REFUGEES, ASYLUM SEEKERS, AND TRAUMA:

AN EXAMINATION OF FAMILY SEPARATION

POLICY AT THE SOUTHERN US BORDER

By

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2019

Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
MASTER OF SCIENCE
July, 2021

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Date of Degree: JULY, 2021

Title of Study: REFUGEES, ASYLUM SEEKERS, AND TRAUMA: AN EXAMINATION OF FAMILY SEPARATION POLICY AT THE SOUTHERN US BORDER

Major Field: HUMAN DEVELOPMENT AND FAMILY SCIENCE

Abstract: On May 7, 2018, the Trump Administration and the Department of Justice (DOJ) implemented the "Zero Tolerance Policy" in hopes of enforcing more restrictive and deterrence driven border policy. The "Zero Tolerance Policy" instructed The Department of Homeland Security (DHS) to prosecute anyone caught illegally crossing the border into the United States, which included those seeking asylum and families with children. Upon prosecution adults and children were separated and sent to different facilities. Although Trump ended the policy officially in June of 2018, approximately 5,500 families were separated, and some are still separated today. The analysis of the "Zero Tolerance Policy" finds that the immigration policy was traumatizing and will likely have life-long impacts on the mental health and development of migrant children and families. Based on the results of the policy analysis, The Family Case Management Program (FCMP), is recommended as a policy alternative to the “Zero Tolerance” policy, due to its immigrant-centered focus and provision of services and assistance that is humane, does not harm families, and results in higher rates of compliance.

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CHAPTER I

INTRODUCTION

The purpose of this thesis is to unpack the "Zero Tolerance Policy" that President Donald Trump's Administration put into place on May 7, 2018, affecting the lives of thousands of migrant families through forced separation. This policy caused a multitude of family separations for anyone caught illegally entering the Southern Border of the United States, which is something previous administrations had not done. Due to public outcry against the policy, Trump quickly signed an executive order that ended the policy on June 20, 2018. Although the policy was in place for fewer than two months, it is estimated that 5,500 children were separated from their families, and around 545 children still have not been reunited with their family (Dickerson, 2020) Using the Centers for Disease Control (CDC) policy analytical framework, this thesis goes further into the repercussions of this policy. The results summarized in the thesis can be used to inform the creation of preventive measures to better assist those who have gone through the immigration process, as well as for creating policy that will not cause as much harm to migrant families. Through an in-depth analysis of the literature available on the topic and in relation to the migrant families arriving at the border, this thesis uncovers the impacts of US immigration policy at the southern US border, including demographics and data

on the characteristics of migrant families arriving at the southern border, and their reasons for migration. The status of current immigrants in the United States and the lack of pathways for legal immigration are also explored, giving insight into the current situation at the border and helping to understand why immigration policy at the southern border requires changes.

In order to prioritize the best policy alternatives, the thesis deconstructs the negative impacts that the "Zero Tolerance Policy" has had on the mental health of migrant children and. their families. The negative impacts of the "Zero Tolerance Policy" on child development and the migrant family unit showcase the lack of adequate planning for reunification with parents after detention at the border. This thesis also discusses how parentification (Hooper, 2007), stressors contributing to ACES (Feliti et al., 1988; Hays-Grudo et al., 2021) and trauma has been amplified by family separation at the border (Frye, 2020). The fear of deportation and the lack of certainty is a large factor contributing to the detrimental impact on mental health that the "Zero Tolerance Policy" has had for migrant families. Although there are limitations in our ability to predict the future impact of the policy, current data reveals how detrimental the implementation of immigration policy can be towards the development and health of migrant children.

The thesis also provides a historical analysis of US immigration policy at the southern border, in order to frame the context in which the "Zero Tolerance Policy" was introduced, and to help provide a picture of the political landscape. Additionally, the influence of Attorney General Jeff Sessions and his support of the "Zero Tolerance Policy" are outlined. Considering that the COVID-19 Pandemic led to challenges at every level of government, I also discuss how the pandemic has affected immigration policy.

Ultimately, the expected outcome of the research and analysis is to understand the problems with the "Zero Tolerance Policy" and identify a more humane border policy.

Furthermore, this thesis attempts to answer three critical questions by analyzing data on the immigrant population that has been affected by the "Zero Tolerance Policy". The first question is, “What is the current US immigration policy designed to do? Create a safe place for those fleeing traumatic circumstances or deter individuals from trying to seek safety?” The second question is, “To what extent did the Trump Administration’s “zero-tolerance” policy on the southern U.S. border traumatize those who were seeking refugee/asylum/citizenship status?” Finally, the results of the policy analysis are used to help answer the third question, “How could the US create border policy in a way that ensures the wellbeing of migrant families, while still protecting national interests?” In the end, one policy alternative is recommended as a more appropriate, and safer, alternative to the "Zero Tolerance Policy".

CHAPTER II

REVIEW OF LITERATURE

Zero Tolerance Policy and Family Separation at the US Southern Border.

As immigrants arrive at the border between the United States and Mexico they are met by representatives of agencies and departments that oversee their cases. These agencies include The Department of Homeland Security (DHS), United States Citizenship and Immigration Services (USCIS), United States Customs and Border Protection (CBP), and the United States Immigration and Customs Enforcement (ICE) (Carmona, 2020). In early April of 2018, Attorney General Jeff Sessions announced that the United States would be enacting a “zero-tolerance” policy and would prosecute anyone caught trying to illegally enter the United States (Busch, 2018). Attorney General Sessions directed all Federal prosecutors along the southwest border to work with DHS “to adopt immediately a "Zero Tolerance Policy" requiring that all improper entry offenses be referred for criminal prosecution “to the extent practicable” (U.S. Department of Homeland Security Office of Inspector General, 2018). This policy enforced 100% prosecution rate for any undocumented immigrants attempting to cross the border,

even those seeking refugee or asylum status. Thus, individuals were placed in detention until their immigration proceeding was completed.

Under this policy, parents arriving at the border with their children were separated as they were apprehended for judicial proceedings (Garrett, 2020). The children of those who had been detained would either be placed with a sponsor or left in a facility until the parent's court case was completed. The policy changed the way that refugees and asylum-seekers had typically been accepted into the United States and restricted petitioners from being able to live in the United States while their case was reviewed by the Department of Homeland Security.

The "Zero Tolerance Policy" fundamentally changed DHS' approach to immigration enforcement. In early May 2018, DHS was urged by AOG to shift their policy in accordance with the "Zero Tolerance Policy". This policy would cover all undocumented adults arriving illegally in the United States with minor children. Because minor children cannot be held in criminal custody with an adult, undocumented adults would have to be separated from any accompanying minor children once the adults were referred for criminal prosecution. The children, who DHS then deemed to be unaccompanied alien children, were held in DHS custody until they could be transferred to the U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement, which is responsible for the long-term custodial care and placement of unaccompanied alien children (U.S. Department of Homeland Security Office of Inspector General, 2018). At this point, undocumented adults were then placed in removal proceedings by the Executive Office for Immigration Review (EOIR) and housed in detention centers until their court proceedings had been reviewed.

Migrant Families at the US Southern Border

The composition of the individuals from Mexico, Central America, and South America seeking refuge and asylum status at the southern US border is critical for understanding why individuals are leaving their countries-of-origin, and how it has led to the current situation at the border between the United States and Mexico. According to a report released by the U.S Department of Health & Human Services (2019), the exact number of children who were separated by immigration authorities is unknown due to the fact that these facilities were not properly tracking or accounting for these children. HHS reported a notable increase in separations beginning in 2017, however, there was no procedure in place on how to track or report these numbers. After the court order of Ms. L v. ICE, in June of 2018, HHS was required to identify these children and to reunify the families that were separated as a result of the "Zero Tolerance Policy".

The estimated number of separated children and their families between 2017 and the end of the policy is somewhere between 2,737 and 5,500 (US Department HHS 2019; Dickerson, 2020; ACLU, 2018). Due to the inconsistent nature of reporting, the demographics may not accurately demonstrate the entire picture and are therefore only estimates since not all of the children or separated families have been identified by the government.

The number of families apprehended have increased by a large margin in comparison to historical levels. In 2012, according to the Department of Homeland Security, the number of families was 11,000, while in 2018 the number grew to 68,560 (U.S. Department of Health and Human Services, 2019). Consequently, the "Zero Tolerance Policy" is discouraging migrants to submit asylum requests due to the fear that

they may be detained while attempting to gain refugee or asylum status (Tummala-Narra, 2021).

Through interviews with families being held in detention centers, the majority of families have reported a number of reasons for deciding to leave their home countries and risk their lives crossing the border (de la Peña et al., 2019). Most families report that the levels of gang violence, and the drug wars have pushed them to make the dangerous journey to the United States (de la Peña et al., 2019). Critics of the "Zero Tolerance Policy" cite the additional trauma that the policy has created by separating families that were fleeing their home countries in hopes of preserving their families from danger (Dreby, 2012)

According to data released by the American Civil Liberties Union (2018), key characteristics of the migrants at the southern border give us insight into the scope of the situation around the detainment of undocumented children. The ACLU determined that the migrant children were arriving from a range of countries in South America, Central America, and Mexico. Primarily, the breakdown of countries for migrant children ages 5-17 was 55.8% from Guatemala, followed by 33.2% from Honduras, 6.8% from El Salvador, Brazil, and Mexico (ACLU, 2018).

The high influx of immigrants at the border between the United States and Mexico has led many to believe that Mexican nationals are the only group entering the U.S. The countries of citizenship of the migrant families have shifted from being predominantly of Mexican nationality to being predominantly Central American immigrants (U.S. Department of Health and Human Services, 2019). However, the following figures show that undocumented immigrants are arriving from a wide range of

countries. The top country of origin for undocumented immigration entries in 2018 was Mexico as nearly 11.2 million immigrants were Mexican citizens. These numbers were followed by China at 6%, the Philippines at 4%, and El Salvador at 3% (Passel & Cohn, 2020). In terms of where undocumented immigrants are choosing to settle, California had 24% of immigrants, while Texas had 11% and Florida had 10%.

There are multiple factors that have forced families to migrate illegally to the United States, and the breakdown of current immigrants living in the United States provides a glimpse into the backlog that has affected families seeking refuge and asylum. According to recent statistics from the Pew Research Center, it is estimated that 10.5 million undocumented immigrants are currently living in the United States, while 35 million are lawful immigrants, with the majority belonging to groups of naturalized citizens (Passel & Cohn, 2021). The Pew data shows that the number of individuals who were issued green cards drastically declined in 2020 from 236,000 at the beginning of the year to under 78,000 in April of 2020 (Passel & Cohn, 2021). To draw comparisons, in 2019, the number of green card holders stood at 266,000. The COVID-19 pandemic has affected the issuance of visas granted to immigrants and contributed to the detention of migrant families at the border even after the Trump Administration.

Reasons for Migrating through the Southern Border

There are a range of reasons and hardships faced by immigrants that ultimately lead them to the decision to leave their home countries for the chance at a new life in the United States, and as is the case, one of the largest reasons for seeking refuge or crossing without documentation is with regard to the lack of legal pathways under current U.S. immigration policy (Dreby, 2012). The backlogs of requests for permanent residence for

family members of U.S. citizens has deterred many from waiting to receive an update on their legal case (Dreby, 2015). Many families report that if they had been given the opportunity to migrate legally, they would have done it (Dreby, 2015). However, families reported that even during their visits to the U.S. consular offices in hopes of getting a visa, they had to apply multiple times before they finally decided to go to Canada instead and cross illegally through Washington State (Dreby, 2015). Migrant parents must make the difficult decision to leave their children in their home country due to economic hardship and the lack of a legal means to migrate to the United States (Dreby, 2012; Suárez-Orozco et al., 2011). Most migrant families send one parent over and then send for the rest of the family once they have a job secured in the U.S. (Dreby, 2015; Suárez-Orozco et al., 2002). While the options for migrating legally are limited and often skewed to favor wealthy and privileged immigrants, many families arrive at the border without proper documentation and begin their process for refugee status or asylum once they reach the border.

In addition to the lack of legal pathways, migrant mothers from a study by Dreby (2012) mentioned that their reason for immigrating to the US was for the future of their children, and the opportunity to provide them with a better life. In most cases it was migrant parents who saw immigration as a way to advance and reach some form of economic prosperity for their families by saving money and sending for their children once they were more established (Dreby, 2015). Typically, one family member would migrate first, and then send for their family after having the economic means to do so. It was reported by these migrants that they were having difficulty finding job opportunities in their home country and sought to change that for their families by coming to the

United States where the job market seemed more stable, and economic prosperity was a stronger possibility (Gindling et al., 2012; Dreby, 2012, 2015). Other reasons reported for migrating were the stability of currency in the United States, which would make it easier for immigrants to earn a living in the U.S. and send money back to their families (Gindling et al., 2009). Motivations for immigrating to the U.S. also included the safety of the U.S. for migrants fleeing civil wars, political unrest, and gang violence in their home countries (De Jesus, 2021).

