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## Impact Of Family Separation And Length Of Time Spent In A Detention Center On Latino Immigrants' Trauma

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IMPACT OF FAMILY SEPARATION AND LENGTH OF TIME SPENT IN A DETENTION  
CENTER ON LATINO IMMIGRANTS' TRAUMA

BY:

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SUBMITTED TO SCRIPPS COLLEGE IN PARTIAL FULFILLMENT OF THE DEGREE OF  
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According to the American Civil Liberties Union, 2,654 immigrant children were separated from their families as they attempted to cross the border because of the new immigration policies that have been adopted by this current administration. Not only is this a staggering data point, but this is a number that continues to rise as time goes by as there have been no changes to the policies that this administration has created. With the number of immigrants detained at the border increasing dramatically, the demand for psychologists to come in and begin to study the effects of detention centers on immigrants is at a peak. There seems to be a consensus that research is being done at this moment, but this thesis will look at different forms of trauma that affect people and draw parallels between those situations and the experiences of immigrants in detention centers.

According to Frazee (2019) in a *PBS NewsHour report*, Frazee reports on facts from government agencies detailing what detention centers look like and how they operate. This specific detention center is detailed as being unhealthy for the people detained there and overall does not serve a positive purpose for the detainees. The detention centers added a playground for the children there as a means to make the detention center seem like a child friendly place, but this is like a putting a band aid on a headwound. Adding playgrounds for the kids will not solve the problems that overflow in a detention center. Keeping people in detention centers is not good for their physical and mental health. Even though children are young and may not understand everything that is happening around them, many experts in the article talks about how the children will still notice that they are locked up in an unfamiliar place that is boarded up by a chain link fence.

In another article from *The New Yorker*, Choitner (2019) argues that every day detention centers are breaking the law in regards to keeping the children in safe and healthy environments.

The detention center is described as being able to house around 104 immigrants, but there were over 350 immigrants there. There were lice and influenza outbreaks, and the children were left to their own devices to figure out how to deal with the problems surrounding them. Along with separation of families, these detention centers are almost like prisons where the immigrants are kept in cages and not given basic toiletries. The immigrants sometimes stay in detention centers without toothbrushes and shampoo to shower and are not given proper medical care when they begin to feel sick. According to the ACLU, there have been 97 fatalities since 2004 including the murder of an defenseless indigenous woman at the border. According to the *Associated Press*, a 16 year old Guatemalan boy died in the custody of immigration authorities. He presented flu symptoms and was not given proper medical care as his condition worsened and unfortunately lost his life. These detention centers have been graphically described by news outlets with the new changes that the Trump administration has made, but the psychological research about trauma from detention centers is slim, but there are research studies from foreign countries that have detailed the impact of detention centers on refugees' mental health.

### **Imprisonment**

Because there is not much literature on detention centers and the effects they have on immigrants that are detained, one of the topics that will be discussed will be the effects that prisons have on inmates. Much of the media's description of detention centers seems to draw parallels to how prisons are run and what they look like. Many of the effects that prisons bring out in the inmates are diminished sense of self-worth and personal value (Haney, 2001). This is caused by their living conditions which are small and their freedom being taken away to choose their living situations. In the most extreme cases, some prisoners believe that the situation that

they are in, is their fault and they deserve the degrading treatment that receive in prison. Other effects that prisons have on the inmates are that they retraumatize the prisoners. Prisoners might have come from backgrounds that involved violence and abuse, and because prisons are a place that can be dangerous, prisoners are reminded of the trauma that they might have seen in their childhoods (Haney, 2001).

### **Detention Centers Abroad**

While there has not been much research conducted on the effects of detention centers on Latino immigrants in the United States, there is research from other countries about their own detention centers and the effects that detention centers had on detainees.

Detention centers are places where asylum seekers and refugees begin their stay in the country which they choose to migrate to. Many of these places are similar to a prison and are run in a similar manner. Many of the people in these detention centers are seeking asylum because they are escaping from violence in their home country and want to start a better life somewhere else. Sultan & Sullivan (2001) observed asylum seekers and refugees in a detention center in Australia during the time that Sultan was a detainee at the detention center. He detailed that the detention center was intimidating because it was surrounded by chain link fences and there was a strict security system for everyone inside. There were random head checks in the middle of the night and the guards were strict and treated them like prisoners. He began to see that as time went on the people were more likely to become more and more depressed because a sense of hopelessness would consume them. There were many people who would get their case statuses approved, and they were able to begin their lives outside of the detention center. However, those who were still inside as time went on, began to feel more and more worried for their own case

and started to feel like they would never escape the place that they were in. After a significant amount of time, Sultan observed that these immigrants would begin to showcase symptoms of chronic impairment that included; chronic stage of fear, delusions, auditory hallucinations, and the most severe would show symptoms of self-harm and mutilation.

