

Impact of Family Separation in Refugee Populations

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Background

The importance of keeping refugee families intact during the resettlement process has repeatedly been stressed by the United Nations High Commissioner for Refugees (UNHCR). In 2001, the UNHCR released a note outlining five guiding principles of family reunification:¹

1. The family is the natural and fundamental group unit of society and is entitled to protection by states.
2. The refugee family is essential to ensure the protection and well-being of its individual members.
3. The principle of dependency entails flexible and expansive family reunification criteria that are culturally sensitive and situation specific.
4. Humanitarian considerations support family reunification efforts.
5. The refugee family is essential to the successful integration of resettled refugees.

Despite this emphasis on family, refugees often arrive at their new home countries leaving behind important members of their family, both nuclear and extended. This report aims to summarize available information documenting barriers to family reunification and the health effects of family separation.

Reunification processes in the United States

As background, it is helpful to understand the United States' policies for refugee family resettlement and reunification. Refugees or asylees who have been admitted to the US who have left family behind can apply to bring their family members to the US through multiple avenues. One such avenue is the

following-to-join family reunification program. In this process, applicable family members include a spouse or unmarried child under the age of 21. This program is operated through US Citizenship and Immigration Services (USCIS), who along with other governmental organizations, ensure that each family member is screened for security and medical clearance.²

The subset of individuals arriving under the Special Immigrant Visa program are permitted to have their spouse and unmarried children who are minors join them in the US. Immigrants admitted to the US through the SIV program have worked under "US Armed Forces or under Chief of Mission authority as a translator or interpreter in Iraq or Afghanistan".³ These individuals typically apply for family members to join them through immigrant visa processes, and not refugee or asylee programs.

Those refugees who eventually become lawful permanent residents or US citizens may apply for certain relatives to come to the US through family-based immigration processes. Lawful permanent residents, or "green-card holders", can apply for spouses or unmarried children of any age to join them. US citizens have the opportunity to apply for immigration of additional family members, including spouses, any children regardless of age/marital status, parents, or siblings.²

One additional avenue which may be available to some refugees is the Priority 3 Refugee Family Reunification process. This process allows refugees from certain countries to apply for their parents, spouses (and in some cases, same or opposite-sex partners), and unmarried children under 21 to join them. Refugee resettlement agencies work with refugees to file Affidavit of

Relationship paperwork confirming the relationship of those family members they wish to bring to the US. In 2018, refugees from the following countries were eligible for this process: Afghanistan, Burundi, Central African Republic, Cuba, Democratic People's Republic of Korea (DPRK), Democratic Republic of Congo (DRC), Eritrea, Ethiopia, Iran, Iraq, Mali, Somalia, South Sudan, Sudan, and Syria.²

Numbers of Separated Families

Although exact statistics are difficult to obtain regarding numbers of refugees arriving to the US with significant separation of family, all refugees experience separation from extended family at some level. Figure 1 displays the number of refugees arriving to the US by year, along with numbers of spouses and children arriving along with them. Table 1 provides data regarding successful arrivals via the Priority 3 Refugee Family Reunification and following-to-join processes.⁴

Children separated from family

Refugee children make up 35-40% of all the refugees in the US.

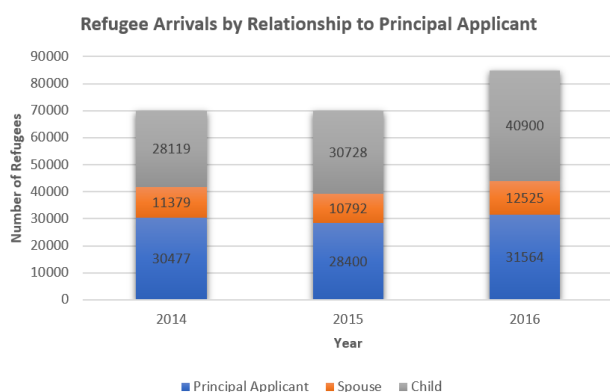


Figure 1. Refugee arrivals by relationship⁴

Almost 95% come to the country to resettle with their parents.