Types of Immigration & Status

One of the most common forms of immigration to the United States is through illegal points of entry, either by use of false documentation or through bypassing checkpoints. According to Slack (2018), the majority of people that attempt to make it to the United States do so by claiming to be U.S. Citizens. They are able to pass through the U.S. border and entry points with the use of fake documents and by pretending to be other individuals. In many cases these individuals have no connections to Mexico, and find themselves in a predicament when they are deported to a foreign country (Slack, 2018). In addition to undocumented individuals, the U.S. also admitted 12,000 refugees in 2020 due to the coronavirus pandemic (Krogstad & Gonzalez-Barrera, 2021). Fewer refugees were admitted to the country during the Trump Administration than the Obama Administration with the number capped at 18,000 in 2020 (Passel & Cohn, 2021). Prior to the Trump Administration, the Obama Administration had capped refugee admittance at 85,000 in 2016 (U.S. Department of Homeland Security, 2018). In 2019, the U.S. awarded 139,000 employment-based green cards to workers and their families which gave immigrants the ability to live in the United States through a work permit. Another

form of legal entry is based on luck through a program of diversity visas in which 50,000 individuals are chosen from a visa lottery. It was briefly suspended during the COVID-19 Pandemic by the Trump Administration in 2020 and reinstated after the U.S. District Court for the District Columbia issued a preliminary injunction (National Immigrant Justice Center, 2017) However, the visa lottery emphasizes one of the aspects of the immigration system in the United States that is in need of reform, as individuals from Mexico, Canada, China, and India are not allowed to apply for the program. In this manner, this example showcases how the U.S. favors immigrants from countries that are not within the majority of groups that want to immigrate (Lopez et al., 2021).

Many undocumented immigrants at the southern border are forced to wait in their home countries until the Department of Justice issues their court hearings from the large backlog of immigration cases, which often leave families waiting years before any movement on their case, and pushes illegal immigration as the only option for many individuals (Carmona, 2020). However, there are a few more options for those that are lucky enough to be granted permission to enter the country legally, and one of those options is an H-1B Visa. In 2019, 188,000 foreign workers received the H-1B visa for employment in the U.S. In addition, agricultural workers were able to enter the country through the H-2A Visa Program, which accepted agricultural workers. There are also temporary protections that have sprouted up through policy change by different administrations. One of the temporary protections is DACA (Deferred Action for Childhood Arrivals), an executive order passed by President Obama in 2012, which had granted 636,000 work permits to young immigrants by Dec. 31, 2020 (Burns, 2019). Most of the individuals that qualify for the DACA program are called “Dreamers” and

have been at the forefront of immigration discussions as the majority of the recipients are college-educated and would be at a loss in their home countries if they faced deportation (Carmona, 2020). Dreamers are the group of undocumented immigrants living in the United States that were brought to the US at very young age by their parents.

On January 25, 2017, President Trump issued Executive Order No. 13,768, "Enhancing Public Safety in the Interior of the United States." In that EO, the President established new immigration enforcement priorities and attempted to end Deferred Action for Childhood Arrivals (DACA) (Federal Register, 2018). DACA is a policy that gives status and temporary permission to certain individuals who meet program requirements and receive a grant of deferred action. Individuals who are granted DACA are able to renew their grant every two years and are eligible for work authorization. The DHS announced that they would no longer accept any new applications for the DACA program, however, various federal courts in the U.S ruled in favor of DACA requiring DHS to continue accepting DACA renewal applications until final court decisions could be made.

Another policy providing temporary protection is the Temporary Protected Status program (TPS), which provides legal immigration status to foreign nationals from countries affected by armed conflict or natural disaster. The TPS policy has shifted tremendously since the Biden Administration took office and made immigrants from Venezuela and Myanmar eligible (Krogstad & Gonzalez-Barrera, 2021), which ultimately gave them the ability to live and work in the U.S. Estimates for TPS are measured at 600,000 immigrants from 12 countries, 300,000 of those are from Venezuela (Passel & Cohn, 2021). It is possible that the Biden Administration will strengthen the

temporary protections for both Dreamers and recipients of TPS by passing legislation that would allow them to apply for green cards (Kerwin et al., 2020).

COVID-19 Pandemic

The family separations at the border became an unprecedented situation as many families arriving did not anticipate that their children would be placed in a separate detention center (Frye, 2020). While the "Zero Tolerance Policy" had 'officially ended', by the time COVID-19 began impacting the US, families who had been separated during the policy were still separated and being held in centers. As such they were left at the hands of policy changes due to COVID precautions. The lengths of stays shifted drastically during the COVID-19 pandemic as many detention centers were requiring quarantine time at certain shelters or facilities, causing a huge delay in reunification (Garrett, 2020). In most places, the average waiting period was a 10-day quarantine before children could even be seen by their case managers (Garrett, 2020). This caused an average length of stay to be 83 days in custody. The Trump administration had also used COVID-19 to allow for far more restrictive immigration policies, by not allowing asylum seekers a chance to testify in court, and shifting the rules at the border, which prevented the entry of 43,000 migrants seeking asylum (Garrett, 2020).

Negative Impacts of the Zero Tolerance Policy

As the Biden Administration began in January 2021, and family reunifications were underway, it was estimated that over 5,500 children were separated from their parents and guardians as a result of the "zero-tolerance" immigration policy (Dickerson, 2020). However, the lack of a tracking system continued to haunt the process of family reunification, and it was reported that 545 children's families had been left unaccounted

for (Dickerson, 2020). During former President Donald Trump's time in office, more than 5,500 migrant families were separated from their parents/guardians when they entered the country, and more than 1,400 parents were ultimately deported without their children (Rose, 2021). Additionally, the policy caused a $227 million shortfall in revenues for Immigration and Customs Enforcement (ICE) for the fiscal year 2019 (U.S. Department of Justice Office of the Inspector General, 2021), due to the high cost of detentions. While the policy aimed to restrict illegal immigration and limit the number of refugees and asylum-seekers in the United States, it ultimately affected the U.S. economy by inhibiting groups of individuals from finding employment (which generates income tax and sales tax revenue) (U.S. Department of Justice Office of the Inspector General, 2021). The loss created by the policy was not just financial, but also psychological for the individuals involved, as grieving the loss of a parent during separation would heavily affect children as they processed emotions and situations that could change drastically once their parent's court case was heard (Suarez-Orozco et al., 2002). According to data from the Department of Health and Human Services (2019), child detention is correlated with increased risk and rates of PTSD and chronic mental health conditions, including depression amongst young children. The negative impacts on the emotional and cognitive functions of children could be affected until adulthood and result in lower academic performance, unhealthy attachments, and chronic mental health disorders (Department of Health and Human Services, 2019). The presence of extreme stress amongst children was also linked to increased rates of physical health conditions like diabetes, heart disease, cancer, and strokes (Department of Health and Human Services, 2019). Additionally, it was reported that the separated migrant children were having difficulties adjusting to life

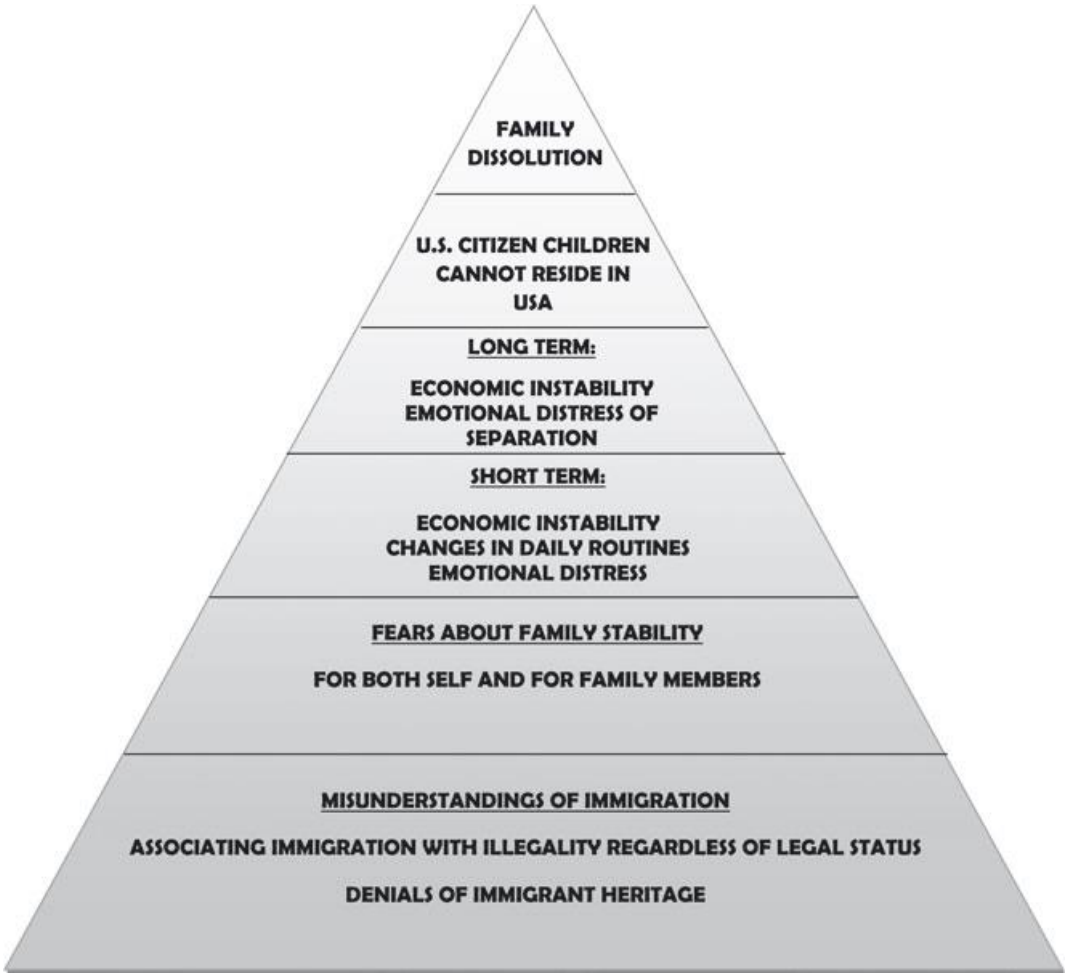
with their parents once they left the detention centers (Gindling et al., 2009; 2012). While migrant children already face systemic and systematic barriers, and the burden of assimilation, as foreign-born individuals, the added trauma of separation may create further problems in the overall wellbeing of those involved (Suarez-Orozco et al., 2002; 2021). In this manner, when the U.S. government's enforcement practices create single mother households, fathers' roles in their families are undermined (Dreby, 2015). The parent-child relationship suffers tremendously as they may disappear from their children's lives permanently (Dreby, 2015).

The Impact of Zero Tolerance Policy on Migrant Families

In order to understand the impact that separations can have on a family unit this thesis utilized Dreby's "Deportation Pyramid" (Figure 1) to grasp the true implications that deportation, or forced separation, has on the entire family unit (2015). Dreby identifies that this pyramid covers the wide range, and frequency, of emotional toll and experience that families can go through when dealing with forced separations (2015). This pyramid can be used to infer that similar impact will be had on those families who are impacted by the "Zero Tolerance Policy".

Figure 1

Deportation Pyramid: Asses the Burden of Separation Policies on Families



Another negative result of the "Zero Tolerance Policy", was that families spoke of living day-to-day (Nienhusser, 2018). Consequently, during the Neinhusser interviews, a parent discussed their insecure status as a result of having to wait for an unknown future, and of being even more uncertain of how their cases would conclude once they attended their court hearings. The uncertainty associated with a precarious immigration status was in the everyday thoughts of these families, and was a source of constant stress (Nienhusser, 2018). The lives of children and families are often left in limbo as politicians and presidential administrations have used debates about immigration policy

to divide the electorate, however, recent polls have showcased that Americans have shifted their perspective in favor of comprehensive immigration reform (Passel & Cohn, 20211). Ultimately, it is up to legislators to create policy that is effective and does not use the lives of immigrant families as pawns for political gain.

The Impact of Border Detention on the Mental Health of Migrant Families

In addition to the instability and uncertainty that the "Zero Tolerance Policy" has created for migrant families, the impact of the policy on migrant children's mental health has been drastic, and the total impact of separation has yet to be fully uncovered (Allen, et al., 2013). The current role of immigration policies in forming the future of families has created an extreme fear and mistrust of government for many immigrant families (Anakwenze & Rasmussen, 2021). The impact of the policy on immigrant communities includes increased instances of discrimination, access to fewer resources, family separations, and the burden of poverty (Bruzelius & Baum, 2019). These experiences have heavily contributed to the increase of trauma amongst immigrant families, and places migrant families at risk of poor mental health outcomes (Allen, et al., 2013). These experiences are heightened by the increased risk of chronic mental health disorders and outcomes in addition to those experienced at home and during their journey to the U.S., such as violence and extortion. (Torres, 2018). Considering that most immigrants had been fleeing situations such as civil unrest, violence, and/or poverty, the trauma generated by the "zero tolerance" policy is an additional stressor to the already chaotic situations that these families were experiencing (Frye, 2020). Immigrant families left the instability of their home countries to be faced with the uncertainty of their futures in the United States.

Detention also creates disruptions to the family unit, which may include role reversal of parents and children, and undermined attachment relationships (Silove et al., 2007). As children were left fending for themselves during such a critical time of development, the role of parentification was amplified in the migrant children. For example, during immigration and court proceedings children were expected to represent themselves as minors with the sole help of interpreters (Kerwin et al., 2018). Being forced to face the legal system at such a young age and without the ability to have proper representation is a clear indicator of the violation of human rights that the policy caused in detention centers and the legal system (Sweatt, 2020). Instead of adopting resentment for the inability to successfully enter the United States, children develop insecurity and anxiety at the sudden realization that they are being detained and their parent(s) may be deported (Dreby, 2015). Unsure of their fate, families were at the mercy of the court system and their ability to communicate with their interpreters.

The disruption and destabilization of family units caused extreme hardship among migrants, especially as the deportation of a parent contributed to the increase of emotional and behavioral distress in children, which manifested itself through problems sleeping, anxiety, depression, and a lack of academic achievement (Allen, et al., 2013). It should be noted that while children were in detention they were also kept away from schooling, which will also negatively impact the development and educational achievement of migrant children (Gindling et al., 2012).

