

# Mental Health and Wellbeing Implications of Family Separation for Children and Adults Seeking Asylum

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Family separations<sup>1</sup> and reduced opportunities for family reunion are increasingly enacted as components of restrictive immigration practices for people seeking asylum. In Australia these practices are justified on the grounds of deterrence and national security along with other harsh policies in relation to asylum seekers and restrictions in relation to some groups of resettled refugees. For most asylum seekers and refugees, these 'administrative' separations (Rousseau, Mekki-Berrada, & Moreau, 2001) occur on a background of multiple past traumatic experiences and losses, contribute to cumulative stress and can have both immediate and longer-term negative impacts. Importantly, family disruption and sequelae complicate recovery from past trauma and impair the capacity to cope with the stress of resettlement, with impacts on ongoing mental health and child development.

There is growing evidence of the impact of family separation and loss on asylum seekers and refugees at individual and family levels, despite the multiple challenges to research with this disadvantaged often stateless population.

The issue can be examined and understood through evidence obtained in related populations and contextual research; the impact of attachment disruption and loss in early childhood; childhood trauma and traumatic stress responses; the impact of cumulative adversity and the consequences of family loss and bereavement for children and adults, as well as the growing literature on family separation and loss in refugee families.

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<sup>1</sup> Family is used to indicate the significant attachment and care relationships identified by the individuals concerned. This includes extended family and potentially other significant individuals unrelated by birth but with ongoing attachments and duties of care to each other.

This chapter sets out:

- Why family separation impacts on mental health;
- The impact of family separation in early childhood;
- The impacts of loss and bereavement in the context of family separation; and
- Policy considerations for refugee family separation from a mental health perspective.

## Why family separation impacts on mental health

### Attachment and family relationships

Human beings require social connection for development and functioning. Psychological and social identity are shaped and supported through social and emotional bonds. The extended family is the key site of child rearing, support, nurture and of resilience for most people. Children develop within the context of families and relationships and early experiences and the quality of care they receive shape development, of brain, behaviour, and of the person, and lay the foundation for resilience and mental health.

Attachment relations are developed between young children and those who care for them, and between adults who cohabit and care for each other. Developmentally, attachment refers to the enduring emotional relationships developed between children and carers which shape ongoing development and neurodevelopmental and psychosocial functioning (Bowlby, 1969; Sroufe, 2016). Bereavement and loss of significant people are identified as major threats to psychological, physical and social wellbeing. Bereavement is associated with significantly increased risk of major physical as well as psychological illness (Stroebe, Schut & Boerner, 2017). Disruption to early attachment and emotional relationships can have long term implications for development and is related to later mental health problems. For this reason, attachment and family relationships are understood as fundamental social, psychological and physiological bonds. It is not only damaging but also a violation of human rights to cause involuntary separation of family members or to prevent their reunification.

## Refugees and family separation

Family separation occurs for multiple reasons and at all stages of what is called ‘the refugee journey’, from pre-displacement and flight to post migration, from displacement to resettlement (Miller Hess, Bybee & Goodkind, 2018). During the process of seeking asylum within the Australian or other immigration and border protection systems, family separation is common, distressing and at times occurs following deliberate administrative processes. In addition to the legal categories of family separation set out in this report, this includes:

- Pre-flight separations related to deaths and disappearances in the country of origin.
- Separations that are anticipated as temporary and due to safety or finances with family members fleeing their homes at different times.
- Loss of family members through separation or death during flight, including on boat journeys.
- Separation post-arrival due to adult men, including teenagers being held separately from women and children.
- ‘Ageing out’ of adolescent boys who are moved into adult male facilities when they are considered to turn 18 years old.
- Sudden separation of families held in offshore facilities when one family member is transferred to Australia or elsewhere for medical treatment or pregnancy related monitoring.
- Delays in assessment of asylum claims, which often prolong such separations, meaning that children are deprived of parental contact and relationships at key developmental periods, and adults are deprived of support in their family roles and frequently live with ongoing anxiety about the wellbeing of missing family members.
- Refusal of family reunion requests, including to unaccompanied minors who may have relatives in other facilities or with residency in Australia.

As set out below, displaced people are likely to have had multiple traumatic exposures including separation from and loss of family, community and culture before seeking asylum and resettlement. This increases the importance of remaining family members and other relationships and renders people particularly vulnerable to further separation and loss. Complex grief can compound the severity of mental illness including post-traumatic stress

and depression. There is an additional developmental impact for children of separation from, and loss of parental figures and family members. This is well described in the 2018 Médecins Sans Frontières report entitled *Indefinite Despair*.