Steel et al. (2006) also looked specifically at refugees and their mental health while in a detention center. They found that as a refugee spends more time in a detention center, the refugees had more PTSD problems, depression, and mental health problems. Wilson & Droždek (2004) also looked at the struggles that refugees had when they were confined in detention centers along with other groups on people. They wrote a book detailing the struggles of asylum seekers, refugees, and war victims and one section was dedicated to the struggles of obtaining legal residence in another country. One of the obstacles for asylum seekers in their path to residency is detention centers. What they saw in their research was that detention centers are likely to contribute to the trauma that the immigrants already have and can cause feelings of isolation and helplessness. Aristotle, (2001) as cited in Wilson & Droždek (2004) looked at a group of Cambodian asylum seekers who had been detained for over two years. They wanted to see if they had any trauma symptoms and the severity of their symptoms. They found that most of the participants had encountered traumatic experiences in their journey to find asylum, but the detention centers added to the trauma that they already carried. The writers also focused on the story of a young boy who had severe trauma symptoms due to the conditions of the detention center he was placed in. He witnessed multiple riots, distress among other detainees, and self-harm. He at one point witnessed someone try to take their own life. Because of those experiences that he witnessed, he was malnourished had recurring nightmares and bedwetting. He was taken to the hospital to be treated and the doctors treating him recommended that he should not be

taken back to the detention center, but their advice was ignored and the young boy was taken several more times to the hospital during his time in the detention center. After his family was granted visas, the young boy needed to have consistent trauma counseling after everything he went through. From the research reviewed above, detention centers create trauma that is hard to process for anyone that stays in one.

When it comes to alternatives to detention centers, Australia has done some research on possible alternative methods. Essex & Govintharajah (2017) explored whether Alternative Places of Detention (APODs) were a better option for people than detention centers. In this article the researchers described Alternative Places of Detention as immigration residential housing, immigration transit accommodation, and APODs. They found that there was not much difference between the APODs and detention centers because APODs still managed to induce poor psychological effects in the immigrants detained there. The APODs were slightly better on some superficial aspects, but overall the researchers found that there were still many problems for the immigrants there and they did not recommend the usage of APODs. These research studies were conducted abroad and they provide a foundation for trauma in detention centers, but for the US, there is not much literature focused on detention centers specifically. Many of the literature is being conducted right at this moment because of the changes that the Trump administration has made to the policies on family separation.

### **Detention Centers in the United States**

This thesis focuses on adult immigrants, but one of the main points of this thesis is the effects of family separation and that includes both the parents and the children. Linton, Griffin, & Shapiro (2017) specifically looked at the effects that detention centers had on children from

the viewpoint of pediatricians. They wanted to examine whether detention centers were proper places to keep children. This article begins with the history on how the United States has handled children in detention centers and the pediatricians review the history of what the US has done and come up with their recommendations. They recommend that immigration officials need to treat these children with respect. Children should receive prompt medical care that is culturally sensitive so that they can understand what is happening to them and not be left in the dark about their condition. But overall, children should not be placed in detention centers because of the research and history of detention centers. Detention centers are not safe places for children to be in and they do not help the children in any manner and instead they cause a lot of harm. They came to the conclusion that detention centers under the Department of Homeland Security do not meet the criteria for a safe and healthy environment for children. Although this study talks about children in detention centers, it shows how pediatricians acknowledge how detention centers are not adequate spaces for children because they violate many health codes and are also places that do not seek to help a child's well-being. Many of the recommendations also mention how immigration authorities should offer mental health resources to the families because they have been through a harrowing journey that will have a profound impact on their lives. The journey to come to the US is a tiring and arduous journey for any immigrant whether they are an adult or a child.

For many of these immigrants, detention centers have impacts on their lives during their time there. A research study by Brabek, Lykes & Hunter (2014) looked at the psychosocial impact of detention and deportation on children and families. They found that children with parents who are detained end up exhibiting behaviors of withdrawal and internalize behaviors of anxiety and depression. While in detention centers, many of the immigrants there have to deal



with court proceedings that add an extra layer of anxiety because their court hearing determines the outcome of their future. Ortega, Graybill & Lasch (2015) went to a detention center to witness how the legal proceedings while being detained worked and they observed that women have to go through so many obstacles to obtain legal representation to obtain asylum status. They also observed that the court proceedings are a triggering experience for these women because they have to recall all the abuse that they have suffered and they have to do this in a different language. The women also worry about the fact that if their court hearing does not go well then they will be sent back and fear what is waiting for them.

Much of the research that is on the topic of detention centers discusses the necessary steps that needs to be taken by researchers in order to find out the true effects of detention centers on immigrants. Kaltman, Green, Mete, Shara & Miranda (2010) conducted a study that looked at trauma, depression, and comorbid PTSD/depression in Latina immigrants. These researchers found that 75% of Latina immigrants who were in the sample reported exposure to one or more traumatic events. The researchers acknowledge that there should be more research that looks at when and how they got their trauma during the process of migration, but that one of the possible reasons why they might suffer from this trauma could have been from time in detention centers. The researchers also found that Latina immigrants who lived fewer years in the United States reported having a mental illness. They found that a bit odd because research has said that the mental disorders come with spending more time in the U.S. They say that the reason that this might be is because of the trauma that immigrants faced when coming to the US or the problems that they faced in their home country. De Las Fuentes, Ramos Duffer, & Melba (2013) discussed what would be the best assessment for Latina women when asking them about their experiences crossing the border and post migration. One of the primary reasons why they

wanted to conduct this study was because there is a limited amount of research about the journey that these women have gone through and this is becoming a more common experience especially in recent times. The researchers point out that many women in detention centers suffer from abuse at the hands of the officers at detention centers and many women are pregnant in the detention centers. From the research above, there is not much literature on this specific topic, but from the small amount of research, many of the results say that detention centers lead to trauma in any immigrants that come into contact with them. This trauma will affect the rest of their lives.

### **Child Sex Abuse**

In order to understand the severity of the trauma that immigrants in detention centers go through, child sex abuse and PTSD will be discussed in order to compare the trauma from both of these populations with immigrants in detention centers.

