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Shining a light into the darkness: the developmental impacts of internment in U.S. immigration detention centers on detained Latinx children

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ABSTRACT

Americans are concerned about immigration politics and how to handle the migration of immigrants into the United States, especially those from Latinx countries who immigrate illegally. In response, the United States government has formed detention centers to house the children of these illegal immigrants. While the immediate safety and developmental appropriateness of current separation practices are of concern, few have considered what the long-term developmental and transgenerational impacts on Latinx immigrant children, held within these detention centers, will be. This thesis concludes that the negative physical, emotional, and psychological impacts both in the short and long terms are expected to be significant though without continued exploration are currently unmeasurable.

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Acknowledgements and Dedication

Although it seems insufficient, my most sincere thanks to Dr. Rita Boyajiah Groh and my family, whose support and encouragement have been instrumental in completing this thesis. I am forever grateful for their advice, encouragement, and investment in me throughout the years.

Additionally, I dedicate this thesis to the thousands of Latinx migrant children who have, are, and will experience internment in Immigration and Customs Detention centers. I pray that this thesis will help shed light on some of what you are facing and that it would incite action to improve your world and the world for future generations to come.

INTRODUCTION

Modern Latin American Migration

For many American citizens, the plethora of news coverage and controversy surrounding the government-operated migrant detention centers throughout the United States yields conflicting information. Many trustworthy reports have been published by well-respected academic organizations and groups regarding these inconsistencies. For example, an independent study published by Brabeck et al. (2014) confirm that, noncitizen children in deportation proceedings experienced maltreatment by Immigration and Customs Enforcement (ICE) officials, including ICE officials' failure to notify Child Protective Services, the denial of access to a lawyer, denial of access to country of origin consulates, being held for unreasonable periods of time, and being removed to unsafe conditions.

Statistically, the highest number of these interned migrant children come from Guatemala, El Salvador, or Honduras. This migration is presumed to be motivated by the desire to escape the high levels of poverty and violence present in these nations. As recent changes in United States legislation primarily impact individuals fleeing these conditions, the majority of children detained in the detention centers come from regions experiencing these types of violence.

These alterations also make it nearly impossible for the many organizations working with these individuals, both governmental and non-governmental, to determine the exact number of immigrant children who have been separated from their legal guardian(s) or those the children traveled with to the United States. Some sources claim that, in 2014, almost 140,000 unaccompanied minors were held by Customs and Border Protection (CBP) services, half of whom crossed the U.S.-Mexico border with at least one family member or guardian (Linton et

al., 2017). Other sources only count children separated before the revocation of the Zero-Tolerance immigration policy and state that a mere 3,000 children, at least 100 of whom were less than five years old, were held and separated from their parents or guardians (Congressional Research Service, 2019). The Office of the Inspector General acknowledged, however, it is likely that thousands of children, who were separated before the policy change became public knowledge, were not reported in official statistical accounts (Congressional Research Service, 2019).

Unreliable Government Reporting

In addition to the statistical inconsistencies, many of the statements made by the involved federal agencies have been determined false. For example, ICE claimed that one migrant child was reconnected with parents on July 26, 2018; however, that child was not actually reunited with their parents until September of the same year (Office of the Inspector General, 2018). Similarly, when the Office of the Inspector General asked ICE and the Department of Homeland Security (DHS) about the identifying information database for detained migrant children, both ICE and DHS were unable to find evidence proving its existence. Additionally, questioning of ICE employees found that none were aware of its existence or had access to it (Office of the Inspector General, 2018).

Furthermore, although ICE claims that parents can call children through phone and video conference services provided at each detention center, a study by the Office of the Inspector General (2018) found that only half of the interviewed individuals were able to speak with their child(ren) during their incarceration. All these individuals required assistance to complete this task. As for the others, who had no communication with their children, they stated that they either could not reach the Department of Health and Human Services (HHS) operator for the toll-

free phone number or that they received communication from ICE agents who claimed the number was not functional. One of these individuals never even received any information on how to make contact with dependents (Office of the Inspector General, 2018). Moreover, an inspection by the Office of the Inspector General found that this communication problem is compounded by ICE facilities not providing information at all or in the languages of their internees. Not only was ICE unable to produce an example of the signs they claim to post within the detention centers, but also many of the internees were found to be illiterate or not fluent in either Spanish or English and only fluent and literate in an indigenous language (Office of the Inspector General, 2018).

In general, government sources report the number of separated children much lower than others. One such report states that between May 7 and May 21, 2018, separations occurred between only 658 minors and 638 adults, most of whom were then referred for legal proceedings (Congressional Research Service, 2019). According the Secretary of HHS, Alex Azar, less than 3000 children were separated from their parents from April through June 2018 (Congressional Research Service, 2019). HHS Secretary Azar further claims that 538 of these children were reunited with their families before being transferred to the Office of Refugee Resettlement (ORR) shelters while over 2,500 remained separated (Congressional Research Service, 2019). These numbers provide a stark contrast to the tens of thousands of immigrant children that nongovernmental sources have included in their reports as separated.

Additionally, the United States government has not kept track of the number of family separations that have occurred. Researchers find that current statistics likely do not include in their counts migrating families who came to the United States requesting asylum and were then separated (Congressional Research Service, 2019). The HHS's Office of the Inspector General

also publicly admitted, in January of 2019, that these inconsistent and faulty recording methods have made it impossible for the government to know for sure how many children and parents they have separated (Congressional Research Service, 2019). In this same statement, the HHS's Office of the Inspector General "also noted that 'thousands more' children were likely separated prior to June 26, 2018, but," that a number could not be provided due to the government lacking an official tracking system for separations of migrant children and parents (Congressional Research Service, 2019, p. 13).

Part of this inconsistency is caused by the lack of a government-wide definition for whom is considered an unaccompanied migrant minor. This obscurity, according to the DHS, results in "minor children[,] apprehended at the border[,] who are accompanied by older siblings, cousins, aunts, uncles, grandparents, and other relatives who are not parents or legal guardians," being separated from their families, but not counted by DHS when they consider the number of children separated from families (Congressional Research Service, 2019, p. 14). This information is a significant concern as it provides further evidence that the CBP's currently published statistics are downplaying the degree to which family separations are occurring at the border (Congressional Research Service, 2019).

Definitions

For the purpose of this study, it is essential to introduce a few definitions for commonly referenced terminology. Throughout the remainder of this piece, the following terms will refer to the attached definitions.

Adolescent	Any human aged thirteen years old to eighteen years old
Child	Any human aged three years old to the age of twelve years old; this term will also be used to reference any human who is between birth and the age of eighteen years old when the age of the human is unknown or unreported

Infant	Any human from birth to the age of two years old
Long-Term Impacts	Impacts that occur from the second year after a child's release from the internment camps (or until the child turns eighteen) to the end of a child's life
Migrant	Any individual who crosses into the United States national borders, whether legally or illegally
Short Term Impacts	Impacts that occur starting the first day of a child's internment to a year after their release from the internment camps or until they turn eighteen years old (whichever deadline comes latest)
Transgenerational Impacts	Impacts that occur across generations, specifically generations that were not interned in the United States internment camps

These definitions, ones for other terms, and explanations for common acronyms used throughout this piece, can also be found in the Appendix.

Importance of the Study

Despite the recent media attention given to the issues relating to the internment of migrant children in United States detention centers, many of the original humanitarian and legal concerns have still not been addressed. Furthermore, many United States citizens, legislators, and politicians are still mostly unaware of these centers' conditions and how they can impact the future of not only the United States but also the rest of the world.

Legislatively, the conditions migrant children face within the United States Immigration and Customs Enforcement's (ICE) detention centers reveal concerns relating to violations of both current United States legislation and international legislation. Nationally, the current conditions migrant children face are in direct violation of the guidelines established by the Flores Settlement Agreement, the Customs and Border Protection's Commonly Assessed Standards, the Homeland Security Act of 2002, the Trafficking Victims Protection Reauthorization Act of 2008, and the United States Bill of Rights Internationally, the situation has been identified as being non-compliant and even in opposition to the standards established by the United Nations

International Rights of the Child and the United Nations Guidelines for Alternative Care of Children.

As a humanitarian concern, many of the substandard living conditions reported remain common within ICE's detention centers. Research from both humanitarian actors as well as child life development scientists indicates that children kept in such conditions for any time will be at risk of experiencing adverse impacts on their physical, mental and emotional, and social development across three primary periods of the life span: in the short-term, long-term, and transgenerationally (Garner et al., 2014; Wood, 2018). Such impacts include increases in mental illness, potentially lifelong separation from family, and even medical complications that can result in a decrease in life expectancy of up to twenty years.

As these effects are not only lifelong for those who experience internment but also continue into the subsequent generations, it is critical that the United States, as a nation, readdress this issue to secure not only the development of currently living children but also those of future generations. After all, it is these generations that will become the world's next global citizens and leaders; if they are to help improve international relations and the overall state of nations, their development and well-being must be protected from potential influences that could negatively impact them and, in turn, the international community's future.

Overview

The remainder of this proposal will include the following sections and topics. In the literature review, the current literature available on the developmental impacts, physically, emotionally and mentally, and socially, of internment examined across three stages: during and immediately after internment, post-internment, and transgenerationally. The next section, a theoretical exploration, again divided into three stages, in which the impacts on each type of development

are explored, considering the evidence presented in the literature review and the current knowledge base about the modern-day internment centers. The methodological approach to this thesis incudes the justifications for the selection of the cases and methodological limitations. Finally, the thesis concludes with the analysis and policy application surmised from the cases.

LITERATURE REVIEW

Introduction

The separation of children from their caregivers impacts the development of a child in three primary areas: physical, emotional and mental, and social. Children's exposure to toxic stress, via the presence of adverse childhood experiences (ACEs), further compounds these developmental impacts. According to research, toxic stress causes malformations in young brains as it "disrupts developing brain circuitry, thereby changing brain structure and function" (Garner et al., 2014, p. 2). Furthermore, as the number of ACEs the interned children are exposed to increases, so will the probability of negative repercussions from these experiences. Throughout this section, the consequences of separation from caregivers, exposure to toxic stress and ACEs, and the resulting brain abnormalities will be examined in each of the three primary developmental areas and across three time periods: during and immediately after internment, post-internment consequences, and transgenerational impacts.

Immediate Impacts

Physical

Studies have discovered that prolonged exposure to toxic stress results in the overdevelopment of brain areas that control primitive functions, which subsequently causes the underdevelopment of brain areas that control higher-level functions such as "emotional control and rationale decision making" (Lopez, 2018, p. 23). Other research shows that substantial

trauma, especially in childhood, “can produce physiological disruptions or biological memories that undermine the development of the body’s stress response systems” and negatively affect the development of parts of the body, including: the brain, the metabolic regulatory controls, the immune system, and the cardiovascular system (Shonkoff & Garner, 2019, p. e243). As a result, children who experience these adverse situations are more likely to contract or develop preventable diseases and medical conditions due to the weakening effects of toxic stress on the various systems.

Emotional and Mental

According to research, many impacts on children’s emotional and mental development are caused, at least in part, by toxic stress. Toxic stress is defined in the work of Garner et al. (2014) as, “when the body’s stress response systems are activated and stay activated for” extended periods (p. 2). This form of stress is hazardous and can cause extensive damage to children’s brains by impeding their brain circuitry development and altering the structure and functioning of their brain (Garner et al., 2014). These adverse effects can occur at any age and during any developmental stage, making every child, regardless of age, at-risk during exposure to toxic stress.

For example, and as previously mentioned, studies have discovered that toxic stress can result in the overdevelopment of “primitive areas” of the brain, which subsequently causes the underdevelopment of areas of the brain that control higher-level thinking processes (Lopez, 2018, p. 23). These resulting lower levels of emotional regulation can impair decision-making processes across children’s lifetimes. As a result, the children are more likely than individuals with typical cerebral cortex development to engage in risky behaviors professionally (i.e. sex work, criminal lifestyle, and gang membership), economically (i.e. gambling), and personally

(i.e. excessive alcohol intake, drug use, and abusive relationships) (Bellis et al., 2013). Similarly, Bryanna Fox et al. (2015) revealed that the occurrence of trauma or adversity during childhood causes a significant increase in the likelihood of children engaging in "serious, chronic, and violent offending" activities and lifestyles throughout the rest of their lives (p. 165).

Furthermore, coping with the trauma of the separation and subsequent internment experience requires most of a child's energy to be redirected to processing the crisis. As a result, that energy is taken away from processes related to development (Lopez, 2018). Research has shown that this energy redirection results in interned migrant children experiencing deficits in their mental and emotional health and development. For example, a study by MacLean et al. (2019) reports that 32% of the detained children who were interviewed for the study experienced the increased occurrence of emotional disorders when compared to un-interned children. Additionally, many interned children in this study also displayed symptoms of mental and emotional distress including "avoidance (57%), reexperiencing [negative memories] (52%), negative alterations in cognition and mood (42%), and increased arousal (22%)" (MacLean et al., 2019, p. 305).

Finally, research completed by Laura Wood (2018) found detained children more likely to develop protective responses to traumatic situations. Specifically, children are at an increased risk for developing:

> complex patterns of protective responses that can include hyperarousal—hypervigilance, agitation, flashbacks and emotional reactivity, or hypoarousal—dissociative responses, emotional numbing ([where] self-harm may be used as a tool to 'feel alive'), passive compliance and poor access to cognitive functioning. (p. 3)

These negative protective responses are visible signs of how the trauma of internment impacts children's development. Invisibly, the detention centers' environment traps children's brains in a mindset that "seeks to preserve and protect life at all costs," causing their brains to develop abnormally and become accustomed to functioning in a state of terror and distress (Wood, 2018, p. 3).

These mutations in brain structure also manifest in higher incidences of mental and emotional disorders. Further research reveals above-average diagnoses of mental disorders, including depression, post-traumatic stress, and anxiety, among detained migrant children when compared to children who are not interned (MacLean et al., 2019). For example, the occurrence rate of mental disorders was 10% among the detained children who participated in MacLean et al.'s (2019) study, while only 5% of children from the general population experience them. MacLean et al.'s (2019) study also discovered that while the "lifetime prevalence of PTSD among adolescents in the U.S. is estimated to be 4.7%," PTSD occurred in 17% of the migrant children sample population (p. 305). Researcher Martin Teicher's (2018) findings also support MacLean et al., as Teicher found that interned migrant children are at a higher risk of developing mental problems, including "posttraumatic stress disorder, anxiety disorder, depression, aggression, psychosomatic complaints, and suicidal ideation," than children who are not interned (p. 2).

The trauma of separation that immigrant children experience when they are removed from their parents and taken into United States custody compounds the adverse mental and emotional effects they develop. Noroña et al. (2018) posit that being separated from family is a principal source of toxic stress and the primary cause of posttraumatic stress disorder in immigrant children.

Social

Upchurch and Gibson (2019) argue that children's ability to adapt throughout the rest of their lives is determined by the bonds they form with caregivers early on in their lives. Upchurch and Gibson contend that this early bond must be consistent, nurturing, and include at least one sensitive caregiver for children to develop typically. This statement is based not only on Upchurch and Gibson's research, but also research initially completed by Bowlby and Ainsworth between the 1940s and 1950s during their studies on attachment theory and the impacts of mother-child separation. According to their work, Bowlby and Ainsworth (1956) noted that prolonged separation from one's mother during the first five years of life can permanently impact a child's ability to attach to and form relationships with others. While this research initially found that this lack of relationship tends to manifest as either children detaching from reality or experiencing intense expressions of anger and frustration, future research by Ainsworth divided children's relational bonds into four categories based on behavioral patterns noted during Ainsworth's well-known "strange situation" study (Ainsworth & Martin, 1994).

Additionally, Martin Teicher continues this perspective by boldly condemning the separation of children from their caregivers. He argues that "forcibly removing a child from their parents is one of the most profound traumas a child can experience, since it undermines a pivotal foundation they [the children] require for self-regulation and resilience" (Teicher, 2018, p. 2). When migrating children are removed from their parents, these young individuals are separated from the people who have the power to mitigate many of the adverse effects that come from the experience of detention and internment.

Similarly, MacKenzie et al. (2017) claim that parents act as a shield for their children by providing them with feelings of security and safety during a crisis or trauma, such as those

experienced during internment. This act of the adults buffering the child from many of the negative aspects of detention helps limit the negative impacts of the experience.

Concurrently, parents teach and assist their children in learning how to control their emotions and develop coping mechanisms to help them withstand stressful situations and the potential repercussions of these experiences. These findings are especially critical regarding the separation of children who migrated, as separations that occur when one has already endured the dangers and length of migrating to the United States can have a more substantial impact than those that occur without previous trauma (Cole & Perez, 2018). Since the children held in the United States detention centers have likely already experienced numerous deleterious situations before and during their journey to the United States, their social relationships with their primary caregivers are crucial to help limit any further negative impacts as a result of detention.

Furthermore, exposure to toxic stress for extended periods makes children more likely to develop behavioral and social issues. For example, it is common for children who have been interned to develop speech delays that hinder their communication abilities and increase their difficulty in forming relationships both within and outside their family unit (Brabeck et al., 2014). MacLean et al.'s (2019) study of children interned in the United States illegal immigrant detention centers found that 14% of the children surveyed experienced relational problems with peers due to their time in the camps. Other studies show that, within the family, children who are detained separately from their parents also struggle to reconnect with their family members after reunification and show "symptoms of separation anxiety, [and] ambivalent feelings toward the absent parents" (Noroña et al., 2018, p. 14). These symptoms are seen through children withdrawing emotionally, losing their appetite, and feeling ashamed and confused about having been interned (Noroña et al., 2018).

Children who have been separated from their parents or caregivers are also more likely to experience ambiguous loss. This form of loss is "defined as when a family member is psychologically or physically absent," causing the child mental and emotional stress and pain (Tubbs & Boss, 2000, as cited in Noroña et al., 2018, p. 14). While the effects of ambiguous loss are similar to those experienced by children whose parents die, an ambiguous loss is more difficult to recover from as the children still have hope of reunification with their caregivers. This hope causes children to react negatively to associations with both the parents and the separation as they remind the children of the ambiguity regarding the status and location of their caregivers (Noroña et al., 2018).

Ultimately, the separation of children from their parents creates a multitude of negative impacts on the children's social development as parent-child relationships are crucial to children's relational growth. According to scholars Brabeck at al. (2014),

> all learning— whether learning the alphabet, learning to wait one's turn, or learning to tolerate frustration—happens in the context of important relationships, of which the primary caretaker–child relationship is paramount. When these relationships are disrupted, the learning processes and the establishment of the important neuronal pathways also are disrupted. (p. 500)

When these neuronal pathways are disrupted, so is a child's development. Subsequently, these children struggle to succeed as they lack the developmental foundation to experience success in academics and, consequently, the professional world.