Another 5% of refugee children live with other relatives or adults who have agreed to take care of them. The Department of Health and Human Services' Office of Refugee Resettlement (ORR) runs the Unaccompanied Refugee Minor Program, which accepts approximately 100 to 200 child refugees into foster care each year.⁵

In addition to this relatively small number of unaccompanied refugee children, in 2003, the ORR gained responsibility for the care and placement of unaccompanied alien children. Since 2014, there has been a dramatic increase in numbers of these children. In fiscal year 2014, over 68,000 unaccompanied children (as well as over 68,000 children in family units) were detained by Customs and Border Protection. Over 95% of these children were from Guatemala, Honduras, and El Salvador. This population is of interest in the larger discussion of family separation, given its magnitude and the unique role of the US in the detainment, deportation, and potential separation of families.⁶

Table 1. Refugee arrivals by program⁴

Case Priority	Refugee Arrivals by Case Priority					
	2014		2015		2016	
	Number	%	Number	%	Number	%
Total	69975		69920		84989	
Priority 1	29847	42.7%	34559	49.4%	54057	63.6%
Priority 2	38319	54.8%	33230	47.5%	28901	34.0%
Priority 3	22	0.0%	96	0.1%	459	0.5%
Following-to-join beneficiaries	1787	2.6%	2035	2.9%	1582	1.9%

Priority 1: individuals referred by UNHCR, a U.S. Embassy, or certain non-governmental organizations
Priority 2: groups of special humanitarian concern
Priority 3: family reunification cases⁴

Complications with US reunification processes

Political Influence: In recent years, scrutiny of both refugee and family member admissions to the US has increased. In January 2017, a series of executive orders issued under President Donald Trump led to upheaval in the refugee resettlement process. These executive orders included a 120-day refugee ban and a 90-day block of entry of foreign nationals from Muslim-majority countries, leaving existing family reunification processes in limbo. There was continued confusion as the Supreme Court issued a motion stating foreign citizens with a “bona fide relationship with a person or entity in the United States” were exempt from the ban. In October of 2017, after the 120-day ban had concluded, a new executive order was issued which extended the ban for 90 more days on refugees from certain countries. In addition, it placed an indefinite pause on the following-to-join program. In December of 2017, a US District Court ruling stopped the implementation of these restrictions and the following-to-join program was reinstated.⁷

Family Definition: Beyond recent conflicts regarding reunification, there have been longstanding philosophical differences concerning these policies. One important consideration is the difference between the Western definition of family versus that of other cultures. Most of the US processes for reunification of families apply only to spouses, unmarried children under the age of 21, and sometimes parents. This can be seen as a particularly narrow definition of family, especially in the context of Muslim cultures, where extended family is central to daily life. In studies of Afghan and Sudanese refugees in Australia, when participants were asked to depict their concept of family, they generally represented the family as at least three generations. In addition, they often previously lived together with their family in the same house, or within walking distance of one another. The concept of family was typically described more in terms of

geographic location of family (i.e. a bride moves to the house of her husband’s family) versus solely by blood relation. Also unique to the refugee experience and influencing family definitions are living situations in refugee camps. Families may reconfigure in these situations to care for those in proximity who need help.⁸

In a Canadian study, refugees from Central and South America and Africa echoed a broader definition of family. Many considered separation from various extended family as very significant. In interviews with researchers, refugees from Central and South America most often mentioned mothers and fathers, followed by brothers and sisters. Refugees from Africa most wished to bring over their brothers and sisters, followed by fathers and mothers, then nephews and cousins.⁹

Finances: Cost is another prohibitive factor in family reunification. Although applications for the varying programs can be submitted at little or no cost, families often require legal assistance in completing these processes if there are any complications. It also may be difficult to submit these forms in English without assistance. A study in the UK showed that in 6 of 44 cases of families attempting to reunite, people made large financial sacrifices working towards reunification. Their money went to varying expenses, including legal aid, DNA tests to prove relationships, and flights for family members to embassies for interviews, among other things.¹⁰ In the US, citizens or permanent legal residents sponsoring a relative for immigration must provide proof that they can support their relative at 125% of the federal poverty line through annual income or other assets. As a reference point, if a family will be a total of 6 people with addition of new immigrants, they must show proof of an annual income of \$42,175 to be able to meet 2018 poverty line requirements.¹¹

