The Implications of Trauma on Immigrant Children's Overall Well-being

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Abstract

This paper examines the psychological trauma immigrant children experience at the border and the ways in which their mental health is negatively affected, as a result. During the process of migration, children are forced to deal with a wide range of stressors. Psychological trauma, such as border trauma, can lead to mental illnesses such as depression, anxiety, posttraumatic stress disorder, and cognitive issues (Brabant et al., 2016; Santiago et al., 2018; DeJonckheere, Vaugh, & Jacquez, 2017; East et al., 2018; Fortuna et al., 2016; Ramos et al., 2017). Additionally, countless immigrant children face trauma, such as racism, discrimination, and social isolation, that oftentimes has the potential to follow them throughout the duration of their lives. Although these children need psychological help, they are often discouraged from seeking guidance by parents or a legal system ill-equipped to handle immigration-related trauma. Mental illnesses can have dire impacts on not only the immigrant children but also their families and the society as a whole. We expect to find that individuals impacted by immigration trauma will express fear, symptoms of depression, symptoms of anxiety, and inhibited psychological adjustment. We also expect that those who experience immediate trauma of abandonment and isolation will reflect more severe symptoms of depression and anxiety. Thus, parents who experience high levels of trauma will also have children who experience high levels of trauma.

The Implications of Trauma on Immigrant Children's Overall Well-being

Migration is capable of having long-term detrimental effects on immigrant children's mental health. As a result, the trauma can continue to impact the children's lives into adulthood. Oftentimes, children fail to receive guidance for mental health problems. This lack of support during the immigrants' childhoods can worsen their symptoms, which, in turn, leads to social, psychological, and emotional conflicts in adulthood. While immigrants may choose to migrate to countries such as America in order to escape war-torn countries and seek a safe haven; they encounter many obstacles during the process of migration (Fortuna et al., 2016). Alongside the issues that come with acculturation, immigrant children confront a varied range of stressors, including, but not limited to, language barriers, family separation, and social isolation (Brabant et al., 2016). These stressors have intensified in recent years, as a result of the anti-immigrant policies put forth by the current U.S. administration. Immigrant entry has been reduced, temporary status programs have been terminated, and programs such as DACA are beginning to phase out. Consequently, upwards of 800,000 immigrants have been negatively impacted (Hernandez et al., 2018). The traumatic experiences and events that immigrant children encounter include depression, anxiety, post-traumatic stress disorder, and alcoholism/substance abuse (Fortuna et al., 2016). This paper will examine past studies that found relationships between immigration and the resulting emotional trauma in children.

Statement of Hypotheses

We expect the impact of immigration trauma to influence families by creating fear, depression, anxiety symptoms, and psychological trauma. We predict that those who experience the most immediate trauma of isolation will reflect more severe symptoms of depression and anxiety. Chronic trauma will be reflected in the ongoing symptoms of trauma. We also predict

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that immigrant children will experience more academic difficulties and high rates of neglect, abandonment, and isolation. We predict that parents with greater trauma will have children who also experience greater trauma. Consistent with that hypothesis, we predict that those with higher CRIES-8 scores will also have higher Childhood Trauma Interview (CTI) scores.

In order to measure the level of acculturation in immigrant families, the Short Acculturation Scale for Hispanics (SASH) can be utilized. The original measure contains 12 items and includes three subscales: language use, media, and ethnic social relations. In this study, we will use a shortened four-item version of the SASH, which has been found to have strong predictive value, reliability, and validity. This measure utilizes a 5-point bipolar scale, with "1" being "Only Spanish" and "5" being "Only English."

Environmental Impacts on Immigrants

During all stages of the migration process, children face environmental conflicts that contribute to increases in their stress levels and the degradation of their overall mental health. Even before arriving in their host country, children often spend the start of their lives in violent countries where destruction and bloodshed have become the norm (Brabant et al., 2016). Having witnessed chaos at a young age, immigrant children live their lives with a vulnerability that is unusual for their ages. During the migration process, these children experience confusion and stress. Immigrant children nter a new country, where the language, lifestyles, and behaviors are so foreign from what they have become accustomed to in their home country. It takes time and effort to acclimate to these newfound ideals.