Long-term Impacts

Physical

The disruptions caused by toxic stress can also result in numerous adverse impacts on children throughout their lives. For example, extended exposure to situations that create toxic stress can result in "alterations in immune function" that can make children permanently more susceptible to disease (Shonkoff & Garner, 2019, p. e238). This increased risk is lifelong and cannot be mitigated, only worsened, by situations and events that occur after the initial stressor (Shonkoff & Garner, 2019). Long-term, experiencing traumatic situations, such as separation during childhood, increases an individual's risk for developing diseases as an adult including cardiovascular diseases, type 2 diabetes, alcohol and other substance addiction, depression, cancers, and chronic inflammation (Garner et al., 2014; Teicher, 2018). Other complications and deleterious impacts include "architectural organ damage…triple the lifetime relative risk of lung cancer, 3.5 times the relative risk of ischemic heart disease, and up to a 20-year reduction in life expectancy" for individuals who experience toxic stress or adverse life experiences, such as internment, as children (Wood, 2018, p. 3).

Additionally, children who are interned have also been found to be more likely to experience obesity throughout their lives, which increases their risk level for subsequent health problems ultimately affecting their mental and social health (Monico et al., 2019). For example, especially in the United States, there is an overwhelming societal pressure and bias towards thinness. As a result, children who struggle with obesity tend to experience more social and emotional distress than those who do not classify as obese.

Emotional and Mental

Other effects include those "on emotional and behavioral development," in children who experience traumatic events (MacLean et al., 2019, p. 305). These impacts can be severe and include the development of various disorders and conditions, such as those relating to attachment, trauma, adjustment, and even deficiencies in the children's physiological states (Maclean et al., 2019). No matter the specific diagnosis, the child's quality and quantity of life is negatively affected (Maclean et al., 2019). Similarly to the impact of ACEs, children who experience forced separation from their parents, especially those who are younger than five when the separation occurs, are more likely to perform poorly in school, become involved in criminal activity, and "be both the perpetrator and victim of violence" later on in their lives (Lopez, 2018, p. 24).

Furthermore, although reunification between a child and their family may occur, extended separation from caregivers results in children developing mental disorders and conditions, such as: "depression, detachment, [and] feelings of powerlessness or feeling immobilized" (Noroña et al., 2018, pp. 14-15). In addition, these children have a higher susceptibility of developing struggles with attachment and depression as well as experiencing a decrease in their academic performance and an increase in the occurrence of behavioral issues throughout their lives (Noroña et al., 2018). The effects, however, of these separation practices do not stop when reunification occurs and are increased by the length and intensity of the parent-child separation (Teicher, 2018; Noroña et al., 2018).

According to Teicher (2018), unaccompanied minors who are held in a forced detention setting have an increased risk of developing mental problems, including anxiety and stress disorders, aggression disorders, and depression. Other studies reveal that separation from an

attached adult can cause children to develop and exhibit difficulties behaviorally, emotionally, and developmentally (Noroña et al., 2018). Typically, these difficulties manifest as children losing their appetite, withdrawing socially, holding ambivalent feelings toward their caregivers that were absent, displaying separation anxiety when not with their caregivers, and reporting feelings of shame and confusion about their experiences and their identities (Noroña et al., 2018). Additionally, this exposure to heightened levels of stress during childhood results in children developing mental diseases earlier, experiencing increased rates of additional mental conditions, and having mental illnesses that require more extreme courses of treatment than when compared to other children with the same diagnoses who did not experience childhood trauma (Teicher, 2018).

Social

For these children, internment teaches them that they have no control over who is present in their lives and, subsequently, the children come to believe it is always possible their caregiver, or others close to them, can and will be taken away. As a result, even though the children might be physically reunited with their caregivers, they likely created mental and emotional barriers, as a form of protection, that distance them from others and inhibit them from reconnecting emotionally not only to their caregiver but also to people in general. Furthermore, even after children are reunited with their caregivers, many continue to battle psychological struggles such as feeling detached from other people and themselves, powerless or immobilized, and depressed (Noroña et al., 2018). These impacts are likely visible in the children experiencing symptoms of "attachment difficulties, depression, decreased academic performance, and behavioral problems" after reunification with their caregivers (Noroña et al., 2018, p. 15).

Transgenerational Impacts

Such symptoms can even be transferred across generations from the ones who experienced the trauma to their children. Research has discovered that the effects of these experiences are typically transmitted from one generation to the next "in the form of traumatic stress" if they are not addressed and processed (Noroña et al., 2018, p. 13).

Physical

Physically, the children of those interned at a young age can inherit biological mutations in their stress response system that alter their ability to handle and cope with stress (Campbell, 2008). Due to this alteration, the children are at an increased risk of developing symptomology similar to those seen in individuals who suffer from mental disorders such as, "PTSD and guilt, anxiety, grief, and" depression, even though they did not experience a stressor firsthand (Campbell, 2008, p. 322). Additionally, the children of individuals who were interned as minors can inherit "alterations in biological processes" that negatively impact aspects of their fetal development (Jones, 2019, p. 1). For example, the telomere length, which affects how long cells replicate and the length of life, is drastically shortened in infants whose mothers experienced ACEs as children when it is compared to those of infants whose mothers did not experience ACEs as children (Jones et al., 2019).

Emotional and Mental

Like the generation that directly experienced the trauma of internment, the children of individuals who were interned as children will experience similar emotional and mental repercussions from their parents' internment experiences. According to researchers Fritz Mattejat and Helmut Remschmidt (2008), the emotional and mental struggles and illnesses of parents can result in children having a higher risk for developing mental illnesses themselves. Specifically,

children with parents who struggle with mental disorders have a higher chance of developing diseases, such as “depression, anxiety disorders, substance abuse, eating problems, suicidal behavior, and medical illnesses,” than children whose parents do no experience a mental illness (Santvoort et al., 2015, p. 281). As the transmission of such issues is a complex combination of biological, social, and psychological factors, it is challenging to combat the transmission from generation to generation (Santvoort et al., 2015).

Social

These impacts are visible at all levels of self, including the individual, family, and community. For example, at the family level, effects are visible when the parent-child relationship is examined. Additionally, these impacts manifest in various ways, including biologically, in children’s social schemas and patterns, as well as in the “heightened levels of stress and neglectful and abusive patterns in the attachment relationship” between the survivors and their children (Noroña et al., 2018, p. 13). Even if the relationship between parent and child is not affected, adults who experienced ACEs are more likely to raise their children in situations that expose them to high incidence rates of ACE occurrences (Bellis et al., 2013). Furthermore, a study completed in the United Kingdom, that examined the impacts of ACEs in hindsight, found that the resulting incarcerations from participation in criminal activity, triggered by exposure to ACEs, can trap not only the current generation but also future generations in a cycle of poverty and crime (Bellis et al., 2013).

CURRENT LEGAL CODES

Presently, the United States’ legislation regarding immigration can be divided into two major categories: legislation that protects migrants and legislation that deters immigration. Within this section, the most important legislation, related to the modern immigrant movement

of Latinx children, within both these categories will be explored. Possessing an awareness and understanding of this legislation is crucial to understanding how the conditions at Immigration and Customs Enforcement (ICE) detention centers will be evaluated.

Legal Protections

The legal codes and cases examined in this section were established to ensure the protection of migrants attempting to enter the United States. While some of these pieces of legislation are solely directed towards child migrants, others apply to all migrants regardless of age. Additionally, all the pieces explored in this section are currently active.

Flores Settlement Agreement

The first piece of legislation to be discussed is the Flores Settlement Agreement. Established in 1997, the Flores Settlement Agreement "set strict national standards for the detention, treatment, and release of all minors detained in the legal custody of the" Immigration and Naturalization Service (Linton et al., 2017, p. 2). The agreement resulted from a class action lawsuit that was first pursued in 1985 on behalf of Jenny Flores. At the initiation of this lawsuit, fifteen-year-old Jenny Flores was being detained by the Immigration and Naturalization Service after she was caught attempting to enter the United States while fleeing from civil war in El Salvador (Sussis, 2019). During her internment, Jenny was strip-searched by the Immigration and Naturalization Service and forced to share living spaces and bathroom facilities with adult men (Sussis, 2019). Furthermore, when Jenny's cousins, who were legally in the United States, attempted to secure her release, the Immigration and Naturalization Service refused to release Jenny on the grounds that the cousins were not Jenny's legal guardians (Sussis, 2019). As a result of this treatment and the Immigration and Naturalization Service's refusal to release Jenny, her family pursued legal recourse.

In conjunction with the family, lawyers and humanitarian groups pushed for the passing of legislation that would protect immigrant children, such as Jenny, from experiencing similar conditions. After 12 years of the case being heard in multiple lower courts, with conflicting verdicts, the case was taken to the United States' Supreme Court in 1992. At the end of this hearing, the Supreme Court Justices determined that the treatment and circumstances Jenny Flores endured were not unconstitutional. Instead, they argued that the lack of constitutional regulations regarding this issue, specifically the refusal to release Jenny to her cousins, meant that there could be no violation of constitutional rights (Sussis, 2019). Justice Antonin Scalia was even quoted as saying that "where the conditions of Governmental custody are decent and humane, such custody surely does not violate the constitution" (Sussis, 2019). Activist groups, however did not stop fighting the decision and continued to pressure the Immigration and Naturalization Service by publishing reports describing the failure of the Immigration and Naturalization Service to create and maintain detention settings that were "decent and humane" for unaccompanied minor migrants (Sussis, 2019). Due to this pressure, the Immigration and Naturalization Service signed what came to be known as the Flores Settlement Agreement in late 1997.

As a result of this agreement, many guidelines were set for the conditions and practices government organizations should use when detaining minor migrants. The first crucial guideline set by this agreement included requiring that standards for the care of minors detained by the United States government be established and implemented. Secondly, the United States government would be required to detain children in "the least restrictive setting" based on the individual child's needs and to release children "without unnecessary delay to a parent, designate of the parent, or responsible adult as deemed appropriate" by the United States government

(Linton et al., 2017, p. 2). Additional stipulations of the agreement include the guidelines that immigrant children should be detained for no more than 20 days and that within this period, children should be transferred to the Office of Refugee Resettlement or its equivalent (Monico et al., 2019).

More recently, however, as the United States Immigration and Detention services has been restructured, further clarifications and guidelines have been added to the Flores Settlement Agreement. The first of these additions includes the stipulation that minor migrants must be released to the Office of Refugee Resettlement's custody within three days of apprehension by Border Patrol (Linton et al., 2017). Additionally, the clarification was added that the when determining the least restrictive setting for a child, the child's age and any potential special needs should be taken under consideration (Monico et al., 2019).

As had been noted in recent reports about the state of the present-day detention centers, the United States' Border Patrol division has failed to abide by these rulings. Evidence of this is in data about the Border Patrol's custody of immigrant Latinx children. This information indicated that in 2019, almost a third of the Latinx immigrant children held at internment centers were detained longer than the three days allowed by the Flores Settlement and by the Customs and Border Protection's National Standards on Transport, Escort, Detention, and Search Standards (Office of the Inspector General, 2019). In some cases, this extended detainment lasted more than two weeks before children were transferred to Office of Refugee Resettlement's custody (Office of the Inspector General, 2019).

United States Bills of Rights

The United States Constitution is the founding document of the United States government that establishes the government's structure, outlines the nation's basic laws, and defines United

States citizens' rights. This document, however, also includes the Bill of Rights, which is composed of amendments that protect rights not only for United States citizens but also includes specific rights for all individuals who find themselves under the jurisdiction or within the borders of the United States, regardless of their citizenship status. These amendments include the 5th and 14th amendments, which both include clauses protecting an individual's right to due process of the United States legal system notwithstanding their citizenship or immigration status (Monico et al., 2019). As a result of this ruling, all immigrants, and by proxy, all immigrant children, are guaranteed by the United States Constitution the right to a fair trial and the right to be heard whenever an individual is "denied 'life, liberty, or property,'" as is the case during detainment in one of the United States immigration detention centers (Cornell Law School). This finding was further confirmed by the case of Plyler v. Doe in 1982. According to the U.S. Supreme Court's ruling in this case, illegal immigrants, including children, are people and thereby are "protected by the Due Process Clauses of the Fifth and Fourteenth Amendments" as the phrasing "'within its jurisdiction'" of the 14th amendment refers to any individual "who is subject to the laws of a State" or its territory (Plyler v. Doe, 1982). Based on survivor testimonies and news reports, however, immigrant children are being denied these rights as they are often sent to court proceedings without legal representation (Buncombe, 2018; Jewett & Luthra, 2018; Peebles, 2020).

CBP National Standards on Transport, Escort, Detention, and Search Standards

These standards outline the protocols and procedures for the Customs and Border Patrol (CBP) regarding the treatment of at-risk populations such as minor migrants. Furthermore, these standards list specific stipulations regarding the care of and conditions in which children who are in temporary custody should experience (Office of the Inspector General, 2018b). With the most

recent edition of these guidelines published in 2015, these regulations describe the commonly assessed standards that the CBP division of the United States government is supposed to build and run their facilities based on (Office of the Inspector General, 2018b). The document even separates standards based on the age of the population being detained. For the purpose of this study, only those standards relating to immigrant children will be mentioned.

The first of these standards relate to immigrant children's access to sanitation facilities, including toilets, sinks, showers, and potable drinking water. According to the CBP, any center that detains immigrant children is required to provide minor migrants with access to sinks and toilets, that are sanitized at least once daily, and access to potable water and clean cups (Office of the Inspector General, 2018b). Furthermore, children who are nearing 48 hours in detention should be provided the opportunity to shower or bathe, as it appropriate for the age and developmental level of each child (Office of the Inspector General, 2018b). As has been seen in recent surprise inspections of these facilities, however, approximately 60% of facilities failed to provide immigrant children with access to showers and only offered limited access to clean facilities (Office of the Inspector General, 2019).

The second significant standard to consider when detaining immigrant children involves immigrant children's access to food and snacks. According to the guidelines that the CBP set for themselves, immigrant children who are detained without or separately from a legal guardian or adult should have access to food items such as milk, juice, and snacks and should be offered meals at least once every six hours, two of which should be served hot (Office of the Inspector General, 2019). Furthermore, the offered food should be appropriate for a child’s age and ability; therefore, facilities should ensure that they provide resources, like baby food or formula, for children who require such food items (Office of the Inspector General, 2018b). However,

surprise inspections of CBP facilities have found that the food provided was not in compliance with the guidelines set by the National Standards on Transport, Escort, Detention, and Search and that, in some cases, children were provided food which was passed its expiration date (Office of the Inspector General, 2018b).

Customs and Border Patrol guidelines also state that facilities detaining minor migrants must meet specific standards relating to children's access to personal hygiene supplies, sufficient and clean bedding materials, and access to clean and environmentally appropriate clothing (Office of the Inspector General, 2018b). While many CBP facilities did meet the guidelines for these standards, they only met the bare minimum for these guidelines. For example, in many cases for bedding, immigrant children only received a Mylar space blanket or cloth blanket (Office of the Inspector General, 2018b). The children were then forced to sleep on the concrete floor of the facility (Office of the Inspector General, 2018b). Similarly, surprise inspections of some of the CBP detention centers also revealed that 60% of facilities provided immigrant children with only limited access to clean and dry clothing (Office of the Inspector General, 2019).

Additionally, CBP standards state that the temperature and ventilation of the detention centers housing immigrant children must also meet specific guidelines. Regarding temperature control, detention centers must ensure that the holding rooms maintain ventilation and suitable temperatures for the detained individuals (Office of the Inspector General, 2018b). Furthermore, these temperatures should be comfortable and appropriate given the children's age and any potential special considerations (Office of the Inspector General, 2018b). Recent inspections and testimonies from previously detained immigrant children reveal, however, that these guidelines are not being abided by. In many testimonies, immigrant children complain of feeling cold

during their detainment, with some children even calling the detainment centers "hieleras" (Office of the Inspector General, 2018b; Cantor, 2015).

The next significant standards that CBP states must be met by facilities housing immigrant children involve those relating to medical care, especially emergency medical care. Regardless of the state of the injury or illness, whether mental or physical, CBP states that supervisors within the centers should ensure that adequate and competent medical treatment is provided for immigrant children. This guideline even covers if a child needs treatment by emergency services, transfer to a hospital for care, or the filling of a prescription prescribed for the child in their home country (Office of the Inspector General, 2018b).

Finally, the CBP standards also provide guidelines for the basic care of detained immigrant children and the monitoring of the detention center. Specifically, this states that CBP staff members are expected "to check hold rooms regularly" for potential threats to the detained immigrant children's safety (Office of the Inspector General, 2018b, p. 9). Furthermore, this guideline requires that immigrant children be made aware of their rights to legal consul and receive access to a telephone (Office of the Inspector General, 2018b).

Homeland Security Act of 2002

The Homeland Security Act of 2002 was a piece of legislation passed in 2002 with the hopes of protecting unaccompanied minors once they were released from ICE or CBP custody. According to this act, the Office of Refugee Resettlement (ORR) would become responsible for ensuring that minor immigrant children, who were deemed unaccompanied, received short-term care placement "with suitable and vetted sponsors" outside of the detention centers (Congressional Research Service, 2019, p. 5). Investigations into the detention centers have

shown, however, that many children are never placed into short-term care, but instead remain in ICE or ORR custody until deportation back to their country of origin.

Trafficking Victim Protection Reauthorization Act of 2008

Passed in 2008, the Trafficking Victim and Reauthorization Act aimed to protect immigrant children, especially unaccompanied children, from being released to individuals engaging in the child sex trafficking trade. Furthermore, this act aimed guarantee all unaccompanied immigrant children taken into DHS or CBP custody were screened for potential signs that they were previously or are currently victims of human trafficking, whether labor or sex (Congressional Research Service, 2019). As part of this act, all immigrant children who are suspected to be victims of trafficking are to remain in the United States so that an official investigation and prosecution of their traffickers can occur ("William Wilberforce," 2008). Furthermore, these children have the right, through their legal team, to request and receive a temporary entry of relatives into the United States for support and protection ("William Wilberforce," 2008). Presently, however, many of the practices for releasing children previously held in ICE or CBP custody include deporting the child back to their home country, may times without their legal guardian. As a result, these children do not have the opportunity to enact their rights as listed in the Trafficking Victim Protection Act. Furthermore, for the immigrant children who do remain in the United States, there is no centralized record of their movements or presence; therefore, it is near impossible to determine where a Latinx immigrant child is at any given moment and ensure they are receiving the rights and safety from potential traffickers afforded to them by this act.

