

APA RESOLUTION on the Psychological and Developmental Impacts of Immigration-Related Enforcement, Detention, and Forced Deportation

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Consistent with the American Psychological Association (APA)'s mission to advance, communicate, and apply psychological science to benefit society and improve lives, this Resolution builds upon the APA Presidential Task Force on Immigration (2013)'s report *Crossroads: The Psychology of Immigration in the New Century*, APA's *Immigration and Refugee Policy Statement* (2019), *APA Policy Statement on Immigrant Health* (2024a), and APA's report on *Psychological Science and Immigration Today* (2024b). Collectively, these documents recognize immigration experiences and policy environments as social and structural determinants of behavioral health.

Although this resolution focuses primarily on the United States, similar patterns exist globally: restrictive border regimes, detention, deportation, and exclusion are associated with psychological harm (Côté-Oligny et al., 2024; Filges et al., 2024; Martinez et al., 2015; Sherif et al., 2025; Steel et al., 2011; von Werthern, 2018). Communities also mobilize within and across borders to withstand, resist, and transform harmful conditions while advancing healing and collective well-being (Esposito et al., 2024; Siim & Meret, 2021; Society for Community Research and Action, 2021).

Research documents that chronic exposure to threat, uncertainty, detention, deportation, and forced family separation is associated with sustained stress responses, anxiety, depression, posttraumatic stress symptoms, and disruptions in cognitive, relational, and developmental functioning (Brabeck & Xu, 2010; Danese & McEwen, 2012; Dreby, 2012; Hainmueller et al., 2017; Rojas-Flores et al., 2017; Shonkoff & Garner, 2012; Torres et al., 2018; Verhulsdonk et al., 2021; Wood, 2018). Thus, immigration is globally recognized as a social determinant of health (Castaneda et al., 2015). Studies also report elevated posttraumatic distress among asylum-seeking families navigating U.S. immigration processes (Mercado et al., 2024; Robjant et al., 2009).

Socioecological and population health frameworks recognize immigration enforcement intensity, policy environments, and community climate as structural factors affecting directly targeted individuals, mixed-status families, U.S.-citizen children, and broader community networks. Fear of detention or deportation is associated with decreased healthcare access,

educational disruption, increased psychological distress, reduced safety for survivors of gender-based violence, and reduced trust in healthcare providers, schools, and other institutions (APA, 2024b; Bettinger-Lopez et al., 2020; Brabeck & Xu, 2010; Klein & von dem Knesebeck, 2018; López-Cevallos et al., 2026; Martinez et al., 2015; Rabin et al., 2022; SCRA, 2018, 2021). These dynamics underscore the importance of trauma-informed and culturally responsive approaches across clinical, educational, and community settings.

This Resolution applies established psychological science to contemporary immigration contexts and reaffirms APA's commitment to evidence-based, developmentally informed, and ethically grounded approaches that promote human well-being and reduce preventable psychological harm.

PSYCHOLOGICAL SCIENCE ON STRESS, TRAUMA, AND DEVELOPMENT

Research consistently shows that prolonged stress and trauma related to threat, unpredictability, and social exclusion are associated with elevated risk for psychological and developmental disruption across the lifespan (APA, 2019; APA, 2024b; Conti & Heckman, 2012; Felitti et al., 2019).

Immigrant populations may experience adversity before, during, and after migration, including political violence, organized crime, poverty, forced displacement, discrimination, fear of deportation, family separation, and restricted access to services. Broader structural conditions, including legacies of colonization, armed conflict, and social marginalization in countries of origin, often shape these experiences (Cerdeña et al., 2021; Valdez et al., 2024). Emerging scholarship further suggests that restrictive immigration policies, enforcement practices, chronic fear of detention or deportation, family separation, and related structural marginalization may function as community-level adverse childhood experiences (ACEs) that shape child development and long-term health outcomes (Barajas-Gonzalez et al., 2021; Ertanir et al., 2023; Valdez et al., 2023; Warner et al., 2023).