Trauma Impact of Border Crossing

Although children face hindrances after arriving in their host country, they encounter mental health issues in other periods of the migration process as well. In concordance with

Brabant et al.'s 2016 study, Cleary, Snead, Dietz-Chavez, Rivera, & Edberg's (2017) study found that children face different social, cultural, and psychological issues, depending on the stage of migration. Additionally, this study found that immigrant children reported histories of trauma associated with migration. Unlike other studies, Cleary et al.'s 2017 study states that immigrant children reported higher levels of anxiety during the "premigration" stage. This stage is momentous for immigrants because they face so many dangers while trying to leave their home countries. At any moment, immigrants may be detained by border patrol and sent back to their native countries, where they await numerous negative consequences.

As Cleary et al.'s (2017) study and Linton et al.'s (2018) study discuss, the plight that unaccompanied minors face at the border follows them for the rest of their lives, as they are forced to cope with the trauma. Because of the large number of immigrants that arrive at the border on such a frequent basis, those who work for the border patrol and other related agencies are often ill-equipped to deal with such an influx (Ataiants et al., 2018). Therefore, while enforcing all of the policies and procedures that they are lawfully required to do, these immigration representatives are often unjustly stringent upon these children. As a result, these children face additional trauma alongside the trauma that they felt as citizens of their home countries. Because of the extensive trauma that occurs for these immigrant children, the researchers in this article argue that positive changes must be effected in order to alleviate the children's mental health problems.

Pre-migration and post-migration stages involve different stressors, and thus they are challenging in distinctive ways. Immigrant children require specialized treatment for mental health problems incited by different stages of migration. One particular form of treatment, assessment-based treatment, has been found to play a positive role in treating these immigrant children dealing with trauma.

Cultural Impacts on Immigrants

Mental health troubles, while already pervasive in immigrant children and adults alike, sometimes grow worse after children have migrated to America. As Cleary et al.'s (2017) study delineates, different stages of the migration process can be uniquely harmful to immigrants. Immigrants experience social, cultural, and psychological challenges that may lead to more severe mental illnesses. In Linton, Kennedy, Shapiro, & Griffin's (2018) study, they found that approximately 500,000 people cross the border from Mexico to the United States every year. While crossing the border, they encounter many dangers, not only with the authorities but also with drug cartels. During this treacherous journey, immigrants often experience sexual assault, theft, violence, and sometimes even death (Linton et al., 2018). These traumatic events instigate the deterioration of children's mental health; they constantly feel afraid of what will happen around them and how they will be treated by those in their direct environment. For unaccompanied minors, circumstances are even bleaker, because they do not have a responsible caretaker to guide them through the immigration process. Instead of being supported by their parents or other adults, immigrant children are alone in their attempts to reach America safely.

Each individual struggles with different types of traumas, depending on the environments they came from, the environments that they are currently in, and a plethora of other situational, cultural, and psychological factors. Cleary et al.'s (2017) study stresses the fact that immigrant children and parents alike encounter many different forms of trauma before, during, and after migration. While some conflicts that contribute to immigrant children's mental health issues

disappear, other conflicts may begin and remain long-lasting, such as the struggle for acclimatization.

Suggestions to help children with their mental health issues include providing legal counsel for the unaccompanied minors, as well as training the border patrol agents in such a way that they can more effectively work with children (Ataiants et al., 2018). By implementing these strategies, the government can efficiently and, more importantly, humanely interact with the unaccompanied minors at the border. The government can reduce and eliminate mental health consequences for these children, which can have long-lasting implications that not only affect them as adults, but also impact the people around them and even the country as a whole.

Immigrant Trauma and its Socialization

Even after these children have spent some time in the U.S., their problems are far from over. Instead, the emotional, psychological, and cultural conflicts have only begun for these immigrant children. Immigrant children often face discrimination, racism, and social isolation at school, which can lead to feelings of withdrawal, exclusion, and lowered confidence in these immigrant children (Brabant et al., 2016). Any sense of belongingness is shattered, for there is nowhere that the children feel they fit in. Immigrant children oftentimes question their identity and do not feel comfortable expressing aspects of their cultural upbringing as a result of teasing and prejudice from their peers. When asked how they would describe their experiences in school and with their peers, immigrant children have responded by saying that they are in "a confined space" or involved in "an obstacle race" (Brabant et al., 2016, p. 248). These negative experiences that immigrant children face affect their senses of self and their worldviews, for the ways in which others treat them impact how they see themselves.