Indiscriminate Criminalization of Illegal Border Crossings: The Zero-Tolerance Policy

The Zero-Tolerance Policy passed under President Donald Trump's administration created a policy that required every individual who was believed to have committed an "improper entry offense" into the United States to "be referred for criminal prosecution "to the extent practicable" (Office of the Inspector General, 2018a, p. 2). Essentially, this policy criminalized any illegal entry into the United States. This meant that adult immigrants were put into criminal custody for their illegal entry with regardless of whether they were asylum seekers or migrants with minor children as had been granted by previous administrations (Congressional Research Service, 2019). Since children are unable to be held in criminal custody, this policy's enaction resulted in more families and children being separated than had been in previous years and administrations.

Furthermore, the enaction of this act altered the legal repercussions of illegal entry for all illegal migrants. For individuals who were crossing into the United States illegally for the first time, they were charged with misdemeanors (Congressional Research Service, 2019). For those who already had previous offenses on their records, they were charged with a felony (Congressional Research Service, 2019). Such previous offenses could include individuals who had previously been excluded, deported, denied admission, removed, or those who left the United States with an outstanding order of deportation, exclusion, or removal and after that entered, attempted to enter, or were found in the United States. (Congressional Research Service, 2019). Ultimately, this was a change in enforcement level, not the creation or change of a new statute with the goal being "to discourage illegal migration into the United States and to reduce the burden of processing asylum claims," many of which Administration officials believe are falsified. (Congressional Research Service, 2019, p. 1).

THEORY

Children who spend any amount of time in an internment center will experience negative developmental impacts on their physical, emotional and mental, and social development. These effects, however, occur not only during and immediately after the children's internment, but also throughout their lives, and even impact the next generation's quality and quantity of life.

Immediate Impacts

Immediately, impacts of internment are visible physically, emotionally and mentally, and socially. These effects are then complicated and exacerbated by the levels of toxic stress, caused by both experiences before and during internment, these children endure.

Physical

Children who are interned in the modern United States internment centers will experience various effects on their physical development. Firstly, the development of these children's brains will be inhibited due to the toxic stress created by the conditions of the internment centers and the separation of the children from their parents create. The more prolonged the separation and the longer these conditions are endured, the more devastating the impacts will be on the children's brains.

Beyond the physical alterations to the brain, children kept in the modern internment centers will also have mutations that affect the functioning of their bodies (Shonkoff & Garner, 2019). Subsequently, the inability of the body to handle stress will negatively impact the development of various body systems, including the metabolic system, immune system, and cardiovascular system (Shonkoff & Garner, 2019). As a result of the underdevelopment of all these systems, children who experience internment will have an increased likelihood of contracting and developing preventable diseases due to the weakening effects of toxic stress on

the immune system. Furthermore, their weakened immune systems will also react to infections slower than average, making the infections last longer and causing more extensive damage to the already crippled body systems.

Emotional and Mental

Emotionally and mentally, the development of children who spend time in internment centers is likely to be stunted when they are compared to children who never experienced internment. The visible signs of this under development include various symptoms such as nightmares, the avoidance of stimuli that trigger negative memories, angry outbursts, and regressions in other developmental areas, such as bedwetting (MacLean et al., 2019).

Additionally, these deficits are visible through the above-average rates of emotional and mental disorders that children who were detained experience (MacLean et al., 2019). Typically, these concerns include above-average diagnosis rates of mental and emotional illnesses, such as depression, anxiety disorders, post-traumatic stress disorder, suicidal ideation, and suicide attempts (MacLean et al., 2019).

Social

As many of the children held in the modern internment centers are separated from their caregivers upon apprehension, the children will experience many adverse effects on their social development. Firstly, the regulations within the internment centers that prohibit physical touch and interaction, which is crucial for the social development of young children, will undermine the ability for children to find social comfort in one another during their ordeal. As a part of this, the children will also be restricted in their social interactions with one another, limiting the developmental progress they can make. Furthermore, due to the sense of ambiguous loss that the

children experience during internment, they will likely struggle to reform relationships with their caregivers after being released and require more time and interaction to form relationships at all.

As a result, the social development of the children will continue to be impacted after release as the child and parent attempt to make up for the time, trust, and abilities that were lost during internment. So, when compared to children of a similar age, children who were interned will be socially underdeveloped. This underdevelopment can then result in previously detained children struggling to form relationships with their peers due to their inability to communicate at the same developmental level. Likely, this inability and frustration will not only encourage typically developing children to avoid interacting with the formerly interned children but also probably discourage the formally detained children from attempting to interact with others.

Additionally, the toxic stress that the previously interned children experienced will likely cause them to develop behavioral and social issues that further discourage social interactions with peers. These concerns, which include the development of issues like stuttering and speech delays, can further isolate the formerly detained children from their peers and ultimately result in them giving up on trying to communicate (Brabeck et al., 2014).

Long-Term Impacts

Long-term, being interned at any point during childhood will result in children experiencing physical, emotional and mental, and social impacts. These effects are seen through the increased prevalence of mental and emotional disorders, decreases in academic and professional achievement, and economic, social, and relational distress throughout the rest of the children's lives when they are compared to un-interned individuals from similar socio-economic and cultural backgrounds.

Physical

As adults, individuals who were interned as children will experience many physical repercussions. For example, individuals detained during childhood have an increased probability of acquiring diseases, such as cancer, heart disease, chronic inflammation, and type 2 diabetes not only more often than their peers who were not interned but also to a more severe degree and earlier in their lives (Lopez, 2018; Tiecher, 2018). Other health concerns include increased rates of "viral hepatitis, liver cancer, asthma, chronic obstructive pulmonary disease, autoimmune diseases, [and] poor dental health" (Shonkoff & Garner, 2019, p. e238). Overall, these individuals are likely to experience an early death and a decrease in their life expectancy of twenty years (Garner et al., 2014; Wood, 2018).

Emotional and Mental

Mentally and emotionally, individuals who were interned as children are more likely to struggle with alcohol, tobacco, and drug addiction as adults (Monico et al., 2019). Part of this increased risk is due to the higher likelihood of these children experiencing post-traumatic stress disorder and other mental conditions (Monico et al., 2019). Additionally, these disorders will likely be harder to treat and more resistant to typical treatment methods than mental illnesses developed in response to other traumas (Tiecher, 2018). Furthermore, the lack of social and emotional connections with others will make previously interned individuals less likely to seek professional assistance for overcoming these issues. Therefore, these individuals will be more likely to turn to behaviors such as excessive alcohol intake and drug or tobacco use to help them cope with the emotional and mental impacts of their internment.

Academically and professionally, individuals who are kept in internment centers as children will be less likely to experience success. For example, a study by Jack Shonkoff and

Andrew Garner (2019) found that exposure to toxic stress as a child results in “permanent changes in learning” abilities for linguistic, cognitive, and social-emotional skills (p. 243). These alterations will likely manifest as declines in the child’s academic performance and increases in their behavioral problems (Noroña et al., 2018; Brabeck at al., 2014). It is also likely these children will struggle to formulate plans for the future, as they are accustomed to living in a constant state of survival and do not have experience or healthy neural pathways to assist them in imagining beyond the present situation (Lopez, 2018).

As a result of this lack of academic and professional success, people interned as children are also more likely to experience economic distress due to their physical, mental, social, and emotional struggles. These struggles can transfer into one’s economic success as the atypical development of an individual’s brain, due to toxic stress, increases these individuals’ likelihood to engage in risky behaviors such as “pathological gambling” (Shonkoff & Garner, 2012, p. e237). In turn, these tendencies to gamble are more likely to result in decreased economic stability and increased chances of experiencing poverty. Furthermore, economic instability and difficulty in acquiring employment will likely drive some of the adults who were interned as children to pursue criminal or gang careers to make ends meet financially.

Additionally, the internment system currently in effect at the U.S.-Mexico border is causing children who have already experienced adverse life experiences (ACEs) to suffer further stressors. As the ACE number increases, children will “have lower educational attainment and higher unemployment, and are more likely to experience poverty” than their peers with lower ACE scores (Monico et al., 2019, p. 185)

Social

Socially, children who were interned and separated from their parents at the U.S.-Mexico border will struggle with reattaching to caregivers after their experiences in the internment centers (Monico et al., 2019). Some children will even develop a disorder related to attachment known as reactive attachment disorder (RAD) that affects them even in adult relationships by causing them to struggle with connecting emotionally and socially to others (Monico et al., 2019). The impacts of their forced separation and the disruptions of their social bonds will also be seen in atypical behavior among children interned separately from their caregivers. For example, the impacts of internment and separation from caregivers can include children having poor self-control and a desire to harm themselves and others (Monico et al., 2019). This increased engagement in atypical behavior is also seen in adulthood, with children who were interned having an increased likelihood of being the "victims and/or the perpetrators of violence, rape/relationship violence, and crime" (Monico et al., 2019, p. 185).

Transgenerational Impacts

These negative impacts will not end with the generation that was interned as children; instead, research reveals that these negative effects will be transferred across generations and occur not only among the individuals detained as children but also among their children. Among this next generation, the offspring of interned children will experience more physical, emotional and mental, and social repercussions as a result of their parents' internment.

Physical

Physically, the adults who were interned at a young age are likely to pass on "biological changes in the stress response" that will alter their children's ability to handle and cope with stress and increase their children's risk of developing mental diseases (Campbell, 2008, p. 322).

These changes to the next generation's genetic material will likely begin occurring at conception and ultimately will affect all body systems and functions of the subsequent generation. As a part of these alterations, the children of previously interned individuals will have shortened life expectancies when compared to their peers due to the “epigenetic effects of” the “high-anxiety state of being,” caused by their parents experiencing traumatic situations, such as internment, as children (Upchurch & Gibson, 2019, p. 258). Such effects will primarily consist of the shortening of telomere lengths, which are scientifically linked to shorter than average lifespans (Upchurch & Gibson, 2019).

Emotional and Mental

Similarly to their parents, the offspring of detained children will experience an increased occurrence in the severity and amount of emotional and mental disorders. Additionally, these disorders will be more difficult and expensive to treat due to the complex nature of their source and creation. As a result, the chance of the mental or emotional disorder being treated successfully will be significantly decreased, increasing the likelihood that the trend of fighting a mental illness alone will continue throughout generations indefinitely until treatment is acquired and the cycle is broken. Furthermore, with the increase of emotional and mental disorders will come the heightened chances of these individuals attempting or successfully committing suicide at some point in their lives.

Social

Children who are interned will also have their child-rearing practices affected by their experiences in internment centers. These repercussions are likely to be visible through detained individuals experiencing issues in connecting with and providing a developmentally conducive environment for their children. For many of these previously interned individuals, they will

subconsciously and unintentionally create an environment that accepts ACEs and the presence of toxic stress since it is the environment that shaped them as children. As a result, the children of those who were previously detained will likely experience many of the same negative impacts on their social development as their parents did, despite not having experienced the initial stress and adversity of internment (Nagata, 1998).

METHODS

Due to the lack of existing scientific data regarding the current state of Latinx children in internment camps through the United States and the fact that this situation is still developing, much of the data regarding potential outcomes and impacts on development must be discerned from cases and scientific studies. The first case addressed is the United States Japanese American internment camps during World War II. The second case looks at the 1940s Renè Spitz Orphanage studies. Finally, is the evaluation of the, at best, sparse information that has been published about the modern United States internment camps regarding the developmental outcomes for Latinx children.

Japanese American Internment Camps

Firstly, are the Japanese American internment camps that were founded and run by the United States government from 1942 to the end of World War II. Similarly to modern camps, this case discusses the impacts of minority group internment in United States government internment camps. Additionally, during the period of their internment, Japanese Americans were a targeted minority group, just as Latinx migrants are today. The Japanese American internment camps were also deliberately planned, created, and managed by the United States government, just like the present-day camps.

Through examining this case study, it is possible to gather valid and reliable information that can help determine the repercussions of internment on the developing child, as well as the outcomes that can be expected to occur over the next fifty years. These inferences are possible as the Japanese American internment camps closed almost seventy years ago, and now there are a many scientifically sound studies that have been published regarding the conditions of the camps as well as their impact on children's development short-term, long-term, and across generations. Furthermore, these studies have used a wide variety of reliable and valid methods and formats and still revealed many of the same effects regardless of the method or technique. Finally, all the studies published on the Japanese American internment camps had their methods and results determined to be reliable and valid by the vetting boards of the journals that agreed to publish the research.

When studying the World War II Japanese American internment camps, there are some limitations. Firstly, the families held in these internment camps were separated emotionally, mentally, and culturally, not physically. As a result, the impacts of this separation on their children will not be the same as the physical separation that the children of Latinx migrants are experiencing. Furthermore, many of the interned Japanese individuals were legal citizens of the United States. Therefore, the legality of their internment also raised many questions and created a different level of trauma relating to their rights as citizens and how those would be respected or forgotten in the future. With the present-day internment centers, the only way this form of trauma could be experienced would be if the failure to abide by the international rights of the child, afforded to all children regardless of country of origin, were substituted for the failure to abide by the citizenship rights, afforded to the Japanese American children of the 1940s

Renè Spitz Study

Using the 1940s Renè Spitz Orphanage studies, conducted in South America by an Austrian psychoanalyst, can also provide information regarding the impacts of institutionalized living on children's physical, emotional and mental, and social development. Furthermore, these studies can help hypothesize the expected outcomes for children held in the modern internment centers by examining the repercussions of separation from caregivers and placement in institutions, where social interaction and emotional attachment with the children are limited by the circumstances. In this study, Spitz desired to determine the impact of separation from caregivers on children. To focus on this topic, Spitz ensured that the children in his study, all of whom were orphans, were provided for physically. For the half he assigned not to have a social and emotional attachment with a caregiver, this care was not enough to protect the children. Ultimately, Spitz's research showed the importance of having a single loving relationship in early childhood. For many of these children, since they did not have a single caregiver who consistently provided them with affection, they began deteriorating physically, emotionally and mentally, and socially and some even died.

The methods of care Spitz instituted in his experiments are similar to those that the United States government claims to use when caring for the Latinx immigrant children who are separated from their caregivers and then placed into internment. As a result, it is reasonable to expect that many of the deteriorations seen in Spitz's studies have, are, and will continue to occur among the children held separate from their caregivers in the modern United States internment centers.

As the utilized information will consist of firsthand accounts from the scientist who designed, implemented, and oversaw the experiment, invaluable information can be gleaned

about what is to be expected to occur among the currently interned Latinx children. Additionally, a large portion of this primary information consists of films Spitz took of the subjects in his study. As a result, it would be possible to view the footage and reanalyze it using modern measures and standards.

Furthermore, the methods and findings of Spitz's iconic studies have been confirmed by other researchers who reviewed his work. For example, renown developmental psychologist Dr. Ainsworth states that modern studies in attachment and separation, "confirm the earlier reports of Spitz and suggests that his findings were substantially valid" even to the point of withstanding the criticism of Spitz's statistical methods by some researchers (Ainsworth, 1962, p. 131). Additionally, research into Spitz's claims shows that European research studies that occurred before and during his also had similar results despite occurring across the ocean (Prugh & Harlow, 1962).

Finally, history shows that at the time of Spitz's studies, similar experiments were occurring around the world; however, none of the researchers knew of one another's projects until after their completion and the publication of their own findings. Even so, each of these studies found the same results and support one another's conclusions. According to Bowlby, this finding makes it so that "what each individual piece of work lacks in thoroughness, scientific reliability, or precision is largely made good by the concordance of the whole" (as cited in Ainsworth, 1962, p. 97).

For this case, there are five primary limitations. Firstly, the children who were subjects in the Spitz studies did not have consistent caregivers at any point in their lives while the children in the modern internment centers did. As a result, the children from Spitz's study would not experience the ambiguous loss and would likely have different repercussions as a result of not

experiencing this form of loss. Furthermore, the children Spitz studied were from South American rather than Latin American. While they are still Latinx/Hispanic, there tend to be differences between Central and South American cultures that could potentially create confounding variables and impact the ability to compare these two cases.

Additionally, the children in Spitz's study only consisted of infants, and few of the children were followed throughout the rest of their lives. Therefore, the study's ability to be applied to children past the age of four is questionable. There is also the issue that developmental scientists debate the permanence of the effects witnessed in Spitz's studies (Ainsworth, 1962). Finally, the Spitz study was only completed once and cannot be duplicated due to ethical concerns. As a result, the study's inability to be repeated using Spitz's methods removes some of its reliability, as replicating the study's conditions and practices would be unethical and illegal.

Modern Day Internment Centers

When viewing the personal testimonials from individuals who experienced the modern internment centers, it will be possible to determine the conditions and status of the environment that detained Latinx children experience daily. Furthermore, by gathering data in this fashion, it is possible to avoid the barriers that live interviews would entail. Additionally, by studying the case directly, it might be possible to account for intervening variables related to the Latinx culture that could worsen or improve the children's developmental outcomes.

Regarding the few scientific studies that have been completed on this population, all were conducted using modern standards and techniques to ensure their results' validity and reliability. Not only were the methods and procedures of these studies provided in detail in their reports, but also the researchers included their statistical calculations and methods of interpretation. In

providing this information, the researchers increased the validity of their studies. Finally, the studies also ultimately corroborated one another in their results, giving reliability to their claims.

In studying a case such as the modern internment centers, there are many limitations. Firstly, is the lack of published scientific research. As this situation is currently developing, information about the repercussions of this specific form of internment is limited not only in the short-term consequences but also in the post-interment impacts. Additionally, few researchers have acquired permission and the opportunity to interview and study these individuals.

Furthermore, studying this population would require a lot of time and financial resources. Since the centers are spread across the Southwestern United States, it would be near impossible to visit each internment center in a reasonable amount of time. Additionally, it would be costly to visit every internment center due to the prices of plane tickets, accommodations, and other travel expenses.

The third major limitation is the lack of access to the individuals detained in the centers and the interiors of the centers. Even if the funding and time could be acquired to travel from center to center, it is nearly impossible to gain permission to enter. Additionally, even if entrance were permitted, it would be unlikely that interviews with the detained children would be approved and that they would yield viable and reliable data.

Finally, there is the language barrier and the need for translators. Although I do speak some Spanish, I am not advanced enough in my abilities to conduct scientific interviews. Additionally, as many of the individuals to be interviewed would speak languages other than Spanish and English, it would be necessary to hire translators not only for Spanish but also for indigenous languages. As these languages are not widely spoken in the United States, locating these individuals would be challenging and likely become a considerable expense.

