The Psychological Effects of U.S. Detention on Central American Refugees

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The United States (U.S.) has recently seen an increase in the number of individuals, families and unaccompanied children seeking asylum into the country. In 2019 alone, over 850,000 apprehensions were made at the U.S.-Mexico border, representing a 2.15% increase since 2018 (U.S. Customs and Border Protection [CBP], 2019). Eighty-two percent of the asylum seekers detained at this border are from the "Northern Triangle" of Central America, comprised of Guatemala, Honduras, and El Salvador (Guo, 2020). This region is plagued with chronic political instability, human rights violations, criminal networks, poverty, and corrupt organizations such as government and police services (Wood, 2018). To reach the U.S. border, children, adults, and families must undergo a life-threatening journey through their home countries and other unstable regions that place their physical, emotional, and mental health at risk. Events they may encounter include exposure to war, physical and sexual abuse, death threats, the murder of loved ones, or becoming a victim or a witness of a crime (Keller et al., 2017). These horrific experiences highlight the level of risk asylum seekers are willing to accept in hopes of freeing the dire circumstances of their home countries for the possibility of a better future (Noroña et al., 2018).

While pre-migration traumas take a toll on the psychological health of migrants, studies have shown that exposure to trauma following the entry into the host country remains a strong predictor of mental health functioning (Fazel et al., 2012). Pre-migration trauma and displacement place Latinx refugees at an increased risk of psychological distress, further increasing their vulnerability to post-migration traumas (Cleveland & Rousseau, 2013; Noroña et al., 2018; Torres et al., 2018). The perpetuation and cumulation of traumatic experiences worsen mental health symptoms to a greater extent than a single event or few exposures (Fazel et al.,

2012). Additionally, these traumatic events have implications at the individual, familial and societal levels (Noroña et al., 2018). Multiple, continuous traumas, especially when experienced at an early age, significantly hinder an individual's emotional and cognitive development, and negatively impacts their beliefs about themselves, others, and the world (Wood, 2018). In addition to the psychological distress from chronic stress exposure, an individual may encounter negative physical health conditions due to adverse biological changes and neurological responses (Noroña et al., 2018; Teicher et al., 2016). Chronic trauma can affect families and social relations if attachments are significantly damaged. There may be an increased risk of intergenerational transmission of trauma, hindering one's expectations of themselves and relationships in the future (Noroña et al., 2018). Traumas that maintain continuous oppression and inequalities of vulnerable populations lead to further discrimination within the community represented by increased barriers to access professional, educational and health services (Li et al., 2016; Wood, 2018).

Post-migration consists of residing in immigration detention centers until a decision is made on the refugee status claim for many Central American asylum seekers. As refugee individuals and families have previously experienced high levels of trauma, they are incredibly vulnerable to post-migration stresses and are at an increased risk of mental, emotional, and developmental harm (Wood, 2018). A positive post-migration environment has been found to mitigate the impact of traumatic events and lessen the extent of psychological distress (Fazel et al., 2012). The purpose of this article is to determine how immigration detention influences the mental health functioning of detainees. By understanding the psychological effects among Central American adult and child refugees that are detained in U.S. immigration facilities, appropriate policy changes can be implemented to support the wellbeing and resiliency of this

population. Awareness of the unique experiences of Central American refugees (during pre- and post-migration) will enable professionals to better understand migrants' specific mental health needs and employ strategies that mitigate the effects of further trauma and harm.

Self-Positioning Statement

This research topic sparked my interest for several reasons, the most evident being my fondness for and my interest in Latinx people, culture, and values. This admiration developed through my completion of a university exchange semester in southern Mexico and my travels throughout Guatemala. I resided with a Mexican family of three generations, and for 6 months, became an extension of their family and participated in family traditions. I fell in love with the culture, including the food, music, language, markets, celebrations, colours, and so much more. Although this was an enjoyable experience, I became saddened by the daily struggles that individuals in Central American regions encounter. I remember seeing a woman with an infant strapped to her back as she and her toddler climbed onto city buses to wash windshields in a desperate attempt to receive one peso. People with missing limbs were laying on the streets, sometimes with impoverished children by their side, selling handmade artwork and artifacts. Some homes consisted of dirt grounds with sheets as walls that would separate themselves from other families. Army tanks full of soldiers holding rifles would roam the streets, for reasons that I was oblivious to at the time. I thought I understood what constituted a difficult life, primarily because I was raised by a single mother who struggled at times to provide for me and my sister. However, what I witnessed during my travels throughout Mexico and Guatemala completely changed my perspective. I came to appreciate life in Canada, knowing that although my family struggled daily, resources were available that helped us during uncertain times. For the first time, I could acknowledge the extent of suffering that can occur in other countries, that people are

suffering from horrible circumstances, much worse than I had ever experienced. Despite this, Mexican and Guatemalan individuals worked hard and continued to make it through each day. I greatly appreciate the levels of resourcefulness and resiliency they demonstrated daily. Upon returning home, I became completely infatuated with the Latinx community and their culture. I watched documentaries about Mexico and Central American countries and came to understand the sociopolitical issues that engulfed these regions. I began to understand why individuals from Latin America would flee their homes, leave their families, and risk their lives. I continue to be disturbed by the horrific experiences that individuals face during migration, all for the mere possibility of achieving a life that is free from violence, crime, poverty, rape, murder, and coercion.

Being married to a U.S. citizen who is strongly interested in American politics has expanded my knowledge about current government practices there, specifically those that encourage beliefs of systemic racism and minority oppression. I strongly disagree with the Trump administration's management of immigration policies, especially those relating to refugees. Refugees' detention experiences, including mother-child separation practices, have strongly influenced my desire to conduct the current literature review. I specifically remember hearing about a breastfeeding infant being separated from their mother in a U.S. detention facility at a time that I was also breastfeeding my daughter. I couldn't imagine how it would feel to know that my ability to care for and bond with my infant could be taken away from me at any moment.

My approach to therapy is strongly rooted in attachment theoretical orientations. I believe that relationships with early caregivers greatly influence an individual's self-identity, and early childhood experiences serve as a guide in future relationships and behaviours. I also have a

strong interest in working with individuals who have experienced significant trauma and hope to expand my knowledge of trauma-informed therapeutic practices. Researching U.S. immigration detention experiences combines my interests in the Latinx culture, attachment theories, and trauma-informed care.

To gather an accurate and comprehensive understanding of this topic before setting out on the research process, I continued to evaluate how my personal and professional biases impacted this research project. I aimed to set aside my experiences and assumptions on this topic to approach this literature review from a place of curiosity (Creswell & Poth, 2018). Throughout my research, I remained mindful of the need for immigration policies to protect the citizens and economy of the host country. I understand that government administrators are in a difficult position regarding immigration detention, as each decision will have both negative and positive consequences, and no one decision will satisfy all parties. Awareness of how my preconceived notions may be affecting the lens through which I viewed the research assisted in the process of bracketing. I continually stepped away from the research to re-evaluate the findings and challenge my pre-existing assumptions surrounding the Trump administration. I understand that although I continued to learn about the Latinx culture, I am by no means an expert in the beliefs and experiences of Latinx people. Again, I took time to assess if my beliefs and attitudes were affecting the research process and remained cognizant of using neutral language throughout the writing process. By continuously reflecting on my position and identifying new reflections, I minimized my personal and professional biases from the research process.

Literature Review

In the following review, I will highlight the current research that illustrates the mental health impact of American immigration detention on individual, family, and child refugees.

Contextual information regarding U.S. asylum policies and detention center conditions is provided. Research specific to the detainment of the Central American population is not extensive, so I include findings on refugees from various ethnicities contained in U.S. detention facilities. EBSCOhost, ProQuest, and Sage Journals were the primary platforms used to conduct searches, although general internet searches were also used for news related information and government statistics. The search process was limited to include articles in peer-reviewed journals published between 2014 – 2020, with most studies conducted in North American contexts. Since studies that focused on the recent refugee crisis along the U.S.-Mexico border were limited, I include articles from reputable news sources (The New York Times, The Atlantic, NBC News, and The Washington Post) and investigations provided by U.S. government accountability and human rights organizations.

U.S. Immigration Detention Centers

Upon arriving at the southwest U.S. border, asylum seekers are apprehended by the U.S. Customs and Border Protection (CBP) and briefly detained in immigration holding cells for no longer than 12 hours. During this time, migrants are eligible to apply for asylum and must participate in mandatory fingerprinting and security checks (U.S. Citizenship & Immigration Services, 2020). Refugees are then turned over to the U.S. Immigration and Customs Enforcement (ICE) or the Office of Refugee Resettlement and transferred to various detention facilities as their asylum claims are reviewed and processed.