After migrating to the United States, immigrant youth encounter some of the most complex cultural, social, and financial issues. As a result, they run a high risk of developing various mental health illnesses. For a variety of reasons, immigrant adolescents are typically expected to fend for themselves because their parents may no longer be with them (Linton et al., 2018). Thus, the immigrant youth have to look after themselves in a new country, where language barriers are an everyday impediment. They not only have to seek shelter and food, but they also have to worry about financial stability. Most orphaned immigrant children, along with their siblings, have to work from an early age in order to survive. Because these adolescents are immersed into a completely new culture, they "experience a significant amount of stress ... including the combined anxiety, depression, marginalization, confusion, and psychosomatic symptoms" (DeJonckheere, Vaughn, & Jacquez, 2017, p. 401).

Troubles are almost inevitable for immigrant children when they migrate to nontraditional cities. In these areas, resources and access to education and social support can be limited (DeJonckheere, Vaughn, & Jacquez, 2017). Much like other immigrants living in bigger, more developed cities, these immigrants experience discrimination and income differences. Due to language barriers, it is very difficult for them to obtain affordable housing and healthcare services.

The schools that are available in nontraditional cities are generally not equipped to provide help and resources to those who do not speak English. Even if children are willing and ready to learn, they are prevented from doing so due to the lack of services that are available to them. Due to the racism and discrimination that is regularly rampant in schools, children are further impeded from achieving their goals. As a result of their mistreatment, they grow increasingly wary and distrustful of those around them, including members of the school's faculty (DeJonckheere et al., 2017). When schools are unprepared to aid immigrant children, they discourage the students and hinder their growth. Thus, immigrant children in nontraditional cities face unique and perhaps more long-lasting issues than their counterparts living in traditional cities.

Though a significant number of immigrant youth who live in nontraditional cities encounter numerous conflicts, there are some children who overcome these obstacles and achieve success. A key factor for enduring adversities is that of resilience (DeJonckheere et al., 2017). The immigrant children who possess resilience are able to grow and develop positively and become stronger as a result of their hindrances. Protective factors, which act as a barrier between children and their surroundings, are often considered to alleviate the trauma. Examples of protective factors that have helped immigrant children to cope with their misfortunes include: supportive relationships with peers and parents, access to resources, and emotional management. By having supportive, helpful, and nurturing people around them who can lend advice and support, immigrant children feel as if they are able to overcome the majority of difficulties that come their way.

Emotional Impacts on Immigrants

Contrary to U.S. and international law, U.S. border patrol agents are refusing refugees asylum, even when the refugees elucidate that they are escaping perilous circumstances. Linton et al.'s (2018) study discusses how this constant stress and anxiety can inhibit the development of the children's brains. Since these children lack trustworthy and caring adults, they feel a lack of safety and experience, increasing suspicious toward adults. Therefore, immigrant children's mental health issues sometimes grow worse after crossing the border to come to America.

Much like Cleary et al.'s (2017) study, other studies have found that immigrant children encounter a plethora of hindrances resulting in trauma even after arriving to the United States. In Crea et al.'s (2018) study, the researchers found that after children migrate to America, they fall prey to human trafficking, sexual abuse, post-traumatic stress disorder and family instability. Because immigrant children come face-to-face with such harmful factors so often, they experience negative impacts on their well-being and on their mental health from a young age. Thus, acculturation and social integration become increasingly difficult, because these children feel distrustful of the people around them. Since they have been involved in dangerous or damaging situations for so long, the children no longer feel safe, no matter where they are or who they are with (Crea et al., 2018). The trauma from their unsafe situations impedes the immigrant children from making new friends, developing a strong support system, learning positive behaviors from their peers and others around them, and creating long-lasting bonds that will benefit their mental well-being. Immigrant children in America are oftentimes prevented from having happy and healthy lives because of the traumas' impacts on their social and cognitive functioning.

