

AAP policy says no child should be in detention centers or separated from parents

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Immigrant and refugee children should be treated with dignity and respect, and not placed in settings that fail to meet basic standards for children's physical and mental health or expose them to additional risk, fear and trauma, according to a new AAP policy statement released today. The statement also offers recommendations for the care of children released into communities while their cases proceed.

The policy *Detention of Immigrant Children*, from the AAP Council on Community Pediatrics, was developed in response to increasing concerns by pediatricians and child advocates regarding the conditions to which newly arrived immigrant children are exposed when seeking protection at the U.S. southern border. In particular, Department of Homeland Security (DHS) facilities do not meet the basic standard of care for children in residential facilities.

Eyewitness accounts by pediatricians and advocacy groups, including two AAP delegations, documented frequent separation of children from parents and detailed treatment of children that exposes them to potentially traumatizing conditions. Evidence from both within and beyond U.S. borders, described in the policy, demonstrates that detention threatens children's short- and long-term health and well-being.

Julie Linton, M.D., FAAP, co-chair of the AAP Immigrant Health Special Interest Group and policy co-author, checks the vitals of an immigrant girl at a church in McAllen, Texas, which provides respite for immigrants when released from detention. Photo courtesy of Veronica G. Cardenas-Vento



Children in the custody of their parents should never be detained or separated from a parent unless a competent family court makes that determination, according to the policy, which is available at <http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483> and will be published in the May issue of *Pediatrics*.

Fleeing violence

Communities nationwide have become homes to immigrant and refugee children fleeing countries across the globe. Yet more than 95% of children crossing the U.S. southern border are from Guatemala, Honduras and El Salvador (Northern Triangle countries), with smaller numbers from Mexico and other countries. Unprecedented violence, abject poverty and lack of state protection in the Northern Triangle countries are driving escalated migration to the United States.

In fiscal year 2016, 59,692 unaccompanied children and 77,674 family units sought asylum or were apprehended crossing the southern border, according to U.S. Customs and Border Protection (<http://bit.ly/2mD6VPp>). Interviews with children in detention from Mexico and the Northern Triangle revealed that 58% had fear sufficient to merit protection under international law (<http://bit.ly/2m2Wub7>).

Complex evaluation, legal process

From the point of arrival through permanent resettlement in communities, immigrant children seeking safe haven face a complicated evaluation and legal process. Children apprehended with a parent or legal guardian are either repatriated back to their home countries under expedited removal procedures, placed in Immigration and Customs Enforcement (ICE)-family residential centers or released into the community awaiting their immigration hearings (<http://bit.ly/2l4PGKq>).

Intact family units often are separated from each other at the border and placed in separate detention facilities, since no facilities accommodate both mother and father with children. After processing by DHS, unaccompanied immigrant children are placed in shelters or other facilities operated by the U.S. Department of Health and Human Service's Office of Refugee Resettlement, and the majority are subsequently released to the care of community sponsors (parents, other adult family members or nonfamily individuals) throughout the country for the duration of their immigration cases (<http://bit.ly/2m2Uakq>).

Pediatricians' role

Pediatricians have the opportunity to advocate for systems that mitigate trauma and protect the health and well-being of vulnerable immigrant children, including a coordinated system that facilitates consistent access to medical care, education, child care, interpretation services and legal services at all stages of the immigration journey.

Key recommendations regarding treatment of children and families who arrive at the U.S. border include:

- Separation of a parent or primary caregiver from his/her children should never occur, unless there are concerns for the child's safety at the hand of the parent.
- Children should not be exposed to potentially traumatizing conditions, which currently exist in DHS detention facilities.
- Processing of children and family units should occur in a child-friendly manner, taking place outside current Customs and Border Protection processing centers or conducted by child welfare professionals, to provide conditions that emphasize the health and well-being of children and families at this critical stage of immigration proceedings.
- DHS should discontinue the general use of family detention and instead use community-based alternatives to detention for children apprehended in family units.
- Community-based case management should be implemented for children and families, thus ending both detention and the placement of electronic tracking devices on parents. Government funding should be provided to support case management programs.

Guideline-based care for all children

The Academy supports comprehensive health care in a medical home for all children in the United States, including all immigrant children and those detained or otherwise in the care of the state. Integrated behavioral health in the primary care setting is an optimal model for care of immigrant and other vulnerable children, minimizing the difficulty of navigating the health care system.

Further recommendations regarding community-based management include:

- Pediatric providers serving previously detained immigrant children should elicit specific history of abuse, neglect, abandonment, persecution, trafficking or violence to screen children for legal needs and subsequently refer these children for legal services.
- Integrated care strategies, such as medical-legal partnerships, may enhance connectivity. Likewise, immigration lawyers should have opportunities to refer children to medical homes if children reach the legal system prior to seeking medical care.
- Pediatric practices should facilitate children's enrollment in public educational services, essential to children's development and future well-being. School facilities should be safe settings for immigrant children to access education. School records and facilities should not be used in any immigration enforcement action.
- No child, whether accompanied or unaccompanied, should ever represent himself or herself in court. After release into the community, all previously detained immigrant children should have access to legal services at no cost to the child or his or her sponsor.

Drs. Linton, Griffin and Shapiro are lead authors of the policy statement. Dr. Linton also is a member of the AAP Council on Community Pediatrics Executive Committee, and with Dr. Griffin co-chairs the AAP Immigrant Health Special Interest Group. Dr. Shapiro is co-founder and medical director of a medical-legal partnership program for unaccompanied immigrant children.

Resources

- [AAP Immigrant Child Health Toolkit](#)
- [AAP Trauma Toolbox for Primary Care](#)

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