There are various factors that give insight into the impact of separation on the livelihood and experiences of migrant children at the southern US border. One of these factors is maternal depression, which impacts children (Calzada et al., 2019). Calzada

(2019) used the family stress model to understand the way child functioning is shaped by stressors experienced by the family, and showed that maternal depressive symptoms and acculturative stress were associated with child internalizing problems. Therefore, it is possible that the migrant children may face serious mental health problems as a result of the stress and trauma that they faced while in detention.

One of the strongest stressors, and a factor that ties along with mental health of migrant children, is showcased in studies conducted on citizen children that have had a parent deported. Rojas-Flores et al. (2017), reported that citizen children who lost a parent to deportation experienced psychological distress and trauma at a higher rate than those who had no experiences with immigration. The levels of PTSD in children whose parents had been detained or deported imply that forced family separation has multiple impacts on the mental health of developing children (Rojas-Flores et al., 2017). While in detention, therapists were overextended and often were struggling with their own mental health issues as a factor of working with the migrant children (US Department of Health and Human Services Office of Inspector General, 2019). The outlook of these children's futures once they left detention was not positive either, as bilingual providers for mental health services are often difficult to find, and most of the time these providers are already stretched beyond their ability to work with patients.

Indirect Impacts of the Zero Tolerance Policy

The role of Customs and Border Patrol also negatively contributed to the impact of the "Zero Tolerance Policy" as it was reported that children had been kept at facilities that were only equipped for short-term detentions (U.S. Department of Homeland Security Office of Inspector General, 2018). DHS provided inconsistent information to

immigrants who arrived with children during Zero Tolerance enforcement, which resulted in some parents not understanding that they would be separated from their children, and being unable to communicate with their children after separation (U.S Department of Justice Office of Inspector General, 2021). This may have led asylum-seekers at ports of entry to attempt illegal border crossings instead. (U.S. Department of Homeland Security Office of Inspector General, 2018). DHS also struggled to identify, track, and reunify families separated under Zero Tolerance due to limitations with its information technology systems, including a lack of integration between systems. (U.S. Department of Homeland Security Office of Inspector General, 2018).

Forced separations resulting from border enforcement practices or immigration policies have created significant levels of stress and anxiety for the entire family unit, parents, relatives, and children (Dreby, 2015). They also drastically impacted men's involvement in their families lives (Dreby, 2015). Deportees cannot earn enough money in their home countries to support their children living in the United States, and so a deportation robs them of the ability to fulfill their roles as family providers (Dreby, 2012). Deportees face high levels of stigma upon their return to their home countries; they are viewed as failed migrants and, oftentimes, as criminals even if the deportation had nothing to do with a criminal offense (Moulton, 2013). They have trouble finding stable work, and they become demoralized. When the U.S. government's enforcement practices create single mother households, fathers' roles in their families are also undermined, and their relationships with their children suffer (Moulton, 2013; Dreby, 2015). In the worst-case scenario, they disappear from their children's lives permanently and suffer family dissolution, as seen in the “Deportation Pyramid” (Figure 1) (Dreby,

2015). Most fathers experience the hardships of sudden and unexpected poverty, whether temporarily or in some cases when separations become permanent. Father-child relationships suffer as fathers can rarely maintain a role as a present father when deported. Children's well-being is undermined by the economic and emotional insecurity inherent in these state interventions. (Dreby, 2015).

Bacallao (2013) discussed how the initial 3-12 months adjustment period for migrant children was the most difficult because of unsupportive school environments. He also found that the start of school was an immersion into the monolingual world made more difficult by the children's limited proficiency in English, and a lack of supportive resources to help with adjustment. The process of assimilation into American culture can therefore be extremely difficult for children who are just arriving in the U.S. Their late entry into the culture, and their experience with language barriers do not give them the same set of tools as their peers, and they struggle to communicate even the simplest needs (Bacallao et al., 2013). In many cases, language barriers and bullying lead undocumented children to stay silent, ignoring their needs and fading into the background (Bacallao et al., 2013). The themes that surfaced during Bacallo's (2013) interviews with Mexican families showcased that it was difficult for them to adjust to life in the US because of the lack of translations, criticism over their lack of assimilation, and looking physically different from their peers.

Family members did not view detention or deportation as a natural consequence of migration (although in some cases they did describe it as a consequence of criminal activity) (Dreby, 2015). Instead, family members felt traumatized by the intrusion of the government into their families lives. One mother said that as a result of her husband's

deportation, she didn't feel safe talking to police, and even considered changing her hair and getting contact lenses (Dreby, 2015). Participants of the Bacallao (2013) study discussed that their undocumented status played a strong role in the development of their identity and resulted in difficulty to develop independently from their parents, which led them to feel hopeless about their situation. The feelings of hopelessness mentioned during Romero's (2020) study can be tied back to the lack of stability, security, and certainty for those that are undocumented or awaiting to hear the status of their request for asylum, refugee, or citizenship status.

Attachment Theory and Zero Tolerance Family Separation Policy

One of the ways in which we measure the impact of family separation, on the family unit, is viewing it through the lens of attachment theory, which allows us to understand the importance of developing healthy relationships (Bowlby, 1988). Attachment theory states that a young individual's future security, well-being, and positive relationships in adulthood are contingent on a secure mother-infant relationship; if maternal deprivation, loss, or separation occur, the outcome can be devastating for the child (Hooper, 2007). This lens is critical when reviewing the crisis of not only detaining, but also separating migrant children from their families, in inhumane conditions, such as being left with in crowded cages with no bed or blanket, lights being left on all times during the day, and provided with no care (Jordan et al, 2021). In this manner, attachment theory allows us to begin to comprehend the level of trauma and loss that children who have been separated from their parents for even a brief period of time sustain. In addition, attachment theory allows us to see how children can develop fear of abandonment from

the heightened fear that they may lose their parents to deportation, or in certain cases not even knowing the whereabouts of their parents (Hooper, 2007).

Unlike in healthy relationships, the development of fear of abandonment will show up later in adulthood and can cause individuals to fear rejection, being alone, or living under the constant worry that they will be abandoned by those that they love (Hooper, 2007). A central component of attachment theory is the method by which a child internalizes the working models of the attachment figures and self. These internalized models help interpret the meaning behind the behavior of others, which help make predictions about future behaviors, organize self, and other responses (Hooper, 2007). Thus, for a child to be so young and to be caged as a criminal, one can infer that they are internalizing this treatment, connecting to their self-worth, and trust of government officials in the future. Attachment theory maintains that relationships are affected between child and parent, and healthy attachments are unable to form with the mother figure (Hooper, 2007). Additionally, children grow up internalizing and victimizing themselves as they perceive themselves to have a part of the responsibility for everything that happens (Suárez-Orozco et al., 2002). Attachment research demonstrates the critical role that parent–child relationships play in the development of social skills, emotional regulation and the concept of the self (Bowlby, 1988; Hooper 2007; Gindling et al., 2012).

Given what the literature shows on separation through the lens of attachment theory, inferences can be made that there are detrimental consequences to this separation. As is the case with the "Zero Tolerance Policy", for example; "A 7-year-old boy was separated from his father, without any explanation as to why the separation occurred. The

child was under the delusion that his father had been killed and believed he would also be killed. This child ultimately required emergency psychiatric care to address his mental health distress." (OIG HHS, 2019, pg. 14). Creating policy in terms of prevention, it is crucial attempts be made at having policy that preserves the parent-child relationship, otherwise it leads to multitude of barriers and need for medical treatment (Allen, et al., 2013).

Parentification

When and if individuals are released and await their trial to decide on whether they obtain a status that allows them to stay in the US, they are forced to live in unprecedented conditions, not being able to drive, or obtain services as a "citizen" would, this can sometimes force, if they are of a mixed status family, children into parental roles (Hooper, 2007). Children become interpreters, drivers, shoppers, and other roles that most children their age wouldn't need to take on. For example, youth became responsible for being the main transportation for parents who have to drive them to work, take them to the market, or even assist in getting their siblings to school (Nienhusser, 2018). These are all stressors in addition to the many stressors these children are already facing.

As Hooper (2007) describes, emotional parentification is defined by a period of time during childhood development in which certain habits are formed that are detrimental to the growth and development of healthy attachments. The suppression of the children's needs leads to them having to place others in front of their own development and heavily disrupts the proper functioning and ability to form their personal traits and relationships (Hooper, 2007). Thus, Hooper uses family systems theory and attachment theory to understand the negative impacts that emotional

parentification causes children to have to take on. The Love study investigated the relationship between language brokering, parent-child bonding, perceived autonomy, biculturalism, and depression for Latinx adolescents (Love, 2007). Their findings found that language brokering for most youth led to depressive symptoms. They use the person-environment fit model, which suggests that optimal development depends on the balance between the individual and environment. Implications for youth who are faced into language brokering situations, is the clash between the American culture they have been immersed in and their parent's traditional beliefs regarding autonomy. Parentification is extremely important to consider in analyzing the "Zero Tolerance Policy" because of the conditions and treatment that the children are facing when being detained. There are reports that children who are deemed unaccompanied minors, are held in cages with only children present, and the staff monitoring these cages are not allowed to intervene or care for the children (Merchant, 2018; CBS Interactive, 2018). This leaves children caring for children in some of the most ridiculous situations. "A 16-year-old girl was forced to take care of a 2-year-old for three days (while being detained in the cages), she was having to teach other children to change diapers and help care for the children they were being held with." (Merchant, 2018).

ACES/ Trauma & Human Development

The concept of Adverse Childhood Experiences (ACEs) originated from a study done by the CDC and Kaiser Permanente in 1995. The ACE's questionnaire consists of three categories: abuse, neglect, and household dysfunction (Felitti et al., 1998). The findings from the ACE's study show a significant relationship between high levels of trauma and negative health outcomes throughout life (Felitti et al., 1998) The majority of

immigrants face the disconnect between balancing two different cultures, that of their home country and that of the US, which can cause cognitive dissonance in the youth who are torn between two worlds and forced to choose certain aspects of each culture to adopt for their identity. Multiple side effects also trickle through with language brokering, which can lead to depression from the high expectations that the parents place on the children to be their personal interpreter (Love et al., 2007). The exposure of adult situations by youth may lead to them having to carry on the weight of family problems, finances, or conflicts (Hooper, 2007). The United States government does not make the journey any easier, as rules like Public Charge (which negatively affects citizenship applications if families apply for public assistance programs, such as SNAP, Medicaid, or TANF) have frightened immigrant communities from seeking any help from state or federal services (Dreby, 2015; Passel & Cohn, 2021). Recent findings suggest that the heightened immigration policies could pose a problem to public health in the United States, especially for children with undocumented parents (Rojas, 2017).

The majority of families have also stated that their family members are forced to live in isolation and secrecy due to the fear of deportation, especially when they could potentially have an interaction with law enforcement (Nienhusser, 2018). In addition to acculturation, there is an added stressor and a negative response that is psychologically developed by the experiences of immigration. This stress is caused by the adaptation to the new language, new behaviors, and being faced with the norms and values of mainstream culture in the United States (Calzada, 2019). As is the case, the associated discrimination and internalization of being a foreigner may be hard to understand because

the children don't see themselves as foreigners but are treated as such (especially those who arrived in the U.S. as young children) (Ayon et al., 2010).

Historical Analysis of US Immigration Policy at the Southern Border

In accordance with the negative impacts that immigration policy has on the mental health and livelihood of children and families, the historical analysis of immigration policy in the U.S. allows us to see how perspectives on immigration have shifted through US presidential administrations. In order to understand this shift in immigration policy as administrations implement new legislative and executive priorities, it is necessary to analyze previous policies and how they have contributed to the current immigration crisis in the United States (Kerwin et al., 2018). The perspective towards refugees and asylum-seekers has changed drastically since forms of amnesty were introduced by the Reagan Administration (Schacher, 2020).

On November 6, 1986, Ronald Reagan signed the Immigration Reform and Control Act of 1986, the last time Congress passed comprehensive immigration reform legislation. The Act heavily changed immigration law in the United States by making it illegal to hire undocumented immigrants, while also legalizing some undocumented immigrants that had arrived in the United States prior to January 1st, 1982 (Simpson, 1986). One of the goals of IRCA was to increase border security and to enforce penalties on employers of undocumented immigrants (Muzaffar, 2020). The law was significant for US immigration reform history due to the amnesty provision that allowed over 2.7 million undocumented workers who were already in the US to obtain legal status (PBS, 2021). The authorized employment verification (known as I-9 process) that was introduced by the law continues to be the primary way to enforce immigration

requirements in employment practices as well as employment verification. Support for the bill initially started in 1977 when President Jimmy Carter attempted to pass similar legislation, and was struck down several times until revisions in 1986 attracted enough support. Through an emphasis on tougher border enforcement, penalties for employers, and legalization for those who had been in the United State for five years or more as of 1982, the legislation ushered in a new opportunity for undocumented individuals to reach legalization. Through IRCA, approximately 1.6 million individuals were able to legalize their status and 1.1 million agricultural workers were able to obtain legal status for their families (Muzaffar, 2020). This legislation greatly contributed to the historic rise in family-based migration in the 1990s, and enabled Mexican nationals (70% of whom were legalized through IRCA) to become the largest immigrant group in the United States. However, the implementation of IRCA has led to waiting periods of close to 10 years for family-sponsored migration (Muzaffar, 2020).