Suicide and Depression

The social, cultural, economic, and psychological difficulties that immigrants face can often combine with one another, leading to various mental health issues. One such mental health issue is suicide ideation, which is reported as being high in the population of Latino immigrants (Fortuna et al., 2016). However, despite the high number of reported suicidal thoughts, there is a low number of suicide attempts. Low suicide attempt rates can be explained by protective factors that serve to provide guidance and encouragement to those who experience depression, posttraumatic stress disorder (PTSD), and other mental illnesses. Much like the studies preceding it, Fortuna et al.'s (2016) study found that depression, PTSD, and alcoholism/substance abuse are all related to suicide ideation. Specifically, depression and PTSD are the most statistically significantly correlated to suicide ideation.

According to Fortuna et al. (2016), this increased risk of suicidality stems from "frustrations in goal striving and/or acculturative stress, as well as decreasing cultural protective factors such as religiosity and extended family support." Because undocumented immigrants are uncertain about when and if they will receive citizenship, they feel unsure about their futures and insecure about their careers. As a result, Latino adults scored higher on depression and anxiety assessments, and Latino children were found to have a higher likelihood of developing depression and anxiety (Santiago et al., 2018). If, at any time, the undocumented immigrants' status is discovered, their livelihoods will be at stake and they will most likely have to return to their home countries. The possibility of deportation creates a lot of fear and anxiety in undocumented immigrants because they constantly feel the need to conceal their identities.

Parental Accompaniment

Not only are immigrant children exposed to their own trauma, but they are also receptive to the trauma that their mothers experience in their home countries. When immigrant children spend time with their mothers, they often take on the stress, trauma, and/or withdrawn feelings that their mothers feel. These emotions and feelings can contribute to the children's trauma, which then affects their mental health (East, Gahagan, & Al-Delaimy, 2018). In East et al.'s (2018) study, immigrant children's cognitive functioning was the most significantly altered when their mothers experienced depressive mood symptoms. It is assumed that the mothers experienced depression and volatility as a result of the mistreatment and torture when victimized in their home countries. These women experienced depresonalization and derealization as a result of their abuse. As mothers, these women experienced difficulties in connecting and fostering intimate bonds with their own children. As a result of the mothers' mistreatment, trauma was passed down to the children (East et al., 2018). Neglect is immensely damaging to the growth and development of the immigrant children, because even when they seek out attention, warmth, and bonding with their mothers, they are rebuffed or unacknowledged. Because of this, the children often feel as if they are not enough when in reality, their mothers are struggling with their own emotional and psychological issues.

Many studies, such as Fortuna et al.'s (2016) study and Barrera et al.'s (2018) study, have highlighted the point that Latino immigrants experience the highest risks to their mental wellbeing due to factors such as stringent immigration policies, family instability, income insecurity, and discrimination. Life is complicated enough as it is in the immigrants' home countries and becomes even more difficult after coming to America. Though these immigrants are drawn to American because of its safety and income insecurity, they are often faced with the stress and trauma from their home countries due to war, violence, and the threat of death.

Parallel to Gilbert et al.'s (2017) study, immigrant parents' mental health issues were transferred on to their children. According to Santiago et al. (2018), the stress felt by immigrant parents and children alike seems to be increasing over time, because immigration policies in the United States are becoming more uncompromising than ever. During each step of the immigration process, immigrants are forced to contend with cultural and situational factors that are out of their control. Though they are coming to their host country to seek refuge and asylum, immigrants' safety is often just as threatened after arriving in America. This lack of belonging and security are direct threats to immigrants' emotional and psychological wellness, which profoundly affect immigrant children as they grow up. As discussed in prior studies, when immigrant parents' mental health deteriorates, so too does that of their children's. The anxiety, depression, and trauma that is often associated with the migration process directly reflects on to the children, who then feel these same psychological symptoms. More often than not, immigrant children's potentials and academic successes are hindered due to the psychological ailments that their parents suffer from (Gilbert, Spears, & Mistry, 2017). In this study specifically, the Latino parents who reported feeling higher levels of stress related to their financial situations also experienced greater amounts of depressive symptoms. These symptoms carried over to the ways in which parents were less involved when it came to their children's schooling. Thus, parental mental health and well-being were directly tied to the success of Latino immigrant children in school.