Across the migration process, these adversities are associated with poorer physical and emotional well-being, increased psychological distress, developmental risk, and complex distress related to family separation and reunification (APA, 2012; APA, 2019; APA, 2024a, 2024b; Heeren, et al., 2014; Lindert et al., 2009; Lustig et al., 2004; Martinez et al., 2017; Patel et al., 2021; von Werthern et al., 2018). Further, youth experience distress and retraumatization related to family separation and subsequent reunification during and after the migration process that is complex and multifaceted (Patel et al., 2021).

These conditions may also disrupt identity development and sense of belonging. Migration shapes identity formation, as do receiving-community conditions including discrimination, exclusion, legal precarity, and barriers to participation (APA, 2012, 2024b, 2025b). Persistent marginalization and uncertainty about belonging are associated with acculturative stress and identity conflict, including disconnection from both country of origin and receiving society (Berry, 2006; Bhugra & Becker, 2005; Phinney et al., 2001; Schwartz et al., 2010; Verkuyten, 2018).

IMMIGRATION TRENDS AND DEMOGRAPHIC SHIFTS

U.S. Census Bureau estimates indicate a sharp decline in net international migration to the United States between 2024 and 2025, decreasing from approximately 2.7 million to 1.3 million persons during a period of intensified enforcement (U.S. Census Bureau, 2026). This decline in migration is thought to reflect both a decrease in immigration to the United States and increase in emigration out of the U.S. Pew Research Center analyses similarly report that the total U.S. immigrant population declined in 2025 for the first time in more than five decades (Pew Research Center, 2025). Although these trends provide contemporary context, the resolution aims to address the psychological and developmental impacts of immigration enforcement conditions across administrations and policy environments.

ENFORCEMENT TRENDS AND DETENTION PATTERNS

Empirical data from 2025–2026 show substantial increases in U.S. immigration enforcement actions, including ICE arrests reaching their highest daily levels in the past decade while the proportion of arrests involving individuals with criminal convictions fell to a near-historic low (East et al., 2026).

The U.S. Department of Homeland Security (DHS) reported more than 605,000 deportations in 2025, with analyses indicating that deportations following ICE detention rose more than fourfold compared with late 2024 (Blair & Hausman, 2026; U.S. DHS, 2025). ICE detention populations exceeded 70,000 individuals in early 2026 (Stateline, 2026), a more than 75% increase from early 2025, including a substantial rise in

detainees without criminal convictions (American Immigration Council, 2026; East, 2026; Stateline, 2026; TRAC Reports, 2026).

Oversight reports and public records from 2025–2026 also document deaths in ICE custody and large-scale workplace enforcement operations detaining hundreds of workers, contributing to heightened uncertainty and fear in affected communities (Blair & Hausman, 2026; Santos et al., 2018). Historical federal records further show that the 2018 “zero tolerance” policy systematically separated thousands of children from parents, often without adequate systems for family tracking or reunification, contributing to significant trauma-related distress and overwhelming legal and detention systems (American Immigration Council, 2025). Such separations are associated with anxiety, depression, posttraumatic stress symptoms, sleep disturbances, behavioral difficulties, and long-term psychological distress among children and caregivers (Hampton et al., 2021; Naseh et al., 2023; Wood, 2018).

Federal data also indicate a dramatic expansion in the number of children entering immigration custody. Before 2012, fewer than 8,000 unaccompanied children annually went into federal custody; in recent years, that number rose to nearly 100,000 or more annually, peaking at 128,904 in 2022 (U.S. Department of Health and Human Services, Office of Refugee Resettlement, 2026). One recent study found that over one third of Latinx adolescent immigrants were detained for at least four weeks, and nearly half witnessed or experienced a traumatic event during detention or after resettlement (Palacios et al., 2024).

Immigration-related family separation may also strain child welfare and behavioral health systems. Reliable data remain limited on U.S.-citizen children of deported parents in state and local child welfare tracking systems. Nationally, approximately 4.71 million U.S.-citizen children live with at least one undocumented parent, and about one-half could be left without a parent in the U.S. because of mass deportation efforts (Lisiecki et al., 2025). A recent analysis found that during the first seven months of enhanced deportation efforts, parents of more than 11,000 U.S.-citizen children had been detained by ICE (Ernsthausen et al., 2026). While enforcement patterns vary across federal administrations, the psychological concerns addressed in this resolution arise from enforcement actions and conditions themselves, including detention, deportation, family separation, community raids, legal uncertainty, and fear-related barriers to services.