Health Implications of Family Separation

Qualitative studies

Research has shown that family separation is a significant source of distress in refugees. The reasons behind this distress are varied and numerous. In a study of refugees relocated to Albuquerque, New Mexico from Afghanistan, Iraq, and the Great Lakes Region of Africa, common themes emerged regarding the effects of family separation.¹¹ Often, family separation was described as the single greatest source of the refugee's current distress. Major contributors to this distress included fear for the safety of their family in their home country. Additionally, after leaving family behind, refugees reported feeling conflicted internally, both in their decision to move to the US, and in the decision to communicate their current situation to family at home. One Iraqi woman described, "Actually, I try to not contact them very much because I do not want to tell them the issue, the truth. Because our people, they know America is very great place and all the people here are very happy and rich, but this is not the truth... I cannot tell them now what's happening right now, that's difficult."¹²

Finances are also often a stressor for refugees. Many feel an obligation to send money to family at home, despite frequently not being in a stable financial situation themselves.¹³

The family is known to support an individual's feelings and also identity through "providing affirmation of mutual understanding of roles and experience".⁸ In turn, unmet cultural and emotional needs are often reported as a result of family separation. This sentiment is described in multiple interviews with refugees:¹¹

- One Afghan man explains separation as a disability: "[It's] a big concern for all the refugees. The family is like a body. If you lose a body part, you are disabled."
- A 19-year-old Afghan woman states: "There is no one around me to talk

with me and guide me in my life in the U.S. The culture is very different here and I need someone to communicate [with me] and guide me."

Quantitative studies

Quantitative studies of refugee mental health have shown that family separation can have measurable consequences. In the aforementioned study of refugees settled in New Mexico,¹² three measures of psychological well-being were used to assess the impact of family separation including the Hopkins Symptom Checklist-25 measure of emotional distress, PTSD Checklist-Civilian Version, and World Health Organization Psychological Quality of Life scale. In this study, family separation was experienced by 56% of the 165 participants (as self-reported on a 27-item trauma exposure checklist). After controlling for overall trauma exposure, family separation accounted for a statistically significant portion of the variance in scores on the three measures of well-being. Only one other trauma exposure (having experienced physical assault, beating, or torture), was found to contribute significantly to the variance in scores.¹² In a study of Sudanese refugees in Australia, family separation was a strong predictor of depression symptoms (p-value of 0.004), in this case measured using the extended version of the Hopkins Symptom Checklist (HSCL-37).¹⁴

In a recent case study of 44 refugee families in the United Kingdom, 33 families reported difficulties with focusing on important integration functions (for example, learning English) due to their worry surrounding their separated family member.¹⁰ In this study, 25% of families were eventually reunited with their family members. Of the reunited families, 9 were found to have accelerated integration into society through sharing of childcare responsibilities, sharing of practical information for integration, and improved mental health once reunited with their family members. In a study in Montreal, refugees

answered the Symptom Checklist (SCL-90R) consisting of 90 psychopathological symptoms. Both Central and South American and African refugees showed less emotional impact of trauma when they were reunited with family, and this difference was statistically significant in Central and South Americans.⁹

Special Focus: Impacts of Family Separation on Children

There is a strong body of research suggesting that traumatic events in childhood have consequences for the overall health of children. This research includes the study of adverse childhood experiences (ACEs). Cumulative effects of various ACEs have potential effects on future health, psychosocial well-being, and can lead to a reduction in educational achievement.¹⁵ As cited before, only a small number of refugee children come to the United States without their parents. However, given the nature of the refugee experience, many have suffered other traumas throughout their lives. Family separation becomes an increasingly relevant trauma exposure when considering immigrant or citizen children whose parents have been detained, deported, or are at risk of deportation.

In the particular context of refugees, there are several ACEs that could be present in addition to the Center for Disease Control and Prevention’s traditional list of abusive experiences, household challenges, and neglect. Table 2 shows one attempt to define these items as created by a group of Australian researchers, a so-called Refugee ACE (R-ACE) screening tool.¹⁶ Of note, family separation and detention are considered impactful traumas experienced by children. Past research in the context of

parental incarceration links separation from parents, particularly when the arrest event is witnessed, to a clear impact on the mental health of children, increasing risk of PTSD and depression. This impact has also been studied in the particular instance of Latino children following parental detention and deportation.¹⁷