Due to immigrants' children's vulnerability, they often become easy targets for criminals to manipulate them and take advantage of them, and these children face more dangers as a result. Safety is often called into question, even when these children are in foster care, because sex traffickers and gang members prey upon the children's emotions and find ways to remove the children from the foster care system (Crea et al., 2018). Instead of setting goals to ensure desirable, successful futures for their children, foster parents are instructed to become hyperaware of dangers online, in the streets, etcetera. Protecting the children's safety becomes the highest priority while other aspirations, such as encouraging and helping the children to pursue their desired career paths, are tossed aside. Although immigrant children gain nourishment and shelter in the foster care system, they face increasing risks as they fall prey to criminals who take advantage of the children's vulnerabilities.

Due to individual differences, immigrant children have unique ways to cope with the environmental and psychological traumas that they face. In Brabant et al.'s (2016) study, the

researchers found that many of the immigrant children resort to physical or verbal violence as a result of their anger. This is, undoubtedly, an unhealthy coping mechanism that can negatively affect the children, as well as individuals who are around the children. Many other children in this study, however, chose to cope with their anger by avoiding or escaping the situation. Unlike their nonwhite counterparts, immigrant children endure a broad range of problems while they are in school. They are commonly victims of discrimination and racism because of cultural and racial differences.

As parents, it is important to encourage children and emphasize the value of a good education. When children succeed in school from an early age, they have strong foundations from which to build upon as they grow older. Because these Latino immigrant children lack involvement from their parents, they are prevented from doing well in school. Mathematics and language arts are often affected negatively because parents did not get involved (Gilbert et al., 2017). However, it is often difficult for parents to stress the importance of school when they are inundated with other issues, such as finances and their own mental well-being.

Limited Access to Mental Health Services

After experiencing their parents', as well as their own, trauma in relation to immigration, immigrant children face mental health issues and often do not receive the help that they so deeply need. Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt's (2015) study delineates the lack of mental health service utilization by immigrant children. According to the study, 35.4% of U.S.-born children utilized mental health services, but only about 17.9% half of immigrant children (17.9%) used these services. This study found that acculturation difficulties may be a factor in receiving mental health services: there was a positive association between the number of years that someone lived in the U.S. and the receipt of mental health services (Finno-

Velasquez et al., 2015). Contrarily, it is assumed that perhaps these immigrant children did not receive mental health services because of language barriers between healthcare professionals and the immigrant children. These language barriers could potentially lead to misunderstanding the needs, desires, and issues immigrant children encounter on a daily basis. As a result, adequate mental health services can be withheld from the children.

On the other hand, the lack of receipt of mental health services may be attributed to the immigrant parents' lack of willingness to seek these services for their children. They may feel that their families will face legal issues, such as deportation, if they seek out mental health services, and thus, they encourage their children not to receive mental health care. Even in school settings, where all children (regardless of citizenship status) have access to resources, immigrant children receive less school-related support in comparison to their non-immigrant counterparts (Finno-Velasquez et al., 2015).

In addition, many cultures frequently stigmatize mental illnesses and have their own ideas, methodologies, and practices to alleviate the symptoms associated with various mental illnesses. For this reason, immigrant parents may not want their children to seek outside help for their mental health problems, and instead they may want to take matters into their own hands (Finno-Velasquez et al., 2015). By utilizing their culture's practices, immigrant parents could possibly avoid deportation while also trying to improve their children's mental health. Due to their immigrant statuses, many children in America face trauma as a component or result of their mental health issues. Though their needs and problems are unique, these children often do not get the support and guidance that they need from mental health professionals, thus leading to further problems for these children as they progress through their lives.

Even when immigrant children do utilize mental health services, they oftentimes do not receive these services in full for a variety of reasons. In Kim, Lau, & Chorpita's (2016) study, the researchers determined that, in families with first-generation immigrant parents who were less acculturated, the children were more likely to miss appointments with the mental healthcare provider. On the other hand, first-generation immigrant parents who were more acculturated were more likely to ensure that their children attended the appointments. In terms of cancellations made by the families and the overall rate of attendance, however, acculturation was not one of the factors involved. The researchers described that, beyond cancellations and low attendance rates, the parents whose children were "no shows" to appointments indicate that the parents did not place great importance in attending the appointments. Fortunately, once the immigrant children had begun therapy, they were more likely to continue through until the termination of therapy. This indicates that therapy was helpful in alleviating the mental health issues of the immigrant children.

