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Re-entry is Re-injury: The Consequences of Multiple Border Crossings on Returned Deportees' Reintegration in the U.S.

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Research Article

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Abstract

Previous work shows that legal status, race, and socioeconomic status impact immigrant integration. However, the injuries and stressors related to border crossing, especially repeated crossings, have been largely overlooked when it comes to integration. Drawing on twenty-five interviews with undocumented immigrants who return to the United States after deportation, referred to as returned deportees, this paper examines their short and long-term physical and mental health upon reentry to the U.S. and how it shapes their reintegration. The findings demonstrate that crossing the U.S.-Mexico border multiple times creates lingering consequences on returned deportees' health that, in turn, lead to chronic pain and persistent stressors that limit their reintegration, particularly in their employment and in relationships with family and friends. By centering the experiences of returned deportees, we gain a deeper understanding of the repetitive violence endured through repeated border crossings after deportation. This paper introduces border crossings as a critical factor in reintegration and acknowledges the extended consequences it has on the individual.

Introduction

In 2023, 12,869 immigrants were arrested for unauthorized reentry into the U.S., representing a 7.5% increase from the previous year (U.S. Sentencing Commission 2024). In that same year, 9% of deportees had a prior deportation (ICE Fiscal Report 2023). An unauthorized reentry is when a person is deported, then crosses the border and reenters the U.S., with penalties of a fine, removal, and imprisonment of two to twenty years. About one in every ten immigrants who are deported has a prior deportation (U.S. Sentencing Commission 2024; ICE Fiscal Report 2023). This speaks to deportation not being an end-point event, but rather, for some, it is a complex and ongoing cycle that often includes multiple border crossings and unauthorized *reentries* to the U.S. (Escamilla García and Cerón 2025; Valdivia and Monreal 2024). Despite the prevalence of multiple border crossings and unauthorized reentries, few studies consider how these experiences distinctly shape integration experiences. It is important to consider how injuries and stressors from border crossing, especially if it is multiple, can have long-term consequences for immigrant experiences that further marginalize them when arriving.

When immigrants are deported, they experience violence, social isolation, and family separation, and yearn to reunite with family but are hesitant due to the risks of injury, incarceration, and even death (Andrews 2023; Bermúdez Tapia 2022; Masferrer, Hamilton, and Denier 2024). Yet, despite these high penalties, strong social ties in the U.S. propel them to risk their lives to try to reenter the country (Cardoso et al. 2016; Cornelius and Salehyan 2007; Hagan, Eschbach, and Rodriguez 2008; Martínez, Slack, and Martínez-Schuldt 2018). The dangers immigrants face when crossing the border have been well documented, with severe physical injuries and mental health stressors (De León 2015; Hagan 2012). After crossing, undocumented immigrants face challenges in integrating into the U.S. due to legal status, race, and other factors, leading them to be further excluded and marginalized (Brown 2011; Jiménez et al. 2021; Menjívar and Abrego 2012; Portes and Zhou 1993). Building off prior immigration and integration work, this study showcases how deportees' reintegration experiences back in the U.S. are

influenced and hindered by underexplored factors: mental health stressors and physical injuries stemming from multiple border crossings.

This paper focuses on the experiences of undocumented immigrants who reenter the U.S. after deportation, whom I refer to as *returned deportees,* an overlooked and understudied immigrant group. Returned deportees have a deportation history, multiple border crossings, are undocumented, and reside in the U.S. I demonstrate that returned deportees experience repetitive consequences on their physical and mental health from crossing the border multiple times. Short-term returned deportees described physical injuries and mental stressors from the repeated crossings, and long-term, the chronic pain of these injuries and the persistent mental stressors prevented them from fully reintegrating back into the U.S. These findings identify border crossings as an understudied, yet significant component that shapes reintegration, by paying special attention to injuries and stressors in returned deportees' lives. This conceptualization emphasizes viewing deportation and migration as ongoing processes, instead of a definitive conclusion, extending our understanding of how deportation and border crossings contribute to further health marginalization of an already vulnerable immigrant group.