Additionally, links have been found between parental separation and psychotic disorders. In a large population-based study of children in Denmark, researchers reviewed the effects of separation (paternal, maternal, or both parents from causes other than death) on the outcomes of psychotic disorder. In this prospective study, an increased risk of psychotic disorders was seen, and a higher risk was shown with separation from both parents (Figure 2). This was particularly true in cases where there was existing parental mental disorder.¹⁸

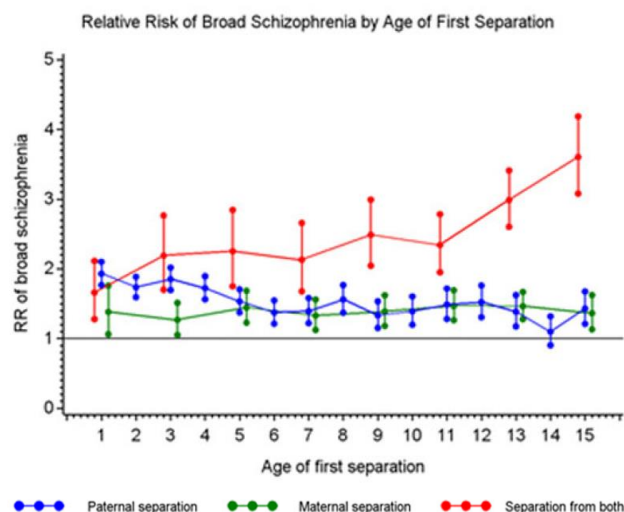


Figure 2. Age at separation versus relative risk of broad schizophrenia*¹⁸

*Broad schizophrenia definition includes those diagnosed with schizo-affective disorder.

CDC criteria	Refugee adverse childhood experiences
1. Abuse (emotional)	CDC ACE criteria, plus:
2. Abuse (physical)	11. Refugee status
3. Abuse (sexual)	12. Family separation (previous)
4. Maternal domestic violence	13. Family separation (current)
5. Substance abuse	14. Prolonged transit (> 5 years)
6. Mental illness	15. Interrupted schooling
7. Parental separation/divorce	16. Detention impact (family member previously detained)
8. Criminal household member	17. Detention impact (previous child detention)
9. Neglect (emotional)	18. Detention impact (current child detention)
10. Neglect (physical)	19. Witnessed trauma
	20. Death of nuclear family member

Table 2. R-ACE screening for adverse childhood experiences¹⁶

Practical topics in family separation

Given the prevalence of family separation and the associated health consequences, clinicians who care for refugees are likely to see patients facing these difficulties in their daily practice. Some practical topics which may be applicable in caring for these patients are listed below.

- **Awareness and screening** – Historically, there has been more academic interest the effects of past trauma on refugees versus the effects of ongoing trauma such as family separation.⁹ It is important to acknowledge that the ongoing trauma of family separation is a significant stressor which has recognized health impacts. Providers can help by screening for family separation and being aware of it in their patient population.

The American Academy of Pediatrics (AAP) recommends a “trauma-informed” approach to care of children, focusing on recognizing signs and symptoms of past trauma.⁶ This should include longitudinal screening, using a tool capable of identifying these traumatic experiences such as the ACE checklist (or modified R-ACE checklist).¹⁵

Multidisciplinary screening (including social work, medical, and psychiatry

team members) early after arrival has been shown to heed benefits in the form of increased help received and health status improvements at 6-month follow up.¹⁵

- **Community integration** – Refugees report that institutions such as religious communities and refugee aid organizations help to fill some of the void left by separation from their extended family.⁹ Healthcare teams can work to encourage involvement with such organizations and help to connect patients with these communities. In the case of children, it is important to ensure that families know that their children are eligible for free schooling, as positive school experiences are shown to be protective against mental illness in those who have experienced trauma.¹⁹
- **Communication technology** – The connectedness afforded by communication technologies helps to maintain links to culture and family. Video conferencing is a practical tool that may mitigate some of the inevitable loss that comes with family separation. However, it should be noted that some refugees find communication an additional stressor, and it may not be a positive experience for all patients.⁸

- **Advocacy** – As advocates for refugee and immigrant populations, providers can support the statements of the UNHCR and AAP including:^{1,6}
 - The refugee family is essential to the successful integration of resettled refugees.
 - Separation from parents should never occur unless there are concerns for child safety because of the parents.
 - Children in the custody of their parents should never be detained, unless a family court makes that decision.
 - The US should reduce postmigration exposure to real and perceived violence and threat.

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