An important factor to therapeutic growth and efficacy was when therapists shared the same culture as their clients. As explained by Fortuna et al.'s (2016) study, immigrant parents and children alike experienced a lack of social support once they were in America. Kim et al.'s (2016) study, however, conjectured that, when immigrant children received therapy from a mental health provider who shared the same background and spoke the same language, they felt as if they had social support. By feeling that they had a source of guidance to assist in their growth, development, and betterment, immigrant children suffering from mental health traumas were able to continue through the therapy program.

Lifelong Impacts of Childhood Trauma

As was discussed in Brabant et al.'s (2016) study and Cleary et al.'s (2017) study, children and adults alike face many traumas in relation to immigration. The traumas and mental health symptoms that immigrant children encounter often follow them into their adult lives, where they are left to struggle with mental health issues on a daily basis. These adults not only have to face common stressors such as financial struggles and family conflicts, but they also have to confront mental health problems, stemming from when they were merely children. In Barrera, Sharma, & Aratani's (2018) study, the researchers focused on the Latino minority population in rural areas and found that 40% of the participants reported encountering three or four adverse childhood experiences. Past research had found that there was a positive correlation between the number of adverse childhood experiences and binge drinking. Additionally, those who reported experiencing three or more adverse childhood experiences were thrice as likely to report days of experiencing mental anguish. These participants were also eight times as likely to experience issues related to excessive alcohol and drug usage (Barrera et al., 2018). As Finno-Velasquez et al.'s (2015) study described, immigrants are more likely to avoid seeking mental health services.

Barrera et al.'s (2018) study reflects this because instead of receiving guidance from mental health professionals, Latino immigrants turned to drugs and alcohol to alleviate the pain from their past and present traumas. As they become physiologically and psychologically dependent upon these substances, immigrants drift further and further away from seeking mental health services. As a result, immigrants inadequately coped with their difficult situations. Furthermore, because 3.2 million Latino immigrants live in rural areas, they have limited access to mental health services. These areas have few, if any, mental health centers, making it difficult for those to receive help. For this reason, it is important to study ways to combat adverse childhood experiences, because the traumas involved in these events lead to destructive psychological consequences when these children become adults (Barrera et al., 2018). There is a need for assessment in order to provide better treatment to the immigrant population. Such measures could include the CRIES measure, a commonly used assessment for post-traumatic stress disorder (PTSD). This screens children for posttraumatic symptoms and contains 13 items. It was found to have good reliability, and a positive predictive value (Perrin, Meiser-Stedman, & Smith, 2005). The Childhood Trauma Interview (CTI) is also a useful measure for screening PTSD in children and adolescents. The CTI focuses on six different types of childhood interpersonal trauma (Fink, Bernstein, Handelsman, Foote, & Lovejoy, 1995). This assessment has been found to have high inter-rater reliability, with 63% of intraclass correlations being above 0.90. The construct validity of the CTI was also found to be supported. Overall, the researchers have found that the CTI is a reliable and valid measure used to assess six different types of trauma in children.

As many studies, much like the ones above, have found, mental health problems specifically PTSD – are often the gateway to other problems, such as alcohol and substance abuse disorders. Ramos et al. (2017) found that, in comparison to their white counterparts, Latinos who had encountered the traumas associated with migration experienced more symptoms and effects of PTSD. Whether the immigrants had come to America as adults or as children, they all reported experiencing feelings of trauma and isolation. Similar to the studies that had come before it, Ramos et al.'s (2017) found that Latino immigrants who displayed post-traumatic stress disordered symptoms also had depression, anxiety, and/or alcohol and substance abuse disorders. These mental illnesses are detrimental to the health of clients because of their selfperpetuating nature. If the Latino immigrants are unable to eliminate or reduce their alcohol and/or substance abuse, their PTSD, depression, and/or anxiety will persist. On the other hand, if the Latino immigrants do not receive the help they need in terms of dealing with their PTSD, depression, and/or anxiety, their alcohol and/or substance abuse will continue.

Family Assessment of Trauma

Consistent with Kim et al.'s (2016) study, Ramos et al. (2017) concluded that empowering the Latino immigrants and making them feel socially supported were indispensable to the betterment of this population. If the immigrants continue feeling isolated by those around them, they will have a difficult time in improving their mental illnesses. Because Latino immigrants often feel neglected when they come to America, it is important that the therapists stress the importance of experiencing belongingness and confidence with one's ethnic background. The therapist plays a key role in the mental wellness of these immigrant clients, as they often do not have close friends and family that can lend support to them. Thus, by receiving mental health services, immigrants can combat the issues that they face with PTSD, depression, and/or anxiety and substance and/or alcohol abuse.