Child sex abuse is one of the most traumatic experiences that any human can go through and according to many research studies it causes a vast amount of trauma for the victims for the rest of their lives. Neumann, Houskamp, Pollock & Briere (1996) conducted a meta-analysis about sex abuse and its psychological effects on women. They were interested in exploring the association between experiencing sex abuse and negative mental health effects. What they found was that child sex abuse is a risk factor for later development of psychological disturbance in the victims adulthood. Specifically, the researchers found that anxiety, depression, anger, sexual problems, substance abuse, post-traumatic stress responses, and somatization were all associated with child sex abuse in later years for the victims. The researchers wanted to see what effects were the most prevalent years after the abuse. Another study conducted by Schoedl et al. (2010)

explored the relationship between age and the development of depressive symptoms or PTSD symptoms in those who had experienced child sex abuse. The researchers found that victims of child abuse who reported that their abuse happened before they were 12 years old had more depression symptoms than those who reported PTSD symptoms were more likely to report sexual abuse after age 12. This study shows that at young ages there can be a relationship between child sex abuse and trauma symptoms.

Thus, child sex abuse is a form of trauma that leaves its victims with harmful, long lasting effects. Because of those experiences, victims need a significant amount of psychological intervention to be able to overcome the trauma that they sustained from the abuse. And the trauma that the immigrants detained in detention centers experience is similar to the trauma that victims of child sex abuse suffer from. The trauma that comes from child sex abuse is something that stays with a victim for a long time and some researchers have found that trauma that immigrants or refugees experience from detention centers can have a long lasting effect in their life. Li, Liddell, & Nickerson (2016), explored effects that came from post migration stress for asylum seekers and refugees. One of the factors that came up while they were discussing possible reasons for the negative mental health of asylum seekers and refugees is that there is residual trauma and psychological effects they get out of the detention center. After the trauma that they go through in the detention center, the trauma ends up staying with them for a significant amount of time and they are later affected in their daily life. Detention centers are places that attack the already fragile state of mind that these people come in with. These people have seen terrible things happen to them in their home countries and are trying to find a better life, but these centers are depriving them of basic toiletries and cramping them together while not

respecting their basic human rights. This study highlights that there are many factors that affect the psychological well-being of immigrants in their daily life after migrating.

Living in these deplorable conditions creates trauma that can affect them in for a long time like child sex abuse. Child sex abuse is something that is not easy to overcome since the trauma carries over into the victims adult life. Most of what happens to these immigrants in detention centers they will remember just like a child sex abuse victim has to deal with the constant images and memories of what happened to them. The trauma affects multiple aspects of their life and is a prevalent factor for the rest of their lives.

### **Post-Traumatic Stress Disorder**

Similar to the trauma of child sex abuse, the trauma that comes from traumatic experiences that have occurred to them in their life can have long lasting effects in someone's life. Post-Traumatic Stress Disorder (PTSD) is a psychological disorder that develops in people who have had a traumatic experience. PTSD can occur after experiencing a traumatic event like a car accident, death, war, sexual assault, etc. (Mayo Clinic). PTSD symptoms need to be present for at least a month, and the symptoms cannot be due to medication and illness. For people with PTSD, their symptoms can affect their daily life and impede the way that they function because they have to deal with the trauma that they have in everyday situations.

Bryant et al. (2017), explored whether children who were separated from their children during a traumatic event were more likely to develop attachment issues and other psychological issues when they were older. The researchers conducted a longitudinal study where they reached out to families that were affected by the Ash Wednesday fires from 1986. They provided them with surveys asking the parents and children about their experience in the fire and asking the

children if they were separated from their parents during the fire. Twenty eight years later the researchers reached out again to the participants and gave them surveys about the experience, attachment, and PTSD. The researchers made sure that they had a control group to which to compare them. Bryant et al. (2017) found that the people who had been exposed to the trauma and were separated from their parents were more likely to have attachment problems later in life than children who were not separated from their parents and the control group. From the reports received from the participants, the children were more likely to report avoidant attachment because they were more likely to retreat into themselves. They theorized that one single traumatic event can become a pivotal factor that ruins a child's sense of security. The children remembered that their parents were not with them and closed themselves off from their parents.

This study captures how families being separated created trauma and how similar the situation can be for immigrants in detention centers. The Trump administration is different from other administrations because it is separating children from their families instead of keeping families together. The children have to go to a different place from their parents, and their parents are not with them. Not only are the children scared about what is happening because they are away from their primary caregiver, but the parents are also scared and worried about their children's health and safety.

Many asylum seekers and refugees who try to cross the border have experienced many traumatic events already. Chung et al. (2018) discussed the ways that trauma leads to PTSD and can lead up to psychiatric comorbidity in Syrian refugees. They looked at trauma exposure characteristics (murder, kidnapping, disappearance of family and friends, etc.) and trauma centrality to see if they could be associated with emotional suppression and ultimately PTSD and other psychological disorders. As defined by the researchers of this study, trauma centrality is

the ongoing war that was happening for these Syrian refugees will be a constant reminder of the traumatic events that occurred to them during the war. The researchers found an association between trauma exposure and trauma centrality. This means that the refugees that had witnessed traumatic incidents during the war were more likely to have higher levels of trauma centrality. These people were unable to stop thinking about the traumatic things that had happened to them during the war. From there, the researchers concluded that those who had trauma centrality were more likely to suppress their emotions, leading to PTSD and other psychological disorders. The authors found that their results were aligned with research that found how suppression of emotions could lead to poorer quality of life, psychiatric comorbidity, and health problems in the future. This study helps show how PTSD affects refugees in the long term. The traumatic events that cause PTSD are not easy to overcome and disrupts their everyday lifestyle. Those disruptions cause negative consequences like not being able to hold a steady job or fear of the outside world. The trauma if untreated can last for a long time just like the trauma that comes with being in a detention center.