Immigration holding cells are prison-like facilities that are entirely concrete, maintained at frigid temperatures, and are brightly lit at all hours of the day (Huebner et al., 2014; Wood, 2018). Men and adolescent boys are held in separate facilities from females and young children. Although CBP standards keep children and their mothers together, there are reports of older

children being separated during the entire holding cell duration (Human Rights Watch [HRW], 2018). Since holding cells are not designed for long-term stays, they are not equipped with beds, blankets, or access to sanitary food and water. Migrants are not allowed to shower and do not receive hygiene products, including soap, diapers, toothpaste, and feminine products. With the recent surge in the number of arriving immigrants, holding cells are constantly overcrowded, with only standing room available. There is a lack of privacy, and toiletry facilities are visible to all occupants of the room and individuals passing the cell (HRW, 2018). There have been reports of many migrants becoming physically ill after drinking water from toilet tanks and receiving spoiled food to eat (Huebner et al., 2014). Often, the only food available is juice boxes for children, and there are limited supplies of formula for feeding infants (HRW, 2018). Although the maximum recommended stay according to CBP in a holding cell is 12 hours, statistics show that 38% of migrants were detained for up to 48 hours, 15% for up to 72 hours, and 14% for more than 72 hours. In several Texas facilities, more than half of the arriving asylum seekers were detained in holding cells for more than 72 hours (Cantor, 2016).

Once the mandatory background information for an asylum request is complete, Central American migrants are then handcuffed, sometimes painfully, and transferred to longer-term detention facilities located throughout southwestern states (e.g., California, Arizona, and Texas) (Cleveland & Rousseau, 2013). The detention centers are federal incarceration facilities, and conditions have been described as unsanitary and hostile (Dickerson, 2019). Similar to holding cells, the facilities are incredibly overcrowded and have been found to house more than seven times their designated person capacity. Under normal circumstances, mothers and their children are housed in separate facilities from their male partners and fathers (Kronick et al., 2015). For three months during 2018, a *zero-tolerance* policy was implemented by the Trump

Administration to deter individuals from attempting to cross the U.S.-Mexico border without proper documentation (Noroña et al., 2018). Under this policy, however, over 5,500 children from birth to 17 years of age were separated from their caregivers. After more than two years of reunification efforts by the federal government, the parents of almost 700 children cannot be located (Dickerson, 2020; Sieff, 2020). Children whose parents cannot be found have been either placed in foster homes or sponsored by American relatives. However, the Health and Human Services Department cannot locate almost 400 of these children due to changes in sponsor contact information (Dickerson, 2020). In detention facilities designated for separated children, there are reports of insufficient supplies for infants and children and limited access to hygiene products and clean clothes (Dickerson, 2019; Fetters, 2019). Human rights were violated as physical examinations of children were conducted without a parent present (Wood, 2018). Even though they are not developmentally capable, slightly older children were responsible for the caretaking duties of rocking, bathing, feeding, and changing infants, toddlers, and young children.

Both adult and child immigration facilities present inhumane and unsafe conditions, with a lack of mental and emotional health supports (HRW, 2018; Wood, 2018). There have been numerous complaints to government officials regarding physical and sexual abuse by border officers against women and children (Bono, 2014; Fialho, 2015; Haag, 2019; Huebner et al., 2014; Merton & Fialho, 2017). The average length of the asylum process in the U.S. varies between six months to several years, depending on the case of each refugee (National Immigration Forum [NIF], 2019). In 2019, only 6.1% of asylum seekers from the Northern Triangle were granted asylum into the U.S. (Baugh, 2020).

Immigration detention center conditions and policies vary across countries, with the most apparent difference being the practice of detaining children. Despite laws stating that detention facilities address children's best interests, Australian, Canadian, and American centers often confine children. Although the U.S. has been the only country that has been reported to separate children from their mothers, Canada and Australia employ practices that house children and their mothers in separate facilities from their partners and fathers (Kronick et al., 2018). While child detention and family separation in Canada should only occur following exceptional circumstances (e.g., no available family members for care, breastfeeding mothers, very young children, children with health issues), human rights officials remain concerned over the integrity of detention operating practices that are required to maintain the best interests of the child (Gros, 2017). In Canada, a recent rise in asylum seekers has led to overcrowded and unsanitary facilities, like those in U.S. detention centers (Bensadoun, 2019). Although detainees are under constant surveillance, accommodations are equipped with recreational areas and visitation sections and provide access to games, television, and telephone services. (Bensadoun, 2019; Cleveland et al., 2018). No specific timeframe is provided for the length of immigration detention, but recent statistics highlight that 3.8% of migrants were detained for longer than 99 days in Canadian facilities (Bensadoun, 2019). Roughly 87.2% of Canadian children were housed in holding cells for 3 days or more, with 31% of them detained for longer than one month (Gros, 2017). Australian detention centers have breached several human rights, including detaining children for longer than necessary (Mares, 2020; Santow, 2020). Although the country has provided alternatives to immigration detention, such as residential and community housing for children and families, these services are limited, and migrants are faced with restrictions like

those in American facilities (Mares, 2020). In 2020, the average length of detention in Australia for asylum seekers was close to 600 days (Santow, 2020).

Detention policies in Europe are developed and monitored by the European Migration Network, a government-sponsored program that aims to endorse the European Union's (EU) objective of protecting the rights of both EU and non-EU nationals (European Commission, n.d.). Therefore, European countries extend additional efforts to protect children from harmful detention practices, ensuring that minors are not detained for longer than 72 hours (Kronick et al., 2018). The Netherlands, Sweden and Belgium utilize community-based alternatives (open family units, community supervision) and individualized case management for detained children and families. To provide increased freedom and encourage autonomous behaviours, Belgium supplies detained families with weekly allowances covering education, medical, food, and administrative expenses (Gros & Song, 2016).

Immigration Detention of Adult Refugees

Pre-migration trauma plays a significant role in the mental health of Central American refugees arriving at the U.S. Mexican border. Roughly one-third of migrants have been shown to have clinically significant symptoms of posttraumatic stress disorder (PTSD), and 25% have been diagnosed with major depressive disorder upon their U.S. arrival (Keller et al., 2017). As this vulnerable population is struggling with mental health symptoms before entering the U.S., Latinx refugees are extremely susceptible to further psychological distress in immigration detention. Detainment presents severe stressors that have been found to negatively impact psychological functioning. The length of detention has been linked to higher rates of psychiatric disorders among detained migrants, including increased levels of anxiety and depressive symptoms (Gleeson et al., 2020). Despite no significant differences in pre-migration traumas

among adult refugees, those who were detained in Canadian detention centers for an average of 31 days were 50% more likely to experience signs of posttraumatic stress, anxiety and depression compared to non-detained asylum seekers (Cleveland & Rousseau, 2013). The American immigration detention is at least six times longer than the length of stay for these Canadian detainees (NIF, 2019), highlighting the high risk of detention experiences on the mental health functioning of adult detainees. Detention facilities create an invalidating environment that dismisses the thoughts, feelings and needs of detained migrants (Brooker et al., 2016). Facility staff members often ignore symptoms of emotional distress. With reduced access to protective factors (family and social supports), detained migrants may experience feelings of helplessness and oppression, which worsens mental health (Gleeson et al., 2020).

Uncertainty and Powerlessness

Immigration detention centers represent extreme uncertainty for Central American migrants. Anxiety is a common symptom among detainees, as they have no sense of control over the asylum process (Gleeson et al., 2020). Migrants are uncertain if or when they will be released from detention, worried if their case will satisfy immigration authorities, and fearful of deportation back to their hostile home countries. They express feeling powerless and incapable in their abilities to free themselves and their family from the dire circumstances of detention centers (Cleveland et al., 2018). Detainees experience family separation, social isolation, discrimination from officials, loss of cultural and community connections, and a loss of identity (Li et al., 2016). Protective factors unique to the Latinx population that have aided in their abilities to handle pre-migration stresses (e.g., family, religion, culture) are no longer available during detention (Torres et al., 2018). The loss of agency, feelings of hopelessness and lack of connection are predictors of depression, anxiety, and PTSD in detained adults (Cleveland &

Rousseau, 2013; Gleeson et al., 2020). Without the ability to rely on protective factors as they once did, Central American migrants are at an increased risk of experiencing psychological distress during immigration detention.

