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Written Statement of

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On behalf of the

American Psychological Association

At a Hearing

**"An Administration Made Disaster: The South Texas Border Surge
of Unaccompanied Alien Minors"**

U.S. House of Representatives Committee on the Judiciary

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Chairman Goodlatte, and members of the committee, please allow me to express our appreciation for the opportunity to submit testimony on behalf of the nearly 130,000 members and affiliates of the American Psychological Association (APA) regarding the recent surge of unaccompanied minors and adults traveling with minors migrating to the United States. My name is Dr. Judith M. Glassgold. I am the Associate Executive Director of the Public Interest Directorate and Director of Public Interest Government Relations Office at the American Psychological Association.

APA is the largest scientific and professional organization representing psychology in the United States. Comprising researchers, educators, clinicians, consultants, and graduate students, APA works to advance psychology as a science, a profession, and a means of promoting health, education, and human welfare. Our recommendations focus on the mental and behavioral health needs of these undocumented minors who are arriving at our border, oftentimes unaccompanied, and with histories of traumatic experiences, which may require immediate trauma-informed mental health services.

In 2014, the United States (U.S.) Customs and Border Protection (CBP) has apprehended over 52,000 unaccompanied children who arrived in the United States primarily from Honduras, Guatemala and El Salvador. This is more than double the previous year's total and experts estimate this number could reach up to 90,000 before year's end. Given the nature of this humanitarian crisis, psychologists and other mental health professionals have a unique and important perspective to offer, to help ensure our nation's response is as humane and psychologically-informed as possible. It is imperative that these unaccompanied children receive appropriate culturally-competent and trauma-informed care by mental health providers in a timely manner. Further, it is imperative that we as a nation do all that is in our power to ensure that our government's response is as minimally traumatizing as possible throughout detention, release, and/or transfers affecting these youth, to reduce the possibility of further harms.

Even under normal circumstances, the immigration experience has the potential to trigger a number of psychological challenges for first and second-generation immigrant children in the United States. Many of the children in the current crisis are refugees and asylum-seekers, arriving from nations that have been affected by violence, and may have been subject to abuses on their journeys to the United States. Thus, there is an urgent need for complete and immediate health and mental health assessments followed by the provision of the appropriate level of care. Without providing the necessary level of resources for assessment and treatment, the staff of detention facilities risks exacerbating existing distress.

In 2012, APA produced a comprehensive, evidence-based report entitled [*Crossroads: The psychology of immigration in the new century*](#). The report aimed to improve psychologists' and policy makers' understanding of the psychological factors related to the immigration experience. As such, the report strives to increase the engagement of public policy with psychological research. The report is the basis for much of the data and recommendations in this testimony.

The current literature and evidence tells us:

- Mass flows of migration do not happen by chance, and the three major types are: 1) those who search for work; 2) humanitarian refugees (including escaping war, violence, and environmental catastrophe); and 3) those seeking family reunification. For children, escaping violence and seeking to be reunited with parents are the most likely motivating, common factors, though research in all countries will be needed to identify definitively the most immediate triggers behind this dramatic, recent rise in child immigrants.
- There are significant psychological consequences and complications to immigration that often involve long family separations. Data suggest that the longer the parent-child separation, the greater the reported symptoms of anxiety and depression among the children.
- Adult immigration detainees are vulnerable to psychological stress, compared to those in the community. The longer the detention period, the greater the risk of depression and other symptoms for immigrants who were previously exposed to interpersonal trauma.
- Children exposed to trauma potentially experience a variety of negative impacts:
 - Negative experiences such as situations that produce persistent fear, stress, and chronic anxiety can disrupt a child's brain development and lead to the perception that the world is a threatening place. Children victimized by violence can develop distorted views and beliefs about people and the world, lose trust in their caregivers and peers, and become more tolerant of violence.
 - Victimized children are at higher risk for emotional and behavioral consequences, such as depression, hyper-vigilance, low self-esteem, eating and sleep disorders, and other internalizing problems. They are also at higher risk for delinquency, conduct disorders, violent behavior, suicide, dissociation, detachment, numbing, withdrawal, and addiction, as well as problems with learning, academic performance, language development, and relationships with peers and partners over time.
 - Children exposed to chronic and pervasive trauma are especially vulnerable to the impact of subsequent stress and trauma.

Policy Recommendations

Despite facing tremendous obstacles, many immigrant children have demonstrated remarkable resilience and the capacity to excel when provided with the proper resources and supports. It is important to ensure those resources are available. Accordingly, the APA recommends the following:

- **Congress should pursue legislation that includes the necessary reforms to discourage the involuntary separation of children from their parents, families, and/or caregivers during immigration proceedings.** It is imperative for the Immigration and Customs Enforcement (ICE) Agency and the Office of Refugee Resettlement (ORR) to consider the best interests of children in detention, release, and

transfer decisions affecting their parents and other family members. APA strongly supports efforts to safeguard children during interrogation proceedings and to allow for parents to communicate with their children and coordinate their care. When unaccompanied children are released from the detention facilities, particular consideration should be given to family reunification and ensuring they are placed in emotionally and physically safe environments.

- **Congress provide sufficient funding to The Department of Health and Human Services/ORR, Department of Homeland Security, Department of Justice to ensure that immigrant youth are receiving appropriate medical and mental health services.** Many immigrant youth have special needs, vulnerabilities, and histories of traumatic experiences that require specialized services. It is of paramount importance that these services are provided by licensed mental health professionals in a culturally competent and timely manner. It is also imperative that these children receive immediate assessments of medical and mental health conditions followed by the provision of appropriate levels of care.
- **Establish humane detention standards.** Congress should institute new detention, oversight, and training standards that take into account the medical and mental health needs of under-age detainees through the advancement of compassionate, family-centered facilities geared towards reducing the stress experienced. These facilities need to better serve the unique needs of potentially vulnerable families and children, including individuals with severe mental disorders, asylum seekers, victims of torture and trafficking, non-English speakers, and those with special religious/spiritual and cultural needs. It is essential that these facilities are safe, sanitary, and not over-crowded. Efforts should be made to expedite the process and reduce the average waiting period of children to below 45 days, the current period that most of the unaccompanied children currently experience.
- **Research.** Additional research and data collection is necessary to understand the current surge of child and adult immigrants, their exposure to trauma, the impact of detention, and the most appropriate placement (e.g., foster care versus detention or shelter facilities for unaccompanied youth).
- **Place restrictions on the use of solitary confinement for children in ICE and ORR facilities.** Restrictions should be implemented to ensure that the use of solitary confinement is not arbitrarily applied to children and youth especially as it relates to the most vulnerable (e.g. children with mental illness, LGBT minors, etc.).

In closing, APA and the psychology community stand ready to work with Congress to ensure the mental and behavioral health needs of unaccompanied children are met. Thank you once again for the opportunity to submit testimony on this very important issue. APA would be happy to respond to any questions.