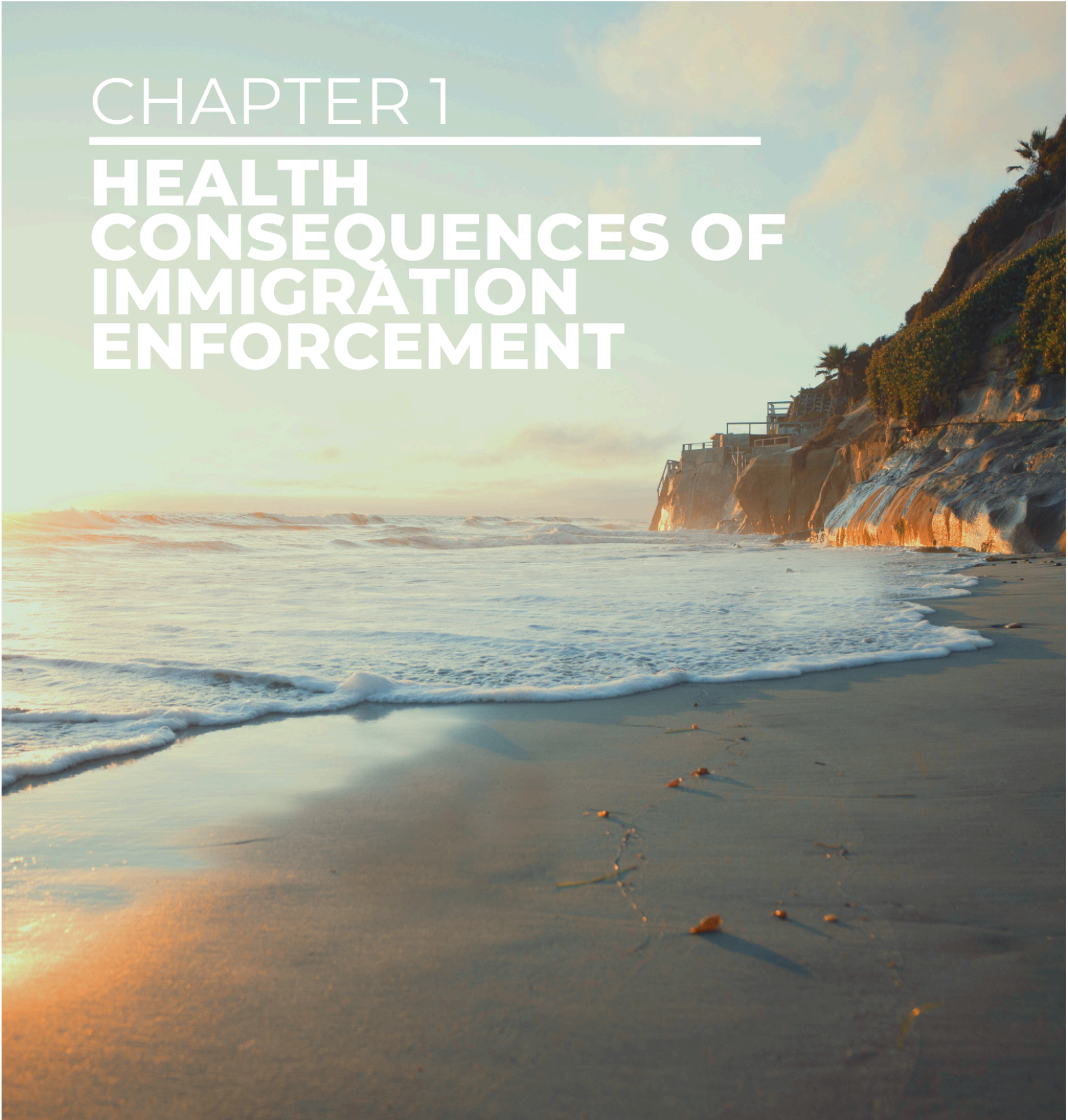


# HEALTHY HARBORS FOR ALL CALIFORNIANS

## CHAPTER 1

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# HEALTH CONSEQUENCES OF IMMIGRATION ENFORCEMENT



## CHAPTER 1: Health Consequences of Immigration Enforcement

*SUMMARY: Immigration enforcement practices, such as detention and family separation, can seriously impact immigrant children's mental and physical health. Family physicians play a vital role in screening for trauma, providing trauma-informed care, and advocating against harmful policies. Resources and tools are available to help clinicians identify and support patients affected by these experiences.*

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Immigration enforcement activities, including arrest, detention, family separation, and deportation often worsen existing trauma in vulnerable populations. Both the American Academy of Family Physicians (AAFP)<sup>1</sup> and the American Academy of Pediatrics (AAP)<sup>2</sup> have opposed the separation of immigrant families. Separating children from their parents exposes them to “toxic stress,” which disrupts healthy development and can cause lifelong harm to mental and physical health.<sup>3</sup>

Short-term consequences: Toxic stress weakens children's immune systems, increasing risk and frequency of infections. It also disrupts brain development by reducing neural connections in key regions responsible for learning and memory.

Long-term consequences: Over time, toxic stress is linked to poor coping skills, unhealthy lifestyles, risky health behaviors, and mental health conditions, such as depression. It also increases the risk of chronic physical diseases, including chronic obstructive pulmonary disease (COPD), obesity, ischemic heart disease, diabetes, asthma, cancer, and post-traumatic stress disorder (PTSD).