Variables

Ultimately, many factors influence the impacts of internment on children's development. As a result, all variables must be considered and accounted for to determine whether the conditions and procedures of the internment centers are negatively impacting the development of the interned children. Furthermore, such an evaluation could help reveal the specific factors that influence the children's development and, subsequently, the ones that should be altered.

Age

At this point in the research process, it is hypothesized that the younger a child's age, the more developmental impacts, they will experience from the exposure to adverse childhood experiences (ACEs) and the toxic stress caused by living in the conditions of the present-day internment centers. For this variable, age will be measured in years for children older than one year. As for children who are less than a year, their age will be measured in months.

Gender

At this point in the research process, it is unknown if the gender of the child will impact toxic stress levels and the number of ACEs experienced. Even so, gender will be measured biologically using a nominal variable with a 1 representing males and a 0 representing females

Country of Origin

At this point in the research process, it is unknown if the country of origin will impact the toxic stress levels and the number of ACEs the interned children experience. For recording and analyzation purposes, each Latin American country will be assigned a nominal number.

Proficiency in English and Spanish

Individuals with higher levels of proficiency in English will experience less toxic stress and fewer ACEs. Therefore, they will also have fewer impacts on their development than individuals with little to no proficiency in English. Additionally, individuals with Spanish language proficiency will experience less toxic stress and fewer ACEs, resulting in fewer developmental impacts, than individuals with little to no Spanish language proficiency who instead speak a native language of their home country (ex. Mayan dialect). This variable will be measured using the English Language Learner Accessing Comprehension and Communication in English examination. This testing method is utilized by the American public-school system to determine the English proficiency of their students who are nonnative English speakers.

Separation from Primary Caregiver

When children are separated from their primary caregivers, their ability to successfully cope with adverse experiences dramatically decreases. As a result, children separated from their primary caregiver after being taken into custody by United States officials will experience higher levels of toxic stress, more ACEs, and overall an increased number of negative impacts on all aspects of their development.

Previous Trauma and Its Impact on Coping Abilities

According to research completed on populations that experienced multiple ACEs, previous trauma can affect children's coping abilities. Researcher Joy Osofsky (2018) states that "as the number of ACES increases, so do the risk factors for negative outcomes including diseases and mental health symptoms and diagnoses throughout the life course" (p. 83). As a result, immigrant children who experienced trauma before their detainment in the internment centers will experience more ACEs and higher levels of toxic stress, resulting in more negative

developmental impacts, from the circumstances and conditions of internment in the present-day internment centers. This level will be measured using the international ACE test and subsequent scale and only include adverse experiences that occurred before internment.

Length of Time

It is hypothesized that the longer a child spends interned in one of the present-day internment centers, the more negatively the child's development will be impacted. Furthermore, if a child is detained separately from their caregivers, the negative repercussions on development will be more substantial. This variable will be measured by recording the number of days and hours that children are interned, with distinctions between the days when the child was detained with caregivers, and the days the child was interned separately from caregivers.

Conditions of the Internment Center

For this variable, the worse the conditions of the internment centers, the more negative impacts children will experience on their physical, emotional and mental, and social development. To measure the conditions of the internment centers, the centers will be reviewed and rated based on the guidelines and rating systems set forth by United States Customs and Border Protection agency in their publication, "National Standards on Transport, Escort, Detention, and Search." The criteria to be examined include: the length of detention, attempt to protect family units, access to essential hygiene items (including showers, restrooms, and clean clothing), provision of bedding, regular access to food and meals, and holding in the least restrictive setting for the age and developmental capabilities of the child (U.S. Customs and Border Patrol, 2015).

Reunification Issues

According to researchers Tubbs and Boss (2000), ambiguous loss is experienced when a child's "family member is psychologically or physically absent," and the absence causes the child mental and emotional stress or trauma (as cited in Noroña et al., 2018, p. 14). Due to experiencing this type of loss, children are negatively impacted in multiple areas of development. As a result, it is hypothesized that the more problems that occur related to reuniting a separately detained immigrant child and caregiver, the more negatively impacted the child will be impacted due to the multiple changes in reunification status that are likely to occur during this process.

Abuses of Power

Within multiple Immigration and Customs Enforcement's (ICE) detainment centers, there have been allegations of physical, emotional and mental, and sexual abuse of detained immigrant children by employees of the centers (Hagg, 2019). While some of these cases of abuse and neglect have resulted in the deaths of minor Latinx migrants while in ICE, children do survive these abuses. For survivors, however, it is hypothesized that their physical, mental and emotional, and social development will be negatively impacted by these experiences. Furthermore, the more of these incidents that detained immigrant children endure, the greater negative impact that such experiences will have on these children's development.

ANALYSIS

Japanese American Internment Camps: Studies on the Impact of Internment on Children

Beginning in 1942, the Japanese American internment camps of World War II altered the physical, mental and emotional, and social composition of the Japanese American community. These impacts are visible for generations both previous and yet to come. While this period impacted many children around the world to a degree, Japanese American children during this

time were disparately impacted. Survivors describe the summer months of 1942 as “a time of confusion and fear, and a time of lost innocence” in their lives (Tateishi, 2001, p. 129). Others, in retrospect, see the interment experience as “a disruption of childhood” and “a fraying of those family intimacies that so often make childhood memories pleasurable” that continued to impact survivors throughout the remainder of their lives and even their children’s lives (Maeda, 2001, p. 153). As a result of this, exploration of this case study is crucial in attempting to understand the potential implications of modern-day internment for Latinx immigrant children.

History

The United States Japanese American internment camps functioned from 1942-1946 during the United States’ involvement in World War II. The establishment and functioning of the camps resulted in 90% of all people with Japanese ancestry living within the United States, being interned by the federal government in detention centers and concentration camps, regardless of the legality of their residency or citizenship. Of these individuals, 66% were United States citizens as afforded by being born in the United States. For the remaining third of the population, this group consisted of individuals who immigrated to the United States, some decades prior to World War II, but were denied the ability to apply for citizenship due to United States federal legislation that prevented Japanese and Chinese individuals from becoming United States citizens. Regardless, the unlawful incarceration of these individuals violated the rights to due process that each individual within the United States is guaranteed under the United States Constitution.

Over the four-year period, approximately 120,000 individuals were incarcerated in 10 centers across the United States. Of this number, approximately 50% were children under the age of 18 years-old (PBS, 1999). On average Japanese Americans were held for two to three years,

with some being detained for up to four years (PBS, 1999). Officially, the first of the ten internment camps opened in March 1942 and the last of the camps closed exactly four years later in March 1946 (PBS, 1999).

The initiating event that instigated the United States involvement in World War II was the attack on Pearl Harbor, Hawaii, on December 7, 1941. Within two months of the Japanese military attack, the United States government responded to the potential threat of internal national security threats, such as espionage, with a new executive order. In February of the following year, President Franklin Roosevelt enacted Executive Order 9066. This executive order enabled the United States Secretary of War to "prescribe military areas in" and "from which any or all persons may be excluded and…the right of any person to enter, remain in, or leave shall be subject to whatever restrictions the Secretary of War or the appropriate Military Commander may impose in his discretion" (Exec Order No. 9066, 1942). In practice, this order meant that all individuals of Japanese ancestry in the United States, regardless of their citizenship status or age, would be required to report to a temporary relocation center from where they would later be sent to isolated internment camps.

Due to the swift passing and unilateral nature of this executive order, there were many issues with the information provided about the relocation process that worsened the effects of the experience on Japanese Americans. Firstly, the United States government provided minimal information regarding relocation for summoned individuals. Beyond the basics of when and where each Japanese American family to report for transport, evacuees were unaware of information such as the climate to expect the length of time they should expect to be gone (Nagata, 1998).

Furthermore, this accelerated timeline resulted in poorly constructed and overcrowded temporary relocation centers and internment camps that caused additional trauma. At the relocation centers, which tended to be old fairgrounds or racetracks, entire family units were housed in old racing horse stables that were surrounded by military police and barbed wire (Lew, 2016). Since the centers had been hastily constructed, traditionally private and reserved families were required to live in communal environments that offered minimal privacy (Nagata, 1998). Furthermore, many of these stables still reeked of manure and the centers "lacked adequate sanitation, food supplies and medical facilities" for detainees (Lew, 2016, p. 12). In many instances, families would be required to live in such conditions for upwards of six months (Lew, 2016).

From these relocation centers, families would be moved to one of the ten internment camps located in states from California to Arkansas. According to Nagata and Takeshita (1998), many of these internment camps were built in undesirable areas such as deserts and swamps with extreme temperatures and "brutally inhumane conditions" (as cited in Lew, 2016, p. 17). While the construction of these internment camps were based on United States army regulations, the type of housing built at the internment camps were considered suitable "only for combat-trained soldiers, and then only on a temporary basis" (Armor & Wright, 1988, p. 85). Regardless Japanese American families were housed in these structures for up to three years with no structural improvements or changes.

In many cases, these one room barracks with only steel-frame army cots, straw mattresses, and basic electrical access for a single lightbulb were all that was provided for Japanese American families, some of which had upwards of ten people living in the space (Nagata, 1998; Armor & Wright, 1988). At approximately 500 square feet, privacy was basically

impossible, with many Japanese American families using sheets as dividers between couples sleeping spaces, when possible (Armor & Wright, 1988). Outside of the family's barrack, communal toilets and bathing facilities that made privacy impossible as many of the bathroom stalls lacked doors or any kind of barrier from the outside world (Nagata, 1998). Such environments caused extreme humiliation and psychological damage to Japanese American women, who valued modesty and privacy, and resulted in them holding sheets or clothing items in front of themselves while they used the toilets (Nagata, 1998).

Additionally, many barracks and camps lacked sufficient access to essential resources such as running water (Tunnell & Chilcoat, 1996). Other issues included a lack of insulation and ventilation in many of the barracks that left the spaces unequipped to handle the extreme environmental conditions, like weather, common to where the camps' locations (Lew, 2016). As a result, the barracks were bitterly cold during the winter months and stifling in the summer (Lange, 2006). These construction issues were not just limited to living quarters, however, but also plagued communal structures such as schools, hospitals, and dining halls.

For the most part, Japanese American families were interned together. This scenario is a positive because Japanese children did not experience as many negative effects due to the family unit remaining intact. According to Tunnell and Chilcoat (1996) parents and teachers within the internment camps "helped smooth away at least some of the trouble for" Japanese American children (p. 13). Furthermore, many Japanese American children who survived the camps recall how their parents' and other adults' efforts to normalize life within the internment camps. Such practices helped the children to cope with other aspects of their internment (Lew, 2016). Armor and Wright (1988) even reveal that the cultural importance of the family institution might have

been the factor that helped Japanese Americans, and specifically Japanese American children, survive their extenuating circumstances.

Not all Japanese American children were buffered by their families from further trauma. As part of a prisoner exchange program, many Japanese American children, who had never even visited Japan, were traded and sent to Japan in exchange for White United States citizens being held prisoner in Japan. As recalled in one example of a then 14-year-old child, Marian, she was forced move to Japan in an exchange for a White American (Ina & Ina, 1991). Sent alone, Marian was forced to learn how to navigate a new nation, language, and government unassisted during war. Other children who experienced further trauma by being interned without their families include the detainment of Japanese American orphans in the Manzanar Children's Village and children whose parents were detained by the FBI in high security centers while the children were detained in the internment camps.

Immediate Impacts

Due to their internment in both the temporary relocation centers and the subsequent internment camps, Japanese Americans, both adults and children, faced trauma with immediate and future impacts. Focusing solely on children who lived through these ordeals, their experiences impacted them physically, emotionally and mentally, and socially. In this section, the impacts will be limited to those that were experienced either during the internment process itself or those that occurred within a year of the children's release from the internment camps.

Physical Development Impacts

Records reveal that the third largest source of mortality in Japanese American Internment Camps was the death of children before their first birthday (Jensen, 1997). According to researcher Gwendolyn Jensen (1997), this high mortality was greatly impacted by physical

health impacts of incarceration such as the internment camps' lack of supplies and inadequate living conditions, which primarily resulted in the preventable deaths of children less than two years old due to the lack of treatment and resources to treat preventable conditions and diseases.

Firstly, many infants and children died due to the lack of essential resources within the camps. For example, pregnant women within these camps had no access to prenatal care that might have helped their infant children grow in utero and survive after birth (Jensen, 1997). Additionally, there was at least one reported case in which an expecting mother needed a cesarean; however, because there was no anesthesia in the camp, the attending physician could not operate and had to use forceps to forcefully pull the fetus out. As a result of the harsh use of forceps, the child endured brain damage that impacted her development. Specifically, it was noted that the child was unable to walk until just before her second birthday (Jensen, 1997).

Another example of the lack of supplies includes diabetic individuals not being provided insulin during their internment (Jensen, 1997). Diabetic patients were also not provided with diets that could have helped them manage their medical condition. As a result, many diabetic children experienced the negative developmental impacts of their condition including, risk of diabetic comas, kidney and nerve damage, and heart and blood vessel diseases (Stanford Children's Health, n.d.). Similarly, internees were promised special food for infants and small children in the United State government's document, "Questions and Answers for Evacuees" (Jensen, 1997). Despite these promises, however, these resources were not provided until the internment camps had been operating for approximately four months (Jensen, 1997). This delay in access to resources likely caused many infants to suffer the negative impacts of malnutrition including decreases in the functioning ability of muscles, the cardio-vascular system, the respiratory system, and the immune system (Jensen, 1997; Saunders & Smith, 2010).

Even for children with no preexisting medical conditions that required a special diet, the food supplies within the Japanese American internment camps did not include the variety of food items needed for Japanese American children to have sufficient amounts of essential vitamins and minerals in their diet for proper development. For example, one mother told researchers about how her daughter's eyes became bloodshot, which the internment camp doctor diagnosed as being due to a lack of Vitamin A in the girl's diet (Jensen, 1997). This deficiency, in turn, put the young girl at risk of becoming blind due to the vitamin's importance in maintaining eye health and development (Boyd, 2020).

The lack of water within internment camps also posed a threat not only to the detained children's development but also to their lives. According to survivor Dorothy Shimazu, who gave birth during her internment, after giving birth to her daughter, Mrs. Shimazu realized that two other women who gave birth on the same day as she did had their infants die from dehydration due to a lack of available water within the internment camp both during their pregnancies and during their deliveries (Jensen, 1997). This occurrence was normal according to Mrs. Shimazu's testimony, as potable water was scarce and the climate hot and dry within the barbed wire borders of the internment camp.

Beyond resources, the inadequacies in the construction, the internment camps also failed to help support the physical development of Japanese American children. For example, most of the hospitals built in the Japanese American internment camps lacked air conditioning or coolers, despite being in deserts, that could be used to control the temperature of wards designated for the ill or the newborn. As a result, many infant deaths due to overheating in the hospital's nurseries were reported, with some of these deaths occurring as late as two years after the establishment of the camps (Jensen, 1997). One Chief Medical Officer, Dr. T.B. Caracroft, even wrote to the

United States government stating that “the temperature in the nursery” regularly rose to over 104°, creating a “definite hazard [sic] to infant life” (Jensen, 1997, p. 221). Dr. Caracroft further stated that these deaths could be prevented if the proper resources were allotted to control the temperatures in these areas (Jensen, 1997).

Outside of the hospitals, the internment camps’ infrastructure also resulted in higher rates of illness and death among infants and children. Due to the speed with which the Japanese American internment camps were built, many areas of the camps had exposed utility lines that posed physical hazards to the people living within the internment camps. One survivor told researcher Jensen (1997) that “his pregnant sister fell into an open ditch where sewage lines were still being laid and suffered a miscarriage” due to her fall (p. 328). Other survivors of the camps reported injuries due to exposed utility lines such as broken or fractured bones, lacerations, and bruises (Jensen, 1997).

Additionally, structural problems due to the poor construction of the temporary relocation centers and the internment camps also increased illness among the detained Japanese Americans in these centers (Tunnell & Chilcoat, 1996). Such issues included cracks in the insulation which averaged a quarter of an inch between boards in many buildings where Japanese Americans lived and worked (Tunnell & Chilcoat, 1996). In the temporary relocation centers, this resulted in children, such as survivor George Takei and his sister, becoming ill with respiratory illnesses during their time there (Tunnell & Chilcoat, 1996). In the internment camps, the poor construction of the barracks resulted in dust and sand coming between cracks in the walls anytime the wind blew. The detained Japanese Americans would then inhale the dust and dirt particles, increasing their chances of catching or developing respiratory diseases from the family

Coccidioidomycosis, such as Valley Fever, cocci flu, cocci pneumonia, cocci arthritis, and cocci meningitis (Jensen, 1997).

The substandard infrastructure of the camps also enabled diseases to have a major impact on the physical development of Japanese American children detained in the internment camps. Officially, there were only "153 cases of scarlet fever, 121 cases of whooping cough, 9 cases of diphtheria, 16 cases of rheumatic fever, 470 'official' cases of tuberculosis and 2262 cases of influenza" across the ten Japanese American internment camps (Jensen, 1997, p. 329). However, it is likely that there were more cases and more illnesses that were either not reported or underreported by the War Relocation Authority (WRA), the division of the United States government responsible for tracking these numbers. The WRA themselves even admitted to "noticeable variation in reporting and" evidence of incomplete reporting regarding the prevalence of disease within the internment camps (as cited in Jensen, 1997, p. 329).

Unofficially, other diseases reported by Japanese American survivors and researchers include strep throat, chicken pox, the flu, Rocky Mountain spotted fever, malaria, mumps, measles, impetigo, polio, tuberculosis, and cerebrospinal meningitis (Jensen, 1997; Lew, 2016; Tunnell & Chilcoat, 1996). While most of these diseases and outbreaks were relatively contained within the internment camps, tuberculosis outbreaks were considered the most significant public health threat (Jensen, 1997). As one of the three leading causes of death, the disease reportedly killed at least 206 people (Jensen, 1997).

The most significant source of illness in Japanese American internment camps, however, was not sick individuals but contaminated food and water supplies (Jensen, 1997). Over the four years that the internment camps operated, water sources were frequently contaminated causing repeated outbreaks of dysentery (Jensen, 1997). Investigations during the outbreaks of such

diseases confirmed this belief and attributed at least eight deaths to diseases such as gastroenteritis and dysentery (Jensen, 1997).