In order to improve the mental health of these immigrant children, it is important for screening tools to be tested across a wide range of settings so as to increase the validity of these tools. By doing so, psychologists and therapists can collaboratively determine which treatment methods and pathways to implement when attempting to improve the mental health of the immigrant children (Gadeberg & Norredam, 2016). Once these children are able to improve their mental health, they can be productive, contributing members of society and better their health overall.

Dimensions of Trauma Assessment

Aside from immigrants' lack of usage of mental health services, there is sometimes a paucity in services for other reasons. Research by Gadeberg and Norredam (2016) supports this idea because the tools that are available to measure trauma in immigrant children are often insufficient due to their lack of validity. Because of the increase in immigrants over the past few years, it is a crucial time to find measurement tools that are both valid and reliable in measuring such constructs such as PTSD in children. Immigrant children commonly experience trauma and related symptoms due to the fact that they come from such high-risk, war-torn countries. Not only do these children face devastation from a very young age, but they also grapple with lifethreatening issues such as hunger, poverty, lack of shelter, etcetera. These issues make immigrant children vulnerable once they are in America, especially when they lack one or both parents, because they are then plunged back into poverty and (possibly) homelessness. Even if these children receive mental help, they cannot be effectively treated if their symptoms are measured with the wrong tools. The immigrant children's mental health issues can be overlooked if assessed with screening tools that lack validity, which would then potentially prolong the children's mental illnesses. Due to the stringency of border security, family instability, violence, and threats to socialization, immigrant children are often faced with trauma and do not have adequate resources to combat this mental health issue. This trauma then follows them into adulthood and becomes a generational issue, affecting many immigrants and their qualities of life negatively.

The process of immigration can have detrimental effects on the physical and mental health of children. When they come to America in order to seek refuge and support, they often have to face discrimination, racism, homelessness, poverty, and a long list of other issues at the border and in school. These young immigrants experience a deterioration in their mental wellbeing as a result, with many children dealing with depression, anxiety, PTSD, and cognitive issues. Even if the immigrant children seek help, they are sometimes prevented from receiving the care they need, due to the fact that their parents may discourage them from doing so or because impediments such as language barriers exist. The various forms of trauma that immigrant children face impact them throughout the childhoods and into their adult lives. Therefore, it is imperative that proper actions be taken in order to combat the adverse consequences immigrant children face after migrating to the United States. All children, regardless of cultural background, need adequate support and care in order to be successful throughout their lives. If their psychological ailments are not dealt with, they will not be able to lead productive lives as citizens of our society.

References

- Ataiants, J., Cohen, C., Riley, A. H., Tellez, L. J., Reidy, M. C., & Chilton, M. (2018).
 Unaccompanied children at the United States border, a human rights crisis that can be addressed with policy change. *Journal of Immigrant and Minority Health*, 20, 1000-1010.
- Barrera, I., Sharma, V., & Aratani, Y. (2018). The prevalence of mental illness and substance abuse among rural Latino adults with multiple adverse childhood experiences in California. *Journal of Immigrant and Minority Health*.
- Brabant, L. H., Lapierre, S., Damant, D., Dubé-Quenum, M., Lessard, G., & Fournier, C. (2016). Immigrant children: their experience of violence at school and community in host country. *Children & Society, 30,* 241-251.
- Cleary, S. D., Snead, R., Dietz-Chavez, D., Rivera, I., & Edberg, M. C. (2017). Immigrant trauma and mental health outcomes among Latino youth. *Journal of Immigrant and Minority Health*, 4.
- Crea, T. M., Lopez, A., Hasson, R. G., Evans, K., Palleschi, C., & Underwood, D. (2018).
 Unaccompanied immigrant children in long term foster care: identifying needs and best practices from a child welfare perspective. *Children and Youth Services Review*, 92, 56-64.