Family solidarity, the continuous devotion to family, is an essential value among the Latinx culture and has been associated with increased mental health functioning and overall wellbeing (Torres et al., 2018). As separating families is a standard practice among North American detention centers, this deprives Central Americans of their most primary support during detention. A father in a Canadian facility reported feeling suicidal for the first time after being separated from his wife and children for an extended period (Kronick et al., 2015). In cases where mothers and children were separated, mothers reported experiencing severe distress as they were not given any indication about their children's whereabouts or health conditions (Sieff, 2020). The loss of family and lack of unification during post-migration represents a significant stressor for detained adults.

Feeling powerless in a parent's ability to provide for their children inflicts additional stress onto Central American migrants. Awareness of the harmful effects of immigration detention on their children negatively affects a parent's psychological functioning. According to a Human Rights Watch (HRW) interview, a Guatemalan mother in a U.S. detention facility was diagnosed with anxiety and major depressive disorder after being detained for 8 months with her 4-year-old daughter (HRW, 2015). Due to unsanitary conditions of the facility and the lack of accessible health care, her daughter was hospitalized numerous times during detention for severe illnesses. The mother reported feeling hopeless, as nearly 20% of her daughter's life had been spent in an incarceration facility under these conditions (HRW, 2015). Mothers who were separated from their breastfeeding infants for four days experienced significant distress, were

unable to eat or sleep, and constantly worried about their infants' wellbeing (Kronick et al., 2015). Another interview revealed that a mother detained with her 10-year-old-son for over 10 months stated that it was extremely painful to see her son suffering in detention conditions (HRW, 2015). A mother from Honduras and her 9-year-old daughter constantly feared that her daughter would take her own life, which was never a concern until they became detained in the U.S. (HRW, 2015). These accounts highlight that mothers of detained children who witness the harmful effects of detention on their family feel helpless in their capabilities to provide their children with a positive post-migration experience.

Oppression & Marginalization

The current U.S. immigration detention system deprives immigrants of fundamental human rights by confining them in conditions that are comparable to those used against individuals with criminal charges. Incarceration methods, such as restriction in a jail cell to protect public safety, segregation of a marginalized population, constant surveillance, and use of punitive correctional procedures, are standard practices in immigration detention (Patler et al., 2018). Migrants are often subjected to symbolic violence, with no option but to obey officers to avoid further punishment, or worse, refusal of their asylum claim and other basic human rights (Cleveland et al., 2018). Interpersonal violence within these conditions may be a trigger for refugees who have experienced forms of oppression from previous violent traumas.

U.S. immigration officers have used their positions of power against detained refugees, often irrespective of protective state policies. Female refugees are confined in an unsafe space while awaiting their asylum claim, and individuals in authoritative positions have taken advantages of migrants' vulnerable positions. Over 6 years, more than 2,500 sexual abuse and assault complaints by female detainees within 76 U.S. detention facilities were sent to the U.S.

Department of Homeland Security, of which only 2.4% were investigated (Merton & Fialho, 2017). The number of sexual abuse cases is estimated to be much higher than those reported, although detainees are reluctant to report such events due to fear of worsening their situation or potential deportation (Keller et al., 2017; Merton & Fialho, 2017). This finding is consistent with current research that illustrates a strong correlation between sexual assault disclosure and negative social reactions. The lack of emotional social support that can mitigate the negative outcomes of sexual assault has been associated with higher levels of assault-related shame and self-blame (DeCou et al., 2017). Guards referred to female detainees as *novias* (girlfriends) and often asked for sexual favours in return for money or assistance with their immigration cases (Bono, 2014). Female detainees reported being removed from their cells by male officers to engage in sexual acts and were often fondled inappropriately in front of other detainees and children (Bono, 2014). Sexual harassment occurred while male officers performed unlawful and unnecessary strip searches in unsanitary facility conditions and in front of others (Fialho, 2015). Sexual assault and abuse during immigration detention can produce lasting psychological consequences and may retraumatize refugees with a history of sexual assault (Fialho, 2015).

Before migration, 11.1% of Northern Triangle refugees have experienced a form of sexualized violence in their home countries (Keller et al., 2017). Individuals who have been sexually assaulted are more likely to suffer from mental health disorders than those who have not been assaulted (Dworkin, 2020). A recent metanalysis has shown that out of those individuals who have experienced sexual abuse, 36% and 39% develop a lifetime prevalence of PTSD and depressive disorders, respectively (Dworkin, 2020). Additionally, the self-blame and shame that arises from sexual assault and negative social responses has been found to be a predictor of PTSD symptoms and psychological distress (La Bash & Papa, 2014).

Solitary confinement in immigration detention facilities is a directive set forth by the U.S. ICE. Although the use of solitary confinement among refugees is only permitted as a last resort due to 'special vulnerabilities' when no other options are available, there has been inconsistent use of this practice in U.S. detention facilities. The number of solitary confinement cases involving detainees with a diagnosed mental health disorder is double the total detainee population with a clinical diagnosis. This finding suggests an overrepresentation of refugees experiencing significant psychological distress in solitary confinement (Patler et al., 2018). As many as 40% of solitary confinement cases in detention facilities involve a detainee with a mental health illness (Urbina, 2019). As individuals with a mental illness were confined for pre-emptive rather than disciplinary reasons, Patler et al. (2018) suggest that solitary confinement was a means for officials to manage the symptoms of refugees suffering from mental health conditions. While confinement may be for protective factors, the authors found that Officer comments were missing in almost 75% of the pre-emptive cases, a mandatory directive set forth by ICE. Therefore, the exact rationales for solitary confinement due to protective custody cannot be fully established.

Trauma experts, including the United Nation's Special Rapporteur on torture and other cruel, inhuman, or degrading treatment or punishment, advocate for prohibiting the use of solitary confinement due to inhumane treatment and the severe suffering it can cause, especially confinement that lasts for more than 15 days (United Nation News, 2011). Impulsive behaviours, such as self-harm and suicidal attempts, are an individual's way to escape from extremely distressing emotions. By minimizing these psychological symptoms, detention staff members resort to isolated confinement, which further invalidates an individual's needs (Brooker et al., 2016). The length of solitary confinement in U.S. detention facilities varies between 12 – 54 days

and has been linked to psychological trauma, suicidal ideations, increased anxiety, sleep disturbances and hallucinations (Patler et al., 2018). The effects of solitary confinement on individuals with former mental health concerns illustrate how immigration detention adds to the accumulation of traumatic experiences.

Immigration Detention of Youth Refugees

Refugee youth in the U.S. experience additional and more severe types of traumas when compared to U.S. born and immigrant youth. They display higher degrees of traumatic grief, dissociation, and psychological distress, mainly due to experiences of forced displacement, violence, loss, and separation (Betancourt et al., 2017). Already having experienced significant trauma during pre-migration, refugee youth are at an increased risk of developing mental health symptoms (Betancourt et al., 2017; Noroña et al., 2018). Although refugee youth are not the targets of harmful immigration detention practices, they suffer many traumatic consequences because of detention, including abuse, parental separation, isolation, deprivation of needs, and witnessing abuse to their parents (Finno-Velasquez et al., 2018; Noroña et al., 2018). These traumatic events are unique to immigration detention, and migrant youth are more likely to experience psychological distress due to the lack of mental and emotional health supports provided in these facilities (Wood, 2018).

In a study among 425 children detained in U.S. detention (of which 95% are from the Northern Triangle), MacLean et al. (2019) determine that 17% had a probable clinical PTSD diagnosis, characterized by avoidance, reexperiencing trauma, negative cognitions and emotions, and increased arousal (e.g., difficulty sleeping, irritableness, feeling anxious). Eighteen percent of the study's population exhibited three out of the four criteria for PTSD (i.e., recurrent intrusion symptoms, avoidance, negative mood alterations, heightened arousal and reactivity)

(American Psychiatric Association [APA], 2013). These figures are substantially higher than the 4.7% of U.S. adolescents with a lifetime prevalence of PTSD (MacLean et al., 2019). Kronick et al. (2015) found that refugee children in Canadian immigration detention centers exhibited high levels of external behaviours such as oppositional and aggressive behaviours and internalized symptoms of anxiety and depression, all of which worsened during the duration of detention. Mothers reported anxiety among their children, as they were continually asking questions around the length of their stay and refusing to leave their mothers' sides, even if just to use the restroom. Kronick and colleagues (2015) indicated that separation anxiety was common among young children that were separated from their siblings and fathers. For instance, a 3-year-old child refused to eat and continuously cried until his sibling returned from the facility's education program. Another young child would constantly scream for his father, who was detained separately from him and his mother. The authors conclude that more than half of the detained families reported depressive symptoms among their children, evident from their children's difficulties with eating and sleeping and their infants' needs for increased soothing and nursing (Kronick et al., 2015).