PSYCHOLOGICAL AND EDUCATIONAL IMPACTS ON CHILDREN AND FAMILIES

Public health and behavioral research documents psychological sequelae of immigration enforcement exposure among children and families, including increased anxiety, fear of separation,

behavioral dysregulation, and educational disruption (Jordan et al., 2021; Patel et al., 2021). National educator surveys link recent enforcement actions to elevated anxiety and reduced attendance among students in immigrant families, while recent surges in immigration apprehensions have been associated with lower test scores among Spanish-speaking students, regardless of nativity (Education Week Research Center, 2025; Figlio & Özek, 2025; von Werthern et al., 2018).

National survey data also indicate rising worries about detention, deportation, and negative health impacts among immigrant communities, with substantial proportions reporting fear-related stress affecting daily functioning (Kaiser Family Foundation & The New York Times, 2025). Research further links fear and enforcement exposure to trauma and distress processes among children and families affected by detention and deportation (Bettinger-Lopez et al., 2020; Dreby, 2012; Gulbas & Zayas, 2017; Hainmueller et al., 2017; Rojas-Flores et al., 2017; Torres et al., 2018).

Immigration enforcement may also affect educators who support immigrant children and families. Exposure to students' immigration-related fear, family disruption, and trauma may increase professional demands and contribute to secondary traumatic stress (Ford-Paz et al., 2022; Hydon et al., 2015). Trauma-informed, culturally responsive training and institutional support can help protect educators' well-being while strengthening their capacity to support impacted students.

HEALTH AND SAFETY CONDITIONS IN DETENTION

Evidence indicates that individuals in immigration detention often face inadequate health care, including delayed or inappropriate care and limited response to medical crises. Documented deaths in U.S. immigration detention include medical emergencies and suicide, often among young men without significant preexisting conditions (Grassini et al., 2021; Inda, 2020; Marquez et al., 2021; New York Lawyers for the Public Interest, 2020).

Evidence also suggests that detained immigrants, including children, may face unsafe living conditions (Esposito et al., 2025; Homeland Security's Office for Civil Rights and Civil Liberties Inspection Reports, 2016–2019; Manek et al., 2024). Prolonged exposure to uncertainty, isolation, restricted communication, degradation, insufficient resources, and loss of autonomy in detention settings is associated with severe psychological suffering (Amnesty International, 2025; Bosworth, 2023; Cleveland et al., 2018; Coffey et al., 2010; Esposito et al., 2025; Filges, 2024; Inda, 2020; Jansen et al., 2018; Manek et al., 2024; Winters et al., 2023).

Reports of sexual abuse, harassment, and exploitation in immigration custody raise additional concerns, particularly

for children and adolescents who may be separated from caregivers and lack safe, confidential reporting mechanisms. Such victimization can compound migration-related and detention-related trauma and create lasting psychological and developmental harm (Lue et al., 2023; Young et al., 2024).

IMMIGRATION ENFORCEMENT AS A SOCIAL AND STRUCTURAL DETERMINANT OF HEALTH

Socioecological and population health frameworks recognize governance structures, policy environments, and law enforcement practices as social and structural determinants of behavioral health, including stress regulation, community cohesion, and access to culturally responsive care (APA, 2024a, 2024b; Wallace et al., 2018).

Immigration enforcement can undermine trust in healthcare systems, schools, and community institutions and reduce use of healthcare, mental health, preventive, and other essential services. These dynamics contribute to reduced institutional engagement and worsening psychological and developmental outcomes among immigrant families and communities (APA, 2024a; APASI, 2025b; Brabeck & Xu, 2010; Capps et al., 2015; Hacker et al., 2012; Hagan et al., 2010; Lopez, 2019; Lopez et al., 2017, 2019; Martinez et al., 2015; SCRA, 2018; Vargas, 2015).

These effects extend beyond directly targeted individuals, disrupting family functioning, community cohesion, institutional participation, civic engagement, and psychological well-being across broader communities, including mixed-status families and U.S.-citizen children (Buckingham & Angulo, 2022; Buckingham & Brodsky, 2020; Philbin et al., 2018; SCRA, 2018, 2021; Torres et al., 2018).