- DeJonckheere, M. J., Vaughn, L. M., & Jacquez, F. (2017). Latino immigrant youth living in a nontraditional city: a social-ecological examination of the complexities of stress and resilience. *Urban Education*, 52, 399-426.
- East, P. L., Gahagan, S., & Al-Delaimy, W. K. (2018). The impact of refugee mothers' trauma, posttraumatic stress, and depression on their children's adjustment. *Journal of Immigrant* and Minority Health, 20, 271-282.
- Fink, L. A., Bernstein, D., Handelsman, L., Foote, J., & Lovejoy, M. (1995). Initial reliability and validity of the Childhood Trauma Interview: A new multidimensional measure of childhood interpersonal trauma. *The American Journal of Psychiatry*, 152, 1329-1335.
- Finno-Velasquez, M., Cardoso, J. B., Dettlaff, A. J., & Hurlburt, M. S. (2016). Effects of parent immigration status on mental health service use among Latino children referred to child welfare. *Psychiatric Services (Washington, D.C.)*, 67, 192-8.
- Fortuna, L. R., Álvarez, K., Ramos, O. Z., Wang, Y., Mozo, A. X., Cook, B. L., & Alegría, M. (2016). Mental health, migration stressors and suicidal ideation among Latino immigrants in Spain and the United States. *European Psychiatry*, 36, 15-22.
- Gadeberg, A. K., & Norredam, M. (2016). Urgent need for validated trauma and mental health screening tools for refugee children and youth. *European Child & Adolescent Psychiatry*, 25, 929-931.
- Gilbert, L. R., Spears, B. C., & Mistry, R. S. (2017). Latino immigrant parents' financial stress, depression, and academic involvement predicting child academic success. *Psychology in the Schools*, 54, 1202-1215.

Greenwald, R., & Rubin, A. (1999a). Assessment of posttraumatic symptoms in children:
 Development and preliminary validation of parent and child scales. *Research on Social Work Practice*, 9, 61-75.

Hernandez, E., Cadenas, G., Mejia, I., Zamudio, E., Pena, D., & Beltran, D.L. (2018, February). *Recommendations for psychological practice with undocumented immigrants in California*. Retrieved from
https://cdn.ymaws.com/www.cpapsych.org/resource/resmgr/governance/Immigration_Ta
sk_Force/Recommendations_for_Practice.pdf

- Linton, J. M., Kennedy, E., Shapiro, A., & Griffin, M. (2018). Unaccompanied children seeking safe haven: Providing care and supporting well-being of a vulnerable population. *Children and Youth Services Review*, 92, 122-132.
- Kim, R. E., Lau, A. S., & Chorpita, B. F. (2016). The impact of Latino caregiver acculturation on treatment engagement in children's community mental health services. *Journal of Child* and Family Studies, 25, 891-901.
- Oh, E. A., Park, E. J., Lee, S. H., & Bae, S. M. (2014). Validation of the Korean version of the children's revised impact of event scale. *Clinical Psychopharmacology and Neuroscience: The Official Scientific Journal of the Korean College of Neuropsychopharmacology*, 12, 149-56.
- Perrin, S., Meiser-Stedman, R., & Smith, P. (2005). The children's revised impact of event scale (CRIES): Validity as a screening instrument for PTSD. *Behavioural and Cognitive Psychotherapy*, 33, 487-498.
- Ramos, Z., Fortuna, L. R., Porche, M. V., Wang, Y., Shrout, P. E., Loder, S., McPeck, S., ... Alegría, M. (2017). Posttraumatic stress symptoms and their relationship to drug and

alcohol use in an international sample of Latino Immigrants. *Journal of Immigrant and Minority Health*, 19, 552-561.

- Santiago, C. D. C., Distel, L. M. L., Ros, A. M., Brewer, S. K., Torres, S. A., Papadakis, J. L., Fuller, A. K., ... Bustos, Y. (2018). Mental health among Mexican-origin immigrant families: the roles of cumulative sociodemographic risk and immigrant-related stress. *Race and Social Problems*, 10, 235-247.
- Steinberg, A. M., Brymer, M. J., Kim, S., Briggs, E. C., Ippen, C. G., Ostrowski, S. A., Gully, K. J., ... Pynoos, R. S. (2013). Psychometric properties of the UCLA PTSD reaction index: part I. *Journal of Traumatic Stress*, 26, 1-9.
- Strand, V., Sarmiento, T., & Pasquale, L. (2005). Assessment and screening tools for trauma in children and adolescents. *Trauma, Violence, & Abuse, 6,* 55-78.