Kronick and colleagues furthered their work by using sand play therapeutic techniques to understand the lived experiences of youth in Canadian detention centers (Kronick et al., 2018). They followed the same children for a year and examined the themes that emerged from their sand trays. As the time in detention centers increased, initial representations of hope and protection from the host country were eventually replaced by perceptions of threat, danger, and confinement. Figurines that originally represented safety (e.g., army men, police cars) gradually became more threatening, as they began to invade houses and used forceful measures to capture others. As detainment continued, sand trays began to display the loss of adult protection, even

after fleeing the danger of their home countries. Children became aware of their parents' powerlessness to change their situation. Individuals who represented agents of change early on in their detention experiences eventually became powerless victims that passively accepted the abusive conditions. Sand trays became scenes of violence with Navy men destroying a church with firearms and an infant crib representing a grave. Items that were once a protective factor and source of resiliency (such as a church or religious figures) eventually became another powerless victim alongside their migration journey. The authors noted themes that were absent from the children's sand trays and narratives, including access to education and symbols of friendship, highlight the lack of protective factors and the socially isolating effects of immigration detention (Kronick et al., 2018). This study's overarching findings illustrate the harmful experiences of child detainment, including abusive and violent confinement without access to parental protection. The following sections will present the research in these areas specific to U.S. facilities and describe the psychological effects of childhood traumas encountered in immigration detention.

Child Neglect & Abusive Conditions

Detained youth are subjected to systemic abuse from immigration officers. There have been several reports of physical and sexual abuse of refugee youth while under the custody of the U.S. CBP (Haag, 2019; Huebner et al., 2014). When the zero-tolerance policy separated minors from their parents, children were no longer under the protection of their caregivers. Without these protective figures present, detention officers had increased opportunities to abuse their power over detained youth. Children were physically beaten and painfully shackled during transportation to other detention facilities (Huebner et al., 2014). Inappropriate uses of force, racially/sexually explicit language and death threats were used to deter youth from reporting

these events, leaving them in a state of powerlessness and hopelessness (Hagg, 2019; Huebner et al., 2014). In over 4 years, more than 4,500 complaints were made to the U.S. federal government regarding allegations of sexual abuse against minors, including fondling and kissing detained youth, watching them bathe, and raping them. Some youth recounted abuse from other minors without interference from detention staff (Hagg, 2019).

A study comparing the effects of child maltreatment in non-refugees showed that individuals with a history of child sexual abuse had an increased likelihood for mental health disorders and suicidal behaviours compared to those who encountered childhood neglect without child sexual abuse (Turner et al., 2017). Furthermore, children who have experienced sexual abuse are more likely to experience victimization in subsequent years (Turner et al., 2017). Sexual abuse in immigration detention may have lasting effects and may play a role in the accumulation of trauma.

Detention facilities are not equipped to care for the number of Central American refugees, and the zero-tolerance policy was implemented without proper measures in place in detention centers. Children under U.S. immigration detention care were not adequately cared for, and they were not provided with an environment that tended to their safety or physical needs. Out of 116 children interviewed from one U.S. facility, 80% received an inadequate supply of food and water, 50% were denied medical care, and 25% reported physical or sexual abuse (Huebner et al., 2014). In one case, a child suffered from multiple asthma attacks as her asthma medication was confiscated and never returned, even under a physician's direction. Several infants became ill due to the freezing temperatures of the cells and the lack of supplies to stay warm (Huebner et al., 2014). At least seven Central American children died while under the care of the U.S. CBP during the Trump Administration. These children died from infectious diseases

(most commonly the flu) and respiratory illnesses, all of which health experts claim could have been avoided (Acevedo, 2019). While refugee children have endured significant physical stress during their pre-migration journeys, detention center conditions (unsanitary facilities, contaminated food and water, inaccessibility to medical care) have been responsible for child illnesses and deaths (Acevedo, 2019; Dickerson, 2019).

Child-Parent Separation

Recent U.S. immigration strategies require the detention of all adults, but as child detention is not permitted in federal facilities, children are often separated from their parents and housed in separate centers (Wood, 2018). Under standard American detention practices, women and children are separated from husbands and fathers. By adopting the zero-tolerance policy, U.S. detention facilities extended family separation practices by separating infants and children from their mothers, greatly depriving them of the comfort and protection needed during this frightening experience (Noroña et al., 2018). These policies significantly threaten the Central American value of familism (e.g., family unity), which has been a vital protective factor in past traumas and has aided in high levels of resiliency (Torres et al., 2018).

Attachment formation to safety figures during childhood is essential for survival and greatly affects patterns of emotional regulation, interpersonal relationships, and the formation of a cohesive sense-of-self (Bowlby, 1969). Responsive parenting fosters a secure base and provides a sense of protection and trust, the foundation required for healthy child development (De Falco et al., 2014). It is through primary relationships with caregivers where children learn self-regulating strategies and ways of relating to themselves, others, and the outside world (Schore, 2017). A child internalizes the cognitive and affective experiences with their primary

caregivers to develop mental representations that serve to guide them throughout the rest of their lives (van der Kolk, 2005).

Bowlby (1952) states that children who are separated from their mothers, experience trauma by the separation from a secure figure and the consequences of a disrupted attachment (Humphreys, 2019). A mother's emotional availability to a child and the responsiveness to their child's behaviours, as highlighted by Ainsworth et al. (1962), is a crucial aspect of developing a secure attachment (De Falco et al., 2014). A distressed child that is without maternal or caregiver nurturance cannot access the capabilities required to regulate their internal affective states and in turn, is unable to reach a sense of safety. This occurrence can make a child feel helpless, abandoned, and fearful of negative situations, and a ruptured attachment will eventually form, negatively affecting their internal working models and ultimately leading to a fragmented sense-of-self (Schore, 2017; van der Kolk, 2005). A weakened bond with an attachment figure can often take weeks, months, or years to repair, and in some cases, children may view themselves as abandoned by their parents (Wood, 2018). Prolonged parental and child separation has been associated with adverse long-term consequences, such as substance abuse, alcoholism, sexual disorders, and physical health complications (Felitti & Anda, 2010).

The effects of parental separation on a child's wellbeing depend on the cognitive maturity and age of the child. Infants and young children are more susceptible to attachment disruption than adolescents as their sense-of-self is entirely dependent on their caregiver (Humphreys, 2019). However, regardless of the child's stage of development, mother-child relationship disruptions due to immigration detention policies present many risk factors that result in negative youth outcomes (De Falco et al., 2014; Fazel et al., 2012). In U.S. detention, children have been separated and detained in unsanitary and unsafe conditions for unknown amounts of time, all

while deprived of relational connections and supportive figures that can support their resiliency and internal emotional states (Wood, 2018). The neurological mappings of a child's brain are continuously being shaped by social experiences and interactions (Schore, 2017). If detention is prolonged, the inability to receive responsive parenting, cognitive stimulation and support can significantly impact a child's development and self-identity (Humphreys, 2019). Younger children do not have the mental capabilities to understand the reasons behind family separation, and the unexpected loss of their parents can result in ambiguous loss and traumatic grief (Noroña et al., 2018). In addition, family separation during post-migration experiences can be highly traumatizing for children who have experienced a traumatic separation from a family member in their home countries or during pre-migration, often due to war or physical assault (Kronick et al., 2015). Not knowing their parents' whereabouts can trigger memories of previous disappearances that child refugees have experienced (Noroña et al., 2018).

Several studies of family separation during immigration detention have illustrated increased levels of psychological distress among children. Youth detained in U.S. facilities showed significant concern for their parents' wellbeing, expressed feelings of guilt and abandonment and experienced daily night terrors, anxiety symptoms, and troubles concentrating (Long et al., 2019). In some cases, children believed that their parents were killed and feared that they were next, which resulted in severe distress for one 7-year-old boy who required immediate psychiatric care (Long et al., 2019). During an investigation on the treatment of migrant children at the U.S.-Mexico border, officials reported an increase in self-harming and suicidal behaviours among adolescents who were separated from their mothers (Long et al., 2019). Youth (ages 4 – 17 years) who were separated from their mothers in a U.S. facility demonstrated 20% more emotional problems and 7% more total difficulties than those children who were detained

without maternal separation (Maclean et al., 2019). Most detainees had been separated from their mothers for 1 – 9 days, highlighting how even brief caregiver separation can negatively impact a child's psychological functioning (Maclean et al., 2019).