Background

Legal Violence in the Borderland

Injuries incurred during border crossings can be conceptualized as a form of legal violence, or the normalization of physical, symbolic, and structural violence implemented by U.S. laws that affect immigrant incorporation and assimilation (Menjivar and Abrego 2012). By using legal violence as a guiding framework, issues of violence are redirected from the person to institutions and structures that make this harm possible (Menjívar and Walsh 2019; Van Natta 2023). Anti-immigration laws are not neutral but rather create real suffering for immigrants. This suffering is structural through exploitation and discrimination from different systems (e.g., labor markets, etc.), physical through material and bodily injuries (e.g., the loss of wages, physical abuse, etc.), and symbolic through the internalization and legitimation of inequality and exclusion. Emerging scholarship connects immigration enforcement and anti-immigrant policies to increases in health risk, leaving immigrants with lasting embodied pain and health inequalities (Boen et al. 2025).

At the U.S.-Mexico border, certain tactics and strategies are intentionally created to discourage border crossings and funnel immigrants to remote and more dangerous locations. For example, the program Prevention through Deterrence militarizes safer border crossing routes, redirecting immigrants to the desert, making crossing more difficult and, in some cases, deadly, in efforts to decrease migration. Crossing through these means has resulted in trauma, injuries, and violence from structural and symbolic violence of the border environment and immigration enforcement policies (De León 2015). Aware of their powerlessness at the border, immigrants prepare themselves in advance for the many possible dangers they may face (Hagan 2008). In turn, examining the violence deprived from border crossings is especially consequential in the context of immigrant health and their integration in the U.S.,

especially if one has multiple crossings, as it may reveal the severity of experiencing repeated violent encounters.

The Expansion of Immigration Enforcement and Deported Immigrants

During the 1980s, laws and policies surrounding border crossing and deportation underwent criminalization and punitive changes (Stumpf 2006). The 1996 Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) made minor crimes (e.g., shoplifting, traffic violations) deportable offenses, and border crossing without documentation shifted from a civil offense to a criminal offense. Under IIRIRA, the first apprehension of unauthorized entry is a misdemeanor and unauthorized reentry after deportation was reclassified as a felony with a punishment of a fine, imprisonment, and a mandatory bar that a person must wait in their country of origin before they can request reentry to the U.S. These changes expanded the eligibility of those deemed deportable leading to an uproar of mass deportations (Golash-Boza 2015).

In spite of the increased sanctions, many deported immigrants are compelled to cross the border again to reunite with family, and due to cultural barriers they experience in their country of origin (Cardoso et al. 2016; Chaldwell 2019; Hagan, Eschbach, and Rodriguez 2008; Martínez et al. 2018; Vargas Valle, Hamilton, and Orraca Romano 2022). Deported immigrants with a spouse or minor children in the U.S. are even more likely to return (Escamilla García and Cerón 2025; Martínez, Slack, and Martínez-Schuldt 2018; Vargas Valle, Hamilton, and Orraca Romano 2022). Stigma, employment challenges, and poor health outcomes in their home country also motivate return attempts (Andrews 2023; Hamilton, Orraca Romano, and Vargas Valle 2023; Masferrer, Hamilton, and Denier 2024). When they do return, returned deportees and their families conceal the deportation history, even when disclosing their undocumented status, due to the heightened stigma and vulnerability restricting who and where they can go for support (Valdivia and Monreal 2024). They also experience a higher sense of surveillance and vulnerability, leading them to adopt extreme tactics to avoid apprehension (Valdivia 2025), showcasing the intensity of navigating the U.S. after deportation. Therefore, we know returned deportees have unique reintegration experiences, but studies have not accounted for the additional border crossings that occur due to their deportation.

Immigrants' Health Shaping Their Reintegration in the U.S.

From the start of their border crossing to their everyday life in the U.S., immigrants face adverse challenges that shape their overall health. Crossing routes that are more affordable because they are less surveilled, like the desert, mountain terrain, or rivers, have a higher possibility of death (De León 2015; Martínez et al. 2014; Slack et al. 2016). Crossing-related injuries have also increased, with each crossing method having a unique risk that leads to physical or psychological trauma, such as falling from the border wall, which can lead to spinal and cranial injuries (Keller et al. 2023; Ramey et al. 2019). In addition to physical injuries, exposure to violence, crime, and sexual harassment at the border has significant psychological consequences, with many recently arriving immigrants meeting criteria for

post-traumatic stress disorder, depression, and suicidal ideation (Venta 2019). In the face of these hardships at the border, immigrants turn to faith, culture, and religious practices to cope with and overcome adversity (Hagan 2012).