Displaced people are particularly vulnerable to the stress related mental disorders and the longer-term impacts of grief and loss. This can produce or exacerbate severe mental disorders and ongoing and chronic difficulties which limit recovery and adaptation even when resettlement and safety becomes possible.

## How are refugee children impacted by family separation?

### Children and attachment

Attachment bonds to caregivers are formed in infancy and early childhood. Attachment relationships are enduring emotional connections between children and carers which shape development and influence neurodevelopmental and psychosocial functioning. The quality of early care and the availability of consistent and responsive parental figures is vital for healthy development and establishes resilience in the face of stress and adversity. It is a key pillar of psychological health. In infancy and early childhood, caregivers act to support the development of the child's executive functioning. This includes emotional regulation, attention and behavioural inhibition. These capacities underpin learning and school readiness with obvious implications for cognitive development, cooperation, trust and resilience across many life domains throughout a person's lifetime (eg, Bernier, Carlson & Whipple, 2010).

Separation prior to or at birth from family members, including fathers, robs both child and parent of the opportunity for the particular closeness associated with attachment relationships. This is because infants and children under three who are not with a parent, are unlikely to develop an attachment to that person. Children become attached to the people who care for them and with whom they share their daily lives.

A body of research over 75 years has documented the severe impact of exposure to inadequate care, neglect and other forms of maltreatment, on children's psychological and neurological development. Separation from caregivers, institutional care or incapacity of caregivers because of mental or physical illness, absence or death can result in children's needs being unmet or increased vulnerability to neglect and abuse. There is a clear association between early deprivation and a range of mental health and developmental problems including depression, anxiety and ongoing difficulties in relating to others (Zeanah & Gleason, 2015). The impact of deprivation on children has been studied in a variety of environments and circumstances of separation from consistent caregivers with demonstrated detrimental effects on brain and physiological development (Humphreys, Nelson, Fox & Zeanah, 2017). In addition, there is a literature on the impacts on children of early parental loss through separation or death, showing a clear increase in later vulnerability to depression and other psychological and social difficulties and disorders (Lytje & Dyregrov, 2019). Children who lose their parents when they are very young, or to death from suicides, accidents or homicides, are at particular risk of later mental illness (Berg, Rostila, & Hjern, 2016).

Children at any age are impacted by withdrawal of care. Infants and the very young are particularly vulnerable to the stress of abandonment due to their absolute dependency on the carer for support and survival, and the sensitivity of the brain in early childhood to the quality of parental care. Neglect and separation from primary carers is a major form of psychological trauma and physical stress and can result in 'toxic stress'; unmanageable physiological arousal and distress with lasting impacts on brain, development and behaviour (Shonkoff et al., 2012).

### Separation from a parent

Children's needs for attachment relationships are biologically programmed and attachment seeking behaviour and signalling is seen from birth. The attachment relationship functions to support the child in managing stress and emotions and disruption of care or inconsistent care is associated with release of stress-related hormones which directly impact brain development. Children at all ages grieve the loss of attachment figures and demonstrate

this in age dependent ways. On a psychological level, removal of a child from an attachment figure is a major stress with a pattern of responses including an initial stage of protest followed by despair, and with detachment.

In severe situations of abandonment and lack of attachment figures, such as studied in Romania and Bulgarian orphan populations, children are noted to become withdrawn and unable to interact. In some children the impacts of this damage to attachment and relating persists in the long-term. These are described as attachment disorders and research describes several different patterns of disturbed social interaction (Zeanah & Gleason, 2015).

Disruption of care and attachment is particularly significant during the crucial infant (0-3 year) period of development. Infancy is the developmental period where the child is developing a core understanding or model of relationships as well as the beginnings of emotional and stress regulation. Severe neglect and lack of care in this period has a broad range of effects including cognitive delay, social and emotional withdrawal and is associated with behavioural and emotional problems in later childhood. Loss of an attachment figure in infancy, such as a through death or abandonment, or where a parent is psychiatrically unwell, can produce the pattern of responses described above with the additional impact of stress on brain development. The availability of care and a consistent alternative attachment figure, if that figure is sensitive to the needs of the child, can be protective. This level of protection is not available in asylum seeking situations where carers and adults have high rates of depression and anxiety and parenting is problematic as a result of parental mental health issues.