Prolonged caregiver absence can signify a detachment from parents, leading the child to reject their parents when reunited due to feelings of abandonment (Wood, 2018). Upon reuniting with their families after separation in Canadian detention, children demonstrated new behaviours such as aggression, anxiety, sleep difficulties, decreased appetite, selective mutism, and PTSD symptoms (Kronick et al., 2015). Reviewing the effects of father-child separation in immigration facilities showed that children displayed anxious behaviours when they were around the absent father for the 15 to 30-minute daily visitation allowance (Kronick et al., 2015). These findings illustrate that extended parental separation may produce lasting consequences on the bond between a child and parent, even upon reuniting.

The involuntary separation imposed by the Trump administration led many children having to caretake for children only slightly younger than themselves. Young children were required to bathe, change, and feed infants and toddler. Taking on age-inappropriate responsibilities for which a child is not developmentally capable of adds to the child's level of chronic stress and trauma of the detention experience, all while having their needs being neglected (Fetters, 2019). Receiving support from a parental figure when access to a primary caregiver is unavailable may serve as a protective factor for children and can mitigate the severity of consequences from parental separation (Noroña et al., 2018). However, detention centers cannot provide individualized care to children and mental health staff are not equipped to deal with the significant traumas that Central American migrant children have experienced (Humphreys, 2019; Long et al., 2019). High child to staff ratios and rotating staff schedules

prevents children from fostering attachments with staff members (Humphreys, 2019). In one U.S. facility, one clinician was responsible for providing mental health support to over 25 children, an overwhelming task that leads to improper treatment for many youth (Long et al., 2019). *No-touch* rules deprived detained young children and youth of physical contact (e.g., comforting hugs, rocking, and holding infants) and socialization as a means for providing and receiving comfort to cope during this stressful time (Wood, 2018). Separated detained children are deprived of receiving an adult's warmth and safety, and facility rules prevent them from consoling one another. Immigration detention centers place children's health at risk as young children are consumed with the responsibilities of taking care of younger children's needs and are housed in centers that cannot accommodate their physical, emotional, and mental needs.

Immigration Detention Effects on Parent-Child Relationships

Immigration detention is associated with an increase in mental health diagnoses and lower psychological functioning among adults, many of which are parents (Gleeson et al., 2020; Keller et al., 2017; HRW, 2015). The effects of detention center traumas represent risk factors for parent-child relationships, especially for mothers and children, as they are often detained together. In a study that examines the predictors of parent-child security among mothers affected by psychosocial risk factors, De Falco et al. (2014) found that mothers resort to emotionally unavailable, unresponsive and insensitive parenting techniques when in a constant state of psychological distress. The authors conclude that mothers with psychological symptoms or unresolved traumas are more likely to have lower levels of attachment security with their children (De Falco et al., 2014; Iyengar et al., 2014). When the quality of mother-child interactions is hindered, there is an increased risk of intergenerational trauma transmission, which can leave a child without a sense of stability and feelings of helplessness like those of

their parents (van der Kolk, 2005). Immigration detention does not provide an environment conducive to positive mother-child interactions, hindering the overall parent-child attachment security and leading to further feelings of powerlessness in one's ability to protect their children.

Summary

Adults in immigration detention facilities encounter many stressful experiences that can negatively affect their psychological functioning. Studies have shown an increase in mental health symptoms (e.g., posttraumatic stress, anxiety, and depression) among detained adults in immigration facilities (Cleveland & Rousseau, 2013; Kronick et al., 2015). Detention provokes feelings of uncertainty and powerlessness as they await their asylum claims and witness the harmful effects of detention on their children without the ability to change their circumstances (Cleveland et al., 2018; Kronick et al., 2015). Immigration officials use their positions of power to employ punitive correction policies against adult detainees, and numerous individuals have been victims of physical, sexual, and verbal abuse (Bono, 2014; Fialho, 2015; Merton & Fialho, 2017; Patler et al., 2018).

Child detention in immigration facilities consist of stressful and traumatic conditions that impose daily perceptions of danger and threaten a child's safety (Kronick et al., 2018). Studies have shown an increase in mental health disorders and emotional and behavioural difficulties among detained children (Betancourt, 2017; Kronick et al., 2015; Li et al., 2016; Long et al., 2019; MacLean et al., 2019; Noroña et al., 2018). Reports have revealed sexual and physical abuse of minors by U.S. immigration officials, which may negatively impact future mental health functioning (Haag, 2019; Huebner et al., 2014). Detained children in the U.S. have experienced a severe deprivation of basic needs, including health care, leading some children to develop illnesses and others to die under U.S. care (Acevedo, 2019; Dickerson, 2019; Huebner et al.,

2014). Separation from caregivers strips away a sense of safety that is essential for healthy child development and neurological functioning. Being under a constant state of fear without opportunities for comfort and nurturance from safe parental figures presents significant consequences for a child's physical, mental, and emotional health (Humphreys, 2019; Long et al., 2019; MacLean et al., 2019; Noroña et al., 2018; Wood, 2018).

Individual and Family Immigration Detention: Implications

Central American children, families and individuals seeking refuge at the U.S.-Mexico border represent an extremely vulnerable population given the dire circumstances in their home countries that they are fleeing from and the trauma exposures during their migration journeys. The findings from this literature review highlight the negative experiences of immigration detention on an individual's psychological functioning. The following section will review the implications for immigration detention policy development, counselling psychologists working with refugees, and education of refugee populations.

Implications for Policy Development

There is an immediate need to adjust current harmful detention policies and implement practices that help to mitigate the impact of post-migration stressors (Cleveland & Rousseau, 2013). While government refugee and immigration policies play an essential role in maintaining the nation's security, determining the health needs of families, children and individuals is equally important. It remains crucial to implement detention policies that mitigate future harm to refugees by promoting their rights to respect and fostering an environment that optimizes their wellbeing (Li et al., 2016; Wood, 2018).

Promoting Refugees' Respect & Rights

Central American refugees are entitled to fair and equitable treatment. Therefore, detention policies should reflect treating others with human dignity and respect. By recognizing "a person's humanness", policymakers and facility guards may begin to view detainees as individuals that are deserving of fundamental human rights rather than merely organizing this population into dehumanizing categories (Fiske, 2016, p. 20). Basic human rights include rights to equality, including uncontaminated food and water, sanitary conditions, and access to safety, family, health services, education, and social and economic resources (Fiske, 2016; Wood, 2018). Differentiating the roles of security and health may eliminate the power differentials between immigration officials, detention workers and asylum seekers to increase the awareness surrounding detainees' rights.

By respecting refugees' rights, punitive detention practices that are proven to worsen mental health should be eliminated. The use of solitary confinement for protective measures should be avoided and replaced by alternative methods for managing mental health symptoms (Urbina, 2019). Early interventions, such as providing access to psychological support and other essential needs, may decrease the need to resort to this type of disciplinary action. Viewing severe psychological distress as a need for immediate mental health interventions rather than solitary confinement can prevent further harm (Brooker et al., 2016). Other methods of reducing harm to confined migrants include enforcing policies that expedite the time required to process asylum claims, reducing the time spent in detention and shortening the time that refugees are exposed to harmful detention practices (Li et al., 2016). Frequent center relocations of detainees, resulting in unnecessary painful handcuffing, feelings of powerlessness, and overall negative impacts on mental health, should also be eliminated (Cleveland et al., 2018; Wood, 2018).

Finally, policies that are implemented to deter other refugees from reaching the border but endanger current individuals and families, such as family separation, should immediately be rejected by government officials (Noroña et al., 2018).

Empowering Detained Refugees

Policy development aimed at empowering refugees can aid in better mental health outcomes and lower levels of adjustment difficulties (Li et al., 2016). Implementing policies that place migrants as an active rather than a passive participant during detention can provide them with a sense of agency, especially in an environment where so much is out of their control. Engaging detainees in simple decision-making processes, such as what to eat that day or which activities to take part in, can reduce feelings of powerlessness (Fiske, 2016). A sense of belonging, a basic human right, is essential for healthy functioning (Fiske, 2016). Therefore, allowing detainees to engage in meaningful contact with others may serve as a protective factor during their detention stays. This suggestion is especially relevant to the Latinx community, as social connection and familism are highly valued (Torres et al., 2018). Policies that permit family separation in detention facilities should be banned. Having encountered deeply distressing experiences during migration, efforts should be made to ensure that detained families and children are protected from future harm. Family unity can buffer against the long-lasting impacts of trauma and toxic stress, including negative detention experiences, and can increase an individual's capacity for resiliency (Noroña et al., 2018; Torres et al., 2018).