The food supplies also led to the outbreak of many diseases, including acute food poisoning, most of which were "linked to unsanitary food handling practices, lack of proper equipment, and inadequate refrigeration" within the camps' mess halls (Jensen, 1997, p. 236). Specifically, the camps' milk supplies would not typically be refrigerated. As a result, it would grow bacteria that many Japanese American children drank and then become ill from (Jensen, 1997).

While a lack of supplies, poor infrastructure, and disease did have a significant impact on Japanese American children's physical development, these factors also combined to create another impact on the physical development of children's brains. Some of these impacts were caused by the extensive "exposure to stress hormones" which are known to have far-reaching long-term consequences that are marked as changes on the children's brain structures and neurology and result in decreased functioning of their immune systems (Purtill, 2018). Other impacts to the physical structure of children's brains during internment include the physical alteration of the brain by outside forces, such as in the previously mentioned case of the child with brain damage due to the use of forceps during her birth. Additionally, a lack of proper nutrition can cause various brain regions to fail to develop typically, resulting in long term consequences in all areas of development (Cusick & Georgieff, 2016).

Finally, threats to life did not just come from the natural environment, but also from the human environment. Racism among doctors and medical staff at many of the Japanese American internment camps also caused physical impacts and deaths due to insufficient treatment of detained Japanese Americans. One such case involved survivor Henry Furukawa's two-year-old

son, Junior. After Junior fell into a container filled with hot water, he was taken to the hospital within his internment camp (Jensen, 1997). However, once Junior arrived, the doctor refused to provide treatment and sent Junior and his family away. As a result, Junior died days later due to his injuries from the accident (Jensen, 1997).

Despite such threats, the lack of physical separation from families has been noted to have helped mitigate the impact of living in the camps, especially for younger Japanese American children. Many survivors "noted that their families and the stoic strength of their Issei parents provided critical resources for coping" during their time in the internment camps (Lew, 2016, p. 19). Other survivors remember the exhaustive efforts that parents and other Japanese American adults within the camps made to normalize the incarceration experience for the children in the camps (Lew, 2016). Scientific research on the topic reveals that such actions likely made a significant impact on how the internment experience impacted Japanese American children. According to researchers Upchurch and Gibson (2019), "parents play a critical role in supporting children already exposed to serious adversity to cope and effectively recover by buffering the child's stress response and helping them to rebuild a sense of security" in the midst of unfamiliar and difficult situations and environments (p. 260).

Mental and Emotional Development Impacts

In addition to the physical impacts, Japanese American children experienced adverse mental and emotional development. These struggles resulted primarily in children developing a pervasive fear of the unknown, experiencing mental illnesses at an increased rate, and developing negative self-identity and low self-esteem.

Internment camp survivor George Takei recalls the day that his family was moved from their first internment camp, Rohwer, to the Tule Lake Relocation Center. He accounts a sense of

unbearable “fear of the unknown” that he felt while riding the train to Tule Lake and away from the life at Rohwer he adapted to and came to know despite only being four-years old at the time (Takei, 2019, p. 125). This fear of the unknown was not a unique experience for Mr. Takei. Many Japanese American children experienced similar mental struggles because of the uncertainty about where they were going or how long they would be there (Nagata et al., 2019). This emotion particularly impacted students and led to them struggling to imagine a future for themselves. As a result, many of the Japanese American adults in the internment camps noted that the older children “developed a sense of futility” and “drifted about the centers in little groups” (Spicer et al., 1969, p. 227). Many of these children also struggled to plan for their futures as they felt unable to plan since “they did not know what to plan for” in the future (Spicer et al., 1969, p. 227). This sentiment was only further solidified in the minds of detained Japanese American adolescents by feelings of being abandoned by one’s country (Ina & Ina, 1991).

Japanese American children’s mental and emotional development was then further impacted by mental health issues that developed due to Japanese American children’s time in the internment camps. From exposure to “the psychological trauma of dehumanization and imprisonment, which included being tagged with numbers, like criminals,” to feelings such as powerlessness, abandonment, pessimism, fear of risk, self-discounting, “and a sense of emotional loss about being born into a ‘family environment in which parents had lost the dignity of self-determination,’” Japanese American children experienced a range of negative emotional states due to their internment experience (Lew, 2016, p. 17; as cited in Nagata et al., 1999, p. 20). This excessive emotional stress, in turn, weakened Japanese American children’s’ immune systems. One researcher notes that “the emotional stress of being uprooted and moved to the desert”

resulted in an above average rate of physical and mental illnesses among the Japanese American population (Tunnell & Chilcoat, p. 23).

For some Japanese American children, these prolonged negative emotional states resulted in the development of Post-Traumatic Stress Disorder during and after their internment (Nagata, 1998). One survivor of the camps notes that detained Japanese American children employed various psychological defense mechanisms like denial, repression, identification with the aggressor, and rationalization to protect themselves from the deleterious reality they were living in (as cited in Lew, 2016). Furthermore, detained Japanese American children also felt fearful and insecure throughout their internment experience (Lew, 2016). Another survivor of the camps reported feeling terrorized and abandoned during their internment experience (Ina & Ina, 1991). Such feelings were not isolated incidences however but signified "the experience of every internee" and provide evidence that Japanese American children endured significant mental and emotional suffering due to their internment experiences (Ina & Ina, 1991; as cited in Lew, 2016).

Finally, Japanese American children's internment experiences also impacted the development of their sense of self identity and self-esteem. Research shows that being interned impacted Japanese American children's "self-esteem and ethnic identity" (Nagata, 1998, p. 133). One survivor supported this finding through his statement where he revealed that the internment camp where he was held as a child "had always been at the core of" his identity (Tateishi, 2001, p. 131). Such statements also support the diagnosis of PTSD for many Japanese Americans as they continue to experience PTSD symptoms such as negative thoughts about themselves and existing in a constant state of fear due to feeling permanently connected to their trauma (Mayo Clinic, 2018).

Additionally, younger children's experiences with internment and detention in the Japanese American internment camps altered their perspectives of what was typical. For example, another survivor stated that at the time of their move from a relocation center to an internment camps he believed that "everyone took vacations on a train with armed sentries at both ends of each car" (Takei, 2019, p. 39). As Japanese American children were not mentally developed enough to fully comprehend the situation at hand, they were led to believe that their experiences were how things happened for all children (Takei, 2019). Such beliefs continued to manifest as symptoms of PTSD both while the children lived in the camps and after they left.

Social Development Impacts

Similarly to the physical and emotional developmental impacts, interned Japanese American children experienced adverse social development. Firstly, many Japanese American children were impacted by the breakdown of their family units. While most of these children were not separated from their parents physically, they did experience a cultural separation from their parents. This cultural gap was caused by the breakdown of the traditional Japanese family structure and the increased importance of Japanese American children appearing as "American" as possible. This heightened importance on appearing more American also resulted in Japanese American children losing their cultural identity practices and values.

Tunnel and Chilcoat (1996) explain "the traditional, strong Japanese families began to break down because of the pressures of camp living" (p. 60-61). One of the primary places that this breakdown was visible was in the changes in Japanese American families during mealtimes. After their relocation to the Japanese American internment camps, eating in mess halls with the rest of the internment camp community replaced the traditionally private meals that consisted solely of the nuclear family and assisted with the breakdown of the traditional Japanese family

(Nagata, 1998). One such way that this structure encouraged the disintegration of the traditional Japanese American family unit was in the common practice of interned Japanese American children and adolescents running from mess hall to mess hall until they located the one with the most appealing food (Nagata, 1998; Maeda, 2001). This resulted in many children eating with their peers rather than with their family units.

In younger children, this breakdown in traditional family practices was seen in the example of the imaginary play of toddlers within the internment camps daycares and preschools. According to teachers from these schools, "whenever the children played house, they always stood in line to eat at make-believe mess halls rather than cooking and setting tables as they would have done at home" (Tunnell & Chilcoat, 1996, p. 37). From such recollections it is evident that age was not a barrier to the internment camps' impact and their alterations to the social development of all detained Japanese American children.

Furthermore, the structure of the internment camps did no permit families to interact like they did before incarceration and created new stressors related to the family (Lew, 2016). These stressors were especially problematic among adolescents who blamed their parents for having to come to the internment camps and subsequently withdrew from them (Spicer et al., 1969). As a result, the relationships between Japanese American adolescents and their parents tended to degrade throughout the internment camp experience.

Additionally, some Japanese American children did experience physical separation from their parents. One such example of this type of this situation is the testimony of Mary Ann Tahiro, who was placed in an internment camp separate from her mother (Tunnel & Chilcoat, 1996). Mary Ann's mother later died at the second internment camp, leaving Mary Ann an orphan without any familial or social network support (Tunnel & Chilcoat, 1996). Other children

report having their fathers arrested by the FBI on exaggerated charges of treason before the entire family was forced to relocate to an internment camp. In some of these cases, the Japanese American children's fathers died during their internment or were not seen again until after the end of the war. Such was the case for Donald Nakahata, who was 12 years old at the time of his father's arrest. Nakahata's father, who had a history of epilepsy, was arrested, and detained at several unknown camps where he endured multiple additional strokes during his internment and eventually passed away due to the medical condition (Lange, 2006).

The loss of cultural identity was also a significant social impact of internment. In severe cases, Japanese American children and adolescents would develop a disdain for their Japanese heritage and reject all aspects of it. For example, when adults who answered "no-no" to the loyalty questionnaire, their families were forced to move to a higher security internment camp at Tule Lake. This forced migration then caused some adolescent Japanese American to feel resentment about receiving the disloyal label from the United States government and directed this sentiment towards their parents for forcing them to move to keep the family together (Okubo, 1946).

In other cases, Japanese American parents would limit their children's exposure to, understanding about, and practice of their Japanese heritage while in the camps. While such efforts were made to make young Japanese Americans appear more "American," it resulted in Japanese American children being excluded from cultural practices that traditionally built social connections both within the family and within the community. One such tradition included the deliberate ignorance of Japanese Boys' Day. Since this day was meant to remind boys of the strength and courage that comes from their Japanese heritage by displaying and discussing items, such as helmets, swords, and armor, that were previously used by family members, most

Japanese Americans within the internment camps chose to ignore the holiday so that they did not "appear 'too' [emphasis] Japanese" (Tunnell & Chilcoat, 1996, p. 34). As a result of choosing not to acknowledge or practice such holidays, aspects of family histories were lost, and many young Japanese American boys felt a social disconnect from their communities and heritage.

Another aspect of social development that impacted those who were interned was relating to their identity as American citizens. For many Japanese Americans, adults and children alike, the fear of their rights as American citizens not being respected in the future loomed large as these rights were not respected during their internment experience. A survey conducted by researcher Donna Nagata (1998), found that Japanese Americans who had been interned as children were "significantly less confident in their rights" as American citizens than Japanese Americans who were not detained in the Japanese American internment camps (p. 133). As a result of this previous loss of rights and the fear of future losses, many Japanese American children often felt overwhelmed, hopeless, or angry about their dual identity both during and after their internment experience (Tunnell & Chilcoat, 1996). Furthermore, many Japanese American children came to see themselves as "second-class" citizens, which were only compounded by existing xenophobic the societal norms both in the short and long terms. One survivor described the internment experience as knowing that "you are a second class citizen" and that you do not receive the full rights that other American citizens, especially American citizens of European descent, possess and have protected by the United States government (Lew, 2016, p. 44).

Long Term Impacts

The effects of internment on Japanese American children did not end when they left the internment camps. For the remainder of their lives, Japanese Americans who were detained in

the internment camps experienced impacts on their physical, emotional and mental, and social development.

Physical Impacts

Physically, Japanese Americans who experienced internment as children were impacted in four significant ways. Firstly, the designs of the camps caused many children to not possess the physical coordination to be prepared for life outside the camps. For example, George Takei (2019) recorded in his memoir that one of "the most challenging adjustment(s)" to life outside of the camps was learning how to use stairs (p. 168). Since none of the structures that Japanese American children had access to were multi-story, stairs and other such environmental elements presented a unique physical challenge that resulted in them being unable to meet typical physical development milestones, regarding coordination and balance, expected for elementary school aged children.

Additionally, the internment experience led many Japanese American children to experience a lifelong increase their morbidity for two reasons. Firstly, data from Nagata et al.'s (2019) research revealed that "avoiding discussion of one's traumatic experiences is also associated with worse physical health" (p. 42). As a result, Japanese Americans developed a heightened risk for various diseases and disorders due to not speaking about their experiences for decades. Furthermore, the increased exposure to such diseases during internment also increased Japanese Americans' risk for developing physical diseases and conditions that increased their morbidity. Many of these illnesses were initially caught or developed during the survivors' internment and continued to impact the individuals throughout the remainder of their lives. One such disease included the chronic form of coccidioidomycosis, which is known to have lifelong consequences. For example, one survivor told of their sister "who contracted the chronic form at

Gila" during internment and developed disabilities from the disease including paralysis and permanent damage to the sister's nervous system and lungs (Jensen, 1997, p. 226).

Similarly, the overcrowding and poor public sanitation systems in the camps resulted in children being more susceptible to communicable diseases, such as polio. Children who contracted polio during their internment experience tended to continue experiencing lifelong effects of the paralysis in varying degrees. Furthermore, even children who did not have long lasting effects of the paralysis also had an increased possibility of developing post-polio syndrome, simply due to having contracted the disease, where previously affected body systems suddenly start to weaken (Jensen, 1997).

Detained children also reported continuing to experience respiratory conditions throughout the remainder of their lives. For example, one Japanese American's son developed pneumonia at six months old due to the conditions at the temporary track relocation center and then developed it again later at a relocation center in Utah. Eventually, after his release from the internment system, the boy died at 16 years old due to complications from the irreparable damage that the pneumonia and exposure to the elements did to his lungs (Suyemoto, 2001).

Again, the living conditions and environment of the camps also caused many Japanese American children to develop allergies, asthma, and other respiratory diseases, some of which the children died from due to complications of the diseases. Although many of these children entered the camps with no history of the illness, it is believed that that dust storms that plagued many of the internment centers caused Japanese American children to develop asthma (Jensen, 1997). In one testimony, a survivor's sister entered the Manzanar internment camp with no preexisting asthma or asthmatic tendencies, yet died from a severe asthma attack seven months

after leaving the internment camp despite being less than 25 years old and otherwise healthy when she died (Jensen, 1997).

Finally, many Japanese Americans who were interned as children were found to have an increased risk for cardiovascular disease. Research reveals that the detained children were found to have a "2.1 [times] greater risk of cardiovascular disease, cardiovascular mortality, and premature death" when compared to their non-interned counterpart (PBS, 1999). As a result of this increased risk, Japanese Americans who were interned as children were found to have a decrease of approximately 1.6 years on their life expectancy when compared to Hawaiians of Japanese ancestry who were not interned (Nagata, 2001).

Emotional and Mental Impacts

Much like the physical impacts, Japanese Americans continued to experience emotional and mental consequences from their internment experience. Although Japanese American children were no longer held behind barbed wire physically, they perceived themselves as still being interned. Even decades later, many survivors continued to struggle with overwhelming negative emotions that forced the survivor to relieve their lives behind the internment camp's barbed wire fences (Tateishi, 2001). For example, survivors discuss the enduring loneliness that many Japanese Americans describe as reaching into their souls (Tateishi, 2001).

Studies completed about the impacts of experiencing racial based trauma, such as internment, during childhood have revealed that traumatic "events can lead to heightened psychological and physiological stress responses that, when chronic," increase one's risk of disease damaging medical conditions (as cited in Nagata et al., 2019, p. 42). Furthermore, research on the adverse impacts of the racism experienced by Japanese Americans, related to their internment, revealed that children tended to interpret themselves to be the cause of such

reactions and therefore responsible for others' actions against them (PBS, 1999). Due to these emotions, many Japanese American children developed heavy "psychological burdens and faced undeserved stigma from their unjust imprisonment" that lasted in mainstream American (Nagata et al., 2019, p. 38).

As a result of these emotions, many Japanese American children showed signs of post-traumatic stress disorder (PTSD) and other mental health struggles due to their internment experience. Although the interned displayed symptoms of PTSD during their internment, the adverse impacts of the mental condition continued after internment. Research completed by Lew (2016) revealed that "the race-based trauma of mass incarceration led to symptoms consistent with post-traumatic stress disorder" which included feelings of anger, depression, shame, and vulnerability (p. 3). Other common symptoms of this mental illness that were experienced by Japanese American children included flashbacks to the internment experience that were described as unanticipated, intense, and disturbing to the children (Jensen, 1997). Such flashbacks were especially common in children who experienced internment anytime between the ages of one-year old to 11 years old (Jensen, 1997).

Other studies about previously interned Japanese American children also revealed that they engaged in various childhood trauma mannerisms, such as the deliberate avoidance of triggering stimuli and situations, bouts of panic, self-blame, lack of personal control, and hypervigilance of their surroundings (Jensen, 1997; Lew, 2016). Experiencing these symptoms was not only emotionally and mentally exhausting for the children, but also evidence of deeper psychological disorders, such as depression and PTSD, that resulted in the development of psychosomatic disorders, such as peptic ulcers, hypertension, and dermatitis (Densho Encyclopedia, 2020).

For some Japanese American children, however, their emotional and mental trauma manifested as delayed reactions in which children did not experience flashbacks until decades after their internment experience (Jensen, 1997). Some research reasons that such delayed reactions can also manifest as depression diagnoses late in life and reports from survivors of a "lifelong sense of undeserved guilt and fear of authority" (Purtill, 2018). One survivor who suffered from such a condition described it as constantly needing to be in control of situations and refusing to place herself in situations where she might be vulnerable (PBS, 1999).

Psychologists believe that part of the cause of this long-term repression is due to the various coping mechanisms that many Japanese American children developed. Some commonly reported techniques included denial, repression, rationalization, and the phenomenon known as identification with the aggressor (Nagata, 1990; as cited in Lew, 2016). One researcher also noted a correlation between drug overdoses and low self-esteem among Japanese American internment camp survivors which the researcher believes is based in "the negativity attached to" the subjects' Japanese heritage and internment experiences (Nagata, 1998, p. 136). Within the same survey, other survivors reported experiencing recurring nightmares related to their internment experience (Nagata, 1998).

Another commonly used coping mechanism by Japanese American parents, and their children, was silence (Lew, 2016). Many Japanese American individuals who were detained tended to hide and avoid discussing their time in the internment camps, especially if they were interned as adolescents or adults (Takei, 2019). Such practices encouraged Japanese American children to also adopt this method of coping. The downside, however, was that such coping mechanisms typically result in the development of symptoms similar to those seen in individuals suffering from PTSD (Nagata et al., 2019; Nagata et al., 1999).