Another instrumental policy guiding procedures at the border is the Flores Settlement Agreement. In 1997 the federal district court in California had ruled in the Flores Settlement Agreement that there would be guidelines by which government agencies would have to adhere to when children were in their custody (Justice for Immigrants, 2019). The Flores Agreement guaranteed protections for migrant children being held in government custody, such as attorneys inspecting facilities holding children to assure the government's compliance. Initially, the Flores Agreement was only enforced for the Immigration and Naturalization Service (INS), but was later extended to the Department of Homeland Security, and then the Department of Health and Human

Services' (HHS) Office of Refugee Resettlement (ORR). The Flores agreement required that federal government institutions adhere to the following rules:

> "1. Facilities provide children in their custody with access to sanitary and temperature-controlled conditions, water, food, medical assistance, ventilation, adequate supervision, and contact with family members. 2. Facilities ensure that children are not held with unrelated adults. 3. The government releases children from detention without unnecessary delay to parents or other approved sponsors. 4. If a child cannot be released from care, the child be placed in the "least restrictive" setting appropriate, based on his or her age and needs" (Justice for Immigrants, 2019, pg. 2).

In addition, the policy was supposed to ensure that ORR, HHS, or DHS would not hold children in custody for more than 20 days (unless being held in licensed childcare facilities). The Flores Agreement instituted in 1997 was not adhered to by the implementation of the "Zero-Tolerance Policy" by the Trump Administration in 2018, which permitted detention facilities to hold families through the duration of their court proceedings, despite the fact that the family detention facilities and did not meet the child welfare requirements (Flores Settlement Agreement, 1997).

In comparison, the 287(g) program, which allows for local law enforcement agencies to act as immigration enforcement and creates additional partnerships with ICE, caused an uproar when it was enforced by local law enforcement and became an incentive for jails, prisons, and detention centers to profit from the detention and deportation of immigrants. During the time between January 2006 through 2011, it was reported that 287(g) had identified 304,678 migrants with removal orders (Amuedo-Dorantes, 2018).

The crackdown of immigrants living in the country has led to heightened fear within immigrant communities. As is the case, 287 (g) has led to increased fear and distrust of the government, especially the fear of law enforcement amongst immigrant populations. In turn, the mistrust has consequently led to less reports of crime, and cooperation with police in concerns of "public safety" (Amuedo-Dorantes, 2018).

Timeline of US Mexico Border Policy

In order to understand how the Trump Administration was able to implement the "Zero Tolerance Policy" and how drastic the policy was in comparison to past legislation and policies that had been considered "amnesty", it's crucial to start with the Immigration Reform and Control Act in 1986. The timeline gives insight into how immigration policy has changed since the 1980s and showcases the political landscape that the Trump Administration and the Biden Administration encountered as they dealt with implementing immigration reform and policy. Ultimately, the timeline provides the series of events that transpired as the "Zero Tolerance Policy" was implemented by Attorney General Jeff Sessions and how its suspension occurred

November 6, 1986

The Immigration Reform and Control Act (IRCA) was passed by congress on November 0f 1986 by Congress during the Reagan Administration. Prior to the passing of IRCA estimated undocumented population was estimated to be around 5 million, after the amnesty undocumented population decreased.

1990

Immigration Act of 1990 was passed under President George H. W. Bush. which increased the number of legal immigrants allowed into the US each year, from 500,000 to

700,000. It also created the visa lottery system, which selects random individuals to promote diversity from underrepresented countries. (PBS, 2021).

1992

Estimated undocumented population rose again to an estimated 3.4 million the highest increase since IRCA had passed.

1996

The Illegal Immigration Reform and Immigrant Responsibility Act is passed by Congress

2000

Estimated number of total undocumented population is between 7 million - 9 million

2003

The Department of Homeland Security is created and reorganized the previous Immigration and Naturalization Services (INS), customs, and United States Department of Agriculture (USDA), into what is now the Customs and Border Protection, Immigration and Customs Enforcement, and Citizenship and Immigration services.

2006

President Bush signs the Secure Fence Act, calling for roughly 700 miles of border fencing

2018

An estimated 7,000 undocumented Central American immigrants arrived at the border by caravan. The US replied by deploying over 5,000 troops prior to their arrival and adding wiring along existing fence lines (SMU Texas-Mexico Center, 2021).

April 6, 2018

The Office of the Attorney General releases the memorandum for federal prosecutors along the southwest border to have “zero-tolerance” for offenses under 8 U.S.C 1325(a) (Department of Justice, 2018). The "Zero Tolerance Policy" is announced by Attorney General Jeff Sessions. The "Zero Tolerance Policy" “required each U.S. Attorney’s Office (USAO) on the Southwest border to prosecute all referrals for illegal entry violations, including misdemeanors, referred by the U.S. Department of Homeland Security (DHS) “to the extent practicable, and in consultation with DHS” (Department of Justice Office of the Inspector General, 2021).

May 4, 2018

On May 4, 2018, with the urging of Sessions, DHS changed its policy of not referring family unit adults and began referring them to Southwest border USAOs for criminal prosecution (U.S. Department of Justice Office of the Inspector General, 2021)

May 7, 2018

AOG Jeff Sessions announces "Zero Tolerance Policy". Sessions stated, “I have put in place a ‘zero tolerance’ policy for illegal entry on our Southwest border. If you cross this border unlawfully, then we will prosecute you. It’s that simple. If you are smuggling a child, then we will prosecute you and that child will be separated from you as required by law.” (U.S. Department of Justice Office of the Inspector General, 2021)

June 20, 2018

Executive Order 13841 is issued by President Trump ending family separations at the border and issuing a call for reunification.

June 26, 2018

A federal court ordered the government to reunify separated children and parents within 30 days. Ms. L v. ICE, As of December 2018, the Department of Health and Human Services (HHS) had identified 2,737 children who were separated from their parents and required to be reunified by court in the Ms. L v. U.S. Immigration and Customs Enforcement (ICE) litigation (Department of Health and Human Services, 2019).

July 2018

The Office of Refugee Resettlement Care identified 2,654 children who may be eligible for reunification according to the Ms. L vs. ICE class court case. In the winter of 2018, the numbers were finalized to 2,737 children who were eligible for reunification. However, due to the lack of a data system that could track the movement of the families, numbers for children separated were still being revised 5 months after the court order had been issued.

October 20, 2020

The government and plaintiffs in the Ms. L. v. ICE litigation jointly reported to the court that there were 545 children separated from parents in 2017 or 2018 for whom outreach efforts had yet to make contact with the separated parent. (U.S. Department of Justice Office of the Inspector General, 2021).

January 26, 2021

The Department of Justice rescinded the "Zero Tolerance Policy". The acting Attorney General Monty Wilkinson issues memorandum “DOJ will return to its longstanding policy of making individual assessments on whether to bring criminal charges against border crossers”

February 2, 2021

Executive Order 14010 is issued by President Biden as a Comprehensive Regional Framework to Address the Causes of Migration, to Manage Migration Throughout North and Central America, and to Provide Safe and Orderly Processing of Asylum Seekers at the United States Border" Executive Order 14011 is issued by President Biden on the Establishment of Interagency Task Force on the Reunification of Families.

U.S. Immigration Policy

The United States has upheld the notion that it is important to remove illegal immigrants that may be considered "dangerous", and this has been publicly supported (Dreby, 2015), by which state and federal agencies have focused on deportation enforcement and subsequently affected the removal of all groups of immigrants. Ultimately, enforcement activities now hold an unprecedented role in immigration policy. The role of immigration policy in the U.S. heavily influences the structure of family units and the livelihood of migrant children (Dreby, 2015). In this manner, the separation of families has caused mistrust amongst those seeking refuge and asylum in the United States. The decisions on policy priorities and immigration reform affect the entire family unit, and it's important to consider the unintended consequences of leaving children without a parent and the creation of low-income households with environments that can severely hurt child development (Dreby, 2015).

The loss of a parent to deportation often results in the fracture of the family structure, and it's crucial that attempts are made to prevent family separation and preserve the family relationship once individuals are identified as "removable aliens" (Allen, et al., 2013). Oftentimes, the parent that is deported is the bread-winner in the family and their dependents are left without resources and stability. The loss of a parent

can result in the development of barriers for the children as they attempt to access medical and mental healthcare (Allen, et al., 2013). While immigration policy in the United States may appear to be controlling the influx of illegal immigration, the lack of structured policy is creating issues in the healthcare system. For example, residential treatment facilities, hospitals, and the courts have become overburdened by untreated mental health issues in migrant children. Thus, comprehensive public health policy is not just a necessity, but should be treated as a priority in terms of addressing the barriers that children of deported parents have to face while seeking treatment services (Allen, et al., 2013). After the terrorist attacks of 9/11, the United States government and politicians shifted their attitude towards immigrants and consistently passed legislation that limits pathways for legal immigration. Mass deportations began under President George W. Bush and continued to rise under President Barack Obama.

Border Policy Previous Administrations

During President Obama's term there were 1.8 million deportations (Vaughan, 2013). Although Obama's executive order for DACA allowed many individuals to be granted a work permit and provided temporary protection from deportation for thousands of undocumented immigrants, the Obama Administration set a precedent for the heightened focus on illegal immigration. The practice of releasing certain individuals suspected of violating immigration law into the United States pending resolution of their administrative or criminal cases — a practice sometimes referred to as "catch and release," was developed under prior administrations and implemented by the Obama Administration (U.S. Department of Homeland Security Office of Inspector General, 2018). Obama's failure to pass comprehensive immigration reform enabled federal

agencies to continue deporting individuals despite their ties to the local community, economy, and the families that they had in the United States (Clifford, 2020).

"Before implementation of the "Zero Tolerance Policy", when CBP apprehended an alien family unit attempting to enter the United States illegally, it usually placed the adult in civil immigration proceedings without referring him or her for criminal prosecution. CBP only separated apprehended parents from children in limited circumstances — e.g., if the adult had a criminal history or outstanding warrant, or if CBP could not determine whether the adult was the child's parent or legal guardian" (U.S. Department of Homeland Security Office of Inspector General, 2018). Subsequently, raids on workplaces and arrest warrants continued to be issued for individuals that had overstayed their visas or failed to appear in court for their hearings. "Accordingly, in most instances, family units either remained together in family detention centers operated by ICE while their civil immigration cases were pending, or they were released into the United States with an order to appear in immigration court at a later date" (U.S. Department of Homeland Security Office of Inspector General, 2018).

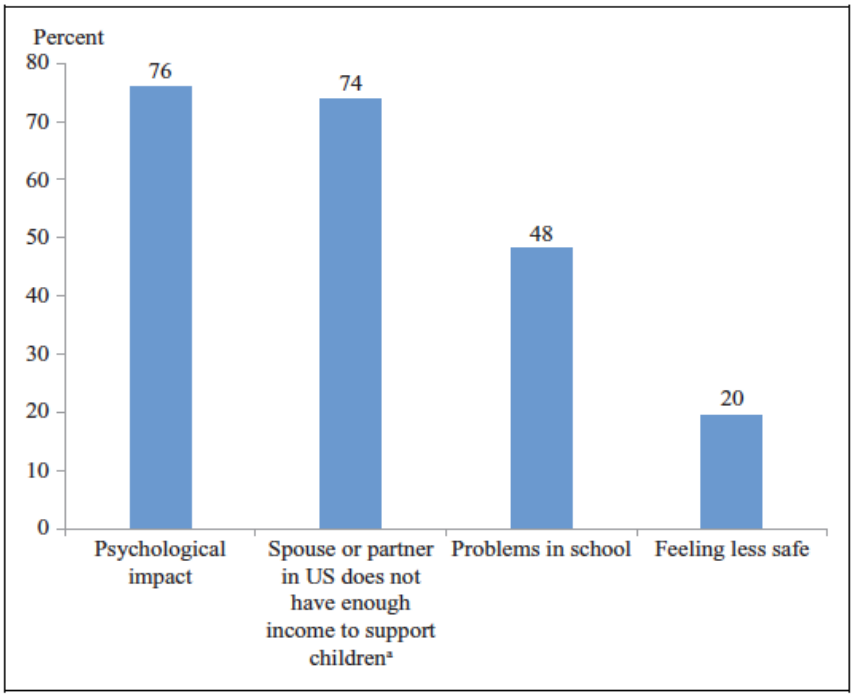
Trump Administration

As the Trump Administration entered office, they had vowed to prosecute illegal immigrants and reform immigration policy that would ban individuals from migrating to the United States. "The Trump administration has regularly portrayed undocumented residents, migrants seeking to request asylum at the US-Mexico border, and deportees as criminals and security threats. Most survey respondents either had not been convicted of a crime or had committed an immigration or traffic offense prior to their deportation. Nevertheless, study participants described a deportation system that treated them as

criminals and instilled fear in their communities" (Kerwin et al., 2018, p. 228). This is critical in understanding the impact that policy has on mental health. As discussed earlier (Figure 1), associating immigration with illegality leads to internalization and emotional distress (Dreby, 2015). Kerwin's study also was able to identify that over 76% of study participants expressed a psychological impact due to the forced separation (et al., 2018). As seen in Figure 2, 48% of families reported problems in school and 20% reported feeling less safe (Kerwin et al., 2018). Given what the literature tells us about the adverse effects that trauma has on individuals throughout their lifetimes (Felitti et al., 1998), inferences can be made about the lasting impact that the criminalization of migration will have on these children who were detained. As well as the adult migrants who were also criminalized and dehumanized by this policy.

Figure 2

Difficulties Faced by Family of Forced Separations



The changes in immigration policy have created a crisis at the border, while migrant caravans started forming in Central America as civil unrest broke out in various Latin American countries and overseas in Burma (Vaughan, 2013). Unlike past administrations, the Trump administration had set sweeping, politically symbolic immigration enforcement goals such as gaining "operational control" of the border, defined as "the prevention of all unlawful entries" (Kerwin et al., 2018).