Facilities should also provide an environment that supports caregiving functioning required for positive child development (Cole & Perez, 2018). Removal of children from their parents should only be done when there is evidence of harm or neglect to a child (Teicher, 2018). If family separation is necessary, community-based alternatives should be implemented to

protect children from detention, such as foster care, community supervision, or age-appropriate childcare facilities (United Nations for High Commissioner for Refugees, 2014). If children are detained, policies should ensure that appropriately trained staff are available for supporting children while in detention and that staff can provide physically appropriate contact as a means of comfort when a child is experiencing distress (in contrast to the no-touch rule) (Noroña et al., 2018; Wood, 2018). In further empowering refugees, policies should incorporate methods for accessing socio-cultural aspects of the host country (e.g., friends, family, church, music), eliminating feelings of isolation and connecting them with supports that they have physically left behind (Noroña et al., 2018). Increasing communication over asylum procedures may lead to an increased understanding of refugees' expectations and may reduce feelings of anxiety and lack of control (Noroña et al., 2018).

Independent Overview & Governance Framework

Before President Donald Trump's inauguration in 2016, the Department of Justice slowly began phasing out the privatization of immigration detention centers (Ahmed, 2019). The Trump administration immediately reversed this action, and immigration facilities continued to operate under for-profit prisons. As the administration's enforcement policies became so broadly defined, private companies experienced a surge in immigration enforcement and record-high profits. Private detention institutions are more violent than government-run facilities and privatizing these centers have raised several concerns (e.g., unsafe and unsanitary conditions) (Ahmed, 2019). A shift away from incurring revenues towards conserving human dignity and the health of immigrants is desperately needed.

While the newly elected President Joe Biden in 2020 has directed a comprehensive review of the asylum process, including detention facility operations, changes will not occur

immediately (Haberman, 2018). As the privatization of immigration detention will likely continue in the short-term, implementing a governance framework is strongly encouraged. Independent organizations should govern facility standards to assure children, families, and individuals' basic rights with clear boundaries that separate detention practices from political agendas (Brooker et al., 2016; Kronick et al., 2018). Independent oversights can monitor and accurately report human right violations to the Department of Homeland Security. Holding private companies responsible for the poor and abusive conditions of detention facilities may change current harmful operations.

Independent governance may also ensure that an appropriate staff model is followed. Ideally, each facility should consist of a multidisciplinary clinical team, comprised of psychiatrists, psychologists, mental health nurses, and counsellors who can focus on prevention and mental health treatment (Brooker et al., 2016). Currently, almost two-thirds of American immigration detention facilities do not have enough mental health workers (Long et al., 2019). Children and individuals have suffered from self-injuries, suicidal behaviours, and suicidal attempts that early mental health interventions could have prevented. Governance processes may also ensure that employee background screenings are complete before allowing individuals to work with vulnerable populations, especially children. In 2019, less than 10% of U.S. detention facilities met staff screening requirements, with some facilities allowing employees to report their own criminal histories (Long et al., 2019). Federal investigations have highlighted that insufficient regulations have exposed refugees to potentially harmful employees. Recently, a female employee working with detained children who self-reported no history of criminal charges was found to have a record of third-degree child neglect (Long et al., 2019). In reducing future harm to the refugee population, an independent governing body can implement mandatory

screening requirements for all employees before placing workers in the same setting as detained children and individuals.

Implications for Counselling Psychologists

Counselling professionals with knowledge about the effects of trauma and immigration stressors on human development and mental health should continue to advocate for detained children, families, and individuals (Wood, 2018). Educating policymakers on mental health deterioration related to refugee confinement can help establish policies that go beyond addressing the needs for homeland security to include the health of individuals (Brooker et al., 2016). This process can be achieved by highlighting how structural inequalities, social determinates, and discrimination contribute to an individual's level of functioning, and ways in which these factors exist in refugees' detention experiences (Ostrander et al., 2017). Counselling psychologists should present the research on the negative impacts of detention on mental health outcomes. This evidence can include the emotional and developmental effects of childhood trauma from parent-child separation, the influence of physical, sexual, and emotional abuse on an individual in a powerless position, the loss and grief experienced by fleeing migrants, and the negative mental health implications of solitary confinement (Wood, 2018).

Extending beyond immigration policymakers, counselling psychologists in collaboration with other healthcare professionals have a duty to promote environments that are free from discrimination and structural barriers to care that result in negative psychological impacts (Torres et al., 2018). Increasing awareness of the lingering effects of traumatic detention experiences on the immigrant community and society is critical (Noroña et al., 2018). Care professionals can create safe and inclusive environments that promote trusting relationships within the healthcare setting, which will ultimately protect refugees and increase their sense of safety (Miller et al.,

2019). The result may be lower levels of hostility towards immigration, reduced barriers for accessing social supports, and positive mental health outcomes (Torres et al., 2018).

Care professionals can also advocate for a multi-dimensional psychosocial treatment that will facilitate an increased understanding of the interconnectedness between a refugee's experiences and level of functioning (Ostrander et al., 2017). Collaboration with other healthcare professionals will position care services in a broader system that will eliminate the common barriers unique to the refugee community (Im & Swan, 2020). Finally, counselling psychologists who are motivated to further their knowledge of refugee and immigrant experiences and effective interventions can advocate for these vulnerable populations at the organizational and societal levels (Im & Swan, 2020).

Furthering health-promoting practices, establishing post-release services can be beneficial for refugees. As immigration confinement is the first host country experience for many Central American migrants, U.S. detention facilities play an essential role in mitigating future harm to this vulnerable population. Unfortunately, 16% of the Latinx community in the U.S. live in poverty, which has been associated with poorer mental health outcomes (e.g., depression, low self-esteem, aggression) and substance use (Creamer, 2020; Torres et al., 2018). By setting detainees up with culturally relevant and easily accessible services before leaving detention facilities, migrants will have the foundations required to succeed in their host country, reducing the risks of living in poverty and experiencing social isolation and discrimination. Therapists can empower refugees by highlighting their role in deciding on healthcare decisions and interventions and informing them of the equal relationships between themselves as clients and the clinician. Providers can also provide education about the U.S. healthcare system, such as how to access services, which is vastly different from other countries (Miller et al., 2019). This

guideline requires professionals to know current services and help migrants locate relevant resources (e.g., legal aid, adult education, financial assistance, counselling services and youth and family programs). Implementing these procedures may diminish perceived discrimination among refugees, instilling a level of trust in care services that will encourage further accessibility of healthcare resources (Torres et al., 2018).

Lastly, this review has implications for educational and professional development organizations, increasing knowledge of immigrants and refugee adversities to a wide range of services fields (Ostrander et al., 2017). Training can be extended to include information on the correlations between migration and trauma experiences on mental health outcomes and evidence-based interventions for supporting refugee populations. Developing curricula to include pre-and post-migration experiences, availability of support services (e.g., healthcare, security, community development, legal), and culturally sensitive practices will further support the refugee community.

Recommendations for Practitioners

To promote the wellbeing of asylum seekers, practitioners must understand migrants' unique mental health needs. Acknowledging the compounding effects of immigration and historical/cultural trauma on mental health will assist in an increased understanding of negative psychological functioning. Historical trauma refers to the generational transmission of psychological wounding due to family or community traumatic experiences (Noroña et al., 2018). This information will also enable a greater awareness of the historical, socio-economic, and political factors that influence an individual's or a family's decision to seek refuge and risk encountering further danger in the process (e.g., through migration journey and harmful detention practices). Knowledge of refugees' traumas and experiences enables a clinician to

identify the factors that negatively impact a detainee's daily life and can help determine the most appropriate treatment plan (Noroña et al., 2018).

Practitioners working with the refugee community should recognize how multiple injustices and forms of oppression affect immigrant and refugee mental health functioning. Mental health workers may be perceived as an individual from the system that will inevitably cause distress, like what refugees have experienced in detention settings and from law enforcement (Torres et al., 2018). Therefore, clinicians must encourage a trusting therapeutic relationship that aids in effective interventions by establishing a validating environment free from discrimination and judgement. An empathic setting can be accomplished by actively listening to and accepting an individual's thoughts, feelings, and requests, and eliminating invalidating language in session (Brooker et al., 2016). In contrast to confinement conditions, creating safe and compassionate care settings will enable detainees to "speak the unspeakable", express repressed emotions, and make meaning out of their experiences (Noroña et al., 2018, p. 15).