These emotions were only compounded by many Japanese American parents cultivating shame about Japanese heritage while enforcing the need to excel at being Americans among their children as a form of protection. For children who were older during their internment, many struggled with shame that was associated with their identity as Japanese Americans (PBS, 1999). Extreme senses of shame led some children to develop a sense of self-loathing so strong that they dreamed of mutilating themselves to "fit in" and "look more like" White Americans (PBS, 1999). Others struggled with feeling excluded from their American culture and identity. As a result, they developed feelings of anger and resentment toward the American aspect of their identity.

Similarly, the internment experience also impacted Japanese American children's self-esteem and identity. Jensen (1997) notes that this "assault on self-esteem may have been the single largest factor affecting young people who were" in the internment camps (p. 325). She also notes that the trauma Japanese American children experienced during their internment occurred during an age when children's identities are developing, which added to some of the long-term psychological consequences of the internment (Jensen, 1997). Part of this identity trauma, especially for Japanese American children who were infants during their internment, was the feeling of a missing component for their identity due to common trauma response of silence. One survivor who was born in the internment camps stated that her parents' silence about the internment experience led to her knowledge about the camps solely consisting of the fact that she was born in one (Mueller, 2001). This missing information, which composed an integral part of the survivor's identity, caused feeling of anger and frustration.

Many of these effects continued to impact children through their childhood and the rest of their lives. These individuals continued to be haunted by the trauma of their internment camp

experiences and struggle with the eternal manifestations of their traumatized child selves (Takei, 2019; Tateishi, 2001).

Social Impacts

For the rest of their lives, Japanese American children's social development was negatively impacted by their internment experiences. Firstly, the internment camps negatively affected Japanese American children's social development by adversely impacting their ability to form relationships with peers who were not interned. Specifically, the anti-Japanese sentiments that were cultivated among the Japanese American community in the internment camps and the rampant racism that many Japanese American children experienced after their release from the camps resulted in the children not receiving affirmation from their non-interned peers. According to child development theories, affirmation from "social peers is critical" for children to experience typical social development and positive outcomes (as cited in Lew, 2016, p. 24). As a result, this lack of acceptance, and in some cases blatant denial, had a crucial impact on how Japanese American children developed socially.

Additionally, survivors were impacted by the destruction of the entire Japanese American community and the culture created by the community. The destruction of this social network, in combination with other impacts, resulted in many Japanese American children experiencing cultural trauma. This phenomenon "occurs when members of a collectivity feel they have been subjected to a traumatic event that leaves indelible marks upon their group consciousness, marking memories forever and changing their future identity," which prevents them from connecting socially with others (as cited in Lew, 2016, p. 1). As part of this trauma, many Japanese American children were taught to engage in "'social amnesia'" in an "attempt to suppress unpleasant memories and feelings" related to the internment experience (Densho

Encyclopedia, 2020). With this suppression, however, also came unresolved emotional and mental trauma that impacted Japanese American children's abilities to form social bonds with other individuals.

Furthermore, many Japanese American children were impacted by an additional phenomenon known as identification with the aggressor. Proposed by psychologist Sandor Ferenczi (1949), this phenomenon is a defense mechanism that involves oppressed individuals internalizing and adopting the behaviors of their oppressor while "'eliminating'" their "own subjectivity and 'becoming' precisely what" their aggressor wants or needs (Frankel, 2004, p. 78). In practice, for survivors, this resulted in their parents distancing their families "from other Japanese Americans and anything related to Japan" to appear more American (as cited in Nagata et al., 2015, p. 361). For Japanese parents, they hoped that by proving that their children "were 110 percent American" that White Nativist American culture would accept them as American citizens (Densho Encyclopedia, 2020). To accomplish this goal, many Japanese American families not only avoided other Japanese Americans but also shunned Japanese products, culture, and language in favor of promoting and supporting White American equivalents (as cited in Nagata et al., 2015).

Consequently, many Japanese American children developed a "need to become 'super' American and prove their worth" in order to be accepted as American citizens (Nagata et al., 2015, p. 363). Not only did such high expectations negatively impact Japanese American children's social connections with their peers and culture, but also sometimes resulted in the children resorting to drug abuse, suicide, or gang membership to cope with the lack of social connections and the stress of their own and their parents' expectations (Nagata et al., 2015). Additionally, many Japanese American children's social development was stagnating by the

common practices of detachment and social isolation that the children used to protect themselves from their White American peers (Lew, 2016).

Transgenerational Impacts

Physical, Mental, and Emotional Impacts

Finally, research reveals that the impacts of internment during childhood did not end with the Japanese American children detained in the United States' internment camps. Instead, studies have shown that many adverse impacts from the internment experience cross generational boundaries and continue to impact the children of Japanese Americans who were detained during their youth. Presently, this research has suggested these effects have continued as far as four generations after the initial internment experience (Nagata, 2001).

One area of this research that is lacking, however, is information regarding the physical impacts of internment among generations of Japanese Americans. While the exact reason for this gap is unknown, it is hypothesized that these effects have not been examined because the population is still developing. As such, the transgenerational physical impacts are not visible or apparent yet. Even so, it is likely conditions that previous generations developed based on their times in the camps, especially those that are genetic or medical, will also be transferred to the fourth generation.

Mentally and emotionally, many Japanese Americans have experienced strong negative emotions related to the incarceration experience despite never having been personally interned themselves. In one study, a participant reported inheriting an unspoken "but constant sense of 'existential anxiety' from her father" who was interned in a Japanese American internment camp (Nagata, 1990, p. 65). Additionally, research form the Sansei Project, which interviewed the children of Japanese Americans who were interned, revealed that many of the interviewees

experience " feelings of unspoken sadness and anger for their parents" and grandparents related to internment (Nagata, 2001, p. 63). Other common emotions experienced by the descendants of Japanese Americans include feelings of inferiority, self-hatred, powerlessness, and a silence caused by the fear that future mass internment of Japanese Americans is possible (Lange, 2006). As part of this concern, many Japanese Americans whose parents and grandparents were interned have developed a fear and mistrust of the United States government (Nagata, 2001).

Additionally, many Japanese American individuals whose parents and grandparents were interned also experience negative impacts on their self-esteem and identity. Some of these subjects have linked the incarceration of their parents "to their own low self-esteem, need to achieve, and pressure to assimilate" to the majority, White American culture (Nagata et al., 1999, p. 20). Other Japanese Americans have developed feelings of shame and inferiority related to their Japanese heritage that have been amplified by their parents' silence surrounding the internment experience (Nagata, 2001). These silences also created gaps in Japanese Americans family histories that many individuals sought to compensate for throughout their lives (Yamada, 2001).

Social Impacts

One of the most significant social impacts of internment on the Japanese American population is the fear of their rights as American citizens not being respected in the future and a wariness of the United States government (Lew, 2016). According to survey completed by Kyla Lew (2016), children of previously interned individuals express decreased confidence in their civil rights and admitted to feeling insecure, anger, vulnerable, and unequal due to their race. Additionally, almost half of the children of Japanese Americans inherited feelings of illegitimacy

regarding their United States citizenship and beliefs that the internment of Japanese Americans based on their race could happen again in the future (Lew, 2016; Nagata, 2001).

Another impact of internment across generations is how the silence surrounding the internment experience impacted the children of previously interned Japanese Americans. For many children of these individuals, family discussions about the internment camps were limited, if they occurred at all, and the communication that did occur was "'cryptic,' 'superficial, and 'oblique'" (Nagata, 2001; Nagata et al., 1999, p. 20). According to research, parental silence regarding previous trauma can result in the subsequent generations experiencing negative consequences (as cited in Nagata et al., 2015). In the case of Japanese Americans, this resulted in them feeling more socially distanced from their parents and associating fewer positive impacts from their parents' internment experiences (Nagata et al., 2015).

This breakdown in communication also resulted in many feeling frustrated, saddened, and incomplete due to a "'void' in their personal history" (Nagata, 1998; Nagata, 2001, p. 62). For many Japanese Americans, this void was especially impactful because their lack of knowledge about family histories impacted their personal and cultural identity. According to the child of one survivor, she struggled to understand herself fully because she was unaware of the events from her mother's life before her birth that impacted her development (Yamada, 2001). Other Japanese Americans felt that there were aspects about themselves and their families that they could only understand when they knew about their parents' internment camp experiences (Yamada, 2001). For many Japanese Americans, this understanding did not come for decades.

Even so, discussion about the internment experience among Japanese Americans had both positive and negative outcomes. According to a survey by Nagata et al. (2015), more communication about parental incarceration experiences resulted in stronger social and

emotional bonds between the non-interned generation and the interned parents. The study also revealed, however, that more communication between Japanese American parents and children resulted in above average feelings of sadness and anger due to the emotional distress that knowledge about their parents' internment experiences caused children of survivors (Nagata, 2015).

The children of Japanese American internment camps survivors also had their sense of self-worth impacted by their parents' experiences. In various studies, Japanese Americans reported inheriting the need prove themselves as "true Americans." To accomplish this goal, many minimized their Japanese identity and culture and attempted to be "'super' American" (Nagata et al., 2019, p. 363). Furthermore, many children of Japanese American internment camp survivors believe that both they and their parents' concepts of self-worth were impacted by the widespread social rejection Japanese Americans experienced (Nagata et al., 2015).

According to researcher Lew (2016), internment is a "traumatic event that leaves indelible marks upon their group consciousness, marking memories forever and changing their future identity" in a variety of ways (p. 21). One such impact was the expedited "loss of the Japanese language and culture" (Nagata, 2001, p. 63). According to research, many Japanese Americans who were not interned, but whose ancestors were, believed their parents minimized the importance of one's Japanese identity while simultaneously accentuating "the importance of blending in and 'acculturating'" to White American culture in the attempt to draw as little attention as possible to themselves (Nagata, 1998, p. 133). As a result, many Japanese Americans experienced strong sensations of grief related to the loss of their culture and dissociation from their own histories (Nagata, 2001; Yamada, 2001).

Rene A. Spitz Orphanage Studies

History

Occurring over a five-year period in the 1940s, the Rene Spitz orphanage studies examined the impacts of maternal deprivation and social isolation on the development of children. In this study, 239 children, under the age of approximately three years old, were observed over the course of at least one year within the controlled environments designed to replicate the environment of orphanages (Spitz, 1949). During the first phase of the experiment, which lasted approximately two years, the children were separated into two groups: the nursery group and the foundling home group. Out of the sample, 123 infants were randomly placed in the nursery while the remaining 116 were kept in the foundling home (Spitz, 1945). In both environments, the infants were observed weekly, with the experimenters totaling 400 observation hours per child (Spitz, 1946; Spitz, 1955). Additionally, the infants were filmed and photographed every four months (Spitz, 1946; Spitz, 1955). Within each group, the children were in the same environment and received the same food, care, and hygiene (Spitz, 1946).

The significant difference between the two groups was that while the children in the nursery experienced regular social interaction and emotional support from both their mothers and the staff at the center, the children in the foundling home did not. In the foundling home, the infants were kept “in a sterilized environment” with minimal human contact where each nurse was responsible for caring for up to eight infants (Spitz, 1953). Contrastingly, children in the nursery experienced much more social interaction due to an increased amount of one on one and lower ratio care. As a result, the children of the nursery experienced fewer, if any, adverse developmental impacts while children in the foundling home experienced numerous and severe adverse impacts. At the nursery, none of the infants died, the institution had no outbreaks or

epidemics, and illness among the infants was limited (Spitz, 1955). Within the foundling home, however, approximately 37% of the group died due to the impacts of emotional deprivation (Spitz, 1949). Although the children were only in these groups for two years, the children from the foundling home group were reassessed two years after the end of the first phase to see if the effects of the experiment were long lasting and cumulative.

Ultimately, Spitz's research revealed that infants, regardless of factors such as race, sex, chronological age, developmental level, and intellectual level, must be able to attach with at least one caregiver in order to thrive, and in many cases, survive (Spitz, 1946). If not, the "developmental imbalance caused by" the adverse conditions throughout the first year of life creates psychosomatic injuries, such as hospitalism and anaclitic depression, that require extensive treatment and in some cases cannot be repaired at all (Spitz, 1955, p. 116). According to Spitz's research, this point of no return occurs between three and five months after separation from a caregiver. If infants can be united with a caregiver within five months of separation, it is possible for them to recover and return to typical development.

If the infants are not reunited with a loving caregiver within this time period, there is no hope for improvement and the child's "developmental quotient" will continue to decline but more slowly than infants who were reunited with a caregiver later (Spitz, 1946; Spitz, 1955, p. 113). Even if the infants' conditions are improved or the infant is reunited with its mother, developmental deterioration is progressive and irreparable after the five-month mark and results in long-term consequences (Spitz, 1955; Spitz, 1946).

For modern researchers, this experiment revealed that depriving children of social contact and reciprocal relationships with a caregiver results in devastating impacts on infants and young children's development (Spitz, 1955). Ultimately, many of the findings from the study have been

applied and utilized in research studying the impacts of the separation of children from their adults or caregivers.

Anaclitic Depression and Hospitalism

For the infants kept within the foundling home, many adverse impacts on their physical, mental and emotional, and social development were noted. However, these impacts manifested in response to a condition that occurs in two severities: anaclitic depression, the less severe instance, and hospitalism, the more severe instance. Typically lasting approximately three to five months, anaclitic depression is defined as "the transient depressed state of infants after their separation from a" parental figure (Maylott, 2017, p. 1; Spitz, 1949). Anaclitic depression is marked by various changes in an infant's physical, mental and emotional, and social development and is comparable to depression in adults (Spitz, 1945). Although the symptoms of anaclitic depression develop gradually, the condition causes an immediate impact by arresting a child's development (Spitz, 1949). While many of the impacts from anaclitic depression can be reversed or lessened with increased social interaction, this change in circumstance must occur within three months of the child exhibiting symptoms.

Generally, anaclitic depression manifests as a panicked anxiety reaction during which children have been noted to scream hourly and experience symptoms such as severe perspiration, heavy salivation, tears, convulsive trembling, and dilated pupils (Spitz, 1949). During his study, Spitz grouped these reactions under five categories of common symptoms. The first of these categories included symptoms of emotional distress such as sadness, apprehension, weepiness, and minimal contact with or dismissal of the environment that resulted in the child withdrawing mentally and emotionally (Spitz, 1946). In cases were the experimenter would make physical contact with the infant, the child would begin to weep silently and steadily progress into violent

weeping combined with sobs and moans so strong that it shook the child's entire body (Spitz, 1946). As the case progressed into hospitalism, the child would lie on their face and reject their environment by throwing toys given to them across the room before returning to their prone position (Spitz, 1946). Additionally, infants were also seen alternating fecal play "with genital masturbation" while maintaining a rigid and immobile expression and body (Spitz, 1946, p. 316).

The next symptoms of anaclitic depression noted by Spitz was deteriorating development which manifested as a decreased "reaction to stimuli," slowed movement, and rejection of the environment, and a state of stupor (Spitz, 1946, p. 316). In practice, this led many of the children in Spitz's study to ignore the presence of experimenters and instead stare blankly with "an expression of profound suffering" (Spitz, 1946, p. 314). In advanced cases, infants sat in daze, during which they would stare into space without making any noise (Spitz, 1946). Furthermore, experimenters tasked with observing the infants in the study noted that by the infants' eighth month in the foundling home, the infants had regressed behavior typical of a 3-month-old (Spitz, 1953). Regarding their physical development, the infants would lie on their backs, unable to move and only react to stimuli with feeble and dull smiles (Spitz, 1953). As for their emotional and mental development, the infants showed evidence of developmental regression. For example, all the infants stared at friendly caretakers as they had when looking at inanimate objects and toys at three-months old (Spitz, 1953).

The fourth significant symptom of anaclitic depression or hospitalism is the infant's "loss of appetite, refusal to eat," and subsequent weight loss (Spitz, 1946, p. 316). The more time the infant experienced isolation, and subsequently a worse case of hospitalism, the less capable the infant was of being able to eat or keep down any food that it was forcefully fed. This inability to consume nutrients resulted in serious weight loss that negatively impacted the infant in all areas

of development (Spitz, 1946). In severe cases, this refusal to ingest nutrients resulted in the infant dying from cachexia, or "the general physical wasting and malnutrition associated with chronic disease" (Merriam-Webster, n.d.; Spitz, 1946). Finally, the last symptom infants in Spitz's study were noted to develop, especially in more advanced cases of anaclitic depression and hospitalism, was insomnia (Spitz, 1946).

Physical Impacts

Physically, the infants displayed all of hospitalism's symptoms (Spitz, 1945). Research from the infants in Spitz's study showed a decreased disease resistance and subsequent "extreme susceptibility to infection and illness," despite the high sanitation standards of the home (Spitz, 1955; Spitz, 1945, p. 59). As a result, the children kept in the foundling home experienced increased rates of many diseases such as ear infections, measles, chicken pox, eczema, intestinal diseases, and respiratory diseases (Spitz, 1945). In some of these instances, the cases were so severe and the infant's immune functioning so inhibited that the infants died from the conditions despite adequate medical intervention (Spitz, 1946).

For the infants who survived to two years after the initial experiment, all "were small and thin for their age" when compared to peers who had not been in the foundling home (Van Rosmalen et al., 2012, p. 427). Of these 21 children, between the ages of two and four years old, three met the average weight for a typical two-year old while only two met the height for a typically developing child around that age (Spitz, 1955). On average, the children were approximately 45% below the typical wight and five inches under the typical height measurements for their age (Spitz, 1955). As a result, many of these children looked like children who were "half their age" (Spitz, 1955, p. 115).

Additionally, many of the infants experienced delayed physical development throughout the rest of their childhood. When surveyed two years after the initial experiment, less than half of the sample could feed themselves with a spoon and only one child could dress themselves (Spitz, 1955). As for walking, 25% of the children were unable to move and approximately 37.5% of the children could not walk (Spitz, 1955).

Mental and Emotional Impacts

Mentally, experiencing anaclitic depression and hospitalism, due to separation from their mothers, resulted in many of the infants from Spitz's study receiving "increasingly low Development Quotient scores based on the Hetzer-Wolfe baby test" that presented as the surviving infants being significantly delayed in their mental development (Van Rosmalen et al., 2012, p. 426; Spitz, 1955). As a result, many of the infants were never able to learn basic developmental skills like walking, speaking, or feeding themselves (Spitz, 1949). In Spitz's follow-up study two years after the initial experiment, when the infants were approximately two years old, it was revealed that less than ten percent of the surviving children could speak and could only do so using a severely limited vocabulary (Spitz, 1945; Spitz, 1955). Additionally, few could eat unassisted, cleanliness habits were nonexistent, and none of the children were toilet trained (Spitz, 1945; Spitz, 1955).