"Despite the president's repeated statements about a lawless, out-of-control border, the administration came into office following a multiyear period of steep decreases in illegal entries (particularly from Mexico) and in the US undocumented population" (Kerwin et al., 2018 p. 4). However, unlike past administrations, Trump had campaigned on the promise to go after all 'illegal' immigrants, regardless of their criminal history or ties to the United States. Trump set such broad enforcement "priorities" that it failed to establish any priorities, rather "all removable aliens or chargeable criminal offense" (Kerwin et al., 2018). Additionally, the administration ensured that all immigrants would be at risk of deportation once they eliminated the "priority system"; that is, its decision to target previously low-priority cases for arrest and removal (Kerwin et al., 2018). In this manner, the Trump administration used fear to strategically pressure undocumented individuals to self deport and deter individuals from attempting to migrate.

Influences of Implementing the Zero Tolerance Policy

The Office of Inspector General for the Department of Justice (2021) found that Attorney General Jeff Sessions had been a strong influence on the Department of Homeland Security's decision to separate children from their families. The decision was

based on the high influx of immigrants seeking asylum and refuge at the border, and as caravans of immigrants began arriving at the U.S./Mexico Border. In formulating the "Zero Tolerance Policy", Sessions and OAG officials referenced an initiative conducted from March to November 2017 by the U.S. Border Patrol's El Paso Sector and the USAOs for the Western District of Texas (WDTX) and later the District of New Mexico (the El Paso Initiative). The El Paso Initiative sought to increase illegal entry prosecutions and allowed for prosecution of family unit adults, resulting in the separation of approximately 280 families (Department of Justice Office of the Inspector General, 2021). These separations, and the government's inability in many cases to identify the whereabouts of separated children, generated concerns from prosecutors, judges, and other stakeholders (Department of Justice OIG, 2021; Department of Health and Human Services OIG, 2019). According to information from HHS, the majority of the children were placed with sponsors that may be undocumented themselves (US Department of Health and Human Services Office of Inspector General, 2019). Therefore, when officials would call to check-in on the children, phone calls would go unanswered and the whereabouts of children would be lost. Despite these concerns, the OAG focused solely on the increase in illegal entry prosecutions resulting from the El Paso Initiative and did not seek readily available information that would have identified the serious issues that arose as a result of the prosecutions of family unit adults and the corresponding child separations.

The Biden Administration

As the Biden Administration entered office, they were strategic about reversing Trump-era restrictions. They proposed changes to refugee admissions that would

"increase the refugee cap for the current fiscal year from 15,000 spots — a historic low set by President Trump — to 62,500 spots" (Krogstad & Gonzalez-Barrera, 2021, p.1). One of the critical changes that Biden made to the immigration system was not enforcing the "public charge" rule, which had affected immigrants who used federal assistance for their citizen children by denying them the opportunity to seek legal status in the future (Krogstad & Gonzalez-Barrera, 2021). Currently, "Biden's biggest immigration proposal to date would allow more new immigrants into the U.S. while giving millions of unauthorized immigrants who are already in the country a pathway to legal status. The expansive legislation would create an eight-year path to citizenship for the nation's estimated 10.5 million unauthorized immigrants, update the existing family-based immigration system, revise employment-based visa rules and increase the number of diversity visas" (Krogstad & Gonzalez-Barrera, 2021, pg. 2). In February of 2021, The Biden administration created the Family Reunification Task Force which was tasked with uniting children that had been separated from their parents or guardians by the Trump Administration. The Task Force's initial report is due on June 2, 2021, and will provide a full update on the Task Force's progress (Department of Homeland Security, 2021).

Research Questions

- What is the current US immigration policy designed to do? Create a safe space for those fleeing traumatic circumstances or deter individuals from trying to seek safety?
- To what extent did the Trump Administration's "Zero Tolerance Policy" on the southern US border traumatize those who were seeking asylum/refugee/citizenship status?

- How could the US create policy in a way that ensures the wellbeing of migrant families, while still protecting national interest?

CHAPTER III

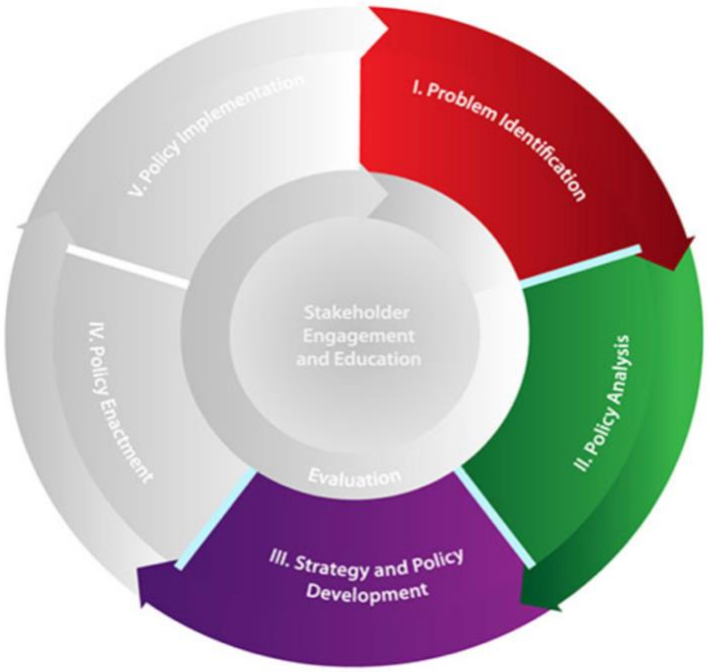
METHODOLOGY

Data and Methods

This thesis analyzes the "Zero Tolerance Policy" using the Centers for Disease Control (CDC) Policy Analytical Framework, which consists of three domains: problem identification, policy analysis, and strategy and policy development (Figure 3) (Centers for Disease and Prevention, 2013).

Figure 3

The Policy Analytical Framework (Domains 1, 2, 3 of CDC's Policy Process)



The first domain consists of Problem Identification, which involves identifying the problem or issue in a way that will enable a policy solution (Centers for Disease and Prevention, 2013). For this stage of the process, the literature on the "Zero Tolerance Policy" was collected and then synthesized to showcase the burden (how many individuals are affected), frequency (how often it occurs), severity (how serious of a problem it is), and scope (range of outcomes it affects) of the problem (Centers for Disease and Prevention, 2013). For this analysis, the domain summarizes how many migrants have been affected by the zero-tolerance border policy, how often the problem is occurring, how serious the problem is, and the range of the outcome.

The identified problem informs the second domain, which consists of the Policy Analysis. The Policy Analysis involves three steps: 1) identify and describe policy options; 2) assess policy options; and 3) prioritize policy options (Centers for Disease Control and Prevention, 2013). Those steps are outlined in the two tables provided below. During the identification and description process of the second domain, the main priority is to research all possible options for the policy alternatives. As is the case, this process included conducting a literature review, identifying the best practices, and incorporating an environmental scan of border policies. Once the policy options are reviewed, the policy options are compared through the use of the evaluation criteria table (Table 2). After evaluation of all identified policy alternatives, a selection is made based off the scores given for each policy. Policies are rated on public impact, feasibility, and economic and budgetary impact, and are independently scored (Centers for Disease Control and Prevention, 2013).

Table 1

Domain 2: Policy Analysis: Framing and Key Questions Template

FRAMING QUESTIONS	
•What is the policy lever—is it legislative, administrative, regulatory, other? •What level of government or institution will implement? •How does the policy work/operate? (e.g., is it mandatory? Will enforcement be necessary? How is it funded? Who is responsible for administering the policy?) •What are the objectives of the policy? •What is the legal landscape surrounding the policy (e.g., court rulings, constitutionality)? •What is the historical context (e.g., has the policy been debated previously)? •What are the experiences of other jurisdictions? •What is the value-added of the policy? •What are the expected short, intermediate, and long-term outcomes? •What might be the unintended positive and negative consequences of the policy?	
CRITERIA	*QUESTIONS*
Public health impact: **Potential for the policy to impact risk factors, quality of life, disparities, morbidity, and mortality**	•How does the policy address the problem or issue (e.g., increase access, protect from exposure)? •What is the magnitude, reach, and distribution of benefit and burden (including impact on risk factor, quality of life, morbidity and mortality)? •What population will benefit? How much? When? •What population will be negatively impacted? How much? When? •Will the policy impact health disparities / health equity? How? •Are there gaps in the data/evidence-base?
Feasibility*: **Likelihood that the policy can be successfully adopted and implemented**	***Political*** •What are the current political forces, including political history, environment, and policy debate? •Who are the stakeholders, including supporters and opponents? What are their interests and values? •What are the potential social, educational, and cultural perspectives associated with the policy option (e.g., lack of knowledge, fear of change, force of habit)? •What are the potential impacts of the policy on other sectors and high priority issues (e.g., sustainability, economic impact)? ***Operational*** •What is the resource, capacity, and technical needs developing, enacting, and implementing the policy? •How much time is needed for the policy to be enacted, implemented, and enforced? •How scalable, flexible, and transferable is the policy?

Economic and budgetary impacts: **Comparison of the costs to enact, implement, and enforce the policy with the value of the benefits**	***Budget*** •What are the costs and benefits associated with the policy, from a budgetary perspective? •e.g., for public (federal, state, local) and private entities to enact, implement, and enforce the policy? ***Economic*** •How do costs compare to benefits (e.g., cost-savings, costs averted, return on investments, cost-effectiveness, cost-benefit analysis, etc.)? •How are costs and benefits distributed (e.g., for individuals, businesses, government)? •What is the timeline for costs and benefits? •Where are there gaps in the data/evidence-base?

Table 2

Domain 2: Policy Analysis Table: Evaluation Criteria Template

CRITERIA	*PUBLIC HEALTH IMPACT*	*FEASIBILITY*	*ECONOMIC AND BUDGETARY IMPACT*	
Scoring Definitions	**Low:** small reach, effect size, and impact on disparate populations **Medium:** small reach with large effect size or large reach with small effect size **High:** large reach, effect size, and impact on disparate populations	**Low:** No/small likelihood of being enacted **Medium:** Moderate likelihood of being enacted **High:** High likelihood of being enacted	**Less favorable:** High costs to implement **Favorable:** Moderate costs to implement **More favorable:** Low costs to implement	**Less favorable:** costs are high relative to benefits **Favorable:** costs are moderate relative to benefits (benefits justify costs) **More favorable:** costs are low relative to benefits
			BUDGET	***ECONOMIC***

Policy 1	❑Low ❑Medium ❑High Concerns about the amount or quality of data? (Yes / No)	❑Low ❑Medium ❑High Concerns about the amount or quality of data? (Yes / No)	❑Less favorable ❑Favorable ❑More favorable Concerns about the amount or quality of data? (Yes / No)	❑Less favorable ❑Favorable ❑More favorable Concerns about the amount or quality of data? (Yes / No)
Policy 2	❑Low ❑Medium ❑High Concerns about the amount or quality of data? (Yes / No)	❑Low ❑Medium ❑High Concerns about the amount or quality of data? (Yes / No)	❑Less favorable ❑Favorable ❑More favorable Concerns about the amount or quality of data? (Yes / No)	❑Less favorable ❑Favorable ❑More favorable Concerns about the amount or quality of data? (Yes / No)
Policy 3	❑Low ❑Medium ❑High Concerns about the amount or quality of data? (Yes / No)	❑Low ❑Medium ❑High Concerns about the amount or quality of data? (Yes / No)	❑Less favorable ❑Favorable ❑More favorable Concerns about the amount or quality of data? (Yes / No)	❑Less favorable ❑Favorable ❑More favorable Concerns about the amount or quality of data? (Yes / No)

The third domain consists of Strategy and Policy Development, which involves developing and strategizing the implementation of the prioritized policy alternative (Centers for Disease Control and Prevention, 2013). In this domain, the thesis clarifies operational issues, identifies stakeholders to share information with and, if necessary, conducts additional background work. This stage is meant to identify how the prioritized

policy could be implemented and what changes may need to be made before implementation.

CHAPTER IV

RESULTS

In order to adequately analyze each policy, several policies were reviewed including the "Zero Tolerance Policy", and two policy alternatives, The Intensive Supervision Appearance Program (ISAP), and The Family Case Management Program (FCMP). To accurately assess problem identification, policy analysis, and strategy and policy development of each policy, the CDC's Policy Analytical Framework was used

The "Zero Tolerance Policy" was introduced on May 7, 2018 by Former Attorney General Jeff Sessions, which required the Department of Homeland Security to detain all illegal entries through the United States (U.S. Department of Justice Office of the Inspector General, 2021. If anyone was caught trying to cross the border, they would be detained and separated from their children until they completed their court hearings and it was decided whether they would be allowed to remain in the United States or face deportation proceedings. The implementation of this policy resulted in treatment facilities and hospitals becoming overburdened with untreated mental health conditions and higher rates of sleep disorders, anxiety, depression, and PTSD (Congressional Research Service, July 2018).

The Intensive Supervision Appearance Program (ISAP) began in 2004. Through the ISAP different devices and contractors monitor participants using the following methods: “telephonic reporting (TR), radio frequency (RF), global positioning system (GPS), and unannounced home visits” (U.S. Immigration and Customs Enforcement, 2009). Once individuals are placed on the non-detained docket, they are released under supervision as they await their trial out of detention. The ISAP is capable of accommodating and monitoring approximately 6,000 undocumented immigrants. The program has had fairly good participation rates by serving approximately 13,000 individuals. In addition, the ISAP compliance rate was lower than the FCMP by only reaching completion of the program with 87% of their participants, including 9.5% who absconded (AILA, 2016).

