Deportation and Mental Health of Central American Migrants

By Ietza Bojorquez
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SUMMARY

The deportation from the United States of Central American migrants affects the mental health of not only those who are repatriated, but also that of their families and communities. All deportees suffer the effects. Those persons that are returned to their place of origin after having lived a long time in the United States leave behind family and friends, and must readjust to a society with which they have lost contact. And those who were arrested shortly after crossing the border may experience a sense of failure at not having fulfilled their goal of emigrating. In both cases, when they return to their home countries, the deportees suffer discrimination and rejection. Meanwhile, the family and friends of the deportees in the United States experience the fear and uncertainty of not knowing if they themselves will also be expelled or lose touch with the deportee. Based on the evidence of the effect of deportation on the mental health of Central American migrants and on members of their communities in the countries both of origin and of destination, this brief recommends the use of: 1) Support programs of Psychological First Aid, 2) Programs promoting mental health in the receiving communities; and 3) Programs that address the well-being, and facilitate the reintegration of deportees into their countries of origin.
In recent decades, U.S. immigration policies were tightened progressively; in 1996, the IIRIRA (Illegal Immigration Reform and Immigrant Responsibility Act) increased the list of grounds for deportation thereby making the expulsion of migrants easier. The same year, the AEDPA (Anti-Terrorism and Effective Death Penalty Act) which had limited the possibility of deportation was blocked by a court decision. And with the laws adopted since the attacks of September 11, 2001 such as the Patriot Act, the capacity of the government of the U.S. to expel foreigners, mainly undocumented immigrants, but also those with legal residency was substantially increased.¹

The threat of deportation and deportation itself affect the social relationships and emotional well-being of migrants, their families and communities. The following summarizes the main effects of deportation on the mental health of Central American migrants.

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**KEY TERMS**

- **Deported, repatriated**: People who are returned to their countries of origin by the immigration authorities of the United States.
- **Mental health**: According to the World Health Organization, is the state of psychosocial well-being in which the individual is able to address problems, plan and act accordingly, and interact with their community and their loved ones. Mental health goes beyond the absence of psychiatric illness, but an indicator of poor mental health is the presence of symptoms of these diseases. Examples of mental health problems in this regard are the emotional symptoms (symptoms of depression, anxiety or suicidal ideation), as well as substance abuse.
Volume and characteristics of deportation

According to data from the U.S. Department of Homeland Security, the number of deportees originating in Guatemala, El Salvador, Nicaragua and Costa Rica went from 27,296 in 2004 to 107,910 in 2013, an increase of almost 300% (Figure 1).

The implications of deportation vary according to the length of time the migrants lived in the U.S., and the degree of their social and cultural integration into that country. For those who are returned to Central America shortly after entering the U.S., the forced return mainly involves the loss of the investment that had been made to undertake the journey. However, this group of deportees in general, has not lost touch with their social networks in their home country.

In contrast, there are those who are deported after a long stay in the U.S., in many cases, people who migrated as children or adolescents and who grew up as part of the American culture and who built their adult lives in that country. For them, deportation involves being separated from their social support networks, and the need to re-adapt to a country that, despite being their native country, is foreign to them.

In recent years, one of the most worrying phenomenon is the large number of deportations of migrants who have been in the U.S. for many years. These members of families with mixed immigration status leave behind their children or spouses when they leave the U.S.² A study in El Salvador in 2002 with data of the

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Figure 1: Deportations of Central American migrants by U.S. immigration authorities

Bienvenido a Casa program, revealed that 40% of the deported men had left their partner in the U.S., and almost 50% have U.S. citizen children. These people expressed the intention to migrate again more often than those without children in that country.\textsuperscript{3} As shown in Figure 2, about 20% of deported Guatemalans and Hondurans have children in the U.S., and between 2009 and 2011 this figure exceeded 50% among Salvadorans who were deported.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure2.png}
\caption{Percentage of Central Americans deported who have children in the U.S. by country of origin 2009-2013}
\end{figure}

Another element that may have an impact on the mental health of migrants and their relatives is the prohibition of return to the U.S. According to U.S. law, a person can be detained for breaching immigration rules and accept “voluntary” return to their country of origin. This “return” does not entail a ban on re-entering the country. On the other hand, the “removal” involves a ban against returning of at least five years, including the possibility of a permanent ban. In the latter case, it is more difficult for the deported to be reunited with family back in America.