To better assist the immigrant and refugee populations, clinicians should be trained in providing culturally competent therapy that counteract the marginalization and oppression that detained refugees have previously experienced (Metzl & Hansen, 2014). Maintaining cultural competency ensures that practitioners can recognize cultural expressions of illness, provide non-judgemental and culturally sensitive support, and understand the availability of culturally appropriate resources (e.g., legal, health, financial) (Metzl & Hansen, 2014; Torres et al., 2018). Building a strong rapport and level of trust with culturally diverse clients and increasing client engagement may require practitioners to be proficient in other languages (Metzl & Hansen, 2014). Furthermore, recognizing the traumatic experiences that refugees have encountered and

the social and environmental factors that impact their daily lives will help clinicians modify culturally relevant treatments (Torres et al., 2018). This process can also involve clinicians to bring awareness to refugees' previously useful protective factors, while simultaneously promoting current aspects of resiliency (e.g., family, religion, and other positive adaptive coping strategies) (Ostrander et al., 2017).

Adopting a psychosocial framework can effectively address the mental health needs of individuals who have experienced significant traumas. From this perspective, clinicians recognize that psychological functioning results from the surrounding social and environmental conditions that an individual is a part of. For refugees, poverty, malnutrition, displacement, unsafe and unsanitary detention facilities, loss of social support, and the destruction of family unity are contributing factors of poor mental health outcomes (Miller & Rasmussen, 2010). Practical interventions are tailored towards reducing the occurrence or intensity of stressful conditions, which vary by age and gender. For instance, detained children may be triggered by parental abandonment and physical and sexual abuse. Adult detainees may struggle with the effects of abuse, powerlessness, sexualized violence, and segregation. Assessing resources to help refugees cope with these stressors and re-establish social ties can reduce distress levels and improve psychosocial functioning. With time and continuous support, refugees may come to rely on their inner capabilities to overcome the lasting effects of pre-and post-migration traumas (Miller & Rasmussen, 2010). Under this framework, it becomes easier to identify individuals that may require specialized assistance if interventions do not alleviate distress or aid in improved mental health symptoms (Miller & Rasmussen, 2010).

Mental health workers providing treatment to refugees should have training in trauma-informed care (TIC). TIC recognizes the effects of early adversities on an individual's life,

including symptoms of maladaptive behaviours and psychosocial functioning (Levenson, 2017). By understanding the unique traumatic experiences that migrants have previously experienced, practitioners can better identify the manifestations of trauma and associated mental health conditions (Ostrander et al., 2017). Briere and Scott (2015) advocate for acknowledging stressors beyond the definition of trauma as outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM–5; APA, 2013). While this description includes an "exposure to actual or threatened death, serious injury, or sexual violence," Briere and Scott (2015) encourage practitioners to include threats to psychological safety as valid forms of trauma (e.g., emotional abuse, non-violent coercion, significant loss or separation) (APA, 2013, p. 271). This broader definition will ensure that individuals experiencing PTSD and acute stress disorder symptoms without meeting Criterion A prerequisites can access beneficial therapy through a trauma-informed lens (Briere & Scott, 2015).

Assessment through a trauma-informed perspective includes assessing past experiences of trauma and conducting quality screening for mental health conditions. Clinicians should have experience working with clients with threats of self-harm and understand the motives behind self-injurious behaviours (e.g., responses to unmanageable stress) to effectively establish deregulating strategies (Brooker et al., 2016). The overall goal of TIC is to view presenting problems as a symptom of traumatic experiences and incorporate principles of safety, trust, compassion, and self-determination to rebuild healthy interpersonal skills through the therapeutic relationship and facilitate post-traumatic growth (Levenson, 2017). Trauma-focused cognitive behavioural therapy, a useful intervention method, allows clinicians and clients to develop cognitive and behavioural strategies that regulate the stress response system (Ramirez de Arellano et al., 2014). Other helpful interventions include psychotherapy, providing empathy,

and avoiding stigmatizing language that places an individual in a vulnerable position (Miller et al., 2019). Regardless of the specific technique used, clinicians must be aware of a client's window of tolerance (the tolerable range of experiencing emotions) to prevent the emergence of severely distressing levels of emotional pain and re-traumatization (Siegel, 2020).

Motivational interviewing is another tool that can assist in this process as it gives control back to the client and allows them to determine what to share in each therapy session (Miller et al., 2019). Lastly, if practitioners are experiencing difficulties differentiating maladaptive behavioural functioning from mental health disorders, they are responsible for reaching out to other health professionals and referring clients for specialized assessments if required (Miller et al., 2019). Combining trauma-informed and psychosocial perspectives allow therapists and clients to work through previous traumas and intense emotions while implementing interventions that target current daily stressors and worsen mental health outcomes (Miller & Rasmussen, 2010).

Child detainees are perhaps the most vulnerable among detained refugees, and migration and immigration detention can severely impact development and psychological health (Wood, 2018). Chronic activation of stress hormones among children may generate feelings of intense fear and helplessness and can lead to adverse emotional, mental, and physical health outcomes (Horner, 2015; Wood, 2018). Without responsive care and opportunities for co-regulation in threatening situations (due to both parental separation and the debilitating effects of mental health among detained parents), children may experience instances of prolonged traumas (Teicher, 2018; Wood, 2018). Continuous trauma during childhood significantly impacts the neurological pathways of brain development, and in instances of pervasive traumas, a developing brain will adjust to a new way of functioning that perceives a constant state of fear (Teicher,

2018; Wood, 2018). It would be beneficial for practitioners in refugee and immigrant settings to understand how unique detention experiences and previous trauma exposures impact a child's developing brain, behavioural responses, and overall mental health functioning. Child health workers should be familiar with the protective factors associated with these traumatic events (e.g., hyperarousal, hyperactivity, emotional reactivity, dissociation) to effectively develop interventions that counteract maladaptive behavioural responses (Wood, 2018). Additionally, for specialists in childcare settings, understanding the associations between chronic stress in childhood and neurological functioning can help provide empathic and effective treatments for children who are experiencing physical and mental health problems (Teicher, 2018).

Attachment theories enable a greater understanding of the detrimental impacts of parent-child separation on a child's sense-of-self and regulation capabilities. Although many families are united after time in detention (except for many families impacted by the zero-tolerance policy), there are unique challenges that accompany family reunifications, including the various effects of separation on each family member (Noroña et al., 2018). For instance, parental separation affects children differently depending on age and each detained parent separately. A stronger bond may have developed with the more involved, present parent, while a weakening bond exists between the child and absent parent. Additionally, traumatic detention experiences may have negatively affected a caregiver's functioning and capability to attend to their child's needs and provide a validating and safe environment even if separation did not occur. Interventions should be focused on attending to the altered family dynamics, developing mutual regulations of parent-child interactions, and finding opportunities for children to re-develop trust and connection with the parent (Noroña et al., 2018; Rodriguez & Margolin, 2015).

Recommendations for Research

While this literature review highlights many concerning mental health impacts of immigrant confinement in the U.S., there are some limitations to the existing research. Primarily, much of the research presented is specific to mental health functioning during detention experiences. Therefore, it cannot be concluded that findings in this review apply to everyone who is released from detention. More research is required to determine if or how much of the detention environment contributes to negative psychological functioning outside of the detention setting. Unless an asylum claim is granted, and an individual is granted access to enter the U.S., it would be challenging to follow individuals after detention to determine the lasting effects of refugee confinement. Following the psychological functioning of refugees who successfully enter the U.S. can provide useful information on different post-migration experiences and the factors that mitigate or exacerbate challenges during resettlement.

Research can compare the differences in mental health functioning among refugees who access available resources (e.g., legal, health, education, financial) versus individuals that do not. This information can also highlight the factors that contribute to the differences in the results. Qualitative studies may enable researchers to determine the factors that influence individuals to either connect with or reject supports (e.g., perceived injustices, lack of knowledge of resources, linguistic and structural barriers, culturally insensitive care). The results may provide useful information needed to implement more effective services for immigrants and refugees.