The Family Case Management Program was introduced on January 21, 2016 as an alternative to detention initiative “that used qualified case managers to promote participants’ compliance with their immigration obligations” (AILA, 2016, p. 1). The enrollment in FCMP was prepared to provide assistance and services both at the beginning (pre-order/pre-adjudication) and end (post-order or order of voluntary departure) of the court decision on whether they will be deported or allowed to stay. Once the program was discontinued, The FCMP evaluated in what ways “ICE conducted an evaluation of the FCMP that focused on three metrics: attendance at ERO appointments, attendance at appointments with community-based organizations, and attendance at court (Congressional Research Service, July 2019, p. 13). Once FCMP was implemented, the rates of compliance for court hearings and check-ins increased. Ultimately, The FCMP

provided the ability for the Department of Homeland Security to reduce harm on families in relation to their mental health and the children's development. (AILA, 2016).

Using the CDC's Policy Analytical Framework, the first domain is problem identification. This thesis identified that the "Zero-Tolerance" Policy was causing unnecessary harm and trauma to families who were seeking asylum status at the southern US border (Table 3).

Table 3

Domain 1: Problem Identification

Domain 1: Problem Identification	
Step 1: Identify the Problem or Issue	
Burden	5,550 children & families were separated; immigration system was even more overburdened and backlogged
Frequency	100% prosecution rate, any person illegally crossing the border was being charged; thus, any individual with children was separated due to being charged criminally
Severity	Given the conditions the families were separated in, length of separation, and previous traumas they had faced while migrating, the severity of this problem is very high and will have lifelong consequences for individuals impacted.
Scope	Outcomes that were impacted are child development, family health, wealth, residency, criminalization or conviction, separation, trauma, and significantly impacting mostly Latinx individuals
Identified Problem	"Zero Tolerance Policy" was causing extreme levels of harm and trauma to families who were seeking asylum, refugee, or citizenship status at the southern US border

The second domain consists of policy analysis to identify possible policy alternatives. Three policies were analyzed, first being that of the "Zero Tolerance Policy", second, Intensive Supervision Appearance Program (ISAP), and third, Family Case Management Program (FCMP). All three policies were identified and described using the Policy Analysis: Key Questions worksheets provided below.

Table 4

Policy Analysis: Key Questions (Zero Tolerance Policy)

FRAMING QUESTIONS	**Policy 1: Zero Tolerance Policy**
•What is the policy lever—is it legislative, administrative, regulatory, other?	**Statute:** 8 U.S.C 1325 (a) (a)Improper time or place; avoidance of examination or inspection; misrepresentation and concealment of facts Any alien who (1) enters or attempts to enter the United States at any time or place other than as designated by immigration officers, or (2) eludes examination or inspection by immigration officers, or (3) attempts to enter or obtains entry to the United States by a willfully false or misleading representation or the willful concealment of a material fact, shall, for the first commission of any such offense, be fined under title 18 or imprisoned not more than 6 months, or both, and, for a subsequent commission of any such offense, be fined under title 18, or imprisoned not more than 2 years, or both. (https://www.law.cornell.edu/uscode/text/8/1325)
•What level of government or institution will implement?	US government, Department of Homeland Security, Department of Justice, and US Attorneys; through memorandum; represents a change in the level of enforcement for an existing statute rather than a change in statute or regulation (CRS 2018) (the statute it is referring to is 8 USC 1235
•How does the policy work/operate? (e.g., is it mandatory? Will enforcement be necessary? How is it funded? Who is responsible for administering the policy?)	The memorandum changed previous practice from case by case (not prosecuting families), to 100% implementation of prosecuting no matter what. "The decision to prosecute adults entering the country as part of a family unit represented a change in long-standing DOJ and DHS practice. Historically, when DHS apprehended adults with children illegally crossing the border, DHS, with the concurrence of the Southwest border USAO (US Attorney's Office), would place the family unit in administrative deportation proceedings without referring the family until the adult was ready to present to the DOJ for criminal prosecution." (US Department of Justice Office of the Inspector General 2021) "catch and release" previous administrations also did not persecute those who sought asylum or family units (while 100% prosecution prosecuted both)
•What are the objectives of the policy?	The objectives of the policy are to start prosecuting 100% of all "illegal" entries to the United States on the southern border; to discourage illegal migration into the United States and to reduce the burden of processing asylum claims that administration officials contend are often fraudulent (Congressional Research Service, 2018)
•What is the legal landscape surrounding the policy (e.g., court rulings, constitutionality)?	The policy itself is argued to have been unconstitutional for many reasons, it violated due process, violated 1997 Flores Settlement Agreement, violates fundamental human rights (especially the ability to request asylum), *Ms. L. Vs. Ice court* : which describes instances where children were being separated

	from parents even if they were entering through legal means, the preliminary injunction also required: children under the age of five reunified within 14 days, children above the age of five within 30 days of the order, as well as providing and facilitating regular communication between families who have been separated, within 10 days of separation HHS 2019 review found that children were in ORR custody for as long as 93 days (Flore's settlement says a child can't stay in custody for longer than 20 days)
•What is the historical context (e.g., has the policy been debated previously)?	Previous administrations allowed for discretion to be used by the departments. Only cases where severe criminal offenses or concern able danger & risk for the children were observed. previous administrations would take either "catch and release" route, family detention route, or family separation. Alternative Detention is something that has historically been advocated for, proven to be cost effective, and more successful in terms of compliance in case requirements. The US immigration system is currently suffering from being overburdened which has caused drastic backlogs in cases and less effective or impactful work done by the departments.
•What is the value-added of the policy?	Decreases and deter immigration rates, especially those of which are perceived to be unauthorized or unnecessary, and solve the crisis at the border.
•What are the expected short, intermediate, and long-term outcomes?	Expected outcomes were intended to relieve the "crisis" that Trump administration deemed was happening at the border, and to deter further unauthorized migration
•What might be the unintended positive and negative consequences of the policy?	Unintended consequences (although known to those who decided to implement the policy anyways) "the widely publicized family separations are a consequence of the Trump administration's 100% prosecution policy, not the result of any family separation policy." (CRS 2019) traumatizing of families; separation of families, inhumane treatment at facilities, lack of due process, increasingly overwhelmed the departments in the immigration system which impactive their effectiveness and ability to accurately do their job and provide the services and care.
CRITERIA	
Public health impact: Potential for the policy to impact risk factors, quality of life, disparities, morbidity, and mortality	
•How does the policy address the problem or issue (e.g., increase access, protect from exposure)?	This policy addresses the issue by acting as a deterrent. The Attorney General Jeff Sessions is quoted multiple times giving claims of a crisis and fear of being overrun. "We are not going to let this country be overwhelmed" "to end illegality in our immigration system" (justice department 2018) by creating the "Zero Tolerance Policy" they failed to prepare for the negative impact the policy would have on the mental health and development of children and families.
•What is the magnitude, reach, and distribution of benefit and burden	This policy is taking place across the US Southern Border, with a 100% prosecution rate of anyone who is crossing the border through unauthorized methods, or those seeking asylum /refugee

(including impact on risk factor, quality of life, morbidity and mortality)?	status. Treatment facilities and hospitals became overburdened with children suffering from untreated mental health conditions and increased rates of sleep disorders, anxiety, depression, and PTSD.
•What population will benefit? How much? When?	American citizens who are concerned with the amount of unauthorized immigration and supportive of more restrictive enforcement. Private organizations who stand to profit, such as the GEO group and Core Civic
•What population will be negatively impacted? How much? When?	Immigrant families, especially children., as well as the facilities who have had to deal with an overwhelming number of prosecution cases, and housing of the children who have been separated
•Will the policy impact health disparities / health equity? How?	The negative impact of the policy on health disparities, literature tells us that migrant populations are already facing high levels of trauma when they migrate to the US, have trouble accessing resources and care once they arrive, and have a plethora of obstacles causing harm to their health, education, and overall, well being
•Are there gaps in the data/evidence-base?	The many gaps in the reasoning of this policy are, using 100% prosecution rate actually exceeds the capacity of the immigration system and creates an even larger influx of cases than they were dealing with before; the deterrent doesn't encourage legal means of immigration because it does not fix or change the backlog and wait that has caused some immigrants to try unauthorized methods.
Feasibility*: Likelihood that the policy can be successfully adopted and implemented	***Political***
•What are the current political forces, including political history, environment, and policy debate?	The Trump administration had a history of criminalizing immigrants. His campaign ran on the promise of securing the border. Once in office Trump funded the creation of a border wall and prioritized deterring immigrants, especially those through the US Mexico border. The US is divided on beliefs of how to handle immigration policy, typically there are those who favor enforcement using deterrence methods and strict regulation of immigration, while others favor advocating for immigrants by providing opportunities and safety from the conditions they are fleeing.
•Who are the stakeholders, including supporters and opponents? What are their interests and values?	The Department of Justice Review found that the OAG (Jeff Sessions) was the driving force for this policy and had been pushing for this policy to be put in place a year prior to the announcement. the review states “attorney general sessions was aware that full implementation of the "Zero Tolerance Policy" would result in criminal referrals by DHS of adults who entered the country illegally with children and that the prosecutions of these family unit adults would result in children being separated from families, in fact the review finds that OAG was the driving force in DHS’s decision to being referring family unit adults for prosecution, as evidenced by the OAG’s urging and support for

	this change to DHS policy between December of 2017 to May of 2018." (DOJ review 2021)
•What are the potential social, educational, and cultural perspectives associated with the policy option (e.g., lack of knowledge, fear of change, force of habit)?	Xenophobia, fear mongering and criminalization of immigrants. The Trump administration and Republicans misinformed the public that almost all of those crossing the border were criminals, lying about seeking asylum or refugee status.
•What are the potential impacts of the policy on other sectors and high priority issues (e.g., sustainability, economic impact)?	This policy impacted a multitude of departments within the immigration system and overwhelmed them even more than they already were when the Trump administration started declaring a crisis at the border. Attempting 100% prosecution rate overwhelmed workers, facility space, system, and caused a lapse in quality of work, it was proven to be unsustainable and to have a burden on the economic impact of losing tax-paying immigrants and essential workers. Additionally, it overburdened the system and caused a lapse in reporting accurate information, which impacted the identification and reunification of families. parents and children were separated without documentation, which has made it nearly impossible to reunite them, as many are still separated and parents are unaccounted for. it additionally impacted the conditions, hold times, and level of care the children were able to receive. started declaring a crisis at the border. attempting 100% prosecution rate overwhelmed workers, facility space, system, and caused a lapse in quality of work, it was proven to be unsustainable and to have a burden on the economic impact
	Operational
•What are the resources, capacity, and technical needs developing, enacting, and implementing the policy?	The Unaccompanied Alien Children (UAC) Program cared for over 49,100 children in fiscal year of 2018 (US HHS 2020 March). DHS must transfer unaccompanied children to the Office of Refugee Resettlement within 72 hours. Congressional Research Service (2019) Report discusses how the administration lacked the adequate resources to implement and enforce a policy such as this, and knowingly decided to implement anyways clearly aware of the consequences "for example in march of 2018 only 3,769 of 37,383 foreign nationals that were apprehended for illegal entry were convicted in court" (CSR 2019) trying to implement 100% prosecution could compromise the effectiveness and back log the system even more than it already is

•How much time is needed for the policy to be enacted, implemented, and enforced?	"The increase in immigration prosecutions under the "Zero Tolerance Policy" created operational, resource, and management challenges for the USMs, the USAOs, and the courts" a review done by DOJ Office of Inspector General found "the department (DOJ) did not effectively plan for or coordinate with the USAOs, the USMS, DHS, or HHS about the impact that family unit adult prosecutions under the "Zero Tolerance Policy" would have on children, despite senior leaders' awareness that it would result in the separation of children." "The department did not plan for the operational, resource, and management impacts that a substantial increase in immigration prosecutions resulting from the "Zero Tolerance Policy" would have on the USMs, the USAOs, and the federal court. "(DOJ Review 2021) This review also found that DOJ leadership had not effectively coordinated with USAO's office, as a result the USAOs office learned of the policy change from their DHS counterparts and did not receive guidance about the change from DOJ headquarters until after the policy change was made by DHS. (DOJ review 2021)
Economic and budgetary impacts: Comparison of the costs to enact, implement, and enforce the policy with the value of the benefits	***Budget***
•What are the costs and benefits associated with the policy, from a budgetary perspective?	UAC program for the fiscal year of 2018 received appropriations of $1.6 billion (US HHS 2020 March) AOG states he will send 35 additional prosecutors to the USAOs along the border and 18 additional immigration judges The policy is diverting resources from other federal programs to handle the influx in prosecutions and thereby is hindering other DHS operations DHS had to divert $200 million from programs such as disaster relief to pay for detention beds, making it the fourth consecutive fiscal year DHS has diverted money towards immigration enforcement (Misra, 2019) USMS fiscal year 2019 funding shortfall of $227 million and a shortage of 3,000 beds
•e.g., for public (federal, state, local) and private entities to enact, implement, and enforce the policy?	Private and for-profit organizations such as Core Civic and GEO benefiting by providing the government prisons and detention centers In 2018 Trump administration requested an increase in all departments except those who actually took care of, and facilitated care for, immigrants and their family, those departments were cut (migration and refugee assistance budget was cut from 3.1 million to 2.7) (HHS's administration for children and families was cut from 2.12 to 1.46) while ICE received an increase from 6.14 to 7.94, Border patrol received an increase from 13.47 to 16.4 (U.S. Customs and Border Patrol,

	2021)
	Economic
•How do costs compare to benefits (e.g., cost-savings, costs averted, return on investments, cost-effectiveness, cost-benefit analysis, etc.)?	Total estimated cost of the policy in terms of taking care of the children is $80,350,000; with shelter being the highest of that total at $58,800,000 and case management and program support coming up second at $13,470,000
•How are costs and benefits distributed (e.g., for individuals, businesses, government)?	The government is partnering with for profit prison companies like GEO Group and Core Civic, GEO received a $110 million contract to build a detention center. (Ahmed, 2019)
•Where are there gaps in the data/evidence-base?	Gaps in data include accurate cost analysis of the implementation of this policy, since so many departments were involved in the consequences of the policy it is difficult to amount one lump sum total. Other gaps include that although this policy is no longer in place the consequences are still being felt, as some children are still in care, costs are still being associated to this day to the policy itself. Again, since it is still so relevant there is little research out there to better explore the consequences of this policy

Table 5

Policy Analysis: Key Questions (Intensive Supervision Appearance Program (ISAP))

FRAMING QUESTIONS	**Policy 2: Intensive Supervision Appearance Program (ISAP)**
•What is the policy lever—is it legislative, administrative, regulatory, other?	Administrative
•What level of government or institution will implement it?	Federal government; ICE
•How does the policy work/operate? (e.g., is it mandatory? Will enforcement be necessary? How is it funded? Who is responsible for administering the policy?)	When Immigration and Customs Enforcement (ICE) allows for an individual to be eligible for bond or released under supervision, they will most likely be enrolled in ISAP. The program is funded through the budget for Immigration and Customs Enforcement (ICE). The program is administered by ICE and GEO Group who are contracted by ICE for detention and monitoring services.