The relationship between migration and mental health

Even in the most favorable circumstances, migration is a stressful situation that tests the emotional resistance of individuals and families. Separation from loved ones and the need to adapt to a new society requires the mobilization of personal capabilities of
resilience and the availability of sources of social support. Without these resources, the difficulties associated with migration encourage the development of mental health problems. Among these, some authors have proposed the existence of the “Ulysses Syndrome”, a series of psychological and somatic complaints such as headaches, sleep problems, sadness and anxiety.

Migrants of Latin American origin in the U.S. are more likely to have mental health problems than their compatriots in their country of origin. Although some authors from the field of psychiatric epidemiology have suggested that this is because people with worse mental health are more likely to migrate, most research indicates that the migration itself causes or facilitates the emergence of these problems. In this regard, the evidence gathered indicates that problems of mental health of Latin Americans in the U.S. increase with time of residence in the country, and are more marked among those who came as children compared to those who arrived as adults. The case of Central American migrants is special, because migration in this group is not a result solely of economic reasons, but is largely due to the need to escape extreme violence.
escape extreme violence. Central Americans also come to the United States after a long journey marked by constant threats to their safety. These situations go beyond the common stress associated with migration, and can lead to more serious mental health problems, such as PTSD (Post Traumatic Stress Disorder) which brings recurring memories of the dangerous situation experienced accompanied by intense and prolonged emotional distress. PTSD appeared in more than half of the refugees of war in Central America.7

The psychological effect of deportation

Deportation brings separation and the need to adapt to a new environment. But deportation is different in this regard from voluntary migration in that it is a forced movement that involves the loss of control over life circumstances, unplanned separation, possible loss of social support networks, the need for rehabilitation into one's culture, and often the stigma associated with the deportation.

As to the first characteristic, psychological theory points to situations in which the individual loses control over his environment as one of the main risk factors for the onset of mental health problems.8 Deportation is an involuntary and unplanned relocation, which often occurs without the person knowing in advance where and when it will take place. Detention prior to deportation can be a humiliating and violent experience along with uncertainty about what will happen and is a major source of emotional distress.9 Second, the deported migrants may lose touch with their social support networks. The deportee's family both in the U.S. and Central America often are not aware of the deportation until after it has occurred. Many deportees are returned to their country of origin to places where they have never lived. After the deportation, during the first hours and days, those who lack these networks can be exposed to abuse, aggravating their experience of stress. On the other hand, those who are greeted by relatives or friends have a valuable source of psychological and hands-on support.10

The process of reintegration in the country of origin is made easier if the individual maintains contact with their local social networks. Keeping in touch with relatives who remained in the U.S. can also reduce anxiety. Thus, the support of social networks is one of the main elements that protect individuals from the effects of deportation on mental health.

A third factor complicating the situation of the deportees is that of culture. Many deportees had already achieved assimilation into the culture in the U.S. Upon returning to their coun-
tries of origin, these persons may experience the so-called “culture shock”, similar to that experienced in the original migration. In many cases migrants who grew up in the U.S. identify themselves culturally more like Americans than Central Americans.11 Seemingly unimportant issues like the absence of certain supermarket products they were used to consuming, can be a source of discomfort and can reinforce the sense of not belonging to the local culture.12

The stigma associated with deportation in the communities of origin is another factor hindering reintegration.13 There is often the idea that those deported are criminals, and the deportation process by which migrants are detained, handcuffed and taken into custody, contributes to this perception.14 Deported Salvadorans are often automatically thought to be gang members, making these returning migrants the targets of both police abuse and extortion by criminal groups. This situation is even worse for those who grew up in America and have taken on the clothing, tattoos or accents that are perceived as proof of gangsterism.15 These cases suffer special discrimination which can increase emotional distress and hinder reintegration.

The violence associated with organized crime and gangs has led to traumatic experiences in many people, forcing them to leave their countries.16 These experiences can be revived in the deportation process, and in some cases their returning home may involve a real risk to their lives and a great increase in their state of anxiety.17

The psychological effects of being deported are observed not only among the deportees, but also among their families and communities in both the U.S. and countries of origin. The increase in the number of deportations has made a large number of migrants in the U.S. live in a permanent state of stress, which in turn is reflected in emotional problems.18 The fear of deportation increases feelings of insecurity and vulnerability, and the fear of family separation. Among the psychological consequences of this situation are anxiety and depression, and also academic and behavioral problems in children.19 Various practices related to health may also be affected. One example is when migrants avoid leaving home limiting their options for physical activity and social interaction, with possible negative consequences for their mental health.

Another serious issue is the abandonment of proper attention to problems of physical or mental health. Migrants may avoid contact...
with health services out of fear that their personal information may be shared with immigration authorities; and therefore because of this fear they are not included in health insurance systems. The fear of deportation also affects family members in the home country, who fear losing contact with the deportees and their families if they are arrested, and the contribution of the remittances they receive.