While the circumstance for every immigrant that decided to leave their home country is different, many of the day to day circumstances that they are going through can become a form of trauma centrality. Many parents have to deal with having their children stripped away from them and not knowing where they are and if someone is taking care of their basic needs. They also are living in terrible conditions and with fear of going back to the conditions that led to them migrating to the US. They become overwhelmed by everything that is happening to them with no knowledge of what comes next and no clue if they will ever have a chance of a new life. All of these situations, make the immigrants unable to process everything that have gone through and could ultimately lead to severe trauma symptoms.

### **Theories behind Trauma**

One of the theories behind how humans process or manage trauma is the Theory of Shattered Assumptions. This theory is by Janoff-Bulman (1992) as cited in Brewin & Holmes (2003) and the theory states that people believe that the world is benevolent, meaningful, and that each person believes that they are worthy. People will be kind to each other and there are certain rules and principles that allow people to predict the types of behaviors that produce certain outcomes. If people are obeying the rules of everyday life, but end up in an accident or attacked by a random stranger, then those situations have the potential to be traumatic and disrupt the beliefs that people assumed about people and the world. If a traumatic event occurs, then they will most likely have those beliefs shattered because people have these preconceived notions about how the world should work.

Additionally Bolton and Hill (1996), as cited in Brewin and Holmes (2003), described how for people to act in the world, they need to have a set of beliefs about people and the world that are predictable and can provide satisfaction of people's needs. But Bolton and Hill (1996) pointed out that traumatic events are unpredictable and produce feelings of helplessness and end up disrupting the beliefs that people have set about the world. This disruption causes feelings of uncertainty and conflict because their beliefs have been shattered by a traumatic incident that was unpredictable and unable to put to words how it happened.

These theories about trauma can help understand how the trauma in detention centers begins for the immigrant population. Immigrants believe that their life will be better than the one that they left behind. But once they arrive in the United States, some have their children taken away from them and they are forced to live in inhospitable environments with no basic

necessities and no one telling them what the future will look like for them. Their beliefs about the world are shattered the minute they are locked up. From that moment, the trauma could have begun because of the disruption that occurred to their lives.

### **Study Overview & Hypotheses**

This study will look at the trauma that individuals in detention centers suffer during their time there. For this study, participants will be placed into two categories for the variable of length of time. The variable of length of time is divided into immigrants that have been in a detention center for under 2 weeks and those who have been there for over 2 weeks. This was decided because of the Flores Settlement Agreement (FSA) which is an agreement that encompasses a strict set of regulations and standards regarding the treatment of minors in detention centers in the custody of the federal government. One of the most important regulations is that minors need to be released in a prompt manner if they are in the custody of the federal government. For the purposes of this study, 2 weeks will be used as distinction between prompt release and release that goes overboard the suggested time limit that the FSA has decreed for minors.

The sample will be Latin American adult immigrants who have been placed in these detention centers during any administration that has employed the use of these detention centers. The participants will then answer questions about their time in a detention center, and then they will complete scales orally measuring distress, trauma symptoms, and their feelings about detention centers. The first hypothesis of this study is that an immigrant that spends 2 or more weeks in a detention center, they will experience more trauma. The second hypothesis is that if a parent was separated from their family, then they will experience more trauma than those who



were not separated from their family regardless of time spent in the detention center. The third hypothesis is if someone has been separated from their family in the detention center, they are more likely to report more severe trauma than those who were not separated from their family. The fourth hypothesis is Hopelessness will be a mediator between length of time and trauma. Hopelessness will amplify the amount of trauma that a person will experience in a detention center.

## **Proposed Method**

### **Participants**

For this study, the participants will be immigrants who have been in detention centers in the Southwest region of the United States. The expected number of participants will be 788 participants. A power analysis was conducted for sample size estimation, based on the statistical table by Cohen (1992). With a power .80, an alpha =.05 and a small effect size, the proposed sample size needed for this effect size is 788 participants. No children will be interviewed for this study. Any Latino adult of any gender can participate in the study who have been detained during any administration that has been employing the use of detention centers. Participants will be recruited at nonprofits that offer immigration legal services. These locations will also be where we will be conducting the interviews that every participant will be going through. Participants will be compensated for their time with a \$25 dollar gift card. Participation is completely voluntary and every person is free to leave if they feel any sense of discomfort and they still will be compensated.

### **Materials**

For the use of this study, there will be three scales; a distress scale, a trauma scale, and a hopelessness scale. This study will use a variation of Kagee 's (2005) South African Former Detainee's Distress Scale (See Appendix Scale #2). This scale will be examining the participants feelings about their experiences in detention centers that are related to distress. This scale will be adapted to fit characteristics of Latin American immigrants. For this survey, some of the questions are asking about experiences that South Africans experienced during Apartheid, so some of those questions are not relevant to this study and those questions will be deleted. The number of questions for this scale will be 12 and the participants are asked to answer the questions using a scale from 1-5, 1 being strongly disagree and 5 being strongly agree. Each participant will be prompted to answer their agreement on how they felt about their times in a detention center. The authors reported good convergent validity with  $r=.77$  (Kagee, 2005). The validity for this study should still be around that same number since there are no significant changes that are changing what the scale is trying to look for.