Infants separated from a parent prior to their birth (such as in the case of families separated by offshore detention) will not develop attachment relationships with the missing parent as they have no contact with them. They may grow up to know about them, but they will not know them. They will not have the benefit of those relationships. Indirectly, the impact of the missing parent and extended separation on the remaining family will impact on the baby and young child. If the separation is a perpetuating or aggravating factor in parental grief,

depression and Post-Traumatic Stress Disorder (PTSD), this can reduce the quality of caregiving that the child receives, with potential long-term developmental impacts.

Separation from family members impacts the caring parent's ability to focus on the child, often as a result of their own depression and grief. In these situations, the infant experiences a form of emotional neglect and when there are no alternative and available carers who are not depressed, as in detention, children will show signs of distress and developmental problems.

### Family separation, mental health and parenting in refugee families

Refugee children face cumulative adversities from displacement to resettlement. Unaccompanied children are shown to have increased rates of PTSD and depression compared with children seeking refuge who are with their caregivers, confirming that family relationships and parental care are protective for already vulnerable displaced children and adolescents (von Werthern et al., 2018; El Baba & Colucci, 2018; Norredam, Nellums, Nielsen, Byberg & Petersen, 2018). Systematic reviews of child refugees settled in high, middle- and low-income countries also emphasise the importance of family to children's functioning and resettlement. The protective effects of family depend on the integrity of social relationships within households with a variety of predominantly negative findings about the impact of parental separation from studies of displaced children (Reed, Fazel, Jones, Panter-Brick & Stein, 2012). Accompanied children who were subsequently separated from their relatives were also at risk of poor mental health, and those whose family members were hard to contact or in difficulty such as in prison had worse psychological functioning (Reed et al., 2012) The same review includes evidence that displaced boys living with both parents had rates of psychological symptoms five times lower than those living in other family arrangements (Reed et al., 2012). A recent study of children and parents detained in the US found significantly higher rates of psychological distress in children who had experienced a period of separation from their mothers, than children who had not been separated (MacLean et al., 2019).

Displaced children who have already been exposed to adversity are particularly vulnerable to disruption of care and attachment breakdown and are more likely to exhibit physiological, psychological and emotional difficulties in the short and longer term in the absence of parental support. The immediate effects of separation are likely to include pining and age-related symptoms of grief. There is evidence that children who were separated from their parents and resettled were more likely to report symptoms of anxiety and depression than children who had not been separated, indicating the cumulative impact of family separation. Together with evidence of the increased rates of mental illness and distress in unaccompanied refugee minors, this highlights the supportive role that family members provide to each other during adversity and resettlement.

Parental mental health is also affected by family separation and loss. Contact with family members is important in modulating the impact of trauma and loss in refugee adults and children (Nickerson et al., 2011). Qualitative and quantitative studies indicate that the co-occurrence of trauma and family separation has a cumulative impact on emotional distress (Rousseau et al., 2001). In addition, parental mental health can have an impact on the quality of parenting interactions and therefore on children's development. There is recent research indicating the impact of refugee parents' mental health on their children, with growing evidence of an association between parental PTSD and poorer parenting quality (Bryant et al., 2018; Eruyar, Maltby, & Vostanis, 2018; Sim, Fazel, Bowes, & Gardner, 2018; van Ee, Klever, Jongmans, Mooren, & Out, 2016). Preventing or minimising family separation is important for adults and children and during pregnancy. Separation and loss have an immediate and ongoing impact and fear for a family member's safety may aggravate mental health problems, especially PTSD (Suárez-Orozco, Bang, & Kim, 2011).

Women who are pregnant and displaced or detained have high levels of stress and anxiety with a direct negative impact on foetal development and neonatal outcomes. They are also not able to prepare psychologically for the baby. Contemplating parenting in these circumstances is associated with feelings of guilt and distress. Rates of so-called post-natal depression are high and the mother's low mood directly impacts on her capacity to focus on and interact sensitively with the baby.