Furthermore, as children the infants tended to develop either an "apathetic" or "hyper-excitable personality type" known "as 'L'En fant Turbulent'" (as cited in citation Spitz, 1949, p. 149). As part of this personality type, the previously institutionalized infants developed various mental and emotional problems "and became asocial, delinquent, feeble-minded, psychotic, or" problematic children (Spitz, 1945, p. 54). According to the follow-up survey completed by Spitz,

the vast majority of the infants from the study who survived to childhood were either temperamental or emotionless (Spitz, 1949).

Social Impacts

The infants' social development was also impacted. In cases where the separation from caregivers exceeded three months, the infants would adopt a frozen apathetic or passive attitude that resulted in observers being unable to make social contact with the infants (as cited in Rosmalen et al., 2012). This period would typically last two months before the infants would progress into the next stage which Spitz (1945) described as the most significant behavioral change in the infants.

After five months of separation from a primary caregiver, infants' responses to strangers and inanimate objects would change drastically. While some infants exhibited "generalized anxiety" and would scream indefinitely, others displayed "extreme friendliness to any human" and "anxious avoidance of inanimate objects" (Spitz, 1945, p. 72). For example, some subjects would have no visible reaction to an approaching researcher; however, if the researcher brought a toy and placed it in the infants' cribs, the infants would attempt to move as far from the object as possible (Spitz, 1946). If experimenters left the infants in the situation, the children would wait for the observer to leave before throwing the toy across the room and returning to whatever position they were in before the researcher entered the space (Spitz, 1946).

As the infants aged and continued to experience separation from a caregiver, they would respond inappropriately to visual social cues from researchers. At approximately eight months, the subjects would exhibit a rhythmic, "stereotyped negativistic headshaking in response" to adults making affirmative head nods at the infants, (Spitz, 1953; Rosmalen et al., 2012). In nine month old infants, these head movements would occur across the whole body and were

sometimes accompanied by odd hand and finger movements similar to symptoms of deficits in executive functioning, which suggests that the children were experiencing "tantrumlike seizures" in response to social stimulation (Spitz, 1953). By ten months, these infants would stop responding to social stimulation completely, lost their ability to coordinate their eyes, and only attempt to express themselves through the odd finger movements (Spitz, 1953). For some infants at this stage, they would not respond at all to observer interaction and instead appeared to be in a catatonic stupor (Spitz, 1946).

Based on these observations, Spitz came to believe that children need more than just their physical needs meet. They also need caregivers to create a safe and secure emotional environment for the children's social skills to develop typically (as cited in Rosmalen et al., 2012). Without it, the infants' minds would not develop properly, and the children would likely die (Rosmalen et al., 2012). Spitz further hypothesized that the infants who did survive such conditions were at an increased probability of becoming "mentally impaired, asocial, criminal, or insane" as adults (as cited in Rosmalen et al., 2012, p. 428).

Application of the Case Studies to Modern Latinx Detention

Japanese American Internment Camps

In many aspects, the previous detainment of Japanese American children during World War II is strikingly similar to the current detainment of Latinx immigrant children. In both cases, the detained individuals were members of minority groups. As a result, both populations are likely to experience trauma related to racial persecution. Additionally, both Japanese Americans and Latinx migrants were or are being detained in centers created by, managed, and sanctioned by the United States government. Therefore, both groups will likely experience similar impacts due to having the same aggressor. Finally, both Japanese American internment camps and the

modern-day detention centers have been built in similar geographic regions within the United States.

Due to these similarities between Japanese American children's internment experiences and those currently experienced by detained Latinx immigrant children, the immense body of research completed on Japanese Americans can be utilized in predicting some of the potential physical, mental and emotional, and social impacts on Latinx immigrant children's development immediately, in the long term, and transgenerationally. Furthermore, by utilizing the large amount of literature that has been published regarding Japanese American internment, it might be possible to fill some of the gaps that currently exist in the literature for the present detainment of Latinx immigrant children.

Even so, there are many differences between the two situations that impact the applicability of the research from Japanese American internment camps to the current Latinx migration experience. Firstly, Japanese American children were United States citizens during their internment while many of the Latinx children in modern ICE detention centers are not. As a result, they are unlikely to experience some of the social, citizenship-based trauma and outcomes that Japanese American children experience. Additionally, most Japanese American children were detained with family members while Latinx children are not. As a result, there is likely to be trauma related to this separation that cannot be studied by examining the Japanese American internment experience. Finally, the structures in which Japanese American children were detained were different from those that Latinx immigrant children are held in. As a result, the impact of this variable is likely to cause differences in the expression of the trauma between Japanese American children and Latinx immigrant children.

Rene A. Spitz Orphanage Studies

Although this case only included the study of children less than four years old, many of the findings from Spitz's research are applicable to the modern Latinx immigrant minors detained at the U.S.-Mexico border. Like the children in Spitz's study, the modern Latinx children are being held separate from their caregivers and in group housing where one on one attention and care from an adult are limited if not nonexistent. Additionally, the standards of care that the United States government has set for the care of immigrant minors, while not as stringent as Spitz's, are comparable to those used in Spitz's study.

As a result of these similarities, Spitz's findings should be considered when studying the potential impacts of internment on the modern Latinx minor population. Since the research provides crucial data regarding attachment theory and its impact on the development of children held separately from their caregivers, it can offer scientific backing to support the adverse impacts of parent-child separation. Additionally, the findings of this study can provide evidence of the negative impacts of limited interaction between children and caregivers.

Still, there are some differences between the Spitz study and the modern internment of Latinx children that limit its applicability. Firstly, the Spitz study ensured that the infant subjects received the highest standard of physical care. This meant that the infants were provided a bed, creating personal space, in a temperature-controlled environment where their physical needs, such as feeding and changing, were met. The Latinx immigrant children, however, have been noted to be held in conditions where their physical needs are not met, and the physical environment is not conducive to their development. As a result, it is hypothesized that this absence of necessities will result in a more severe impact on the children's development. Additionally, the children held in the modern United States internment camps are of a variety of

ages, from birth to eighteen years old, while the subjects in Spitz's study were less than a year old at the start of the experiment and no older than four years old by the end of the follow-up study. Due to this age difference, it is likely that the social deprivation will impact the Latinx immigrant children differently than it impacted Spitz's infants. Similarly, the fact that the modern Latinx migrants are older means that they also are more likely to have experienced adverse childhood experiences (ACEs) prior to their arrival at the United States detainment centers. As a result, the it is likely that the consequences of their detainment will not only be influenced by the internment experience itself, but also by previous traumatic experiences.

CONCLUSION

Firstly, there is a brief examination of the counter arguments against completing future research about and working to improve the situation in the United States ICE detention centers. Then, there is a summation of the limitations for the applicability of both case studies to the modern internment experience for Latinx immigrant children. Thirdly, is a list of recommendations for specific changes that can be made to improve the developmental outcomes for Latinx immigrant children detained in United States internment centers. Finally, is an explanation for the significance of the research.

Counter Arguments

Although the various reasons supporting the need for future examination of internment's impacts on Latinx immigrant children's development have been explored in earlier sections of this piece, there are some counter arguments that should also be addressed. Firstly, is the case that the zero-tolerance policy is no longer in effect; therefore, many of the issues under it should not be considered when examining detained Latinx children. However, since the White House has announced that "the zero tolerance policy may be reinstituted once additional family

detention bed space becomes available," understanding the various consequences of this policy on children's development is crucial to making informed legal decisions in the future (Congressional Research Service, 2019, p. 10).

Another common counterpoint is that the separations that occur at the U.S.-Mexico border are "no different than the family" separations that occur "when parents of minor children commit a crime and are taken into criminal custody" (Congressional Research Service, 2019, p. 15). This separation scenario is different, however, for two primary reasons. Firstly, many of the American children who are impacted by separation from incarcerated parents are granted the ability to exercise their rights as United States citizens, such as receiving access to child advocates and legal representation while the detained Latinx immigrant children do not. Secondly, many of these children have another caregiver who receives custody and provides care, bonding opportunities, and a developmentally appropriate environment for the children.

Some also argue for the internment of Latinx minor migrants because they believe the immigrant individuals, regardless of age, are breaking the law. Children, however, do not choose to immigrate but are forced to flee situations that are hazardous, and sometimes deadly, to their lives and development. Additionally, many children who cross the United States border illegally do so in the attempt to follow their parents or guardians into a better, safer future. They are not mentally or emotionally developed enough to make such decisions for themselves and instead are relying on the adults in their lives to guide them to a place that is safe.

Finally, is the argument that many of the issues that have occurred under President Donald Trump will no longer be relevant now that he is out of the presidential office; therefore, future study and change based around improving the current situation is unnecessary. This statement, however, is not true as the future for immigration into the United States remains

unknown. Furthermore, just because President Trump was the administration under which the immigration issue exploded this does not mean that it was the first administration under which such problems occurred. Since the internment of immigrant children, especially Latinx children, has been standard procedure in the United States for decades, it is unrealistic to believe that such issues will not arise again in the future. History has now shown that regardless of the political party in power, whether Republican or Democrat, atrocities can and have been committed against populations of color within the United States that have had long lasting impacts on those populations.

Limitations

Although the limitations of each case study have already been examined in the methods section of this thesis, it is also crucial to include the impediments to further research on this topic.

Modern Camps

The first significant limitation to completing further research about the impacts of the modern United States detainment centers on Latinx immigrant children's development is ensuring the protection of the individuals involved in the research. Since the primary research population is children in a prison like setting, it would be necessary to obtain Institutional Review Board (IRB) approval to ensure that the subjects would not be harmed by participating in the research. As part of this process, permission from legal guardians for the children to participate would also need to be received. While this requirement is typically not an issue, the factor of separation from legal guardians or caregivers makes acquiring this permission complicated.

Additionally, the locations of the camps and the distance between them create another barrier to conducting future research. Since the centers are spread across the United States, the costs of flights and accommodation for researchers create a significant financial expense to visit the centers and visit them in a reasonable amount of time.

Another limitation for studying the Latinx children detained in the United States internment camps is the lack of access to the United States internment camps and the individuals who have been held in them. Due to the United States government's restrictions regarding entry to these sites, it is nearly impossible to gain permission to enter the detainment centers. Even if permission was granted, however, it is likely that interviews of detainees would be limited in the amount of viable and reliable data they provide as the subjects might fear speaking candidly due to the potential for retaliation. As for individuals who were previously held and then released, locating them would be very difficult as most of these individuals are deported back to Mexico or their country of origin.

The next major limitation for completing research on this topic is the lack of published research. Since this situation is current developing, not many studies have been completed, peer-reviewed, and published. Additionally, since the sample population would still be children for years to come, determining the long-term and transgenerational consequences of this specific instance of internment would not be possible in an initial study.

Finally, there is the language barrier and the need for translators. Although I personally speak some Spanish, I am not advanced enough in my abilities to conduct scientific interviews. Additionally, as many of the individuals to be interviewed would speak languages other than Spanish and English, it would be necessary to hire translators not only for Spanish but also for

indigenous languages. As these languages are not widely spoken in the United States, locating these individuals would be challenging and likely become a considerable expense.

Japanese American Internment Camps

The first limitation in examining the modern adverse impacts on the development of detained Latinx immigrant children is that the children interned in the Japanese American internment camps during World War II come from a different cultural background. As a result, it is likely that factors such as cultural practices, histories, and experiences will cause disparities in how each cultural group, Latinx and Japanese, experience their similar trauma.

Additionally, the fact that Japanese American families were separated emotionally, mentally, and culturally, rather than physically will result in different consequences of internment than those experienced by modern Latinx immigrant children. Even so, the fact that some Japanese American children were separated physically from their parents could be used to minimize this limitation's impacts.

Finally, the last major limitation is the fact that many of the individuals who experienced the Japanese American internment camps as children are elderly or already deceased. As a result, it might be difficult to locate individuals who experienced internment firsthand in Japanese American internment camps. However, it is believed that the large body of research that exists surrounding these individuals' experiences will likely help alleviate many of the potential issues that could emerge from this factor.

Rene Spitz Studies

Regarding the Spitz studies, the major limitation is that the initial research did not follow children beyond two years after the initial experiment. Therefore, lifelong consequences can only be hypothesized. Spitz even references this limitation in his research when he states that "it is

therefore open to question whether the psychic trauma sustained by" the infants "will leave traces which will become visible only later in life" (Spitz, 1946, p. 330). This statement would also apply to transgenerational findings as the children of these infants were never located or researched to see if they inherited any of the adverse impacts from their parents' participation in the experiment.

Additionally, the fact that the infants studied were relatively "blank slates" in that they were so young that they likely had not been exposed to other adverse childhood experiences, will also impact the applicability of the research's findings on the modern Latinx child immigrant population. Similarly, since the experiment only studied infants, it unknown how Spitz's findings can be applied to children and adolescents. Therefore, it is likely that further research regarding Spitz's findings and their application in other research studies will be necessary for understanding the impact of maternal deprivation on older children, adolescents, and subsequent generations and how these impacts could relate to modern Latin immigrant internment.

Finally, the fact that modern Latinx children are able to provide emotional, mental, and social support to one another, due to the structure of the internment centers, will also alter the applicability of Spitz's findings to this population. Since the infants in Spitz's studies were not permitted to interact with their peers, they were truly socially isolated. As a result, their social deprivation was more complete than that of the modern Latinx immigrant children. Even so, the restrictions on interactions between Latinx immigrant children could be comparable to those enacted in Spitz's study.

Future Suggestions

Future Research

Due to the type of study that this research is, the hypotheses proposed cannot be confirmed or denied without further research and data. Additionally, since the amplitude and frequency of internment in United States detention centers cannot be determined off the current research, future studies will need to be conducted. Even so, this research does have value for future studies. Firstly, since the observations included in this document provide a foundation for this topic, future studies could focus on collecting raw data, such as surveys, assessments, and interview responses, from Latinx child survivors of the United States detention centers rather than understanding the issue. By gathering this additional information, it would be possible to prove or disprove the hypotheses proposed in this thesis. Additionally, this research lays the groundwork for future studies focused on reporting how the interred Latinx immigrant children develop throughout the rest of their lives and how their children are impacted once they begin to have children of their own. By reviewing this research over the next few decades, it would be possible to see if the initial findings corroborate or conflict with the present predictions.

Policy Considerations: Adoption of International Legislation

Firstly, the United States government should adopt the United Nation's legal framework known as the International Rights of the Child. This system is "an internationally recognized legal framework for the protection of children's basic rights" (Monico et al., 2019, p. 181). While these rights are designed to protect children in any circumstance, there are some rights specific to detainment of children, including "freedom from arbitrary arrest and detention (Article 37), the provision of special protection to children seeking asylum (Article 22)," the right to receive "humane and appropriate treatment" while detained, and the establishment of

"guidelines regarding maintaining family unity (Article 9)" (Linton et al., 2017, p. 6). Since its creation in 1990, this collection of rights has been adopted and ratified in every country around the world except the United States (Linton et al., 2017).

In ratifying this system and applying it to the current detention of Latinx minor migrants, the United States government would need to start by reevaluating the state of the modern internment camps and the guidelines that are in place with the goal being that the new environment protects immigrant children and ensures that it is safe and developmentally beneficial to them. During this reevaluation, it is crucial that the updated standards and practices emphasize the children's bests interests, which include the children's well-being, safety, family integrity, health, expressed interests, liberty, development, identity, and education (Linton et al., 2017). As part of meeting these standards, Latinx immigrant children should have access to services such as child advocates, child's rights activists, medical personal, translators, and educators. These individuals would need to be admitted into the modern internment camps to help ensure that the Latinx children's rights are being protected and that the United States government is abiding by the guidelines set forth in the International Rights of the Child. These individuals would also become responsible for directing investigations into the allegations of sexual assault and the physical, emotional, and mental abuse of Latinx immigrant minors by ICE personnel.

The second legislation that the United States government should adopt and implement within their centers is the "Guidelines for Alternative Care of Children." These guidelines were created by the United Nations in 2010 to specifically provide for children impacted by disasters, migration, or other adverse life experiences. In the case of the modern United States internment camps, this would include assurance the Latinx immigrant children have safe, clean, spaces with

adequate bedding, clothing, hygiene product, and access to a balanced diet that is developmentally appropriate. Additionally, since the guidelines assert that separation of families should be avoided regardless of the situation, the United States government would need to create reunification strategies for the families that have been previously separated in addition to strategies that keep future immigrant families together (Monico et al., 2019). As a result, the consequences of separating children from their caregivers could be mitigated and even eliminated in many cases (Monico et al., 2019).

In practice, this system would need to be centralized, so that it is accessible across detention centers, and would need to maintain updated information about the detained Latinx individuals. As a result, I would also suggest that the Immigration and Customs Enforcement (ICE) office create and implement a central information system for data about detained children. This system would include gathering personal information from Latinx immigrant children such as identification information, who the children were with when detained by ICE, the contact information for this individuals and centers, and updated information on both the children and caregivers' whereabouts.

Significance of Research

While the majority of the American population is not directly impacted by the events and conditions that occur in the immigrant internment centers, especially those located along the U.S.-Mexico border, there are various indirect repercussions. Firstly, **"**societies reap what they sow in terms of the way they treat their children" (Teicher, 2018, p. 3). Regardless of where they come from or where they are now, these interned children will grow to become the future leaders of our ever-increasingly connected and global world. Therefore, any threats to their development and well-being must be understood and mitigated to the most significant degree possible.

Furthermore, there is still a chance for the American people to act and change the legislation that permits such abuses to occur. Unlike the other case studies, where nothing can be done to help the involved children, the developing nature of the modern internment centers means that these children can be helped, and the course of their futures changed for the better. The National Immigrant Justice Center echoes this idea in their statement:

> If the principle of the best interest of the child (Child Welfare Information Gateway 2016) is to be upheld, it is essential that policy makers, practitioners, and advocates keep in mind that migrant children, whether accompanied or unaccompanied, are legally able to seek asylum, have a right to due process, and are entitled to protection of basic human rights. (National Immigrant Justice Center, personal communication, June 11, 2014, as cited in Monico et al., 2019, p. 183)

By bringing awareness to the problem, people can become more educated and, in turn, more likely to push for changes that would improve the present situation and future outcomes for these migrating children. Only once there is a strong backing among the American people will the government be more likely to respond positively and change not only how these internment centers operate but also the rights afforded to all children across the board.