Once immigrants arrive in the U.S., the constant fear of deportation can cause chronic stress, affecting the emotional well-being of the person and exacerbating chronic conditions like diabetes and hypertension (Hacker et al. 2012). However, accessing medical attention and health services comes with barriers through the exclusion of U.S. laws and policies due to the lack of legal status (Cervantes and Menjívar 2020; Menjívar and Abrego 2012). Similarly, if a person has a criminal record, they avoid interactions with hospitals, which in turn leads to unmet medical needs (Brayne 2014). While immigrants who have a record with the state are often more fearful of deportation because they view themselves as more visible to state surveillance than undocumented immigrants, who perceive themselves as invisible (Asad 2020). As a result, immigrants weigh out the costs and benefits of engaging with surveilling institutions (Asad 2023), but returned deportees are in a paradox, navigating the contradiction of being formally exiled from a country, nonetheless actively working towards reintegration. Therefore, it may limit their ability to get proper treatment, further complicating their health and reintegration into society.

Existing work finds that there is a need to look at immigrants' experiences post-detention through the lens of reintegration because immigrants with some form of imprisonment contact have a more complex process of navigating community relations and employment upon returning home (Patler 2024). The use of "reintegration" and "reentry" is not intended to suggest that deported immigrants are criminal offenders, but rather to highlight how the architecture of immigration enforcement increasingly mirrors punitive elements of the criminal legal system, such as incarceration (Andrews 2023; Golash-Boza 2015), surveillance (Martinez-Aranda 2020; Muñiz 2022; Menjívar, Cervantes and Alvord 2018), and restricted mobility (Armenta 2017; Valdivia 2018). I define reintegration as the process of when returned deportees reenter the U.S. after deportation. In immigration literature, integration is often used similarly to incorporation, referring to the process of how structures, policies, and the sociocultural context incorporate immigrants (Bean, Brown, and Backmeier 2015; Menjívar and Abrego 2012; Nee and Sanders 2001). Additionally, the vulnerability of the group also impacts the integration, with an undocumented status slowing down integration (Portes and Zhou 1993). On the other hand, criminal legal literature defines reintegration (interchangeably used with reentry) as when a person is released from incarceration following a punishment (Western 2018). Their reintegration from incarceration to a free society is full of challenges and stigma because of their criminal record, affecting them in obtaining employment and reconnecting with family and friends (Pager 2003; Western 2018). In that sense, is it possible that returned deportees navigate their reentry similar to reintegration, as their return is no longer a civil one, but a criminal one, being rooted in punishment and exclusion (Patler 2024; Valdivia 2025).

By studying the experiences of returned deportees' health in shaping their reintegration, we can reconceptualize deportation as a form of punishment within the immigration carceral continuum that exacerbates restrictions upon returning to the U.S. Prior work has shown that persistent reminders of undocumented status for immigrants develop into psychological tensions and chronic fear of

deportation (Ellis 2021). Building on this work, I argue that deportation creates a form of repetitive violence, where one experiences violence over and over again through repeated border crossings. Constant deportations and continuous border crossings shape reintegration, as returned deportees navigate reentry with bodily injuries and mental health stressors. Additionally, it points to the repeated exclusion and marginalization of the state functioning as an ongoing process. This paper aims to highlight the consequences of repeated violence through how returned deportees navigate the bodily injuries and mental health stressors obtained during their multiple border crossings and the ways it limits reentry, implicating that one must look at border crossings in how they shape reintegration.

Data and Methods

This study draws on 25 in-depth interviews with returned deportees conducted from June to September 2022. Eligibility criteria consisted of being 18 years or older, undocumented, having experienced at least one deportation, and residing in Orange County, California. Orange County, situated between south of Los Angeles and north of San Diego, is uniquely suited for this study because it reflects the arrest-to-deportation pipeline and its anti-immigrant policies. Over half of deportations (76%) result from contact with the criminal legal system (Migration Policy Institute 2025). Regardless of the enactment of various California state laws that protect undocumented immigrants, Orange County has the highest arrest to deportation pipeline in California (Rivera and Ramirez 2023). This makes it the ideal location to examine reentry experiences, given the high number of deportations and possible reentry.