•What are the objectives of the policy?	The ISAP provides an alternative to detention by allowing participants in the program to be placed on a non-detained docket where they can await their trial out of detention through supervision methods, including: ankle bracelets, cellphone reports, tracking by GPS, and legal visits.
•What is the legal landscape surrounding the policy (e.g., court rulings, constitutionality)?	Nationally: *Clark V. Martinez* (2005) issued by the Supreme Court of the United States ruled admission into programs like Electronic Monitoring Device, Intensive Supervision Appearance Program, and U.S. Public Health Service should be used with discretion.
•What is the historical context (e.g., has the policy been debated previously)?	Previous administrations allowed for discretion to be used by the implementing agencies. Only cases where severe criminal offenses or discernible danger and risk for the children were observed. previous administrations would take either the "catch and release" route, family detention route, or family separation route. Alternative Detention is something that has historically been advocated for, proven to be cost effective, and more successful in terms of compliance in case requirements. The US immigration system is currently suffering from being overburdened, which has caused drastic backlogs in cases and less effective or impactful work done by the agencies.
•What is the value-added of the policy?	More humane treatment and less detainment of individuals migrating to the US through the southern border
•What are the expected short, intermediate, and long-term outcomes?	In the short-term, the policy decreases back log on the immigration system. In medium terms, it frees up space in detention centers and prisons. And in the long-term, the policy will reduce health complications in physical

	health and mental health.
•What might be the unintended positive and negative consequences of the policy?	Positive: Less trauma and harm to family members by avoiding detention centers
CRITERIA	*QUESTIONS*
Public health impact: Potential for the policy to impact risk factors, quality of life, disparities, morbidity, and mortality	
•How does the policy address the problem or issue (e.g., increase access, protect from exposure)?	Alternative to detention and separation of families.
•What is the magnitude, reach, and distribution of benefit and burden (including impact on risk factor, quality of life, morbidity and mortality)?	By June 22, 2019, the ISAP Program had more than 100,000 foreign nationals, who are a group of ICE's "non-detained docket" that includes approximately 3 million undocumented individuals.
•What population will benefit? How much? When?	The population that will benefit the most will be undocumented immigrants and families. In this case, it's important to note that ICE does not have the capacity to detain and deport all unauthorized immigrants, which according to Fiscal Year 2019 reports calculated that the daily amount of illegal border crossings was at approximately 48,000.
•What population will be negatively impacted? How much? When?	Undocumented migrants will face stigma associated with ankle monitor surveillance and may be unable to attain employment or resources as they await their trial.
•Will the policy impact health disparities / health equity? How?	Yes, by not being held in detainment there is far less trauma being experienced by individuals, better health and wellbeing overall. Additionally, family separation is avoided by keeping families together through their court hearings and check-ins.
Feasibility*: Likelihood that the policy can be successfully adopted and implemented	***Political***
•What are the current political forces, including political history, environment, and policy debate?	While DHS upholds that ISAP III is neither a removal program nor an effective substitute for detention, it notes that the program allows ICE to monitor some aliens released into communities more closely while their cases are being resolved.

•Who are the stakeholders, including supporters and opponents? What are their interests and values?	The primary stakeholders of the ISAP Policy are Immigration and Customs Enforcement (ICE), The Department of Homeland Security (DHS), and the Office of Refugee and Resettlement (ORR). Additionally, corporations that ICE holds contracts with for detention facilities such as the Geo Group. Supporters of the policy are interested in the lower cost in comparison to the daily detention rate and hold the argument that the policy encourages compliance when it comes to ICE check-ins and court hearings. In addition, they also argue that it is not feasible to detain the entire population of 3 million undocumented individuals. The opponents argue that the policy encourages detainees to miss their court dates and removal orders. (CRS, 2019)
•What are the potential social, educational, and cultural perspectives associated with the policy option (e.g., lack of knowledge, fear of change, force of habit)?	The policy is an alternative to detention by providing individuals that are not detained with the opportunity to be released through specific supervision methods, however there is still a social stigma around the use of ankle monitors.
•What are the potential impacts of the policy on other sectors and high priority issues (e.g., sustainability, economic impact)?	Low-cost and sustainable with estimated annual revenue of $47 million.
Operational	***Operational***
•What are the resources, capacity, and technical needs developing, enacting, and implementing the policy?	Individuals enrolled in ISAP are placed on case management that includes meeting in-person and through the telephone. There are also visits at home and in the office, at court, and meeting alerts. They can also report their status through the phone and through GPS monitoring (ankle bracelet) or phone applications (SmartLINK).
•How much time is needed for the policy to be enacted, implemented, and enforced?	Program has already been implemented as an alternative to detention if individuals are eligible.

Economic and budgetary impacts: Comparison of the costs to enact, implement, and enforce the policy with the value of the benefits	***Budget***
•What are the costs and benefits associated with the policy, from a budgetary perspective?	Foreign nationals enrolled in ISAP and the cost associated with them depended on the track method, but on average the daily cost per participant was between $5-$7 (CRS, 2019). This would bring the total cost of the program to around 90-100 million. The U.S. Office of Accountability found that enrollees had to be in the ISAP program for longer than 435 days before they surpassed the average cost and days that it would take to hold someone in a detention center. (CRS, 2019)
	Economic
•How do costs compare to benefits (e.g., cost-savings, costs averted, return on investments, cost-effectiveness, cost-benefit analysis, etc.)?	As of February, 2014, over 22,000 immigrants were enrolled in ISAP, at a cost of about $90 million. Currently, ICE's Enforcement and Removal Operations (ERO) runs an Alternatives to Detention Program called the Intensive Supervision Appearance Program III (ISAP III). On June 22, 2019, program enrollment included more than 100,000 foreign nationals, who are a subgroup of ICE's broader "non-detained docket" of approximately 3 million aliens.
•How are costs and benefits distributed (e.g., for individuals, businesses, government)?	The government is partnering with for profit prison companies like GEO Group and Core Civic (Ahmed, 2019). In addition, the program is funded through U.S. Immigration and Customs Enforcement and is cheaper to fund.

•What is the timeline for costs and benefits?	Effective September 8, 2014, ICE renewed its ISAP II contract with BI Incorporated for five years, under which the GEO Group expects to generate $47 million in annualized revenue.
•Where are there gaps in the data/evidence-base?	Because immigration judges must prioritize detained cases, ISAP enrollees must often wait several years before their cases are heard, while wearing an uncomfortable ankle monitor that many advocates have been pointed to as overly invasive and dehumanizing.

Table 6

Policy Analysis: Key Questions (Family Case Management Program (FCMP))

FRAMING QUESTIONS	**Policy 3: Family Case Management Program (FCMP)**
•What is the policy lever—is it legislative, administrative, regulatory, other?	Administrative
•What level of government or institution will implement it?	Federal government; ICE / Office of Enforcement and removal (ERO)
•How does the policy work/operate? (e.g., is it mandatory? Will enforcement be necessary? How is it funded? Who is responsible for administering the policy?)	Individuals housed in either a FCMP facility, resident at a family residential center (FRC) or border patrol, or border patrol central processing center are screened by a FCMP Compliance Officer to determine eligibility in the program. ICE funded this program
•What are the objectives of the policy?	The FCMP is a new alternative to detention initiative that uses qualified case managers to promote participants' compliance with their immigration obligations. FCMP enrollment is intended to provide services both at the beginning (pre-order/pre-adjudication) and end (post-order or order of voluntary departure) of the immigration life-cycle. Alternatives to detention provide the opportunity to reduce harm on families in relation to their mental health and the children's development.
•What is the legal landscape surrounding the policy (e.g., court rulings, constitutionality)?	The 1997 Flores Settlement Agreement led to the government to enforce immigration detention standards for unaccompanied alien

	children (UACs), especially in concern to facility conditions, time detained, and terms of the UACs' release.
•What is the historical context (e.g., has the policy been debated previously)?	Previous administrations would take either the "catch and release" route, family detention route, or family separation. Alternative Detention is something that has historically been advocated for, proven to be cost effective, and more successful in terms of compliance in case requirements. The US immigration system is currently suffering from being overburdened which has caused drastic backlogs in cases and less effective or impactful work.
•What is the value-added of the policy?	Services include: orientation and education for participants about their legal rights and responsibilities; individualized family service plans; assistance with transportation logistics; tracking and monitoring of immigration obligations (include ICE check-ins and attendance at immigration court hearings); and safe repatriation and reintegration planning for participants who are returning to their home countries
•What are the expected short, intermediate, and long-term outcomes?	This policy has a higher rate of compliance with immigration court requirements, health and wellbeing of the family and children, and is less of a burden on the immigration system by decreasing backlog and freeing up space in detention centers for individuals who need to be there,
•What might be the unintended positive and negative consequences of the policy?	Less intentional trauma and harm to family members by avoiding detention centers. In addition, it would reduce the possibility of affecting the mental health and development of families by preventing separation.
CRITERIA	*QUESTIONS*
Public health impact: Potential for the policy to impact risk factors, quality of life, disparities, morbidity, and mortality	An alternative to detention model that aims to follow internationally proven principles for humane and effective treatment of immigrants in immigration proceedings, FCMP operates on the principle that individuals who receive case management support with their immigration case, support in accessing other services, will understand and comply with their case requirements. In addition, the FCMP would lower the negative impact that family separation has on families and children in terms of their mental health and development.

•What is the magnitude, reach, and distribution of benefit and burden (including impact on risk factor, quality of life, morbidity and mortality)?	FCMP program tends to basic necessities when the families arrive, ensuring they have appropriate access to food, shelter, and medical care (in hopes that this allows for families to be more ready and able to comply with immigration requirements)
•What population will benefit? How much? When?	FCMP prioritizes assisting families with certain vulnerabilities, including pregnant or nursing family member; those with very young children; family members with medical/mental health concerns; families who speak only indigenous languages; and others special needs
•What population will be negatively impacted? How much? When?	Immigration and Customs Enforcement (ICE)
•Will the policy impact health disparities / health equity? How?	This program could significantly reduce the amount of trauma faced by immigrant families, especially when used as an alternative to detention or family separation. it allows for families to not only stay together but to also receive services that are putting their health and wellbeing as a priority
•Are there gaps in the data/evidence-base?	Gaps in the evidence are the fact that this program was contracted to run for 5 years and only ran for 1.5 years before ICE terminated the program. According to Congressional Research Service Report in 2019, the FCMP was evaluated "ICE conducted an evaluation of the FCMP that focused on three metrics: attendance at ERO appointments, attendance at appointments with community-based organizations, and attendance at court. A relatively small number of families that completed the program prior to its termination reported it to be high across all locations, with 99% attendance at immigration court proceedings and 99% compliance with ICE monitoring. Participants absconded during the life of the program. In total, 65 families left the program: 7 were removed from the United States by ICE, 8 left the country on their own, 9 were granted some form of immigration relief, and 41 absconded (Congressional Research

	Service, July 2019, p. 13)
Feasibility*: Likelihood that the policy can be successfully adopted and implemented	***Political***
•What are the current political forces, including political history, environment, and policy debate?	The FCMP began in 2016 and was ended shortly after April 2017 by the Trump Administration's Immigration and Customs Enforcement (ICE).
•Who are the stakeholders, including supporters and opponents? What are their interests and values?	ICE & EROl identify and enroll FCMP participants through existing mechanisms. U.S. Citizenship and Immigration Services (USCIS), Intensive Supervision Appearance Program (ISAP), Family Residential Center Staff, and non-governmental organizations (NGO) may all refer potential enrollees.
•What are the potential social, educational, and cultural perspectives associated with the policy option (e.g., lack of knowledge, fear of change, force of habit)?	Focus on the family unit and stabilization, providing resources and stability for traumatized families.
•What are the potential impacts of the policy on other sectors and high priority issues (e.g., sustainability, economic impact)?	Relieve stress from the backlog on the immigration system.
Operational	***Operational***
•What is the resource, capacity, and technical needs developing, enacting, and implementing the policy?	The program requires case managers and these case managers to have a relatively small case load so that they may be able to spend more time with such comprehensive cases. These case managers need experience at connecting to resources, providing outreach, speak Spanish, or have access to interpretation services.
•How much time is needed for the policy to be enacted, implemented, and enforced?	In the 1.5 years the program operated it was highly successful, and results were seen almost immediately. It would only take a policy transition for ICE to reconvene the program.
•How scalable, flexible, and transferable is the policy?	Due to this program being a pilot program and ending before its full contract it only was able to serve 800 families at any given time. However, given an appropriate investment and more time it could be scalable to exist beyond the 5 cities it served and to increase family load, especially if ICE steps away from detention the cost savings could be placed into making this program larger
Economic and budgetary impacts: Comparison of the costs to enact, implement, and enforce the policy with the value of the benefits	***Budget***

•What are the costs and benefits associated with the policy, from a budgetary perspective?	$36 a day per family; has a 99% compliance rate with court hearings, ICE check ins
•e.g., for public (federal, state, local) and private entities to enact, implement, and enforce the policy?	"From the government's perspective, FCMP is far cheaper than either detention in an adult facility or in one of ICEs family detention facilities. By investment in individualized case management and legal orientation " (Justice for Immigrants, July 2019, p. 1)
Economic	***Economic***
•How do costs compare to benefits (e.g., cost-savings, costs averted, return on investments, cost-effectiveness, cost-benefit analysis, etc.)?	in comparison to adult detention and family detention, FCMP is the most cost effective, estimated to be $36 a day, verses $139 per day for adult detention, and $798 per day for family detention
•How are costs and benefits distributed (e.g., for individuals, businesses, government)?	Benefits for the immigration system would be more immigration cases where 99% of the participants are complying with their cases by attending their court hearings and ICE check-ins. Three components that determined success: 1) compliance monitoring, 2) stabilization services, and 3) orientation programming.
•What is the timeline for costs and benefits?	estimate of $30.5 million to resume the program
•Where are there gaps in the data/evidence-base?	Gaps in the evidence are the fact that this program was contracted to run for 5 years and was only ran for 1.5 years before ICE terminated the program. The program was set to pilot for 5 years, and upon evaluation considering if it would continue, the early ending of the program did not give enough time to justify if it would be better in affecting long-term outcomes.