The Trauma Symptom Checklist 33/40 will be used to measure trauma (Briere & Runtz, 1996). This measure will assess symptomatic distress from traumatic situations that the participants experienced during their time in the detention centers (See Appendix Scale #4). The authors found this scale to be relatively reliable. For this study, it is expected that the scale will still be reliable since there were no changes to the scale. This scale has 40 questions for the participants to answer, and the questions need to be answered on a scale from 0 to 3, with 0 being never and 3 being often. Each participant will be prompted to answer how often they feel trauma symptoms in their day to day life.

The Collective Hopelessness Scale by Aubin, Amiot, & Fontaine-Boyte, (2016) will be used to measure Hopelessness (See Appendix Scale #3). This scale measures how people

specifically at the college level view their situations. For the purposes of this study, the scale will be amended to fit the characteristics of the study, so some of the questions will be eliminated because they are not relevant to the study. The scale measures a collective feeling of hopelessness, but we will change the plural nouns to singular nouns. The number of questions for this scale will be 16 questions and participants will answer the questions on a scale of 1-5, with 1 being strongly disagree and 5 being strongly agree. Each participant will be prompted to answer their agreement with how hopeless they felt during their time in the detention centers. The authors found internal consistency at .74 for this scale. Even though there will be modifications to the scale, it is expected for the validity and the reliability to still be around the same number that the researchers found for the scale. All measures will be administered orally in Spanish. Each scale will be translated to Spanish and then will be back translated to English to see if the questions are asking the same thing in both languages.

Additionally, in order to know the circumstances in which these immigrants arrived to the border whether they were alone or with family and if they were separated from their family, they will be asked 5 questions about these topic (See Appendix Scale #1). Participants will be asked if they traveled to the US alone or with family and if their family was separated once they were in a detention center. They will not be asked anything regarding their names or something compromising about their status in order to maintain as much of their information confidential.

## **Procedure**

The interview location will be at the local nonprofits in the city that is nearest to the participant. Once they get settled into the room, they will be introduced to the research assistant and be informed about what the research study is about and that the research study will be

conducted in Spanish. The research assistants will also tell the participants that they are free to leave whenever they feel the need to because they will be asked to recall traumatic experiences. After the participants give their consent, the research assistant will proceed with the interview process. We will be asking them questions regarding demographics such as where are you from and when did you attempt to cross the border. Then, the research assistants will administer the scales orally in a randomized order to avoid contamination and priming affects. Once they are done filling out the scales they will be debriefed and offered compensation for their time. This study is anticipated to take about 3 hours since there are over 70 questions that are being asked.

### **Ethics**

Because this study deals with the trauma that immigrants go through as they are detained in detention centers, there are a lot of risks that come with conducting this study. The population that I am considering studying are undocumented immigrants who have been released from detention centers. But because they were in detention centers, the government knows their status. But for the purposes of this study we will not be asking them for their names or addresses to protect as much of their identity and their privacy. They have already gone through a lot during their time in the US, so I will try to not ask them many personal questions to respect their privacy. They may have gone through the trauma of having their children taken away and having to deal with not seeing their children or dealing with the trauma that their kids already have at the hands of the immigration authorities. This population needs to be studied since much of the trauma that they have encountered has been the United States' fault. They have been held in detention centers without basic toiletries, proper medical care, and for some have had their children taken away. This is a problem that the US has caused and the US needs to take

responsibility and find what problems and traumas these immigrants face and find proper methods of intervention to help them process their trauma.

This study is above the level of minimal risk because there is trauma that the immigrants encountered at the detention center and there is the matter of their legal statuses. For this study we are asking immigrants that have been detained about the trauma that they might have encountered, so the research assistants will be asking them about sensitive information that can cause discomfort but they will be informed that they can take their time and take breaks whenever possible. The government already knows their statuses but this study will be confidential to the fullest extent to respect their privacy as much as possible. This study will not be collecting names at all, and they will not be disclosing their identities to the research assistants during the interviews. With regards to protecting the legal statuses of the people involved in the study, this study will be completely confidential but not anonymous since the participants will meet in person with a research assistant. There will be no deception used in this study.

This study needs to be done through interviews because this method allows the researchers to learn about the trauma from the immigrants first hand. Each person will have a unique story to tell and learning from someone directly is the best method to see how they are truly feeling, and the impact that the detention centers had on the immigrants. From there, interventions and therapeutic methods can begin to be developed to help these immigrants process their trauma. The only way to fix the trauma that they have gone through by being in a detention center or having their children taken away from them would be if we interviewed them and asked them exactly what they have been going through. Detention centers are still operating and more families are being separated, and this administration is not doing anything to protect

the basic human rights of these immigrants, so research needs to be done to study the trauma that they are going through in order to provide a solution for them.

Overall, this study needs to be conducted in order to get the best information about what is happening in detention centers since there is not a clear and accurate representation of what is happening in the news. The facts that we are getting from the detention centers representatives are not the actual occurrences of what is happening to these people. Only those who have been there for some time actually know what they look like on the inside and what the people are going through there. This study will allow for people to see if detention centers are actually a cause of trauma for immigrants and if detention centers are a danger to the mental and physical health of the people that are detained there. With the current administration making changes that are affecting families, there are so many new elements to the trauma that might have already been reported, and we need to know what those changes are so that we begin to see how we can help the people begin to process everything that they and their families have gone through. With all of these reasons stated above, the benefits that this study could have do outweigh the risks that this study has.