For recruitment, I relied on personal networks and snowball sampling. Having grown up in an immigrant working-class neighborhood in Orange County that was hyper-policed was fundamental in the recruitment process, as it facilitated rapport and connections when recruiting a hard-to-reach population. This meant I maintained long-standing relationships with multiple respondents and their loved ones who returned after deportation, including neighbors and street vendors. These relationships also helped in brokering conversations with new respondents who were hesitant to disclose sensitive information. Throughout the recruitment process, I did not share my recruitment flyer online or distribute it widely. Instead, I began with a conversation about my study and then asked whether they were interested or could share it with the potential respondent. Having strong relationships with trusted community members reassured respondents that I would keep their information private. My social ties to the community and recruitment practices enabled me to gain the trust and rapport of respondents.

All interviews were conducted at a location of the respondent's choosing, with all but two conducted in person. Interview locations ranged from the respondent's home to coffee shops and local parks. Most of the interviews were in Spanish and lasted an hour and a half. At every in-person interview, I brought a tote bag with two water bottles, fruit, and tissues for respondents. Before each interview, I obtained respondents' verbal consent, explained the purpose of the project, and asked them to choose their pseudonyms. The interviews were semi-structured, ideal for understanding how respondents make meaning of life events, asking follow-up questions, and delving into emerging issues (Lareau 2021). The interview guide was organized chronologically, from their first border crossing, deportation, subsequent

border crossings, to life in the U.S. When respondents became emotional, I paused the recording and resumed the interview when they felt ready. It was during these times that I noticed how important it was to bring water and fruit, as actions like drinking water or peeling a banana helped respondents' emotional regulation. Respondents were compensated for their time. When respondents did not want to accept the compensation, I explained that it was not my personal money but rather funds from a scholarship that supported research exploring the experiences of people with deportations in the U.S. This made respondents more comfortable accepting the compensation, helped build rapport, and destigmatized their deportation. This project was approved by my university's Institutional Review Board (IRB).

After the interviews, I wrote field notes on respondents' body language, emerging themes, and how topics aligned with or challenged existing literature. Once I was done, I deleted all contact information of the respondent that I did not have before the start of the interview. All interviews were transcribed verbatim and reviewed to remove any lingering identifying information.

For data analysis, I used a flexible coding approach, going back and forth with my data (Deterding and Waters 2021). I used my field notes to create a codebook with emerging themes, like physical injuries and mental health stressors. I used a qualitative data software to code interviews using the themes that emerged from the field notes. For the physical injuries code, I operationalized it as any discussion of injuries, like a broken bone, scrapes, blisters, or effects on the body from crossing, arrest, or detainment. For mental health stressors, I operationalized it as any discussion of anxiety, nightmares, trouble sleeping, fears, or recollection of their negative experiences. After, I wrote analytical memos, where I noticed the theme of multiple border crossings. I went back to the fieldnotes and transcripts to track the number of attempts, completed border crossings, and the method of crossing. In this stage, I was able to see differences between the first border crossing and those after deportation by paying special attention to time. To conclude my analysis, I conducted a final round of analytical memo writing on the differences between their first crossings and those that followed after deportation, where I noticed differences in reintegration trajectories due to their mental and physical health.

[Table 1 about respondents' demographics]

Table 1
Respondents' Demographics

Characteristics	Number	Percentage	Range
Sex			
Male	16	64%	
Female	9	36%	
Age			32–71
18–35	4	16%	
36–45	7	28%	
Over 46	14	56%	
Age of First Deportation			10–48
Under 35	19	76%	
36–45	3	12%	
Over 46	3	12%	
Country of Origin			
Mexico	23	92%	
Central America	2	8%	
Sample size	25		

Analytical Sample

Table 1 presents the sample demographics. In total, 64% were male, and 36% were female, with most (92%) originating from Mexico. The gender and country of origin disparity reflects the deportation regime that targets Latino men (Golash-Boza and Pierrette Hondagneu-Sotelo 2013), California's undocumented population (Migration Policy Institute 2019), and the U.S. unauthorized reentries report (U.S. Sentencing Commission 2023). Over half (56%) were over the age of 46, and about three-fourths (76%) were 35 or younger when they were first deported. Table 2 provides information on the first and most recent border crossing methods used to enter the U.S., border crossing attempts, and completed border crossings. I define *border crossing* as any attempt an immigrant makes to cross the U.S.-Mexico border. Distinguishing between a completed crossing and an attempt is crucial because an immigrant may try to cross but fail to reach the U.S. due to apprehension, injury, or other obstacles. Many respondents went through the desert for their first (56%) and most recent (52%) border crossing. Most (60%) respondents had attempted to cross 2 to 5 times, with one respondent reporting 40 attempts. Those with more crossing attempts crossed before the heightened surveillance and militarization of the border.

