

Trauma of migrant separation lingers long after reunification

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The number of unaccompanied migrant children coming to the United States is exploding. According to the U.S. Department of Health and Human Services, 122,000 children were taken into custody at the U.S.-Mexico border in fiscal year 2021, an all-time high.

Family reunification after migration-related separation can be challenging, not just physically, but emotionally as well, according to a

study by Jodi Berger Cardoso, an associate professor in the UH Graduate College of Social Work, and doctoral student Liza Barros-Lane, now an assistant professor of social work at the University of Houston-Downtown. The study, published in the journal *Social Work Research*, finds a critical need for interventions to help the reunification process succeed.

"What we saw is that despite having survived pretty significant trauma, what the children really articulated was the pain associated with being far from their parents," Cardoso said.

In further research, Cardoso and Carla Sharp, a professor of clinical psychology at UH, studied dozens of children between the ages of 10 and 18 who were separated from their mothers for an average of five years. They found psychological consequences such as anxiety, depression and post-[traumatic stress disorder](#) which, over time, may lead to physical consequences, including [heart disease](#), chronic stress and [metabolic disorders](#).

"We can treat kids for the symptoms associated with those clinical disorders and the symptoms of trauma they may experience during the migration journey, but we don't really understand how to help families reunite, how to help kids move forward and rebuild these relationships," Cardoso said.

The answer, according to the researchers, could be Mediation Intervention for Sensitizing Caregivers, or MISC, which is a process that gives community-based health care providers the tools they need to address the mental health needs of vulnerable children.

"We need to help children reduce these symptoms so they're not experiencing them their whole lives," Cardoso said. "But right now, there are no interventions that have been tested to help families reunify after

long periods of separation."

MISC has never been tested in an immigration setting. But Cardoso is changing that through partnerships with major [health care providers](#) in Houston. She says it's something families can do in a traditional health care setting or at home.

"The idea is that you don't need to be a trained mental [health](#) practitioner to provide services to families," she said. "The whole intervention is transportable and helps parents understand and mentalize the experiences of their [children](#)."

Cardoso is already working on the next phase of her study, which includes applying for funding from the National Institute of Minority Health and Health Disparities so she can begin testing the intervention to see if it has promise in this context.

"I think the providers have been really open to trying to learn mechanisms to treat these families," Cardoso said. "Right now, they are really on their own."

More information: Liza Barros-Lane et al, "Es Como Que no los Conociera": Reunification of Unaccompanied Migrant Youth with Their U.S. Families, *Social Work Research* (2021). [DOI: 10.1093/swr/svab026](https://doi.org/10.1093/swr/svab026)

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