Healthcare systems, schools, and community organizations can serve as protective settings that support resilience, developmental stability, and mental health. Fear-related barriers to accessing these settings can exacerbate psychological harm and developmental risk (APA, 2024b; SCRA, 2021). Immigration policy climates, including enforcement activities, detention exposure, and legal uncertainty, shape stress exposure, access to care, developmental trajectories, and long-term psychological and community well-being, while also eroding community social capital by removing members who contribute social, economic, and civic resources (APA, 2024a, 2024b; Castañeda et al., 2015; Ferreira van Leer et al., 2025; Garcini et al., 2023; Hall et al., 2025; Lebrón, 2023; Lopez et al., 2017; Philbin et al., 2018).

COMMUNITY RESILIENCE AND RESISTANCE DURING IMMIGRATION ENFORCEMENT

Psychological research identifies protective factors that may mitigate the psychosocial effects of immigration enforcement

stress, including family cohesion, cultural identity, community solidarity, and access to supportive services (Alegria et al., 2017; The APA Presidential Task Force on Immigration, 2013). When enforcement policies create fear of accessing resources, immigrant community networks often provide emotional support, information sharing, and practical assistance that help people navigate legal uncertainty, maintain caregiving responsibilities, and sustain daily life despite risk (Abrego, 2019; Dreby, 2015; Lemon et al., 2025; Menjivar & Abrego, 2012; Negrete et al., 2025; SCRA, 2021; Suarez-Balcazar, 2025). Ethno-racial trauma frameworks further emphasize critical consciousness, collective resistance, and restored safety, dignity, and belonging as central to healing from systemic oppression (Chavez-Dueñas, 2019; Comas-Díaz et al., 2019).

Immigrant communities also demonstrate resilience through individual and relational strengths. Family cohesion, intergenerational caregiving, cultural identity, community belonging, meaning-making practices, and support from trusted community and faith networks can help individuals and families cope with fear, uncertainty, discrimination, legal precarity, and detention or deportation threats (Abrego, 2014; Alegria et al., 2017; Dreby, 2015; Garcini et al., 2020; Kaufman & Beltrán del Río, 2025; Menjivar & Abrego, 2012; Ornelas et al., 2020; Torres & Young, 2016). Similar protective processes have been documented among migrant and refugee populations across diverse international contexts, suggesting that comparable social, cultural, and community resources worldwide support resilience in the face of migration-related adversity (Bhugra, 2004; Olcese et al., 2024; World Health Organization, 2023).

Community solidarity and shared sense of community can support collective action to improve conditions, resist harmful immigration policies, and promote well-being (Artero, 2025; Cadenas et al., 2025). However, contextual risks, fear, disempowerment, and relative privilege, including access to social resources and secure legal status shape the mobilization of immigrants, allies, and broader community networks (Brodsky et al., 2022; Buckingham & Brodsky, 2020; Cadenas et al., 2025). Community responses to enforcement may therefore range from mutual aid and informal support networks to collective organizing that protects well-being and challenges conditions that threaten health and safety.

The preceding evidence highlights the psychological and developmental implications of immigration enforcement environments. Consistent with APA policies (APA, 2019; 2024a), strategic plan (APA, 2024), human rights and population health frameworks (APA, 2021, 2022), and ethical commitments (APA, 2017), this resolution recommends the following actions:

1. **Recognition of Enforcement-Related Stressors.** APA recognizes that intensified immigration enforcement, including detention exposure, forced deportation,

community raids, and legal uncertainty, is associated with acute and chronic psychosocial stressors affecting emotional, developmental, cognitive, and relational functioning among immigrants, families, and communities.