Table 2
Respondents' Border Crossings

Border Crossing Information	Number	Percentage	Range
First Crossing Method			
Desert	14	56%	
Port of Entry	11	44%	
Border Wall	0	0%	
Ocean	0	0%	
Most Recent Crossing Method			
Desert	13	52%	
Port of Entry	9	36%	
Border Wall	2	8%	
Ocean	1	4%	
Attempted Border Crossings			2–40
2–5	15	60%	
5–10	6	24%	
Over 11	4	16%	
Completed Border Crossings			2–15
2–5	23	92%	
5–10	2	8%	
Over 11	0	0%	
Sample Size	25		

[Table 2 about respondents' border crossings]

Findings

These interviews revealed that returned deportees experienced chronic injuries and persistent mental health stressors from multiple border crossings, which limited their ability to reintegrate into U.S. society. Returned deportees described differences from their first border crossing experiences versus their second, third, and so on. The *repeated* violence that interviewees described as a result of multiple border crossings is thus unique in that it often carried both short-term *and* long-term consequences on their mental and physical health. For example, returned deportees often reported discrete bodily injuries

suffered during the crossing itself (e.g., broken bones, twisted ankles, etc.) that created immediate pain and suffering, but over time, these injuries often progressed into chronic pain that limited long-term mobility and consequently created burdensome difficulties in employment duties and connecting with family members. Similarly with mental health, returned deportees described intensified mental health stressors (e.g., anxiety, nightmares, etc.) either during the journey or in the immediate aftermath of crossing, and yet these often persisted for years, hindering their ability to remain present in social settings with family and friends. Throughout the paper, I discuss how these repeated short-term bodily injuries and mental health stressors restricted returned deportees from fully reintegrating into society once they arrived in the U.S.

From Immediate Injuries to Chronic Pain Shaping Reintegration

Returned deportees frequently reported physical injuries from crossing the border multiple times after their deportation, describing an accumulation of injuries once they reentered the U.S. that shaped their ability to reintegrate. For most returned deportees, this was a marked contrast to their first border crossing, which they often described as relatively simple, while after their deportation, the border crossings became more dangerous and carried heightened risk. Injuries are common in these journeys, due to dangerous crossing routes, fluctuating temperatures of extreme heat in the day and freezing nights, as well as the presence of wild animals (De León 2015; Hagan 2012). With each border crossing, respondents accumulated additional bodily injuries, with every attempt creating additional opportunities for injuries and harm. For many, their layered criminalized identities, both undocumented and deported, deepened their vulnerability. Fearful of medical institutions, many did not receive treatment for injuries even after completing their crossing and were left with poorly treated and unaddressed wounds, which in some cases progressed over time. Therefore, they turned to religion as a source of strength and healing (Cavazos-Rehg, Zayas, and Spitznagel 2007; Hagan 2012). Having untreated compounded physical injuries from repeated crossings limited their reintegration when they returned, including challenges in their social life and employment.

Since returned deportees had multiple crossing experiences, they often described their first crossing as less difficult with little to no injuries in comparison to the crossing that followed after deportation. For instance, Allen, 32-years-old, first arrived in the U.S. when he was 16 years old, and when asked about his first border crossing, he smiled and said, “The truth, the first time I came, I had a very good experience” because he did not get apprehended or injured, and it went smoothly. Since then was deported twice and attempted to cross the border 10 times, mostly through the desert, in which he recounted instances of cactus thorns getting stuck to his feet from walking. In his most recent border crossing, the soles of his shoes began to break down after many days of walking. Because of the multiple times Allen walked in the desert, he experienced cumulative bodily injuries of blisters and thorns on his feet with each attempt. When asked if his injuries still caused him pain, he responded:

Yes, like walking a lot, long distances, it hurts me like the friction, it burns me. In fact, this heel hurts me, as well as I feel that it hurts when I stand for a long time, but it’s for the same reason that I ran barefoot

and suddenly stepped on rocks, but you have to do it.

