



Children with Unspeakable Trauma:

Unaccompanied Minors and Family Separations

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The US is perhaps one of the most diverse countries in the world and houses more than 40 million individuals born in another country (Budiman, 2020). Almost every country in the world is represented in the US population. The legal status of immigrants in the US varies. Although some immigrants enter the US legally with a visa or familial sponsorship, others enter via unauthorized means, such as by crossing the US- Mexico border.

US Population in 2018 (Budiman, 2020)

Total US Population	327.2 million
Foreign Nationals	44.8 million
Authorized foreign Nationals	34.5 million (77%)
Unauthorized foreign Nationals 1	0.3 million (23%)

To deter entry of undocumented immigrants via the US- Mexico border, there are apprehensions and detentions of individuals and families who attempt to cross this boundary. According to the Pew Research Center, in 2018 there was a dramatic increase in apprehensions with a total of 467,000 arrests, the most since 2012; the spike in apprehensions is conjectured to be accounted for by the influx of family units entering the US (Bialik, 2019). For the year 2018, there were a total of 163,000 family units detained, a record high since 2012. Family units entering the

US accounted for 54% of the total number of undocumented migrants entering the US for the month of December 2018.

In addition to apprehensions and detentions, families who enter the US may be separated. There was a massive increase of family separations during the Zero Tolerance Policy from April 2018 to June 2018. According to the U.S. Department of Health and Human Services (DHHS), Office of Inspector General (OIG), as of December 2018, 2,737 children were identified as separated from their parents. It is notable that this number seems to underestimate family separations and does not seem to capture the magnitude of the issue at hand (DHHS OIG, 2019). Children who are taken into custody at the border are transferred to the Office of Refugee Resettlement (ORR), who then places the child in the least restrictive environment.

A separate group of undocumented immigrants who also enter the US via its borders are children or unaccompanied minors. Unaccompanied minors are children traveling without a parent or guardian. Typically, these children enter the US with the goal to reunify with parents or extended family members already in the US. Unaccompanied minors apprehended in 2018 composed 12% of the total undocumented immigrants or 54,000 children (Budiman, 2020). Although unaccompanied minors

tend to be between the ages of 13 to 17 years old, new data shows that unaccompanied minors 12 years of age and younger have been apprehended at a 117% increase (Krogstad et al., 2014). These children also tend to travel with younger siblings. Among all countries, less than 1% (94 cases) of children were younger than 1 year old, 2% (785) were 5 years or younger, and 14% (6,675) of unaccompanied children were from the ages 6 to 12 years old (Bialik, 2019). This data showed that children are embarking on a solo journey to the US at younger and younger ages. Unaccompanied minors apprehended at the border are also placed with ORR.

Why Leave Your Home?

Undocumented immigrants often leave their country of origin due to extreme poverty, warfare, drug violence, domestic violence, sexual violence, gang violence, and similar traumas (Baranowski & Smith, 2018; Belkap, 2016; Hurtado-de-Medozza et al., 2014; Kaltman et al., 2011; Perreira & Ornelas, 2013). Unaccompanied children and families who cross the border tend to be from Mexico and Central America, specifically, Guatemala, El Salvador, and Honduras. These three countries are often referred to as the Northern Triangle and have high rates of poverty and violence (Krogstad et al., 2014). Northern Triangle nations have high shares of people living on less than \$2 per day; the international poverty line is \$1.90/ day (Cohn et al., 2017). Gang and trafficking violence have Honduras's murder rate at 90 homicides per 100,000 inhabitants in 2012, the highest in the world (Krogstad et al., 2014). It is notable that more than 1 in 4 unaccompanied minors apprehended at the border who were 12 years and under originated from Honduras. Furthermore, Mexico's war to end drug cartels has led to widespread violence and death, with an estimated death toll of more than 35,000 homicides since 2006 (Pew Research Center, 2011), leading to widespread exposure to violence and more unsafe and risky migration routes.

The unauthorized immigrant who embarks on this dangerous journey often enlists the help of a *coyote*, or human smuggler, as a guide (Cervantes et al., 2015). On this trip, they may encounter thirst, starvation, extreme changes in temperature, the possibility of drowning while crossing rivers, abandonment by their coyote, rape, multiple forms of violence, or even death (Androff & Tavassoli, 2012; Baranowski & Smith, 2018; Garcini et al., 2020; Kaltman et al., 2011; Perreira & Ornelas, 2013). Given the nature of the journey, parents often struggle with deciding to undertake such treacherous travels with children. Immigrants weigh their options and choose to escape the harshness and trauma of everyday life. They risk all in search for a better life, though they may not find it; often following the trip, immigrants face a slew of issues ranging from further trauma to discrimination (Cervantes et al., 2015; Kaltman et al., 2019; Rubio-Hernandez & Ayón, 2015).

Once in America...

If and when the family arrives in America, besides the political animosity they may encounter in the US (Rubio-Hernandez & Ayón, 2015), the immigrant family has a whole new set of traumas to work through. Members of the family attempt to process pre-migration trauma, migration trauma, and post-migration trauma, while attempting to begin their "new life." If they were not separated at the border, the family lives

CLINICAL EDITOR'S COMMENTS:

Play therapists can help separated families speak their truths through play.

in fear of deportation and being separated if anyone learns about their immigration status. Hence, they live in a constant state of fear, which has countless negative consequences namely negative mental health outcomes (Kaltman, 2011). These conditions place the undocumented immigrant family unit, including U.S.-born children, at an exponential disadvantage when compared to their documented counterparts (Cervantes et al., 2015; Kaltman et al. 2019).