## Long Term Implications of Attachment Disruption and Loss for Children

The sudden and enforced separation of a child from attachment figures constitutes a major trauma and stress to the child's sense of safety and security. Acute distress in the immediate term can evolve into a state of depression and withdrawal and with features of post-traumatic stress and reliving of the separation. Depending on the age of the child, there can be the emergence of behavioural disturbance such as oppositionality, anger, aggression and disorders of social interaction. The child's core personality functions can be disrupted, specifically their development of trust, capacity to form relationships and to deal with emotional challenges and stress. Separated children may have long-term problems as a result of the disruption of neurobiological development resulting in emotional dyscontrol, impulsivity and chronic anxiety with features resembling Attention Deficit Hyperactivity Disorder. The trauma of separation also increases the risk of self-harm and suicidal ideation. These problems with stress tolerance or adaptation can persist into adult life with major implications for mental health, interpersonal functioning and adaptation.

## How are refugee adults impacted by family separation?

### Families and loss

In addition to evidence about the importance of family and attachment relationships for human development and functioning and increased vulnerability of most adults and children following separation and bereavement, there is a small but growing literature specifically examining the impact of separation and loss in refugees and their families. Many asylum seekers and refugees have witnessed the threats to or death of loved ones, the destruction of their homes and communities and / or have themselves been tortured, threatened, injured or imprisoned. For children there is evidence from the literature on family violence, that witnessing violence or threats to attachment figures can have a similar development impact as direct maltreatment including physical abuse and neglect.

Loss and grief have impacts on families as a whole, beyond the impacts on individuals (Nickerson et al., 2011; Weine et al., 2004).

Family members are impacted by loss of the same person (e.g. father and husband) and/ or being exposed to the same traumatic events during war and persecution, with impacts on both individual and family functioning. There is a small literature evidencing the way that family and community processes shape children's processing of grief in relation to lost family members, and that this can become self-perpetuating. Also, the sense children make themselves of parental separation and loss is intimately interconnected with family narratives about the loss and the lost person (Dalgaard & Montgomery, 2017; Ratnamohan, Mares, & Silove, 2017).

Family processes are pivotal in influencing post-traumatic adjustment in refugees both in relation to recovery and resettlement, but also in contributing to complicated grief and persisting morbidity (Nickerson et al., 2011; Weine et al., 2014). A qualitative New Zealand study found that issues with family reunification were identified as the main obstacle to successful resettlement in 85% percent of resettled refugees (Choummanivong, Poole, & Cooper, 2014).

#### PTSD, Depression and Complicated Grief

Prolonged and indefinite separation from family members increases the risk of complicated grief, persisting PTSD and depression. It can be associated with continuing anxiety about the lost family member, which adds to a sense of powerlessness and can be associated with a continuing sense of injustice. At a practical level it reduces the support available to remaining adults in their roles as parents, friends and members of the new community.

Loss and grief can have multiple social, psychological and physiological consequences (Zisook et al., 2014). In addition to PTSD and depression, grief and complicated grief has more recently been acknowledged as a significant element of the distress experienced by forcibly displaced people. Complicated grief can be distinguished from other trauma-related psychological disorders, and is more likely when the individual has significant multiple previous losses, exposure to trauma, and/or previous psychiatric history (Lobb et al., 2010). In addition, the nature of the relationship with the deceased person is important, as are events surrounding the loss, close kinship relationship to the deceased, marital closeness and dependency. Loss of a close person through sudden or violent death, uncertainty about

the reality or circumstances of their death, and lack of opportunities to undertake appropriate mourning and burial practices increase the likelihood of complicated grief, as does limited social support and ongoing other life stressors (Zisook et al., 2014). Many of these factors are relevant to refugees who are separated from family.

There is a potential overlap in both the aetiology and symptoms of complex grief, PTSD and depression. Complicated grief is an intensification of bereavement with persisting symptoms of loneliness and separation distress such as ‘yearning, longing, and searching for the deceased’ (Mormartin, Silove, Manicavasagar, & Steel, 2004). The bereaved person can be overwhelmed or remain in a state of incapacity without progression of the mourning process. There can be intrusive images and thoughts, numbness, withdrawal and other symptoms that overlap with those seen in PTSD and depression.

Complicated grief interacts strongly with symptoms of PTSD, depression, and mental health and quality of life, with studies suggesting that prognosis of people with PTSD and depression is worse when they also experience unresolved grief. Complicated grief appears to be one important pathway leading to persisting depression and complex grief in displaced people. Comorbid complex grief and depression increase the likelihood that both will persist. (Mormartin et al., 2004; Zisook et al., 2014).

