



THE EFFECTS OF DEPORTATION AND FORCED SEPARATION ON IMMIGRANTS, THEIR FAMILIES, AND COMMUNITIES

A Policy Statement Summary by the Society for Community Research and Action: American Psychological Association Division 27

The US deports people without criminal histories who have lived here for decades.

In 2017, 340,056 people were deported from the United States, up from only approximately 20,000 annually between 1900 and 1990. The majority of people who are deported have lived in the US for over a decade and do not have any criminal convictions. A growing number of those deported are caregivers of US citizens. Family reunification is not the primary goal of current immigration policies. Current policies have the potential to harm US citizens by separating families—including children—from their parents and caregivers.

Deportations have psychosocial consequences for immigrants.

Many of the immigrants who are deported are forced to return to dangerous places where they may have faced trauma and violence prior their migration. In fact, nearly four in five families screened in family detention centers have a 'credible fear' of persecution. Immigrants have been kidnapped, tortured, raped, and murdered in their countries of origin following deportation from the US. Those immigrants who survive deportation often struggle to support their families from afar and maintain contact with them.

Deportations have psychosocial consequences for children and families.

Approximately 5.9 million US citizen children have at least one caregiver who lacks authorization to live in the US. Deportation is associated with a host of negative psychosocial effects for children and other family members left behind. Children whose caregivers are deported become more at-risk for food insecurity, housing instability, and economic hardship. Because men are more frequently deported, mothers frequently become single parents, often with low incomes and sometimes facing large legal bills. Consequently, they must often work longer hours and have less contact with their children. Older school-aged children frequently become primary caregivers of their younger siblings and/or work to support the family, impacting their own academic achievement. Children have many symptoms of psychological distress following a caregiver's deportation, including eating and sleeping problems, anxiety, sadness, anger, withdrawal, and school performance and persistence issues. Following family reunification, the negative impacts of family separation often remain.

Deportations have psychosocial consequences for communities.

Following immigration raids and deportations, immigrant community members often become more fearful and mistrustful of public institutions. Immigrants are less likely to contact the police for any reason, including to report a crime, in communities where local law enforcement participate in immigration enforcement and following deportation. Immigrant children living in communities where immigration raids have taken place feel abandoned, isolated, fearful, traumatized, and depressed. Children, regardless of immigration status, experience fear and shame regarding deportation, which impacts their sense of self and wellbeing. Immigrant adults are especially emotionally taxed following deportations and threats of deportation; their increased stress has been linked to cardiovascular risk factors. Moreover, immigrants become less likely to seek needed medical treatment, participate in schools and religious institutions, and access other vital social services. Withdrawal from civil society weakens the social fabric, which negatively impacts the entire community.

In sum, deportations impact the emotional and behavioral health of our nation.

To access the full policy statement summarized in this brief and review sources, please see: Society for Community Research and Action (2018). Statement on the effects of deportation and forced separation on immigrants, their families, and communities. *American Journal of Community Psychology*, 62, 3–12. <https://onlinelibrary.wiley.com/doi/full/10.1002/ajcp.12256>. This policy statement is an official statement of the Society for Community Research and Action, Division 27 of the American Psychological Association, and does not represent the position of the American Psychological Association or any of its other Divisions or subunits.

1700%

increase in annual deportations from 1900-1990 to 2017.

14

median years in US at time of deportation.

60%

of those deported in 2016 had no criminal convictions.



5.9 million children have one caregiver who lacks authorization to live in US.



Four of five families at detention centers have a 'credible fear' of persecution.



Detainment reduces trust in churches, schools, hospitals, and law enforcement.



Deportations and threats of deportation negatively impact mental health. Both children and adults can experience sleeping issues, anxiety, anger, depression, and fear.



Health Care Provider Recommendations

Raids, detainment, and/or deportation often results in a breakdown of trust for all institutions including hospitals, clinics, and support organizations. Health care providers should take a public health perspective on deportation, recognizing the direct and indirect psychosocial impacts of deportation on communities. To protect human rights and mitigate the myriad of adverse consequences of deportation and forced family separation, the Society for Community Research and Action has several recommendations. Health care providers should:

1. build communications with communities that prioritize safety and inclusion for all immigrant families, regardless of status. This likely means partnering or collaborating with community-based organizations, non-profits and/or immigrant activists to improve healthcare services and to facilitate healthcare providers' capacity to offer more culturally responsive and equitable services that are also responsive to immigration challenges.
2. offer additional supports (e.g., referrals for housing assistance or community programs) to impacted communities, which is broader than those targeted (i.e., not only those without authorization to be in the US).
3. foster supportive social networks and create a sense of belonging among families. Provide important resources, both tangible and emotional. Programmatic efforts should be intentional with supporting mental health/healing and building community to foster hope and wellness for children and families.
4. educate immigrants on their rights and ways to protect themselves.
5. focus on procedures to facilitate universal access, such as universal (i.e., single payer) health care, culturally competent professionals and/or better access to qualified interpreters, modified documentation procedures to prevent indicating immigration status in medical records, and more formalized linkages with local legal aid and advocacy networks (e.g., medical – legal partnerships).