/the-government-has-no-plan-for-reuniting-the-immigrant-families-it-is-tearing-apart>

<sup>3</sup> Estefan, LF, Ports, KA & Hipp, T. (2017). Unaccompanied Children Migrating from Central America: Public Health Implications for Violence Prevention and Intervention. *Curr Trauma Rep.* April ; 3(2): 97–103. doi:10.1007/s40719-017-0082-2.

health and behavioral issues and heart disease as adults.<sup>4</sup> Although the totality of the trauma experienced by these children is not yet known, every day that they spend detained separately from their parents adds to the risk factors they will have for these poor health outcomes.

According to a recent report from the University of California San Francisco and the Robert Wood Johnson Foundation, **“the first few years of life are crucial in establishing a child’s path toward—or away from—health and well-being across the entire lifespan.”** Race-based unfair treatment built into institutions, policies, and practices are major constraints to parents’ ability to provide healthy living conditions for their children.<sup>5</sup>

**The TREE Center’s research focuses on finding solutions with communities to tackle the conditions that contribute to health,** including ACEs, which are clearly and directly connected to early brain development and poorer health impacts across the lifespan. Another overall aim of our TREE Center is to translate and disseminate evidence for public consumption.

Finally, the TREE Center’s focus on historical trauma provides a unique perspective to analyze the legacy of the zero-tolerance immigration policy that has led to this unprecedented number of immigrant parents being separated from their children. Historical trauma, the cumulative emotional and psychological wounding across generations including the lifespan,<sup>7,8</sup> is relevant to oppressed populations, including these migrant children and families. The current situation is a trigger for a number of other oppressed populations including American Indian and Alaska Natives (AIAN) related to the forced removal of children from their families and communities and placed in federal and church-run boarding schools. AIAN children were separated from families as young as 5 years old and placed in physically, sexually and verbally abusive boarding schools as much as 1,000 miles away. Historical Trauma Response Features include depression, PTSD, suicidal risks, etc. PTSD risks increase with the number of traumatic events and the healing of these mental health conditions appears to be more successful when the Historical Trauma Response is incorporated into therapy.<sup>9,10,11</sup>

Now, more than ever, moving evidence for action is needed for addressing this public health crisis through healthier public policies that protect children and reunite them with their families.<sup>6</sup>

Below are a few resources with which to share your research:

---

<sup>4</sup> Shonkoff JP, Garner AS, Siegel BS, Dobbins MI, Earls MF, McGuinn L, et al. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*. 2012; 129(1):e232–e46.

<sup>5</sup> Braveman P, Acker J, Arkin E, Bussell J, Wehr K, and Proctor D (June 12, 2018). **Early Childhood Is Critical to Health Equity** <https://www.rwjf.org/en/library/research/2018/05/early-childhood-is-critical-to-health-equity.html>

<sup>6</sup> Bethell CD, Solloway MR, Guinosso S, Hassink S, Srivastav A, Ford, D & Simpson LA (2017). Prioritizing Possibilities for Child and Family Health: An Agenda to Address Adverse Childhood Experiences and Foster the Social and Emotional Roots of Well-being in Pediatrics. *Acad Pediatr*, Sep - Oct;17(7S):S36-S50.

<sup>7</sup> Brave Heart, M.Y.H., Chase, J., Elkins, J., & Altschul, D.B. (2011). Historical trauma among Indigenous Peoples of the Americas: Concepts, research, and clinical considerations. *Journal of Psychoactive Drugs*, 43 (4), 282-290.

<sup>8</sup> Brave Heart, M.Y.H. (2003) The Historical Trauma Response Among Natives and Its Relationship with Substance Abuse: A Lakota Illustration, *Journal of Psychoactive Drugs*, 35 (1), 7-13.

<sup>9</sup> Brave Heart, M.Y.H. (1999) *Oyate Prayela*: Rebuilding the Lakota Nation through addressing historical trauma among Lakota parents. *Journal of Human Behavior and the Social Environment*, 2(1/2), 109-126.

<sup>10</sup> Brave Heart, MYH (1998). The return to the sacred path: Healing the historical trauma response among the Lakota. *Smith College Studies in Social Work*, 68(3), 287-30.

<sup>11</sup> Brave Heart, M.Y.H. (2000) *Wakiksuyapi*: Carrying the historical trauma of the Lakota. *Tulane Studies in Social Welfare*, 21-22" 245-266.

[The Op-Ed Project](#) has a [great resource of tips and tricks](#) to get you started.

Human Impact Partners, a non profit organization has a few talking points “[Family Unity, Family Health](#),” on the health impacts of separating kids from their parents through deportation.

Other statements and articles on family separation, including examples that ***bring a health frame to the issue:***

- [New York Times](#), (Children Taken at the Border Arrive in New York Shelters), June 20
- [The Cut](#) (What to know about the Detention Centers for Immigrant Children..), June 20
- [New York Times](#), June 18
- [Vox](#), June 18
- [Public Health Institute](#), June 18
- [Texas Public Radio](#), June 18
- [WaPo](#), June 16
- [American Psychology Association](#), June 15
- [American Public Health Association](#), June 15
- [American Academy of Pediatrics](#), June 15
- [Prevention Institute](#), June 15
- [NPR](#), June 15
- [Fortune](#), June 15
- [John Hopkins University Bloomberg School of Public Health](#), June 14
- [American Medical Association](#), June 13