2. **Social and Structural Determinants Awareness.** APA affirms that immigration enforcement climates function as social and structural determinants of behavioral health, shaping psychological outcomes, family stability, developmental trajectories, institutional engagement, and community well-being. APA supports incorporating this understanding into assessment, intervention, and research frameworks.
3. **Ethical Assessment and Treatment.** APA encourages psychologists to address immigration enforcement-related stressors in assessment, treatment, consultation, and forensic contexts of clients while avoiding overpathologizing normative responses to threat. This includes attention to intersectional vulnerabilities, including sexual orientation and gender identity, when deportation threats may involve return to identity-based persecution or violence. APA also encourages psychologists to remain knowledgeable about local community resources and services for immigrant populations.
4. **Trauma-Informed Integration.** APA supports trauma-informed, culturally responsive, and developmentally appropriate approaches across clinical, educational, medical, and legal settings serving immigrants and families exposed to immigration enforcement-related stressors.
5. **Developmentally Appropriate Practices and Protection from Abuse:** APA promotes developmentally appropriate, culturally informed, and trauma-informed practices for children and adolescents affected by immigration enforcement. APA also supports safeguards against sexual abuse, exploitation, and other maltreatment in immigration custody, including confidential reporting and independent oversight.
6. **Evidence-Based Public Communication and Policy Advocacy.** Consistent with APA's human rights and population health frameworks, and in alignment with the WHO global action plan on promoting the health of refugees and migrants, APA supports communication of psychological science on immigration enforcement environments to promote human well-being, community health, and equitable access to psychological support. APA encourages informed psychologists to participate in public dialogue and policy discussions, including advocacy for practices and policies that reduce psychological harm; protect family and community stability; and support humane, evidence-informed immigration governance.

7. **Ethical, Evidence-Based Guidance for Practice.** APA will continue to develop and disseminate ethical, evidence-based, and community-informed guidance to support culturally responsive services for individuals, families, and communities affected by immigration enforcement. This guidance should promote trauma-informed care, public trust in service settings, workforce capacity, and policies that reduce psychological harm.
8. **Workforce Support:** APA supports resources, training, ethical guidance, and institutional supports for psychologists, educators, researchers, trainees, and other professionals serving populations affected by immigration enforcement. These supports should address secondary traumatic stress, professional well-being, and the demands of working in high-intensity immigration enforcement contexts.
9. **Professional Competency Training.** To promote the continuity and quality of mental health care for immigrants, APA supports graduate, continuing education, and professional training initiatives that equip psychologists and allied professionals to assess and address stress, trauma, family disruption, and contextual fear associated with immigration enforcement.
10. **Longitudinal and Causal Inference Research Funding.** APA supports increased investment in rigorous, longitudinal, causal inference, and community-based research on how immigration enforcement environments influence psychological well-being, resilience, educational outcomes, intergenerational impacts, and access to care. This includes ethically grounded research designs capable of clarifying the psychological and developmental effects of enforcement exposure while strengthening the evidence base and advancing global perspectives in psychology.
11. **Monitoring and Reporting Family Separation and Custodial Harm:** APA encourages continued monitoring and public reporting on family separation, sexual abuse and other maltreatment in immigration custody, and associated behavioral health trends. Reporting and oversight processes should protect confidentiality, minimize retraumatization, and inform prevention, accountability, resource allocation, and trauma-informed intervention.
12. **Scientific Dissemination.** APA supports dissemination and translation of psychological research on the behavioral health consequences of immigration enforcement, detention conditions, family instability, and public enforcement climates for practitioners, policymakers, educators, and community stakeholders.
13. **Removal of Access Barriers.** APA affirms that access to healthcare, education, and community-based services without fear-related barriers is essential to protecting lifespan psychological well-being, promoting early identification and intervention, and preventing escalation of behavioral health conditions among immigrant populations and their families.
14. **Institutional Safety and Trust.** APA affirms the critical role of healthcare systems, educational institutions, and community organizations as protective settings that support psychological well-being, resilience, and recovery. APA encourages practices that promote accessibility, safety, trust, confidentiality, and culturally responsive care, including protections for individuals with precarious immigration statuses and policies maintaining these settings as sensitive locations free from immigration enforcement.
15. **Community Engagement and Partnership.** APA supports community-engaged, strengths-based approaches that promote resilience, resistance, social connectedness, collective efficacy, and access to culturally responsive resources among immigrant communities. APA encourages psychologists to collaborate with community organizations, schools, faith-based institutions, advocacy groups, and local stakeholders to support community well-being, strengthen protective factors, facilitate access to services, and elevate the voices and leadership of affected immigrant communities.

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