Like many respondents, Allen viewed his injury as a necessary part of his border crossing, stating, 'you have to do it,' almost as an expected barrier one must overcome. Furthermore, he continued to feel pain in his foot, connecting his suffering not to old age but to his experience at the border. Allen worked two jobs as a cook and mentioned, "I work standing up, and that is when I feel the heel give me the most problems when I stand." Allen's repeated injuries created further challenges for him in the workplace, making tasks like standing painful and therefore limited his ability in the workforce upon his reintegration back to the U.S.

Even after many years from when they were injured, returned deportees emphasized that the mobile instability in their bodies created challenges when visiting family members. Pedro, a 71-year-old who was first deported in 1998, crossed the border 15 times, which led to numerous injuries, including scrapes and falls. Pedro recalled one of his injuries from his prior crossings:

There are times when crossing the border is ugly. Once, I was passing a hillside and there were many rocks, one of my ankles twisted to the side, and I kept walking, and when we got there [U.S.A.]. I saw that my foot was purple. The purple went up to here [points to his knee], and later the purple went away and turned green … Through God's goodwill and with a lot of time passing, it healed itself. And it didn't heal very well. It doesn't hurt, but with any little thing I step on, my ankles turns to the side, and it gets twisted again.

Pedro's twisted ankle came as a result of multiple crossings, at first manifesting as temporary discoloration and pain when he arrived in the U.S., but later progressed to cause problems in his everyday routine. Due to fear of deportation, many immigrants avoid seeking hospital care and instead rely on faith as a coping mechanism for injuries sustained during border crossings (Berk and Schur 2001; Hagan 2012). After another deportation, Pedro needed to cross again, but could no longer walk through the desert due to both his ankle and his age. This left him with the only option of sailing across the ocean, since it did not come with the physical toll of walking the desert. But, Pedro later confessed that sailing was the scariest and most dangerous method of all. Pedro's interview took place at his daughter's home, and when saying goodbye, he mentioned feeling happy to be interviewed since it was an excuse to see his daughter and stated, "I don't visit my daughter too often because she lives on the second floor and with the ankle it is harder going up." His injuries have limited his mobility, such as walking up to his daughter's second-floor apartment, a place he rarely goes to now. Years after respondents' injuries at the border, they continue to experience discomfort and pain, which has made their employment and interactions with others more difficult, as we see with Pedro.

Respondents also normalized their injuries and pain by explaining them as unavoidable consequences of their deportation, having had no option other than to undertake another precarious border crossing. These injuries limited their integration immediately, despite their attempt to return to their life as usual. Take Jose, for example, a 32-year-old man who was deported in 2010 at 20 years old, has crossed seven times. During his last crossing attempt, he broke a few bones:

I was going to sleep, and heard a rattlesnake, and I said, 'If she bites me, what am I going to do?' They have poison! I was praying and started running and fell. When I was here [U.S.A.], all my hand and fingers were broken, and I did not go to the doctor. That's why it stayed that way. This one is different. [points to a bone sticking out].

Author: You never went to the doctor for the finger?

Jose: Not when I got here. I could not move it, and I did not go, instead, I went to work… Sometimes, like when it's cold, it hurts so bad. That's the most dangerous thing because I was lucky to have only arrived here.

Returned deportees experienced a sense of powerlessness and lack of control when crossing. In Jose's experience, his body endured various injuries, yet he and others viewed themselves as 'lucky' and went to work the next day. However, when crossing multiple times, the notion of 'luck' is challenged and can even be diminished, as it is difficult to be 'lucky' many times compared to once. In the short term, Jose experienced physical limitations to his reintegration as he could not fully hug his daughter due to his injury, and said, "I wanted to hug her, but I couldn't hug her too well, only with one hand." Long term, Jose has a diagonal finger and chronic pain in cold conditions, leaving him with a visible punishment from his seventh border crossing 12 years ago.

Women in the study reported a mixture of physical and sexual violence that affected their mobility and romantic relationships. Sofia, a 59-year-old woman, crossed the border 6 times. In 1991, Sofia was 28 years old and was deported after being in the U.S. for a few hours, and she immediately decided to cross again. During her first couple of crossings, Sofia accrued minor injuries, but on her last crossing, she sustained serious physical injuries and was raped by the smugglers. Sofia first elaborated on her physical injuries:

I would throw myself, roll, and fall because I could no longer walk. All this ankle is still chubby. This right leg is like that, and this left leg is not.

Interviewer: And does it still hurt?

Sofia: Yes. It was swollen, it turned purple. It folded over and I couldn't walk anymore

… we spent a whole month there [safe house]. All month, I had it swollen. I couldn't walk. The people there were massaging me, tying a bandage that I bought.