### **Predicted Results**

This study is trying to find if length of time and separation of families will be a factor for more trauma in detention centers. A two-way analysis of variance (ANOVA) will be conducted to see whether immigrants will experience more trauma if they were separated from their families in the detention center or not separated and if length of time has an effect on the trauma. One main effect will be that immigrants who were separated from their family are more likely to report higher levels of trauma than those who were not separated from their family. Another main effect that will be found will be that immigrants that have been in a detention center for

over 2 weeks will experience more trauma than those that have been there for less than 2 weeks. This main effect is consistent with results found in the Sultan & Sullivan (2001) which found that as refugees spent more time in the detention centers they were more likely to report more symptoms of chronic impairment.

One interaction that will be found is that the impact of separation of families depends of the length of time one is in a detention center. Figure 1 showcases how there is an interaction between length of time and the separation of families. In the not separated category, there is larger difference between the immigrants who were in a detention center for less than 2 weeks than those who were in a detention center for over two weeks. This shows that the magnitude of separation of families on the immigrants trauma depends on the length of time that one is in a detention centers. The families that were not separated from their family but spent 2 weeks or more in a detention center had much higher means in their trauma symptomology than those that were there for less time. In order to understand the impact of separation of families, there needs to be information on how long the immigrants have been detained. People who came with their families and were separated in the detention centers are more likely to experience a more severe level of trauma than those that came by themselves or families that were not separated once they were detained. These people will be traumatized by the fact that their children were taken away from them and do not have any information about them at all.

Another aspect to consider is how hopelessness is a mediator for the relationship between length of time in a detention center and trauma. As shown above, one of the main effects of the 2x2 ANOVA will be that immigrants who spent over two weeks in the detention centers were more likely to report higher levels of trauma symptoms than those who had been in a detention center for less than 2 weeks. Because this main effect will be established, in order to

see if hopelessness is a mediator between length of time and trauma, there needs to be an independent samples t-test to see if there is a relationship between length of time and hopelessness.

An independent samples t-test will be conducted to compare hopelessness in participants that have been in detention centers for less than two weeks versus those that have been in detention centers for over two weeks. It is expected that there will be a significant difference in the scores in the two conditions. The immigrants that had been in detention centers for longer than 2 weeks would be experiencing more hopelessness than the immigrants who had been in the detention center for less than 2 weeks. After establishing the relationship between length of time and hopelessness, the relationship between hopelessness and trauma needs to be established. A simple Pearson correlation will be conducted to see the relationship between hopelessness and trauma. The results of the Pearson correlations will indicate that there was a significant relationship between hopelessness and trauma. As hopelessness increases, the amount of trauma that the immigrants reports will increase. Lastly, in order to establish if hopelessness is a mediator between length of time and trauma, a multiple regression will be conducted. A multiple linear regression will be conducted to predict trauma in immigrants in detention centers based on length of time and hopelessness. The results of the multiple linear regression will indicate that hopelessness is a significant predictor of trauma in detention centers because the trauma that was reported by the immigrants will increase as their hopelessness in the detention center increases. Hopelessness will have more of an effect on trauma in the multiple regression test than length of time.

Hopelessness will be a mediator for the relationship between length of time and trauma reported. As someone spends more time in a detention center, they are more likely to lose hope



of ever getting out and that will increase the severity of the trauma that they are experiencing. This can be attributed to the theory of shattered assumptions (Bolton and Hill (1996), as cited in Brewin and Holmes (2003)). The theory of shared assumptions states that as people come into contact with traumatic situations, their beliefs about the world will shatter and this leads to a loss of hope in the world that they had before. Because many of the immigrants are in detention centers for a long time and are unaware of the status of other family members or not told when they will be able to leave, they will most likely begin to lose hope in all the assumptions that they had of the world. With those assumptions shattered, it creates trauma.

### **Discussion**

Many Latino immigrants already have trauma from their home countries and when they come to the United States looking for a new start, they are forced in a detention center and possibly have their children stripped away from them. This causes trauma not only on the parents, but the children as well. With the limited scope of research done on Latino immigrants placed in detention centers and the trauma that they have acquired, this thesis will try to examine the impact of detainment in a detention center for immigrants. One of the main topics of this thesis is how separating families from each other will create trauma that is equal to or more intense than the trauma of those who were in a detention center for a prolonged amount of time.

With this new administration, the United States is separating children from their families, which many organizations and people believe is a violation of basic human rights. But the United States continues to ignore the reports from other countries that have detailed the effects of what separation can do to families. There needs to be research done to begin to see the effects of detention centers in terms of trauma experienced there, but also to provide relevant information

for those interested in creating rehabilitation programs to help those that have been affected by detention centers.

Some limitations that this study has are that since this study is looking at the experiences of Latino immigrants, there are other populations that are excluded from this study. Some of the immigrants that are crossing the border are indigenous and do not speak Spanish, so they would be unable to participate in the study because the research materials are not provided in their native language. Another limitation is that this study only looked at adults and one of the biggest factors of this study was looking at family separation, but children were not recruited to be in the study. This is a limitation because children need to be asked about what they have gone through since family separation is not a traumatic experience for the parents only, but the children are going to carry the trauma that they experienced in detention centers for the rest of their life.

