



A Culture Of Cruelty

The Health Impact of Deportation: Fact Sheet

*A Humanitarian Assessment—December 2012
Full report at www.cultureofcruelty.org*

Overview: From June 2010 to April 2011, No More Deaths volunteers conducted 105 interviews with recently repatriated persons in Nogales, Sonora, Mexico. All respondents had previously lived in the United States of America (US), most for extended periods of time. The objective of the humanitarian assessment was to describe the perceptions of post-deportation health and the variables linked to higher risk or distress for deported men and women. The interviews revealed the relationship between strong linkages to the US, experiences of abuse or poor conditions in detention, and exposure to insecurity at the border with impact on the respondents' well-being, including poor self-reporting of physical and mental health following deportation.

Who was involved in the study?

- 92 males, 13 females, 105 total
- 97 originally from Mexico, others from Central America
- Median age was 33 years
- Respondents lived in the US for an average of 15 years
- Most recently lived in 17 different states, in every region of the US
- 94% have family members currently living in the US
- Average of 2.5 children living in the US, for 81% all of their children are US citizens
- Over half of those with children in the US (57%) have at least one child who is a minor and 36% have a child less than five years of age
- More than half were currently married or partnered (56%)
- Nearly four out of five (79%) respondents reported that they have a religious faith
- Occupations in the US included construction, house cleaning, farm/factory work, computer repair, among others, and some were students

Why are deportations a health issue?

The increased emphasis on US interior immigration enforcement has resulted in record numbers of immigrants being detained, prosecuted, and removed in recent years. There is limited health- and safety-related knowledge about this population after deportation. This report helps fill that gap by showing how detrimental the deportation process is to mental and physical health. Many interviews described experiences of extreme stress, abuse, and trauma, which also manifested as physical symptoms. For those who attempt to re-enter the United States in order to re-join their families, the dangers of crossing further compound the health risks of deportation. Growing violence along the border related to organized crime adds even more insecurity and potential for violence. *This assessment further exposes the systematic cruelty of the US immigration enforcement that impacts deported men and women, their US-based families and communities.*

What did interview responses look like?

"I am feeling very emotional, and right now not feeling good. It's been over a month since I've seen my children."

This respondent lived in Los Angeles for 12 years. He has a spouse and four young citizen children in the US (10, 8, 4 and 2 years old), and they were completely dependent on his income prior to his arrest. Using a scale of 1-10 (10 for highest distress), he rated his physical health as moderate (6 of 10) and mental health as the highest distress, 10 of 10.

"I was in a car accident in Mesa, Arizona and the police noticed that I am Mexican and that I don't have the papers to be there."

This respondent reported the highest levels of distress (10/10) for both physical and mental health. He reported physical abuse and signing documents he did not understand while in detention for a few weeks, at which time he also experienced the psychosomatic symptoms of feeling nervous/anxious, general pain, and not breathing or sleeping well.

How are these results related to *A Culture of Cruelty*?

More than half (58%) of the circumstances of arrest that led to deportation were abrupt, most likely an interaction with local authorities that led to an immigration status review. Abrupt arrests challenge the survival of families, as 44% of respondents were the sole breadwinners for their families in the US prior to arrest. Nearly one-third were detained for one week or less and another third for one to three months; for 15% their families were not contacted until after their release from detention and removal. 63% reported two to four types of abuses in detention; of the ten types of US custody abuses outlined in previous reports by NMD, only 9% of respondents reported "None." See table to the right.

Detention Abuses	Count	Percent
1. Verbal abuse	47	45%
2. Too hot/too cold	45	43%
3. Overcrowded	42	40%
4. Lack of food/water	38	36%
5. Signed documents they did not understand	26	25%
6. Unsanitary Conditions	23	22%
7. Signed documents they did not want to sign	21	20%
8. Medical care was needed but not received	20	19%
9. Physical abuse	13	12%
10. Psychological abuse	10	10%

Many respondents experienced their mental distress in detention through physical symptoms. Approximately 1/3 experienced one to three physical symptoms of mental distress in detention (out of a checklist of nine total) and another third experienced four to six symptoms (only 2.2% reported none). Some of the symptoms included getting upset easily, weight gain or loss, not breathing well, and gastrointestinal problems. Statistical Significance: Higher mental distress after deportation was strongly associated with all detention abuses ($p=0.047$) and the physical symptoms of distress while detained ($p=0.008$). Further, the physical symptoms of distress have a significant linear relationship with more experiences of abuse while detained ($p=0.002$). *Thus, immigrants who experience abuse in detention are likely to suffer significantly more physical and mental distress even after their deportation.*

Who is more likely to be impacted?

See the chart to the right that lists the key variables most associated with physical and mental distress after deportation. The health impact was heightened for individuals with strong ties to the US, who experienced abuses in detention and were exposed to insecurity at the border. The *compounding health impact*, utilizing a linear regression model of these variables, was predictive of 45% of post-deportation mental distress and 47% of physical distress. Given these results, it is no surprise that the primary reason to cross again (70%) was for family in the US, yet many face violence and abuse as a vulnerable population waiting at the border, and 2/3 reported they have felt unsafe in Nogales.

What are the implications?

US immigration enforcement is an issue of public health and safety. This study is a step toward offering enhanced health services, particularly for mental health, for this population. The public health and social impacts of deportation should be considered in advocacy efforts for determining optimal changes in immigration policy. In all, the US deportation process represents *a culture of cruelty* that impacts deported men and women, their US-based families, and communities. (See the full report for recommendations.)

Summary of Key Variables of Distress

Key Variables	Physical Distress	Mental Distress
Pre-Arrest Life in the US	<ul style="list-style-type: none"> ▪ More years lived in the US ▪ Family income dependence ▪ Older age 	<ul style="list-style-type: none"> ▪ More years lived in the US* ▪ Family income dependence* ▪ Citizen children* ▪ Younger children* ▪ Spouse/partner* ▪ Younger age*
Arrest & Detention Conditions	<ul style="list-style-type: none"> ▪ Abrupt arrest* ▪ < 3 months ▪ Too hot/cold & verbal abuse 	<ul style="list-style-type: none"> ▪ All abuses ▪ All physical symptoms of distress
Post-Deportation Exposure to Insecurity	<ul style="list-style-type: none"> ▪ > 3 months since deportation* ▪ No resources in Mexico ▪ Doesn't feel safe* ▪ Experience or witness violence* ▪ Needs healthcare* 	<ul style="list-style-type: none"> ▪ < 3 months since deportation ▪ Linkages to US as primary reason to cross* ▪ Witness to all forms of violence

*Significance at $p<0.05$, but all variables are linear in cross-tabulations with health status decline.

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