Positive activities

The Central American governments and various organizations of civil society are implementing actions that take into account the psychosocial aspects associated with the deportation.

In Honduras, the Center for Attention to Returned Migrants (CAMR) has offices in the airports to which deportees arrive where they are provided counseling, medical care, food and money for transport and support for their social integration. The (CAMR) is a collaborative project of the Government of Honduras, the Scalabrini Sisters, and the International Organization for Migration (IOM).
In El Salvador the *Bienvenido a Casa*, program, supported by national and international civil organizations, welcomes the deportees and provides them food, transportation expenses, and general orientation. This program has an active center offering information about job opportunities, basic medical care and job training to the deportees.\(^{23}\)

In Guatemala there is the Post-Deportation Human Rights Project, created by the Jesuit Order’s Boston College in the U.S. (http://www.bc.edu/centers/humanrights/projects/deportation.html). This program carries out projects of legal support, participatory research and the development of advocacy skills among the migrant communities. It also includes support for the mental health of the deportees among its objectives.

These initiatives have in common a comprehensive approach that considers the various issues that migrants face after deportation: they provide help for their most urgent needs (food, shelter, medical and psychological care), and develop strategies for their reintegration (work sharing programs, training and education).
Conclusion

Deportation is an event that threatens the mental health of deportees and affects the welfare of their families and communities. It is therefore necessary to develop and implement prevention and care policies. Following are recommendations based on the available facts.
Policy recommendations

To meet the psychosocial problems of the deportees, work in two main directions is required. First, it is necessary to provide attention to the mental health of the deported persons in all stages of the process of arrest and deportation, and later in the countries they are returned to. Second, more initiatives are required that address those aspects of the deportation process which threaten mental health of deported migrants. Considering these elements, the following further recommendations are made:

1) Provide counseling at the arrival sites, following the models of “crisis containment” and “mental health first aid”

The model of psychological first aid was developed by the United Nations World Health Organization (WHO) for situations in which people are exposed to stressful events, such as an involuntary displacement. From the psychological point of view, the model suggests as a first step the identification of persons requiring urgent attention (those at risk of psychosis or suicide, for example) and referral to a specialized attention. For people with emotional symptoms, but who pose no risk to themselves or others, the model has two basic components: listening and empathy. Psychological first aid is a simple and effective strategy to implement, as it does not require specialized equipment or personnel. A session of psychological first aid can be conducted at any safe place with a minimum of privacy. Putting psychological first aid in place in sites which receive deportees can enhance the capabilities of the deported to face the difficulties associated with their return.

2) Develop programs to promote community mental health in the receiving localities of the deportees

Negative mental health effects are not limited to deportation and return to the country of origin, but continue (and may be aggravated) in the following weeks and months. Promoting mental health in communities requires interventions that go beyond only the prevention of psychiatric disorders, but must encompass all aspects of wellbeing. The promotion of mental health operates by strengthening individual and collective skills and resources to be able to tackle the problems positively. Mental health interventions are varied and are more effective when designed and implemented together with communities, creating programs tailored to action in specific situations. Examples of such interventions include programs for the de-
velopment of life skills, training of community workers, and the creation of reflection and self-help groups. The implementation of such programs to promote mental health in host communities, and to improve psychosocial health at the community level, can be invaluable in the reintegration of deportees.

3) **Implement social reintegration programs for deportees**

These programs should have the following characteristics:

- Be developed in collaboration with governments, international organizations and civil society.
- Include families and communities to harness the potential of social networks.
- Recognize the importance of the transnational identities of the deportees and consider the potential of transnational social networks.
- Understand the deportees as responsible agents able to develop efficient strategies for their own welfare.

Accordingly, support programs should be designed and implemented in close collaboration with the participants, allowing them to make use of their own resources. This approach can reduce the psychosocial effects of deportation, and provide spaces where the individual's capabilities can be leveraged holistically. Thus, the deportees cease to be a problem and can become an engine of development in their communities.

4) **Conduct research to determine the magnitude of the problem and assess the programs implemented**

Information about the frequency of mental health problems among Central American migrants deported is still scarce, and most of it is based on unrepresentative samples. It is necessary to carry out studies to determine the magnitude and nature of the problem as a basis for the design of policies and actions.

There is little information about the impact of interventions that have been in place for the care of the deportees, so another important area of research is the evaluation of these programs. Knowing the effects of the various interventions will develop models based on the best evidence-based practices.
NOTES AND REFERENCES

2. Cardoso, J.B., et al. (2014)
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