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Immigration Detention and Family Separation as a Child Health Concern

A Statement of The International Society of Psychiatric-Mental Health Nurses

The International Society for Psychiatric Mental Health Nurses (ISPN) recognizes the need to promote mental health and well-being for all individuals, families, and communities worldwide. ISPN's mission is "To support advanced-practice psychiatric-mental health nurses in promoting mental health care, literacy, and policy worldwide." In this position statement, ISPN aims to highlight the harmful effects of immigration detention and family separation on children, vehemently denounce this practice, and provide policy recommendations to promote both prevention and effective post-experience interventions to reduce long-term sequelae of these detrimental practices.

Background

According to the most recently published data, the immigrant population in the United States (US) comprises approximately 50.2 million people, or 14.8% of residents (U.S. Census Bureau, 2024). Included in this number are hundreds of thousands of children in the US who have been affected by immigration detention and family separation. Cancian et al. (2026) reported that 205,000 children, including 145,000 U.S. citizens, have experienced parental detention since 2025. Many more children remain at risk under current immigration enforcement policies. These practices impact both children and families seeking asylum in the United States as well as those who are living in our communities. Although U.S. Immigration and Customs Enforcement (ICE) states that detention is administrative rather than punitive (U.S. Immigration and Customs Enforcement, n.d.), a growing body of evidence demonstrates that detention and family separation are associated with significant harm to child health, well-being, and development (Palomino et al., 2025; Priestley et al., 2025; Sherif et al., 2026).

The current administration moved swiftly to reopen and restore family detention centers. Two of the current better-known are the Karnes and Dilley detention centers in Texas, which were closed in 2021 (National Immigration Forum, 2025). According to Human Rights First (2026), more than 5,600 families, including children of all ages, have been imprisoned at Dilley between April 2025 and February 2026. Although transparent reporting about conditions within detention facilities is limited, a joint report from Human Rights First and RAICES (formerly known as the Refugee and Immigrant Center for Education and Legal Services; 2026) found that immigrant families are frequently detained for extended periods, often exceeding legal limits, while facing threats of family separation and barriers to asylum protections. Children living in detention centers often experience inadequate healthcare, limited educational opportunities, and harmful living or safety conditions that negatively affect their physical health, mental well-being, and developmental outcomes (Sherif et al., 2026). Additionally, child mental health may not only be affected by an abysmal detention environment but also by the disruption to family cohesion and functioning, including family separations and exposure to unrelated adults and other children experiencing distress (Priestley et al., 2025). It is well established that parental separation represents an

adverse childhood experience for those impacted, with negative sequelae extending into adulthood (Felitti et al., 1998), although additional research is needed about the deleterious effects on health as it relates to parental separation in the context of immigration issues.

Current Consequences

For many mixed-status families, the risk of forced family separation is looming, given the increasing immigration enforcement throughout the country**.** The constant threat of immigration related family disruption and uncertainty fosters a pervasive sense of fear, hypervigilance, and chronic stress, which has significant implications for the mental and physical health of both children and caregivers (Palomino et al., 2025). Even the name of the recently closed "Alligator Alcatraz" is dehumanizing, and persistent use of this demeaning language can desensitize the majority to the harsh conditions faced by marginalized groups. Mixed-status families are now facing the urgency to plan for imminent separation, including concerns related to systemic instability and child custody.

While federal policies, including the Flores Settlement Agreement of 1997 and the Homeland Security Act of 2002, require that children be held in safe and sanitary conditions and released without unnecessary delay, these protections do not eliminate the psychological and developmental consequences of detention or family separation. Immigration detention and family separation represent significant adverse childhood experiences (ACEs) that expose children to toxic stress, disrupt attachment relationships, and increase the risk of anxiety, depression, post-traumatic stress symptoms, developmental difficulties, chronic disease, and poorer long-term health outcomes (Cancian et al., 2026). According to the Centers for Disease Control, five of the top ten causes of death are associated with adverse childhood experiences (CDC, 2024), which could be preventable. It is harmful for children to be housed in immigration detention facilities or separated from their caregivers. Federal immigration policies must prioritize family unity, community-based alternatives to detention, trauma-informed care, and access to comprehensive health and mental health services. Policies affecting children must also be evaluated based on their impact on children's physical, mental, and developmental health, recognizing that detention and family separation are adverse childhood experiences with the potential for lifelong consequences.

Recommendations

ISPN recommends the following to promote both prevention and effective post-experience interventions to lessen the long-term sequelae of this detrimental practice:

1. Educate the public that the separation of children from parents or primary caregivers is harmful except when there is evidence of abuse, neglect, trafficking, or immediate danger.
2. Advocate for policies that prioritize family unity, trauma-informed care, and community-based alternatives to detention while screening for the effects of trauma.
3. Connect affected children and families with appropriate services.
4. Support workforce preparedness through the mandate of culturally responsive communication, interpreter utilization, and the development of strategies to identify immigration and family separation-related stressors for at-risk children.
5. Integrate the consideration of immigration detention and family separation into assessments of social determinants of health and health inequities among impacted children and families.

6. Strengthen undergraduate and graduate nursing education of trauma-informed care, immigration and family separation-related trauma, and culturally compassionate care.
7. Reinforce that nurses have the ethical responsibility to advocate for at-risk and vulnerable children.

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Approved by Policy Committee: August 3, 2026

Approved by Board: August, 24, 2026