Interviewer: And when does your foot hurt the most?

Sofia: When I'm walking a lot.

A combination of factors leads to injuries, with some being from the terrain and others from the agony of exhaustion, like Sofia, who confessed to physically throwing herself to continue because she was unable to walk anymore. Once in the U.S., she stayed in the safe house with immediate pain that stopped her

from walking, and after years, she continues to experience pain when walking for extended periods of time. Respondents who have undergone more than one border crossing through the desert or other methods indicated that repeated crossings heighten the likelihood of sustaining more injuries, which led to repetitive injuries of physical harm, pain, and endured hardship. As Sofia mentioned, after six attempts, “I was very tired, I felt that my strength was gone,” because of the compounded toll the crossings had on her body. When asked how the sexual violence had shaped her, she responded:

I don't have a partner anymore. I didn't feel like it anymore because I got sick from … that [rape]. My foot could no longer walk. I didn't walk anymore. Well, over time it slowly healed, but to this date, when I bathe, if it is cold water, I feel that the leg stays, like it is weak.

Sofia attributed her chronic leg pain and inability to form a romantic relationship to her border crossing experience, despite the 31 years since the incident. However, her limited mobility can also be due to the badly healed injury she never received care for. In general, the repeated violence from border crossings showed that with every additional crossing, returned deportees endured immediate injuries of pain and suffering that limited their integration into U.S. society through employment duties, walking abilities, and social relationships.

Persistent Stressors and Their Consequences on Social Life

Returned deportees described persistent mental health stressors like nightmares, anxiety, and depression, which shaped their long-term reintegration into social life. In comparison to physical injuries that were more dependent on the border crossing method, increased mental health stressors from multiple border crossings were broadly experienced by returned deportees regardless of how they crossed. The repetitive violence created from crossing the border multiple times, in turn, led to burdening mental health consequences that showed up in distinct ways, ranging from avoiding certain places and spillover stressors to citizen-born children and impairments in family life.

Despite some respondents crossing through safer routes like the port of entry, they emphasized that their fear and vulnerability became amplified after multiple attempts, as well as exposed them to new traumatic events. For example, Carla, a 37-year-old woman, was deported in 2008, a year after living in the U.S. at the age of 18. In her first border crossing, she shared being a little nervous, but nothing out of the ordinary, and further stated, “Well, the first time [border crossing] I didn’t go through that much since what happened last time didn’t happen to me.” By “what happened”, Carla referred to the sexual harassment she experienced during her crossing attempt after deportation. When Carla was released from the detention center in the middle of the night, she was surrounded by several men sexually harassing her until a woman rushed over and yelled at the men to stop. Once Carla returned to the U.S. and was reunited with her daughter, she could not mentally recover from what she experienced:

I would spend many days each month crying and say, ‘No, I don't want to go through that anymore,’ or I would see the news that so many people were caught. I always say, ‘If that lady had not appeared, I would be dead or they would have drugged me.’ To this date, I always remember.

For Carla, the news of others dying at the border sparked the trauma of her crossing. She stated, ‘I will always remember,’ a clear indication of her inability to forget the drastic impact it had on her mental health. When asked how she combats her mental health stressors, Carla shared that her mental health issues were so severe that she sought help from immigrant-friendly clinics for anxiety medication:

Yes. I think they are about $15, but that's okay because before I paid a hundred for pills, so I stopped taking them and my anxiety and panic attacks came back, until I found this clinic … Before this [deportation] I felt fine, I didn't feel any fear or anything, after all this, I kind of live with many fears. I live and work, day by day, asking ‘What if they deport me?’

Although Carla has received medical care, she has not always been able to afford her medication because of the structural and financial barriers immigrants face in accessing care. Prior to her deportation, she was almost unaware of her vulnerability until her new crossing attempts after deportation, where she experienced a cumulative, distinct form of fear and violence. Like others, the multiple border crossing experiences led to stressors that were not present before. Carla also described the fear of being deported again, showing how both of these experiences are interconnected. Throughout the study, respondents reported persistent anxiety, panic attacks, and depression from what they experienced when crossing.