For future directions, there should be more studies done about the trauma that specific immigrants are facing with this current administration. The Trump administration decided to ignore The Flores Settlement agreement (FSA), and with the way that they have been handling family separation at the border they are consciously choosing to keep children away from their parents in inhospitable environments that are both damaging to their mental and physical health. With these abrupt changes to the process, researchers need to talk with the families detained under this administration to find out the impact of the detention centers trauma during their time inside and the long term effects from being inside the detention centers. The researchers should go inside the detention centers and talk to the people that are in there as there are experiencing the trauma. If researchers go inside the detention center, they will get a very in depth look at the problems occurring in real time and they will be getting information that is in the forefront of the immigrants minds at those moments. There also needs to be research done about the long term

effects that children suffer because they were separated from their family. These children need to be taken care of and that means that researchers need to figure out the best possible methods to help create new interventions to help treat the trauma. Overall, there needs to be more research because this is still a recurring problem that is still happening.

This thesis is trying to find the impact of length of time in a detention center and separation of families on Latino Immigrants' trauma. Latino Immigrants are still suffering at the border by being held in detention centers and having family members stripped away from them. This thesis tries to look at the new issues that the Trump administration created by ignoring the FSA guidelines on how children need to be treated if they come across immigration authorities at border. Detention centers already had research detailing how problematic they can be to refugees and asylum seekers, but with these new policy changes, more problems arose. These immigrants are not at fault for trying to get a better life from the one they are escaping and unfortunately they come across a traumatic experience if they are held in a detention center. Research needs to be done to help these immigrants in order for them to have a better chance at life and hopefully that can be done in the next couple of years.

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Figures

Figure 1

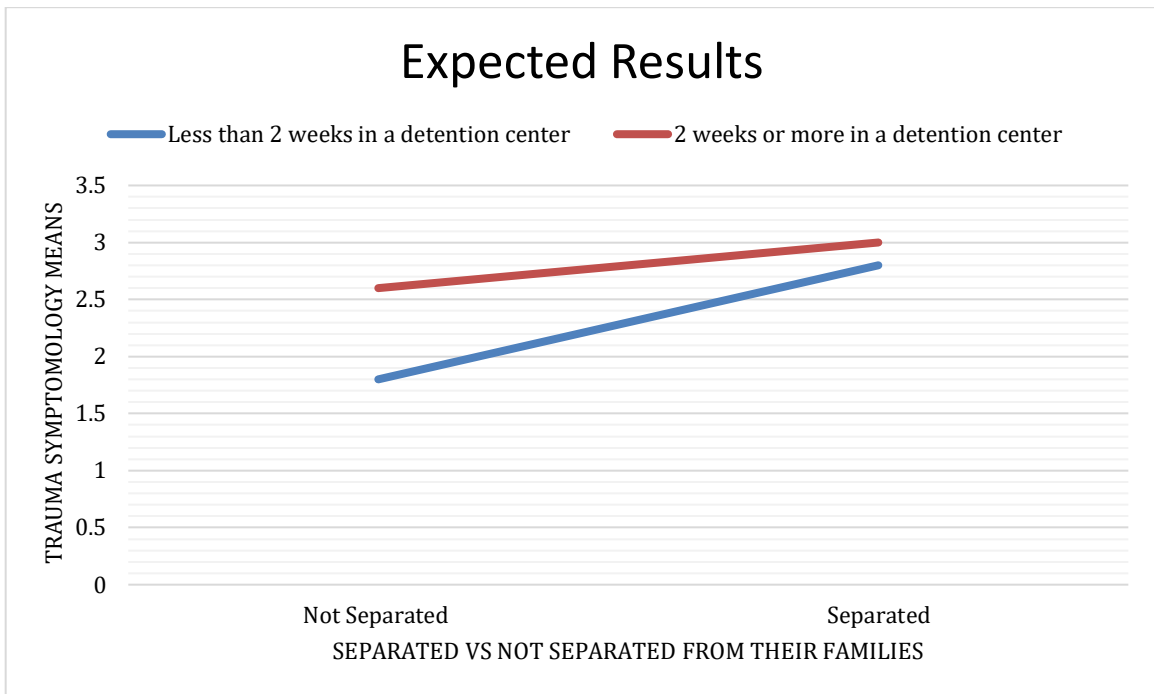
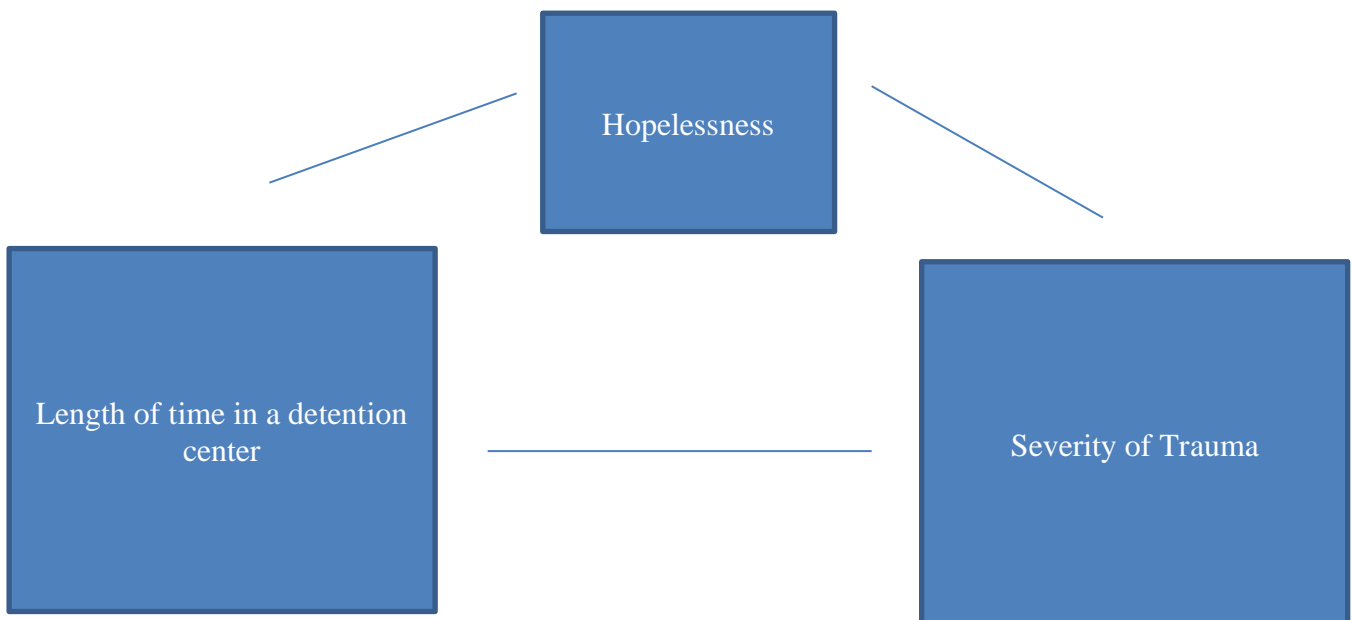