The second step of the policy analysis is to assess all of the policy options. All three of the policies were rated independently in the Policy Analysis Table below. Criteria is based on the results presented in the previous tables.

Table 7

Policy Analysis Table Evaluation Criteria

CRITERIA	*PUBLIC HEALTH IMPACT*	*FEASIBILITY*	*ECONOMIC AND BUDGETARY IMPACT*	
Scoring Definitions	**Low: small reach, effect size, and impact on disparate populations**	**Low: No/small likelihood of being enacted**	**Less favorable: High costs to implement**	**Less favorable: costs are high relative to benefits**
	Medium: small reach with large effect size or large reach with small effect size	**Medium: Moderate likelihood of being enacted**	**Favorable: Moderate costs to implement**	**Favorable: costs are moderate relative to benefits (benefits justify costs)**
	High: large reach, effect size, and impact on disparate populations	**High: High likelihood of being enacted**	**More favorable: Low costs to implement**	**More favorable: costs are low relative to benefits**
			BUDGET	*ECONOMIC*
Zero Tolerance Policy	❑Low	**X❑Low**	**X❑Less favorable**	**X❑Less favorable**
	❑Medium	❑Medium	❑Favorable	❑Favorable
	X❑High	❑High	❑More favorable	❑More favorable
	Concerns about the amount or quality of data? **(No)**	Concerns about the amount or quality of data? **(No)**	Concerns about the amount or quality of data? **(Yes)**	Concerns about the amount or quality of data? **(Yes)**
Intensive Supervision Appearance Program (ISAP)	**X❑Low**	❑Low	❑Less favorable	❑Less favorable
	❑Medium	❑Medium	❑Favorable	**X❑Favorable**
	❑High	**X❑High**	**X❑More favorable**	❑More favorable
	Concerns about the amount or quality of data? **(No)**	Concerns about the amount or quality of data? **(No)**	Concerns about the amount or quality of data? **(No)**	Concerns about the amount or quality of data? **(No)**
Family Case Management Program (FCMP)	❑Low	❑Low	❑Less favorable	❑Less favorable
	❑Medium	❑Medium	❑Favorable	❑Favorable
	x❑High	**x❑High**	**x❑More favorable**	**x❑More favorable**
	Concerns about the amount or quality of data? **(NO)**	Concerns about the amount or quality of data? **(No)**	Concerns about the amount or quality of data? **(No)**	Concerns about the amount or quality of data? **(No)**

The third and final domain in the CDC's Policy Analytical Framework is Strategy and Policy Development. The prioritized policy is the Family Case Management Program (FCMP). This policy was previously implemented and is very capable of being implemented again, it only needs to be funded and prioritized by the government.

Table 8

Domain 3

Domain 3: Strategy and Policy Development	
Clarifying Operational Issues	FCMP needs to be funded and implemented at the southern US border for all immigrants who are eligible. This policy would ensure the wellbeing of migrant families and still protect national interest.
Sharing Information	This information could be shared with the current administration, immigrant advocacy organizations, and all other departments in the US immigration system.
Conducting Additional Background Work	Based on the ratings the FCMP doesn't appear to need any changes, the policy is ready to be implemented as is.

CHAPTER V

FINDINGS & DISCUSSION

Based on the results of the policy analysis, it was determined that the best policy alternative to Zero-Tolerance is the Family Case Management Program (FCMP). This program addresses the problem identified in the first domain of the methods "5,550 children and families were separated and the immigration system was even more overburdened and backlogged" (Table 3) by providing case managers to families in deportation proceedings. The FCMP program would not only address the identified problem but would also have a higher success rate of 99% in terms of compliance with court hearings and ICE check-ins, and would relieve the system by reducing caseloads when treating the whole family. One of the vital ways in which the Family Case Management Program reduces the added stressors and manifestation of trauma is by providing participants with qualified case managers pre-adjudication and post-order, which means that participants have support through their entire legal journey (AILA, 2016). This program does not consist of family separation, will not negatively impact the mental health of families, and is a cost-effective option. For example, it costs $139 per day for adult detention, and $798 per day for family detention, while the FCMP costs about $30 per day (Women's Refugee Commission, 2019).

Prior to the introduction of FCMP, previous administrations would rely on family detention and separation as the primary solution to illegal immigration, which would embed fear into the community and result in non-compliance. Considering that the number of cases had overburdened the system at the southern border and created a backlog, the FCMP program is a cost-effective solution, and would result in more successful compliance for court hearings and ICE check-ins. The services that are rendered through the Program are incentives for individuals to comply with orders, due to the fact that they receive orientation and education about their legal rights and responsibilities. In addition, families receive assistance with transportation logistics so that access to a vehicle is no longer an issue. Families are able to track their hearings and check-ins more efficiently so that they don't miss an appointment and are better prepared to tend to their obligations. An important aspect of this program is the repatriation and reintegration for participants that are returning to their home countries, which minimizes the worry of returning with no resources or support upon deportation.

The results of the policy analysis help to articulate some of the underlying issues and problems associated with the "Zero Tolerance Policy". This policy was clearly focused on the punitive aspects of immigration deterrence and upholding the anti-immigrant, deportation agenda of the Trump Administration. This focus left the wellbeing of immigrants and their families as an afterthought, which inevitably led to their inhumane treatment and the detention of children in facilities. Individuals who were able to see conditions of the facilities where children were being detained had this to say "The government is taking kids away from their parents and leaving them in

inappropriate conditions… if a parent left a child in a cage with no supervision with other 5-year-olds, they'd be held accountable." (Merchant, 2018).

This leads to another issue with the "Zero Tolerance Policy", which is the lack of appropriate implementation and communication with stakeholders. The influx of cases and lack of adequate resources to lawfully serve those being detained or separated caused harm to the families and created chaos. Although the law was instituted as a way to discourage immigration and reduce the burden of asylum claims, the lack of support for families in their immigration journey resulted in multiple attempts to enter the country even after they were deported (US Congressional Research Service, 2018). Unlike the FCMP Program, the "Zero Tolerance Policy" was argued to be unconstitutional for violating due process established in the 1997 Flores Settlement Agreement and considering that the Ms. L V. ICE court case ruled that children must be reunified within 14 days if they were under 5, and must be reunified within 30 days if they were older than 5. According to a report by the U.S. Department of Health & Human Services, children were in custody for longer than 93 days (2019).

The Intensive Supervision Appearance Program (ISAP) is another alternative to detention; however, the program includes the use of ankle bracelets for tracking services which is harmful for immigrants as it carries a stigma. By 2019, the ISAP had more than 100,000 foreign nationals in the program under the non-detained docket, which meant that they could be released to await their trial by choosing the option to wear an ankle bracelet or report through GPS or office visits. While the program was ideal in the manner that it reduced detention amongst migrants, it lacked awareness surrounding the

use of ankle bracelets, especially considering that it enforced the criminalization of migration and caused trauma in immigrant families.

The research question “What is the current US immigration Policy designed to do? Create a safe place for those fleeing traumatic circumstances or deter individuals from trying to seek safety?” was identified as being a policy that was made to deter. As seen in Table 4, the Trump administration's priority was deportation, deterrence, and enforcing more restrictive immigration policies than previous administrations. The policy was not made or implemented with immigrants or their families in mind, especially those who were in need of asylum and fleeing deathly circumstances.

The second research question “to what extent did the Trump administration’s "Zero Tolerance Policy" on the southern US border traumatize those who were seeking refugee/asylum/citizenship status?” found the policy to be extremely traumatizing to those who were simply seeking safety. While the "Zero Tolerance Policy" was ended by Former President Trump on June 20, 2018, the repercussions of the policy are still yet to be fully understood. Using the Center for Disease Control (CDC) Analytical Framework, the analysis revealed how the "Zero Tolerance Policy" caused negative effects on mental health while using attachment theory, parentification, ACES, toxic stress, and trauma as framework. This is an important contribution to the literature because the migration process is already incredibly traumatizing on the family unit, having the "Zero Tolerance Policy" in place only increased the levels of trauma on the family and children as well. Considering the high levels of trauma that are associated with migration, the implementation of the "Zero Tolerance Policy" added an additional hardship by separating the family unit and further traumatizing families as they arrived at the border.

The literature on the repercussions of families being separated due to deportation shows the disruption and destabilization of the family unit, emotional and behavioral distress, inability for children to form healthy attachments (Allen, et al., 2013; Derby, 2012; Hooper, 2007). Inferences can be made that the separations due to the "Zero Tolerance Policy" could very well cause similar effects on those impacted. Additionally, the literature shows, for those who are allowed to stay in the US after reunification, will still face a multitude of stressors while trying to adapt to the new environment, which can cause trauma and toxic stress which can have life long lasting impact (Calzada, 2019; Hays-Grudo et al., 2021). Lastly, what literature tells us about ACEs, one can infer that long after reunification these families and specifically children will have mental health implications and even potentially life lasting implications on their mental health (Hays-Grudo et al., 2021). After Dr. Colleen Kraft, president of the American Academy of Pediatrics visited one of the holding facilities, she reported that it was a form of child abuse (CBS Interactive, 2018). “Kraft described seeing very quiet toddlers and one young girl (under 2 years old) sobbing and wailing beat her little fist on the mat.” (CBS News, 2018). Especially when considering the levels of trauma these children are facing and the fact that staff of these facilities are not allowed to hold, hug, or try to calm the children when they are upset (Merchant, 2018).

Lastly, the final research question “How could the US create policy in a way that ensures the wellbeing for the migrant families, while still protecting national interest?” was answered using the CDC’s Analytical framework. According to the summary of findings and the research involved in prioritizing the most trauma-informed and humane immigration policy, this thesis concludes and recommends that Family Case Management

Program (FCMP) should be implemented as the primary solution. As families continue to arrive from Mexico, Central America and South America in hopes of receiving refugee or asylum status at the southern US border, it is imperative that the families are not re-traumatized as they flee the hardships, they were previously facing in their home countries. Considering that the future effects of family separation and the Trump Administration's "Zero Tolerance Policy" are still unknown, it is crucial for immigration policy to maintain families together through their legal proceedings.

Limitations

This thesis contributes to our understanding of the lasting impacts that harmful and traumatizing policies can have on the family unit and child development. The thesis also adds to the growing literature on the migration experience, family separation, policies at the border, and how these impact human development and family units. The research was limited due to the continuing impact that this policy is still causing and the current relevance of the problem in terms of lack of future research, time passed since the implementation of the policy, and the amount of studies available on the topic. Due to the growing issues of fear and mistrust among the immigrant community, they are more hesitant to speak about their experiences out of fear of persecution. In addition to the policy being so recent, there are a limited amount of published studies directly focusing on the "Zero Tolerance Policy" and its implications. Another limitation was due to the lack of coordination and communication between government departments when the government implemented this policy. There was a significant gap in communication from the Department of Justice as to how this policy would be implemented and how this policy would affect each department. As a result, procedures were not put in place to

properly track a multitude of important data points, especially between departments. For example, the actual number of family separations is still not entirely known, some children still have not been reunited with their parents, and families were not adequately tracked or reported. This inaccuracy in the data provided by the Department of Homeland Security makes it difficult to truly know the complete and full impact of the policy.

Future Research

This thesis focused on identifying the problems of the "Zero Tolerance Policy" and identified policy alternatives that address the problem without causing such harmful consequences for the families impacted. The analysis can provide context for future research. The results of domain three could be used for another research paper focusing on policy advocacy and implementing the alternative policies. Future research will be needed to further analyze the long-lasting impacts of these family separations and the harm that they have caused the family members, especially the children and their development. Additionally, it will be important to study directly the impact of those families who were directly affected by this policy. Identifying the true number of families separated and children who have still not yet been identified or reunited with their family members is crucial to further literature on this topic. Further investigations and internal reviews need to be done on the departments who were involved in order to accurately further literature in this area.

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