Children in immigrant families with a detained or deported parent often show major behavioral and developmental changes, such as altered eating and sleeping patterns, frequent crying, heightened anxiety or withdrawal, anger and regression and reversal of developmental milestones.”<sup>4</sup>

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<sup>1</sup> AAFP, Separation of Families, 2018

<https://www.aafp.org/about/policies/all/separation-families.html>

<sup>2</sup> AAP renews call for end to family separation at the border, 2019

<https://publications.aap.org/aapnews/news/7036/AAP-renews-call-for-an-end-to-family-separation-at>

<sup>3</sup> Kaiser Family Foundation. “Key Health Implications of Separation of Families at the Border”, June 2018

<https://www.kff.org/disparities-policy/fact-sheet/key-health-implications-of-separation-of-families-at-the-border/>

<sup>4</sup> Ajay Chaudry, et al., Facing Our Future Children in the Aftermath of Immigration Enforcement, (Washington, DC:

The Urban Institute, 2010), <https://www.urban.org/sites/default/files/publication/28331/412020-Facing-Our-Future.PDF>

Detention itself has severe health impacts. Studies consistently show high levels of psychiatric distress, including depression and PTSD, among detained asylum seekers, even after short periods of confinement, with symptoms worsening over time.

## Additional Health Consequences of Family Separation in Detention

Global studies confirm significant health impacts for immigrant children held in detention, including depression, PTSD, suicidal thoughts and behaviors, developmental delays, and behavioral issues.<sup>5</sup> AAP also warns that detention and separation negatively affect the parent-child relationship.<sup>6</sup>

Resources for Addressing Detention, Separation, and Trauma in Immigrant Families

- The National Child Traumatic Stress Network, Screening and Assessment  
<https://www.nctsn.org/treatments-and-practices/screening-and-assessment>
- The Child Health and Development Institute, Child Trauma Screen  
<https://www.chdi.org/our-work/evidence-based-practices/screening/child-trauma-screen>
- AAFP, Mental and Behavioral Health Care Services by Family Physicians (position paper) <https://www.aafp.org/about/policies/all/mental-health-services.html>
- Centers for Disease Control, About Adverse Childhood Experiences  
<https://www.cdc.gov/aces/about/index.html>

California resource: The University of California Davis Center for Reducing Health Disparities hosted a three-part symposium (2020) on trauma-informed care for immigrant families affected by separation and detention. Videos and summaries are available.<sup>7</sup>

## How Family Physicians Can Respond

The American Academy of Family Physicians (AAFP) opposes the forced separation of children from family members or caregivers crossing the United States border, except when a child's immediate physical or emotional health or safety is at risk, because separation poses serious risks of emotional trauma, compromised safety, and has long-term harmful health effects.

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<sup>5</sup> Julie M. Linton, Marsha Griffin, Alan J. Shapiro, and Council on Community Pediatrics, "Detention of Immigrant Children," *Pediatrics*, 2017,; <http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483>,

<sup>6</sup> Wendy Cervantes, *Family Detention: The Harmful Impact on Children*, (Washington, DC: First Focus, 2015), <https://firstfocus.org/resources/fact-sheet/family-detention-the-harmful-impact-on-children>.

<sup>7</sup> <https://health.ucdavis.edu/crhd/archived-projects/immigrant-trauma-informed-care-and-services>

Family Physicians should consider screening children who have experienced family separation using Adverse Childhood Experiences (ACEs) tools. Through California's ACEs Aware initiative ([www.acesaware.org](http://www.acesaware.org)), physicians can access Medi-Cal reimbursement for screening, along with practical resources and clinical tools to support trauma-informed care.

Family physicians and their team members are encouraged to:

- Engage with AAFP and CAFP advocacy efforts opposing harmful federal immigration policies.
- Screen children and families for ACEs when there is a history of detention or separation.
- Integrate trauma-informed, resilience-oriented care into practice settings to support immigrant patients.

**Trauma-Informed Care & ACEs Resources for Providers ([www.familydocs.org/aces](http://www.familydocs.org/aces))**

- **What are ACEs?**
  - Adverse Childhood Experiences (ACEs) are stressful or traumatic events before age 18 and are strongly linked to long-term health and social risks
- **Trauma-Informed, Resilience-Oriented Healthcare (TIROH):**
  - A framework that promotes understanding, recognizing, and responding to trauma at both individual and organizational levels—focusing on building resilience and improving health outcomes.
- **Resources for Clinical Practice:**
  - Becoming ACEs Aware Training for Screening: A free two-hour training in California that allows providers to bill Medi-Cal for screenings after completion
  - Clinical Screens: Tools like the Pediatric ACEs and Related Life-events Screener (PEARLS), available in 17 languages and used by Medi-Cal-billing providers
  - ACEs Aware Clinical Toolkit: A series of fact sheets designed to guide evidence-based screening and response
- **Organizational Strategies & Equity:**
  - "Trauma-Informed Tips" Workshops - practical tools for embedding trauma-informed care across clinics (e.g., safety, trust, collaboration)
  - Justice, Equity, Diversity & Inclusion (JEDI) – addressing racialized trauma and advancing equity within ACEs frameworks
  - "Live Beyond" ACEs and toxic stress campaign - Patient, family and public-facing materials to inform, influence and inspire Californians to understand ACEs and take toxic stress into account to improve the lives of children, youth and families. (<https://livebeyondca.org>)

Implementing these practices can strengthen patient engagement, treatment adherence, health outcomes, and provider and staff wellness.