Undocumented immigrant families also face other stressors in addition to their pre-migration trauma history. Given their legal status, undocumented immigrants have limited employment opportunities and often find themselves with housing insecurity, overcrowded living arrangements, lack of health insurance, lack of employment benefits due to cash-paying jobs, and more stressful living situations overall (Baranowski & Smith, 2018; Watson et al., 2020). Researchers have shown that undocumented immigrants tend to be underserved in both physical and mental health settings and they tend to have higher rates of negative outcomes, such as higher rates of depression, anxiety, PTSD, and medical disorders, including COVID-19 (e.g., Betancourt et al., 2017; Brabeck et al., 2014; Cobb et al., 2017; Perreira & Ornelas, 2013; Watson et al., 2020; Yamanis, 2020).

Mixed-status families, where one or two parents have undocumented status but one or more children are born in the US, experience more psychological distress, such as depression, anxiety, and fear, than non-mixed status families (Brabeck et al., 2014; Gulbas et al., 2015; Lovato et al., 2018; Philbin & Ayón, 2015). These children tend to have more general distress and more negative outcomes at home and at school.

How a Play Therapist Can Help

Undocumented immigrant children and families who enter the US via the US- Mexico border are vulnerable. They are often plagued with extensive trauma histories and additional stressors exacerbated by their legal status, which may impact their functioning and acculturation. Play therapists providing services to this special population may benefit from employing a trauma-informed model of care and working from a culturally humble perspective. Trauma-informed care is based on the principle that trauma is more prevalent and its effects more profound than providers may note, due to a lack of training/supervision or to families not disclosing previous traumas; clients' trauma history needs to be explicitly addressed in mental health settings to better service children and families. Trauma-informed care is also based on the premise of creating safety, and returning control, consent, and empowerment to the individual, factors that were lost at the time of the trauma (Mosher et al., 2017).

Cultural humility is a concept which refers to a lifelong process and commitment to self-reflection and self-critique which takes into account cultures' fluidity and subjectivity (Hook et al., 2016). Cultural humility challenges both individuals and institutions to address inequalities. One who practices cultural humility remains humble about their own lack of knowledge about another's culture and continuously and critically evaluates their own cultural biases. A culturally humble therapist will allow their client to be the expert of their own culture and their own story. However, they will seek to learn about the other's culture, do personal research, and learn more. The therapist will ask respectful questions, honor what is important to the child and family, and validate cultural values and goals expressed by the client. Integrating trauma-informed care and cultural humility will help the child and family process trauma and build resilience, which are crucial steps in working with this population.

While doing so, play therapists will incorporate therapeutic powers of play that may specifically help this vulnerable population (Schaefer & Drewes, 2014). Most notably, children will benefit from facilitated communication through self-expression and accessing the unconscious, increasing personal strength from building resiliency, teaching self-regulation strategies, reinforcing self-esteem-building, and fostering emotional wellness through catharsis, stress-inoculation, and stress management (Schaefer & Drewes, 2014). Play therapists provide children with the medium (i.e., toys, art supplies) to work through their presenting issues, in this case, extensive trauma, and they speak the language of the child: play. Through play therapy, children with unspeakable traumas may heal without saying a word.

Play therapists wear many hats. Given the poverty and basic-needs challenges faced by this population pre-migration, these children and families may benefit from learning adaptive coping strategies, psychoeducation about topics such as time management, money budgeting, keeping a journal to modulate affect and cope with everyday stressors, and parenting skills to embark upon their new life successfully. If warranted, imparting information about food pantries, rental assistance programs, referrals to law projects in the community, information about charity care programs or similar assistance would also be helpful, and including other professionals in the family's resource network may be necessary to disseminate this information.

Play therapists, could also provide advocacy. Advocacy work can be as simple as referring a client to a community law project or making a collateral call to a school for a child client. This work requires major problem-solving efforts and could be life changing to a client. Staying informed about policies which affect this population would also benefit children and families as policy changes have profound effects on their lives. For example, policy changes, such as attempts to rescind the Deferral Action for Childhood Arrivals (DACA) have profound impacts on immigrant families and their children, including children in mixed-status families.

Building Resilience

Traumatic experiences may lead to posttraumatic growth or resilience. Resilience may be an inherent personality characteristic, or it may be

fostered and cultivated. In this population, factors that promote resilience have been identified as increasing of social networks, creating a sense of community, and family support (Goodman et al., 2017; Yamanis et al., 2020). Having a strong faith has also been identified as a factor which augments resilience and coping (Goodman et al., 2017). Family support is likely the strongest form of support in this population, given the value of *familismo*, or loyalty and commitment to one's family. Many undocumented immigrants travel with their families to the US while others make the journey to create a better life for their family who remains in their home country. Whether family members are physically with them or not, family remains of utmost importance. Hence, when an individual travels alone, the alienation may feel even greater; therefore, creating social networks in the host society is even more imperative. It cannot be underscored enough that fostering resilience or augmenting existing resilience via growing social support, or otherwise, would be a fruitful endeavor for this population.

Conclusion

In summary, unauthorized immigrants who cross the US-Mexico border are a vulnerable population with extensive trauma incurred pre-migration, during migration, and post-migration. Researchers have consistently shown that this population has been underserved in mental health settings. One solution to address fragmentation of services amidst diverse immigrant needs is to provide mental health treatment from a trauma-informed and cultural humble perspective to address the trauma incurred and to help the undocumented immigrant with adjustment to the host society, to foster resilience, to buffer the child or family from future stressors, and to maintain overall mental health wellness. Play therapists can help children and their families turn unspeakable traumas into resiliency and growth in their new lives.

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