



What are the Key Health Implications of Family Separation and Detention?

Family separation and detention can complicate and exacerbate existing trauma among vulnerable populations. Many such populations are seeking to immigrate because of dangerous conditions in their home countries. As noted by the American Academy of Pediatrics (AAP), separating children from their parents exposes them to “toxic stress” that can disrupt a child’s healthy development and lead to lifelong negative impacts on their mental and physical well-being. In the short term, toxic stress can increase the risk and frequency of infections in children as high levels of stress hormones suppress the body’s immune system. It can also result in developmental issues due to reduced neural connections to important areas of the brain. Toxic stress is associated with damage to areas of the brain responsible for learning and memory. Over the long term, toxic stress may manifest as poor coping skills and stress management, unhealthy lifestyles, adoption of risky health behaviors, and mental health issues, such as depression. Toxic stress is also associated with increased rates of physical conditions into adulthood, including chronic obstructive pulmonary disease, obesity, ischemic heart disease, diabetes, asthma, cancer, and post-traumatic stress disorder.

Children in families in which a parent has been detained and deported exhibit significant changes in behavior that can include “changes in eating and sleeping, frequent crying, increased fear and anxiety, and/or withdrawal or anger.” Some children experience “speech and developmental difficulties, including regression and reversal of developmental milestones.” Studies show high levels of psychiatric distress, including depression and post-traumatic stress, among detained asylum seekers, even after short detention periods, and that symptoms worsen over time. Global studies also show significant effects for children held in detention, including depression, post-traumatic stress, suicidal thoughts and behaviors, developmental delays, and behavioral issues. AAP also notes negative impacts on the parent-child relationship.

What can family and primary care physicians do to respond to family separation?

The American Academy of Family Physicians (AAFP) opposes the forced separation of children from family members or caregivers crossing the United States border unless the child’s immediate physical or emotional health or safety is at risk, as such separation poses great physical and mental health risks in terms of emotional trauma, safety, and diminished overall well-being. We encourage physicians to engage with their national and/or state specialty organizations to join in existing efforts to oppose policies and regulations that enable

separation of families at the US border. Furthermore, family and primary care physicians who come into contact with those who have crossed the US border to reside in the US should inquire into whether they have experienced family separation in the course of health assessment. The children of those who have experienced family separation should be screened for signs of childhood trauma using tools associated with Adverse Childhood Experiences (ACEs). Such resources are listed below.

Resources

“Screening and Assessment” The National Child Traumatic Stress Network (<https://www.nctsn.org/treatments-and-practices/screening-and-assessment>)

“Screening and Assessment of Child Trauma” Child Welfare Information Gateway (<https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/childneeds/trauma/>)

Mental Health Care Services by Family Physicians (position paper) AAFP (<https://www.aafp.org/about/policies/all/mental-services.html>)

1. Kaiser Family Foundation. “Key Health Implications of Separation of Families at the Border” (Accessed November 2018) <https://www.kff.org/disparities-policy/fact-sheet/key-health-implications-of-separation-of-families-at-the-border/>
2. Ajay Chaudry, et al., *Facing Our Future Children in the Aftermath of Immigration Enforcement*, (Washington, DC: The Urban Institute, February 2010), <https://www.urban.org/sites/default/files/publication/28331/412020-Facing-Our-Future.PDF>
3. Janet Cleveland, Cecile Rousseau, and Rachel Kronick, *The harmful effects of detention and family separation on asylum seekers’ mental health in the context of Bill C-31*, April 2012, https://cssdelamontagne.qc.ca/fileadmin/csss_dlm/Publications/Publications_CRF/brief_c31_final.pdf; Julie M. Linton, Marsha Griffin, Alan J. Shapiro, and Council on Community Pediatrics, “Detention of Immigrant Children,” *Pediatrics*, March 13, 2017,; <http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483>, Wendy Cervantes, *Family Detention: The Harmful Impact on Children*, (Washington, DC: First Focus, December 8, 2015), <https://firstfocus.org/resources/fact-sheet/family-detention-the-harmful-impact-on-children>.
4. Julie M. Linton, Marsha Griffin, Alan J. Shapiro, and Council on Community Pediatrics, “Detention of Immigrant Children,” *Pediatrics*, March 13, 2017, <http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483>.
5. <https://www.aafp.org/about/policies/all/separationof-families.html>
6. <https://www.cdc.gov/violenceprevention/acestudy/>



California Academy of Family Physicians and CAFP Foundation | San Francisco Marin Medical Society
Alameda Contra Costa Medical Association | Sonoma County Medical Society
California, American Academy of Pediatrics | Osteopathic Physicians and Surgeons of California

CONTACT: California Academy of Family Physicians, 415-345-8667, Shelly Rodrigues or Conrad Amenta