Van der Kolk’s words ring true more than ever for undocumented and second-generation immigrant children in today’s chaotic and traumatic world. Recent policy decisions by the Trump administration to separate children from their parents at the border has placed the trauma inflicted on these children and families—as well as the human rights violations of these acts—at the forefront of national and international conversations. For immigrant families with mixed immigration status, particularly individuals from Latin America, the potential for family separations from detentions and deportations has been a consistent experience and fear. Approximately half a million U.S. citizen children experienced the detention or deportation of a parent during the two-year period of 2011 to 2013, and an increasing number of health care providers report symptoms of “toxic stress” such as depression and anxiety due to fear that a family member will be deported (American Immigration Council, 2018). Furthermore, the Pew Research Center estimated that in 2014 about 3.9 million school children, many of whom were U.S. citizens, had at least one unauthorized immigrant parent (Passel & Cohn, 2016). Given these numbers, the potential impact of the current anti-immigrant climate, and levels of detentions and deportations, schools across the U.S. must address the needs of and support these children.

Undoubtedly, these forced separations of children from their families—either at the border or from detentions and deportations—are traumatic events. The adverse effects of trauma on children’s mental health and functioning in the school setting materializes in student attendance, academic achievement, concentration, memory, sleep, and behavior (American Immigration Council, 2018). Although social workers and the media have had conversations about the impact of developmental trauma, there is a form of trauma that has been perpetuated in this case that has not been discussed: historical or identity trauma. This article will discuss the impact of this developmental and historical (identity) trauma inflicted on communities, and it will address how we, as school social workers, can respond to and support children and families affected by these events and the ongoing political climate. We must remember that all immigrants and second-generation youths who feel targeted by the xenophobic and anti-immigrant climate are affected, not just those who are undocumented. Families, communities, and children do not need to have directly experienced the family separations, detentions, and deportations to feel the traumatic effects of this chaotic and hostile moment or to experience the intergenerational transmission of the trauma that parents or caregivers may have experienced.

**Complex Trauma**

It has been well reported in the media (e.g., Healy, 2018; Miller, 2018) that the recent separations of families at the border are traumatic experiences for children, affecting both attachment and emotional regulation and having the potential for lifelong effects. What has been less often reported in the media, but documented in the research literature, are the parent and child separations that have already occurred because of detentions and deportations. In fact, these family separations combined with the anti-immigrant climate have created fear about potential family separations, which affects the mental health of immigrant and second-generation children. One of the consequences of these family separations and the anti-immigrant climate is the development of complex trauma owing to two different processes. Complex trauma is defined as “traumatic attachment that is life- or self-threatening, sexually violating, or otherwise emotionally overwhelming, abandoning, or personally castigating or negating, and involves events and experiences...
that alter the development of the self by requiring survival to take precedence over normal psychobiological development” (Courtois & Ford, 2016, p. 25).

Among the four types of trauma that Courtois and Ford discussed (2016), two are particularly relevant to immigrant and second-generation children, although these types are not often addressed: Type III and Type IV trauma. Of the various immigrant groups, the Latinx community is most often subjected to discrimination surrounding immigration status (Pew Hispanic Center, 2010). This discrimination has only increased, as a political discourse specifically labeling Mexicans and Central Americans as criminals has entered the mainstream. Latinx families continue to experience fear, discrimination, and oppressive conditions, and the effects are magnified for those in mixed-status households. In this atmosphere of xenophobia and hate, Latinx children’s development is compromised by what Kira (2010) refers to as Type III or Type IV trauma. Type III trauma refers to trauma inflicted on a person based on his or her identity. Type IV trauma refers to trauma inflicted based on community membership. This trauma can manifest itself in two ways: through an act, such as the separation of children from their families, or through daily microaggressions (Courtois & Ford, 2016), such as the climate many children experienced in the aftermath of the Trump election. Many children repeatedly had their citizenship interrogated and heard messages questioning the worth of people who are undocumented (Ayón, 2016; Costello, 2016). These family separations did not occur in an apolitical vacuum and are directly targeted at particular immigrant groups. Type III or Type IV traumas are also considered “historical trauma.” This phrase refers to events that target an entire community, such as the mass immigration raids of present day or the forced deportation of Mexican Americans (of whom more than half were U.S.-born citizens) in the 1930s. These events become cumulative group trauma that is passed on across generations (Estrada, 2009).

### School Social Workers Addressing Trauma

Given the complex nature of trauma and traumatic events faced by immigrant and second-generation youths, school social workers can play an important role in ensuring their psychological and emotional safety in the school setting. School-based interventions must include prevention and intervention efforts at the Tier 1 level that address discrimination in both child-to-child and teacher-to-child interactions. These interventions could include activities that increase awareness about diversity and equity, support teachers to build relationships with immigrant parents, and consider the overall school climate toward immigrant and second-generation youths. Connecting parents and children to advocacy efforts and community-based supports are also important, as trauma inflicted on an entire group or community is often best supported by addressing these issues as a community in addition to individual-level support. Children and adolescents may feel a sense of empowerment by participating in advocacy efforts, enhancing their resiliency in the face of adversity, particularly at a time of extreme powerlessness, discrimination, and loss.

Given the lack of access to mental health services for the undocumented community, the school social worker may be one of the few mental health service providers available to immigrant and second-generation families. Fear may also prevent mixed-status or undocumented families from seeking community services; thus, the provision of Tier 2 or Tier 3 services may be essential services that school social workers provide to immigrant and second-generation youths. We, as social workers engaged in this mental health work, must understand youth behavior in a racialized and trauma-informed context. We can support schools to respond to immigrant and second-generation youths in ways that honor this context—rather than in ways that treat them as the potential “criminal” or “gang banger”—and create awareness of biases toward immigrant and second-generation youths that manifest themselves in inequitable discipline practices. As a school social worker, I had several experiences where the very same behavior was responded to or interpreted differently depending on the race, immigration and/or generational status, class, and gender of the student. Thus, one youth’s quiet demeanor was seen as “polite,” while another’s was seen as “withdrawn” and “disengaged.” As stated by Menakem (2017), trauma work needs to be contextualized within a reality of white supremacy and how this lives in the bodies of both people of color and white people as somatic neurobiological responses and long-term health issues. To be effective in this work, social workers must challenge themselves to do their own work on trauma awareness and racial justice.

Interventions at all levels need to recognize that trauma lives in the body, and we must provide opportunities for children to develop somatic awareness and process trauma. In addition to using sensory and body awareness approaches in our individual and group work, we must also advocate for maintaining or reinstating much needed physical education and recess in our schools (Menakem, 2017; Van der Kolk, 2014). One of the most critical aspects of any approach is what is often called a “relational” approach. In other words, any intervention—when provided by caring and supportive adults who show “empathy, self-awareness, compassion, and positive regard” (Courtois & Ford, 2016, p. viii)—will be more effective, independent of empirically tested, evidence-based practices.

**References**


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