Ultimately, the success of the world's future lies in the hands of these forgotten children. To best prepare them for this tremendous responsibility, it must be determined how they are affected by the situation they have been thrust into. Only once the circumstances and repercussions of this situation are brought to light will a fuller understanding emerge that enables people to advocate for changes that improve these children's quality of life not only now but also in the future.

REFERENCES

Ainsworth, M.D.S., & Marvin, R.S. (1994). On the shaping of attachment theory and research: An interview with Mary D.S. Ainsworth. *Monographs of the Society for Research in Child Development, 60*(2/3), 2-21. https://doi-org.proxy.lib.utc.edu/10.2307/1166167

American Psychological Association. (n.d.). Executive functions. In APA dictionary of psychology. Retrieved December 8, 2020, from https://apastyle.apa.org/style-grammar-guidelines/references/examples/dictionary-entry-references#1

Armor, J., & Wright, P. (1988). *Manzanar*. Times Books.

Bowlby, J., Ainsworth, M., Boston, M., & Rosenbluth D. (1956). The effects of mother-child separation: A follow-up study. *British Journal of Medical Psychology, 29*(3-4), 211-247. https://doi.org/10.1111/j.2044-8341.1956.tb00915.x

Boyd, K. (2020, October 22). *What is Vitamin A deficiency?*. American Academy of Ophthalmology. https://www.aao.org/eye-health/diseases/vitamin-deficiency

Brabeck, K.M., Lykes, M.B., & Hunter, C. (2014). The psychosocial impact of detention and deportation on U.S. migrant children and families. *American Journal of Orthopsychiatry, 84*(5), 494-505. https://doi.org/10.1037/ort0000011

Buncombe, A. (2018, June 28). Trump administration admits migrant children as young as 3 appearing in court alone for their own deportation proceedings. *The Independent*. https://www.independent.co.uk/news/world/americas/child-immigrants-us-court-border-family-migrant-immigration-trump-latest-melania-a8422101.html

Campbell, T.E. (2008). Historical trauma in American Indian/Alaskan Native communities: A multilevel framework for exploring impacts on individuals, families, and communities.

Journal of Interpersonal Violence, 23(3), 316-338. https://doi.org/10.1177/0886260507312290

Cantor, G. (2015). Hieleras (iceboxes) in the Rio Grande Valley sector: Lengthy detention, deplorable conditions, and abuse in CBP holding cells. *American Immigration Council*, 1-29.

CDC. (2020, April 3). *Violence Prevention*. Centers for Disease Control. https://www.cdc.gov/violenceprevention/aces/fastfact.html

Cole, P. & Perez, A. (2018). A guidepost in shifting sands: Child well-being and immigration policy. *Zero to Three Journal, 39*(1), 33-37.

Congressional Research Service. (2019). The Trump administration's "zero tolerance" immigration enforcement policy. (CRS Report NO.R45266).

Cornell Law School. *Procedural due process*. https://www.law.cornell.edu/wex/procedural_due_process

Cusick, S.E., & Georgieff, M.K. (2016). The role of nutrition in brain development: The golden opportunity of the "first 1000 days." *The Journal of Pediatrics, 175*, 16-21. https://doi.org/10.1016/j.jpeds.2016.05.013

Densho Encyclopedia. (2020, July 22). *Psychological effects of camp*. http://encyclopedia.densho.org/Psychological_effects_of_camp/#Postwar_Impacts

Exec Order No. 9066, 3 C.F.R. (1942).

Ferenczi, S. (1949). Confusion of the tongues between adults and the child: The language of tenderness and passion. *The International Journal of Psychoanalysis, 30*, 225-230.

Fox, B.H., Perez, N., Cass, E., Baglivio, M.T., & Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent

and chronic juvenile offenders. *Child Abuse and Neglect, 46*, 163-173. https://doi.org/10.1016/j.chiabu.2015.01.011

Frankel, J. (2004). Identification with the aggressor and the 'normal traumas': Clinical implications. *International Forum of Psychoanalysis*, *13*, 78-83. https://doi.org/10.1080/08037060410027101

Garner, A., Dreyfus, S.N., & Anderson, C. (2014). *National Health Policy Forum Session Announcement 2014*: *Early Childhood Adversity, Toxic Stress, and Brain Development: Implications for Practice and Policy.* George Washington University. https://www.nhpf.org/library/forum-sessions/FS_05-16-14_EarlyChildhoodStress.pdf

Griffin, M., Son, M., & Shapleigh, E. (2014). Children's lives on the border. *Pediatrics Perspectives, 133*(5), 1-2. https://doi.org/10.1542/peds.2013-2813

Haag, M. (2019, February 27). Thousands of immigrant children said they were sexually abused in U.S. detention centers, report says. *The New York Times*. https://www.nytimes.com/2019/02/27/us/immigrant-children-sexual-abuse.html

Ina, K., & Ina, S. (Producers). (1991, April 26). *Children of the camps* [Television movie]. Public Broadcasting Service.

Jensen, G.M. (1997). *The experience of injustice: Health consequences of the Japanese American internment* [Unpublished doctoral dissertation]. University of Colorado.

Jewett, C., & Luthra, S. (2019, June 27). Immigrant toddlers ordered to appear in court alone. *The Texas Tribune*. https://www.texastribune.org/2018/06/27/immigrant-toddlers-ordered-appear-court-alone/

Kraft, C. (2018). *AAP statement on executive order on family separation.* American Academy of Pediatrics. https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Statement-on-Executive-Order-on-Family-Separation.aspx.

Lange, D. (2006). *Impounded*. W.W. Norton & Company.

Lew, K.M.J. (2016). *Incarceration, identity, and resilience: Understanding the long-term psychological impacts of racial trauma on Japanese Americans who were imprisoned during World War II* [Unpublished master's thesis]. Smith College.

Linton, J.M., Griffin, M., & Shapiro, A.J. (2017). Detention of immigrant children. *Pediatrics, 139*(5), 1-13. https://doi.org/10.1542/peds.2017-0483

Lopez, M.E. (2018). In danger at the border: Parents are children's best tool against toxic stress. *Zero to Three Journal, 39*(1), 22-26.

MacKenzie, M.J., Bosk, E., & Zeanah, C.H. (2017) Separating families at the border – Consequences for children's health and well-being. *The New England Journal of Medicine, 376*(24), 2314-2315. https://doi.org/10.1056/NEJMp1703375

MacLean, S.A., Agyeman, P.O., Walther, J., Singer, E.K., Baranowski, K.A., & Katz, C.L. (2019) Mental health of children held at a United States immigration detention center. *Social Sciences and Medicine, 230,* 303-308. https://doi.org/10.1016/j.socscimed.2019.04.013

Maeda, R.J. (2001). Isamu Noguchi: 5-7-A, Poston, Arizona. In E. Harth (Ed.), *Last witnesses: Reflections on the wartime internment of Japanese Americans* (pp. 154-166). Palgrave.

Mayo Clinic. (2018). Post-traumatic stress disorder (PTSD). https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967

Mayo Clinic (2017). Reactive attachment disorder. https://www.mayoclinic.org/diseases-conditions/reactive-attachment-disorder/symptoms-causes/syc-20352939

Merriam-Webster. (n.d.). Cachexia. In *Merriam-Webster.com dictionary*. Retrieved November 30, 2020, from https://www.merriam-webster.com/dictionary/cachexia

Monico, C., Rotabi, K., Vissing, Y., & Lee, J. (2019). Forced child-family separations in the southwestern US border under the "zero-tolerance" policy: The adverse impact on well-being of migrant children (part 2). *Journal of Human Rights and Social Work, 4*, 180-191. https://doi.org/10.1007/s41124-019-00095-z

Mueller, M. (2001). A daughter's need to know. In E. Harth (Ed.), *Last witnesses: Reflections on the wartime internment of Japanese Americans* (pp. 99-113). Palgrave.

Nagata, D.K. (1990). The Japanese American internment: Exploring the consequences of transgenerational consequences of traumatic stress. *Journal of Traumatic Stress, 3*(1), 47-69. https://doi-org.proxy.lib.utc.edu/10.1002/jts.2490030105

Nagata, D.K. (1998). Intergenerational effects of the Japanese American interment. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 125-139). Plenum Press.

Nagata, D.K. (2001). Echoes from generation to generation. In E. Harth (Ed.), *Last witnesses: Reflections on the wartime internment of Japanese Americans* (pp. 61-71). Palgrave.

Nagata, D.K., Kim, J.H.J, & Nguyen, T.U. (2015). Processing cultural trauma: Intergenerational effects of the Japanese American incarceration. *Journal of Social Issues, 71*(1), 356-370. https://doi.org/10.1111/josi.12115

Nagata, D.K., Kim, J.H.J., & Wu, K. (2019). The Japanese American wartime incarceration: Examining the scope of racial trauma. *American Psychology, 74*(1), 36-48. https://doi.org/10.1037/amp0000303

Nagata, D.K., Thierweiler, S.J., & Talbot, R. (1999). Long-term effects of internment during early childhood on third-generation Japanese Americans. *American Journal of Orthopsychiatry, 69*(1), 19-29. https://doi.org/10.1037/h0080378

National Human Genome Research Institute. (n.d.). Telomere. In *Talking Glossary of Genetic Terms.* Retrieved December 14, 2020, from https://www.genome.gov/genetics-glossary/Telomere

Noroña, C.R., Velasco-Hodgson, M.C., Flores, L.E., & Eiduson, R. (2018). Historical, sociopolitical, and mental health implications of forcible separations in young migrant Latin American children and their families. *Zero to Three Journal, 39*(1), 8-20.

Office of the Inspector General. (2018a). *Special review – Initial observations regarding family separation issues under the zero-tolerance policy* (Office of the Inspector General 18-84). U.S. Department of Homeland Security. https://www.oig.dhs.gov/sites/default/files/assets/2018-10/OIG-18-84-Sep18.pdf

Office of the Inspector General. (2018b). *Results of unannounced inspections of conditions for unaccompanied alien children in CBP custody.* (Office of the Inspector General 18-87). U.S. Department of Homeland Security. https://www.oig.dhs.gov/sites/default/files/assets/2018-10/OIG-18-87-Sep18.pdf

Office of the Inspector General. (2019). *Management alert – DHS needs to address dangerous overcrowding and prolonged detention of children and adults in the Rio Grande Valley (redacted)* (Office of the Inspector General 19-51). U.S. Department of Homeland

Security. https://www.oig.dhs.gov/sites/default/files/assets/2019-07/OIG-19-51-Jul19_.pdf

Okubo. (1946). *Citizen 13660*. University of Washington Press.

PBS. (1999). *Internment history*. Children of the Camps. https://www.pbs.org/childofcamp/history/index.html

Peebles, F.P. (2020, February 3). The in-betweens: How migrant children navigate immigration court alone. *Young Center for Immigrant Children's Rights*. https://www.npr.org/2019/07/04/738737313/responding-to-conditions-at-migrant-detention-centers

Plyler v. Doe, 457 U.S. 202 (1982). https://supreme.justia.com/cases/federal/us/457/202/#tab-opinion-1954579

Purgh, D.G., & Harlow, R.G. (1962). "Masked deprivation" in infants and young children. *Public Health Papers, 14*, 9-29.

Purtill, C. (2018, June 23). *Japanese-American internment camps taught us what happened to the health of separated families.* Quartz. https://qz.com/1311736/japanese-american-internment-camps-taught-us-what-happens-to-the-health-of-separated-families/

Saunders, J. & Smith, T. (2010). Malnutrition: Causes and consequences. *Clinical Medicine, 10*(6), 624-627.

Schmidt, S. (2019). Trauma inflicting, not trauma informed: The U.S. federal government's double standard toward migrant children. *Social Work, 64*(1), 91-93. https://doi.org/10.1093/sw/swy048

Shonkoff, J.P., & Garner, A.S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics,129*(1), e232-e246. https://doi/org/10.1542/peds.2011-2663

Spicer, E.H., Hansen, A.T., Luomala, K., & Opler, M.K. (1969). *Impounded people: Japanese-Americans in the relocation centers.* The University of Arizona Press.

Spitz, R.A. (1945). Hospitalism: An inquiry into the genesis of psychiatric conditions in early childhood. *The Psychoanalytic Study of the Child*, *1*(1), 53-74.

Spitz, R.A. (1946). Anaclitic depression: An inquiry into the genesis of psychiatric conditions in early childhood, II. *The Psychoanalytic Study of the Child, 2*(1), 313-342.

Spitz, R.A. (1949). The role of ecological factors in emotional development in infancy. *Child Development, 20*(3), 145-155. https://doi.org/10.2307/1125870

Spitz, R.A. (1955). Reply to Dr. Pinneau. *Psychological Bulletin, 52*(5), 453-459. https://doi.org/10.1037/h0041575

Spitz, R.A. (Director). (1953). *Somatic consequences of emotional starvation in infants* [Motion picture]. United States of America: Center for the History of Psychology.

Stanford Children's Health. (n.d.). *Type 1 Diabetes Millitus in children.* https://www.stanfordchildrens.org/en/topic/default?id=type-1-diabetes-in-children-90-P01977

Sussis, M. (2019 February 11). *The history of the Flores Settlement: How a 1997 agreement cracked open our detention laws.* Center for Immigration Studies. https://cis.org/Report/History-Flores-Settlement

Suyemoto, T. (2001). Another spring. In E. Harth (Ed.), *Last witnesses: Reflections on the wartime internment of Japanese Americans* (pp. 21-34). Palgrave.

Takei, G. (2019). *They called us enemy*. Top Shelf Productions.

Tateishi, J.Y. (2001). Memories from behind barbed wire. In E. Harth (Ed.), *Last witnesses: Reflections on the wartime internment of Japanese Americans* (pp. 129-138). Palgrave.

Teicher, M.H.. (2018). Childhood trauma and the enduring consequences of forcibly separating children from parents at the United States border. *BMC Medicine, 16*(146). https://doi.org/10.1186/s12916-018-1147-y

Tunnell, M.O., & Chilcoat, G.W. (1996). *The children of Topaz: The story of a Japanese-American internment camp*. Holiday House.

Upchurch, D., & Gibson, D. (2019). Strange situations at the border: Examining the importance of attachment and consequences of forcible separation. *Global Social Welfare, 7*. 257-261. https://doi.org/10.1007/s40609-019-00154-3

Van Rosmalen, L., Van der Horst, F.C.P., and Van der Veer, R. (2012). Of monkeys and men: Spitz and Harlow on the consequences of maternal deprivation. *Attachment & Human Development, 14*(4), 425-437. https://doi.org/10.1080/14616734.2012.691658

William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008, Publ. L. No. 7311. (2008). https://www.congress.gov/bill/110th-congress/house-bill/7311

Wood, L.C.N. (2018). Impact of punitive immigration policies, parent-child separation and child detention on the mental health and development of children. *BMJ Pediatrics Open*, *2*(1) 1-6. https://doi.org/10.1136/bmjpo-2018-000338

Yamada, J. (2001). Legacy of silence (II). In E. Harth (Ed.), *Last witnesses: Reflections on the wartime internment of Japanese Americans* (pp. 47-60). Palgrave.

APPENDIX

Definitions

Adolescent -	Any human from the age of thirteen years old to eighteen years old
Adverse Childhood Experiences -	"Potentially traumatic events that occur in childhood" (CDC, 2020)
Ambiguous Loss -	"When a family member is psychologically or physically absent," causing the child mental and emotional stress and pain (Tubbs & Boss, 2000, as cited in Noroña et al., 2018, p. 14)
Anaclitic Depression -	"The transient depressed state of infants after their separation from a" parental figure (Maylott, 2017, p. 1)
Cachexia -	The general physical wasting and malnutrition associated with chronic disease" (Merriam-Webster, n.d.; Spitz, 1946)
Child -	Any human from the age of three years old to the age of twelve years old; this term will also be used to reference any human who is between birth and the age of eighteen years old when the age of the child is unknown or unreported
Cultural Trauma -	When members of a collectivity feel they have been subjected to a traumatic event that leave indelible marks upon their group consciousness, marking memories forever and changing their future identity (as cited in Lew, 2016, p. 1)
Executive Functions -	"Higher level cognitive processes of planning, decision making, problem solving, action sequencing, task assignment and organization" where deficient can result in the impairment of "selection and maintenance of goals" as well as the "ability to exclude distractions" (APA, n.d.)
Executive Order 9066 -	The executive order, written by President Franklin Roosevelt, that enabled the United States Secretary of War to prescribe military areas in" and "from which any or all persons may be excluded and…the right of any person to enter, remain in, or leave shall be subject to whatever restrictions the Secretary of War or the appropriate Military Commander may impose in his discretion" (Exec Order No. 9066, 1942)

Flores Settlement Agreement -	A legal agreement that "set strict national standards for the detention, treatment, and release of all minors detained in the legal custody of the" Immigration and Naturalization Service (Linton et al., 2017, p. 2)
Identification with the Aggressor -	A defense mechanism that involves oppressed individuals internalizing and adopting the behaviors of their oppressor while "'eliminating'" their "own subjectivity and 'becoming' precisely what" their aggressor wants or needs (Frankel, 2004, p. 78)
Infant -	Any human from birth to the age of two years old
International Rights of the Child -	"An internationally recognized legal framework for the protection of children's basic rights" created by the United Nations in 1990 (Linton et al., 2017, p. 6)
Long-Term Impacts -	Impacts that occur from the second year after a child's release from the internment camps (or until the child turns eighteen) to the end of a child's life
Migrant -	Any individual who crosses into the United States national borders, whether legally or illegally
Reactive Attachment Disorder (RAD) -	"A rare but serious condition in which an infant or young child" fails to "establish healthy attachments with parents or caregivers" (Mayo Clinic, 2017)
Short Term Impacts -	Impacts that occur starting the first day of a child's internment to a year after their release from the internment camps or until they turn eighteen years old (whichever deadline comes latest)
Social Amnesia -	When a cultural group attempts "to suppress unpleasant memories and feelings" (Densho Encyclopedia)
Transgenerational Impacts -	Impacts that occur across generations, specifically generations that were not interned in the United States internment camps
Telomere –	"The end of a chromosome" composed of "repetitive sequences of non-coding DNA that protect the chromosome from damage" and eventually "become so short that the cell can no longer divide" (National Human genome Research Institute, n.d.)

Abbreviations

ICE Immigration and Customs Enforcement	**PBS** Public Broadcasting Service
DHS Department of Homeland Security	**PTSD** Post-Traumatic Stress Disorder
CBP Customs and Border Protection	**ACE** Adverse Childhood Experiences
WRA War Relocation Authority	**ORR** Office of Refugee Resettlement