Figure 1: Expected means of trauma symptomology for participants who were separated from their families and length of time that they were detained.

Figure 2





## Appendix

### 1. Demographics

1. Did you travel alone?
2. If not, who did you travel with?
3. What year were you put in a detention center?
4. How long were you in the detention center?
5. Were you separated from your children when you were taken into custody?

### 2. South African Former Detainees' Distress Scale

These will be answered using a 1-5 scale with one meaning strongly disagree and 5 meaning strongly agree.

1. When I think about the way I was treated in detention I become angry.
2. When I think about the way I was treated in detention I feel hatred toward white people.
3. The government has neglected the needs of former detainees such as myself.
4. The suffering that I endured in detention is not properly respected today.
5. When I think about the suffering I endured in detention I feel sad.
6. When I think about the suffering I endured in detention I still feel scared.
7. As a result of my experience in detention I have changed for the worse.
8. My body is weak because of the bad treatment I received in detention.
9. Because of my experience in detention I have had trouble finding work.
10. I have medical problems because of the bad treatment I received in detention.
11. As a result of my experience in detention I am not okay in my head.
12. When I think about the suffering I endured in detention I feel pain in my heart

### 3. Collective Hopelessness Scale 1-5 1- Strongly Agree and 5- strongly disagree

1. I look forward to the future with hope and enthusiasm.
2. I believe I might as well give up our collective efforts because we can't make things better for myself.
3. When things go wrong, I think it is helpful to know that it will not last forever.
4. I can't imagine what I will be like in 10 years.
5. I believe I have enough time to accomplish the things I most want to do.
6. My future seems dark to me.
7. I expect more good things will happen to myself than to the others.
8. I believe I don't get a break and there's no reason to believe this will change in the future.
9. I believe past experiences have prepared me perfectly for the future.
10. I believe unpleasantness rather than pleasantness is ahead of me.
11. When I look ahead to my future, I expect to be happier of its situation than I am now.
12. I have faith in the future regarding my situation.
13. I think it is highly unlikely that I reach a satisfactory outcome for my situation in the future.
14. My future seems vague and uncertain.
15. I expect myself to have more good times than bad times.
16. I believe there's no use in really trying to get something for myself, because I probably won't get it

4. TSC-40

How often have you experienced each of the following in the last two months?

0 = Never 3 = Often

1. Headaches 0 1 2 3
2. Insomnia (trouble getting to sleep) 0 1 2 3
3. Weight loss (without dieting) 0 1 2 3

4. Stomach problems 0 1 2 3
5. Sexual problems 0 1 2 3
6. Feeling isolated from others 0 1 2 3
7. “Flashbacks” (sudden, vivid, distracting memories) 0 1 2 3
8. Restless sleep 0 1 2 3
9. Low sex drive 0 1 2 3
10. Anxiety attacks 0 1 2 3
11. Sexual overactivity 0 1 2 3
12. Loneliness 0 1 2 3
13. Nightmares 0 1 2 3
14. “Spacing out” (going away in your mind) 0 1 2 3
15. Sadness 0 1 2 3
16. Dizziness 0 1 2 3
17. Not feeling satisfied with your sex life 0 1 2 3
18. Trouble controlling your temper 0 1 2 3
19. Waking up early in the morning and can’t get back to sleep 0 1 2 3
20. Uncontrollable crying 0 1 2 3
21. Fear of men 0 1 2 3
22. Not feeling rested in the morning 0 1 2 3
23. Having sex that you didn’t enjoy 0 1 2 3
24. Trouble getting along with others 0 1 2 3
25. Memory problems 0 1 2 3
26. Desire to physically hurt yourself 0 1 2 3

27. Fear of women 0 1 2 3
28. Waking up in the middle of the night 0 1 2 3
29. Bad thoughts or feelings during sex 0 1 2 3
30. Passing out 0 1 2 3
31. Feeling that things are “unreal” 0 1 2 3
32. Unnecessary or over-frequent washing 0 1 2 3
33. Feelings of inferiority 0 1 2 3
34. Feeling tense all the time 0 1 2 3
35. Being confused about your sexual feelings 0 1 2 3
36. Desire to physically hurt others 0 1 2 3
37. Feelings of guilt 0 1 2 3
38. Feelings that you are not always in your body 0 1 2 3
39. Having trouble breathing 0 1 2 3
40. Sexual feelings when you shouldn't have them 0 1 2 3