### Conceptual models of loss and trauma in displaced people

Much of the research on the mental health of refugees and asylum seekers has focussed on individual suffering and diagnosis, particularly in relation to rates of PTSD and depression. The focus on diagnosis of disorder in individuals who have been exposed to cumulative loss is an inadequate conceptualisation of the nature of trauma and loss for refugee individuals and families (Silove, 2013; De Haene, Grietens, & Verschueren, 2010). Individual trauma and exile related stress not only affect the individual but have consequences at a family level. Research methods can be said to have *“focused on symptoms over contexts, disorders over processes and individuals over families”* and because adversities for refugee children *“occur within communities ruptured by collective loss, trauma and upheaval, .... any attempt to understand loss in refugee children must contextualise loss not just within the family system*

*but also within radically reconfigured cultural contexts” (Ratnamohan, Mares & Silove, 2017, p. 295).*

Contemporary models of refugee trauma provide a more comprehensive account of the refugee experience, most adopting a multisystem, eco-social framework, and mental disorder is regarded as the endpoint of the interaction between the many environmental factors that impact on refugees rather than primarily an expression of individual innate or intrapsychic problems. As an example, the Adaption and Development After Persecution and Trauma (ADAPT) model identifies five core pillars of stable societies and communities that are disrupted by conflict and displacement (Silove, 2013). These are systems of safety and security, interpersonal bonds and networks, justice, roles and identities, and existential meaning and coherence. Citizens depend on these systems and relationships for psychological equilibrium. The refugee experience, and associated adversities at each stage erode these systems. The more disruption and loss that is experienced, the greater the impact on individuals.

In addition, the social networks and institutions that support the recovery process following trauma are often lost or compromised by displacement meaning that family can have additional importance in supporting individuals both in adjusting to new circumstances and in psychological recovery. Family functioning in the wake of loss and trauma is therefore particularly important, and the impacts of ongoing separation from family are particularly harmful. Refugees have very often been forcibly displaced from social and cultural and community networks because they have had to leave their country and community behind. Even after resettlement they are likely to be unfamiliar with the institutions in their new country and a sense of belonging and community can take time to develop. This makes the family unit (and how the individuals and the family system function), particularly important in both practical and emotional ways. Family processes are central in post-traumatic adjustment after death of or separation from a family member (Weine et al., 2004; Weine, 2011).

Family separation undermines safety and security, disrupts central social bonds and networks, as well as identity (e.g. as spouse, parent, child) and may be associated with deep feelings of injustice (Silove, Ventevogel, & Rees, 2017).

## Policy and practice implications

There is clear evidence that a broad family and community perspective is necessary when considering trauma and loss in displaced adults and children. Loss of a family member has lasting impacts not only on the individuals in the family but on the nature of family interactions and the capacity of adults and children, to come to terms and make sense of the loss and other adversities associated with displacement, flight, and resettlement. Indefinite and unresolved separation is a risk factor for complicated grief which in turn can prolong or intensify depression and complicates recovery from PTSD.

Reducing experiences of separation and loss, including by enabling family reunion, is an important way to contribute to recovery and reduce the additional burden of suffering and disease in refugee adults and children. War, persecution and other forms of organized violence that precede displacement and flight often impact on the whole family, rather than just one member and once displaced and separate from past community and culture, family ties become even more important.

Identification of unresolved grief, prevention of additional stress and loss related to family separation and provision of appropriate early interventions may have the potential to limit long-term morbidity and assist in resettlement.

## Conclusion

Family separation, sudden, prolonged or permanent is an additional stress in already vulnerable adults and children. It reduces the support available to remaining family. It can increase anxiety about the wellbeing of the missing family member and adds to and prolongs the symptoms and incapacities associated with depression and PTSD. It adds to grief and also day to day stressors for the remaining parent, further undermining their own mental health and parenting capacity. This is doubly disadvantageous to children who have not only lost a family member but may remain with a parent who is impacted by mental illness and grief. In addition, the child's sense of themselves, who they are, where they belong and the story that they are part of can remain unresolved or be constituted around loss, rather than adaptation.

Refugee and asylum-seeking adults and children face multiple losses, including of home, language, culture and family and friends in the course of seeking safety. They are known to have increased health and mental health needs as a consequence of exposure to multiple and cumulative adversities both pre, and during flight and post arrival. This is compounded by countries such as Australia where harsh and punitive reception policies and practices are implemented, and family separation is common. When refugee resettlement includes financial, social and psychological supports, mental and physical illness in adults and children can be identified and treated and mental illness and grief reduce over time. Resilience and recovery are supported by family-friendly practices that recognise the centrality of key attachment relationships to wellbeing, and to survival.

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