Secondly, although detained individuals were diagnosed with mental health disorders during confinement, it is unclear if the diagnoses emerged due to the detention environment itself or if symptoms existed before arriving at the border. The multiple trauma exposures that refugees have experienced in their home countries and during migration negatively affect mental health

outcomes. While the research presented shows mental health deterioration with prolonged detention, it does not indicate the level of psychological difficulties associated solely with pre-migration stressors. Quantitative studies that assess a migrant's psychological functioning immediately at arrival to the host country can provide a baseline for comparing mental health at various points during their detention stay. This information would reveal the level of adverse health outcomes that are specific to immigration detention.

Lastly, it may be beneficial to determine the long-term impacts of detention experiences on children, individuals, and families to determine effective post-migration strategies for mitigating psychological harm. A mixed-methods, longitudinal research design that studies the correlation between harmful detention practices and overall wellbeing may provide this information. One such confinement practice may include studying the impact of family separation on the parent-child bond over weeks or months once families have been reunited. Findings may generate insight into the successes and challenges of the reunification process and the interventions required for enhancing the parent-child bond. Other research could assess the developmental and neurological impacts of child detention and caregiver separation. Observing the behaviours and physical, social, or cognitive skills among detained infants and children over a period in detention facilities may illustrate if or how much of the environment affects a child’s development or psychological functioning.

Reflexive Self-Positioning Statement

I began this research process with strong opinions and beliefs regarding refugee treatment in America, mainly due to my current knowledge of government immigrant detention practices and my fondness for the Latin community. Awareness of my biases enabled continuous self-reflection, both in response to the information I was reading and my feelings towards the topic

and specific government officials. Although I have observed high levels of poverty throughout my travels and understand to some degree the level of corruption and civil unrest in Central American countries, I continued to be saddened by the research findings and personal narratives that I read throughout this process. For instance, I was confronted with definitive facts, such as the number of refugees experiencing specific types of traumas (e.g., war exposures, death threats, witnessed the deaths of loved ones, assault, and rape). Learning about the demographics of Latinx migrants, especially the number of females (younger than myself) with young children, made the issue more concrete and increased my levels of sadness and empathy. I am amazed by the immense amount of strength and hope these migrants possess; even after experiencing such horrific events, individuals and families are willing to further endanger themselves in a journey towards America in hopes of a better life.

Unfortunately, immigration detention crushed migrants' motivation and agency levels, and feelings of powerlessness grew greater than initial levels of resiliency. I am strongly and emotionally connected to Central American migrants and am affected by the preventable harmful detention practices. As my research continued, it became more apparent that additional effort was required to mitigate my beliefs and biases to avoid them from strongly influencing the research process and literature review.

I managed my biases primarily by distancing myself from the research process and taking time to fully process the information before writing. I stopped writing when I felt my beliefs were significantly impacting my work, which became a daily task. To avoid my personal opinions from consuming this process, I took time to reflect on the research and news, walked away from the entire project, and returned when I felt that I could objectively approach the topic. To further reduce biases, I broadened my searches to include information that could contradict

my beliefs and hypothesis. I challenged myself to find information on how immigration confinement may benefit a refugee and potential positive narratives from detained refugees. I read and analyzed the entire article or news source that I came across, even if it was not useful for my review. I made notes on all articles, including those which challenged my beliefs, which proved to help monitor my biases throughout my research. While it was particularly challenging to find potential benefits of immigration detention, I recognize that asylum seekers are no longer subjected to the pre-migration traumas they previously experienced. Furthermore, with an average bed rate of $135/day per detainee and $319/day per family (mother and child) in America, I also realize the high cost of operating detention centers (U.S. ICE, 2018). Implementing constructive changes to these facilities would undoubtedly raise running costs, affecting the level of government funding provided to private detention centers. Increasing government spending on immigration detention would likely impact a president's approval rating or a presidential candidate's popularity. Learning this knowledge has broadened my perspective on the challenges of immigration detention, as it encompasses societal attitudes and beliefs that are far beyond those of officials that influence detention practices.

I vehemently disagree with how the Trump administration handled the surge in Central American refugees fleeing to America. As President Trump maintained presidency while I performed most of my research, I automatically associated the negative findings with his specific policies. Ongoing research challenged this belief as many alarming statistics took place during the Obama administration. I came to realize that even under a liberal leader who emphasized non-discriminatory and equitable governing policies, harmful immigration detention practices still existed, and previous experiences have long-lasting impacts. While I believe this maltreatment was unintentional, I recognize that maintaining a balance between immigration

protocols and upholding a nation's security is likely challenging. Government administration is extremely complex, comprising of many bureaucracies. Therefore, I acknowledge that implementing changes of any kind requires support from numerous officials, patience, and time. Returning to these personal reflections allowed me to develop a more neutral stance when I felt that my beliefs and emotions dominated the research process.

Conclusion

In recent years, the U.S. has seen a recent increase in the number of Central American migrants arriving from countries plagued with political and economic instability and civil unrest. Already having experienced traumatizing events from home countries and during migration, these refugees are at an increased risk of developing poor mental health outcomes. Immigration detention, a severe post-migration stressor, significantly worsens psychological distress among the migrant community. U.S. detention facilities are prison-like facilities that house migrants while their asylum claims are reviewed, a process that can take several years to complete. While depriving migrants of their basic needs, detention centers do not provide individuals with access to sanitary food and water, hygiene supplies, or medical care. Instead, individuals are separated from their families, placed in overcrowded rooms, and exposed to punitive detention practices and abusive conditions.

Harmful and unsafe detention practices have proven to worsen mental health symptoms among adults and child refugees, with increased symptoms of PTSD, depression, and anxiety. Detainees' narratives reveal feelings of powerlessness and helplessness in their current situation, contributing to greater distress levels. Protective factors that once aided in refugees' abilities to overcome previous stressors and traumas are not available in detention settings. Maintaining social relations and connections to religion and culture are all values among the Latin community

that are absent in detention facilities. At times, detainees may be denied access to supports, such as family unity, with policies separating mothers and children from spouses and fathers. Recent U.S. immigration policies removed children from their mother's care and placed them in separate facilities, depriving children of emotional and physical care. In child separation cases, inadequate staffing models forced young children to take care of even younger children, and no-touch rules prevented any form of physical comfort to take place. Parents endured severe psychological distress, as they were incapable of protecting their children from the harmful impacts of detention and constantly worried about their children's whereabouts and overall wellbeing. Chronic exposure to stress and reduced psychological functioning resulting from detention condition negatively impacted parenting quality and parent-child bonds, increasing the risk of intergenerational and cultural trauma transmission to children.

Detention centers resorted to using solitary confinement to manage individuals who were suffering from severe mental health disorders. Although facilities reported these instances were mainly protective measures, reports highlight that individuals were confined far beyond the recommended duration, leading to impaired mental health functioning and suicidal ideations. Federal investigations revealed several cases of female sexual abuse and harassment and child sexual and physical abuse in American detention centers, further contributing to post-migration stresses and additional traumas. Without caregiver support to turn to during these frightening times, detained children experience harmful toxic stress levels, negatively impacting their emotional, cognitive, and social development. These traumatic experiences without parent presence or protective factors can have long-term adverse physical and mental health implications.

Findings from this review highlight the immediate need to change U.S. immigration detention practices. Government officials, policymakers, and health professionals should work collaboratively to establish policies that respect refugees' human dignity and develop environments that foster positive mental health. By providing just and equitable care, migrants will not be subjected to harmful and punishing environments, and facilities will meet their basic needs. By empowering detained refugees through inclusive measures and encouraging social and cultural connections, feelings of powerlessness and negative mental health symptoms may diminish. Introducing an independent governing framework that holds facilities responsible for maltreatment of individuals and adhering to specific detention procedures can eliminate harmful detention practices.

Counselling psychologists play an essential role in advocating for the mental health of detained individuals. With access to knowledge and research, professionals can educate policymakers and organizations on the adverse effects of pre-and post-migration stressors and the forms of oppressions the immigrant community faces. Practitioners can provide culturally sensitive and trauma-informed care to refugees within a psychosocial framework that addresses this unique population's multiple needs. Clinicians working with refugees should collaboratively develop post-release plans that encourage successful integration into the host country. Child practitioners should have specialized knowledge of the impacts of child detention and parental separation on child development and overall levels of functioning. Employing these techniques promote non-judgmental and accepting therapeutic settings, establishing a level of trust among counsellors and mental health therapists. Lastly, curricula in educational settings should include information on immigration and refugee experiences. Extending this information to service professionals can increase awareness of migration challenges, promote empathy towards

immigrants and refugees, reduce discrimination among service industries, and positively impact the refugee community.

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