

Society of Behavioral Medicine Statement on Reunification of Migrant Children with their Families: A Solutions-Oriented Approach

As a follow-up to the Society of Behavioral Medicine's [previous statement opposing the forced family separation of migrant, refugee, and asylum-seeking families](#), we recognize the separation of children from their families was temporarily halted for 20 daysⁱ by President Trump's executive order on June 20, 2018. We were deeply concerned that the executive order and recent plan released by the Department of Homeland Securityⁱⁱ did not specify a target timeline for reuniting children and families who were already separated. The recent federal judge rulingⁱⁱⁱ requiring separated children be reunited with their families within 30 days (14 days for children under 5) is a promising start.

The Society of Behavioral Medicine (SBM) is a multidisciplinary, national organization of over 2,400 clinicians, educators, and scientists dedicated to studying the health and wellbeing of individuals, families, communities, and populations.

Over 2,300 migrant children – some as young as 8 months old – are still involuntarily separated from their caregivers, with many flown to shelters in cities thousands of miles away from where their parents are detained. As a society representing world-renowned experts in child health and mental health, we cannot overstate the urgency of expeditious reunification. Continued separation produces toxic stress and trauma in children, severely undercutting their capacity to cope and recover. Each passing day of family separation inflicts additional and irreparable physical, neurological, and psychological harm upon their developing brains and bodies.

We urge the Trump Administration to quickly and responsibly implement efforts to reunite separated families within the mandated time frame, and earlier if possible. The process of reunification must be carefully planned and monitored, given that reunification itself does not necessarily resolve the physical and psychological harm experienced by these families. Children and parents will need support to recover from the trauma of involuntary separation and to prevent adverse health consequences. We also recognize that thousands of migrant children and their families continue to be exposed to negative conditions in shelters and detention centers that undermine their health and well-being.

We urgently ask our nation's leaders to take the following actions to prioritize the health of children seeking protection in our nation:

1. Develop and implement a plan that expeditiously reunites separated children with their families. This should be prioritized above all else, including current legal proceedings, to prevent further physical, neurological, and mental health damage to children. Parents and caregivers are the most effective source of stress-buffering for children—far more powerful than any medical intervention.
2. Allow licensed medical and mental health professionals to guide and monitor the family reunification process to minimize any further physical or psychological damage. Professionals who are bilingual, have experience working with migrant families, and have expertise in evidence-based, trauma-focused practices and treatments are well-equipped to work with these families. Our society, along with the American Psychological Association, expresses commitment to serving as a health resource for these families. The [National Child Traumatic Stress Network](#) also offers a plethora of resources on treatment and trauma-informed practices.
3. Devote resources necessary to initiate and implement the transition process, including support for temporary housing, legal aid, and financial support. Providing safe living

conditions will enable families to maximize the benefits of the medical and legal support services received. Resources to help separated children and families can be found [here](#).

4. Explicitly prohibit the administration of sedatives or other drugs without lawful authorization (e.g., parental consent) to children currently under the custody of the U.S. government. Any child receiving medication should be under the care of qualified, bilingual medical professionals given the serious short- and long-term health consequences of exposure to such drugs.
5. Recognize that U.S. detention facilities subject children to inhumane conditions (e.g., inadequate food and water, lack of or limited bathing facilities, extreme temperatures, and constant light exposure)^{iv,v} and are therefore not an appropriate setting for any humans. Detaining children and caregivers under such conditions subjects them to re-traumatization and increases risk of anxiety, depression, and posttraumatic stress disorders. We unequivocally agree with the American Academy of Pediatrics recent statement that “children fare best in community settings, under the direct care of parents who love them.”^{vi}

Our stance on protecting the health and well-being of migrant children and their families is consistent with that of prominent medical and scientific societies, including the American Academy of Pediatrics,^v the American Academy of Family Physicians,^{vii} and the American Psychological Association.^{viii,ix} We firmly believe our nation should serve as a model of how to safeguard all children and hold ourselves and every branch of the U.S. government to that standard.

This statement is the result of a collaborative effort from Society of Behavioral Medicine members Monica Wang, ScD, MS, Sasha Fleary, PhD, Virginia Gil-Rivas, PhD, Joanna Buscemi, PhD, Pamela Berhman, PhD, Elva Arrendondo, PhD, Idia Thurston, PhD, Sarah Domoff, PhD, Sheela Raja, PhD, the Child and Family Health Special Interest Group, the Violence and Trauma Special Interest Group, the Health Policy Committee, and the Civic and Public Engagement Committee.

References

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