The stressors from crossing after deportation extended to returned deportees’ families and restricted their activities upon reentry. When Carla returned, she and her children avoided places, including those of leisure, that reminded her of the crossing and deportation. A trip to an amusement park may seem like a fun family activity; however, for Carla, because of the repeated violence she experienced, it was off-limits. She explained, “The children want to go to Sea World, and I told them ‘No, I don't go there’, ‘Don’t even mention that place to me,’ because that's where they caught me, in San Diego. No, it’s forbidden! Even though they were born here, I say, ‘No! What if they catch them…’, and my daughter tells me, ‘We are citizens’.” Before her deportation, Carla drove to San Diego with her family, however, now she has prohibited her children from traveling to another county and going to an amusement park. Like most respondents, the reintegration into society is different through stricter geographical limitations that also spill over to her children. Carla feared deportation more intensely because of what she endured at the border, and confessed that she will not be able to mentally endure another crossing if deported again so she stays home because she explained, “I am the safest inside my house.”

The psychological stressors that arose from respondent’s multiple border crossings limited their ability to have a normal day. For instance, Efrain, a 47-year-old man, first arrived at 16 and was deported in 2002 at the age of 27. In total, he has crossed 11 times. When asked how all his border crossing attempts affected him, he shared:

There are people who it affects a lot, but I am one of those people who do not make my problems affect them. I want my family to see me as strong, but at times I remember and cry in the garage … When I see people begging for bread or walking with a backpack, I say, 'Fuck, that's how I was.' You are normal, but suddenly, it comes to you, like in a combination … when you are crossing or begging at the line, you remember everything. And you realize this never stops. It continues. I don't want to be deported because I know all the suffering at the border.

Efrain framed his efforts to hide his suffering because of the potential negative perspective his family would have of him. He also referred to the stressor of deportation and his multiple border crossings as a 'combination,' and connected all his crossings into one intensified event of ongoing violence. Simple items like bread and a backpack reminded him of the repeated pain that is associated with crossing. Although Efrain diminished the magnitude his crossings had on his mental health, the stressors showed up in Efrain's and many respondents' day-to-day routine.

The stressors of having to cross the border again heavily shaped deported returnee's reintegration following his reentry, especially socially. When Efrain was asked how this experience had impacted him, he shared, "I became more focused. Before, 'let's get some beers', 'let's get drunk in the garage', no. No. Part of what happened made me more mature." What he experienced at the border after deportation has changed the way he socializes. However, at the same time that he described becoming "more focused," he also noted how his experiences have negatively impacted his concentration at work, in family meals, and during times of enjoyment. Efrain elaborated:

When you are working, it disappears a little, but then you say, 'Fuck, what if right now when I leave, the police grab me … and again I'm in the desert?" You are always thinking. When you are not thinking it is because you are busy at work or you are with your family having dinner, and then I forget, but suddenly … you say, "Shit, what if the police catch me?' You're in the room, you're watching TV, you're looking at your cell phone, and suddenly everything comes back to you again. Whether you want to or not, you're watching a horror movie, or an action movie and you go back to what happened to you.

Like Efrain, many deported returnees endured similar disruptions to their daily life: they cannot sleep, work, or watch movies without being reminded of their experiences. As Efrain mentioned, sometimes it comes with triggers, or at other times, there is no identifiable trigger. These psychological stressors that arise unannounced and sometimes without a cause limited reintegration for respondents.

The negative mental health stressors of multiple crossings not only came from the actual crossing experience, but also the anguish of not being able to cross. For example, Maggie, a 66-year-old woman, was deported in 2012 and has crossed five times. When discussing her mental health, she shared about the routine has night terrors she had:

I had some very strong, ugly nightmares, it seemed like something real, that I was there [Mexico] and that it [crossing] couldn't happen. Up to now, I still have dreams and nightmares of when I was in that house, the person who was going to pass us told me, 'Let's go to the line to see if we can pass,' and I saw so

many people, so much pain, there in that line and after being there for about five hours he said, ‘No, today we can't, we'll try again tomorrow’ and the next day, the same thing.

Maggie’s nightmares captured her struggle and the vicarious trauma of other immigrants at the border. Twenty-seven years have passed, yet Maggie’s dreams of the terrors of having to cross again have limited her sleep and well-being. When Maggie first arrived, she suffered from depression and anxiety for the first few years, with time, this turned into nightmares and daily fear that limited her ability to rest. Moreover, her negative experiences at the border and the toll it has taken on her mental health have served as a deterrent for other immigrants thinking of crossing. Maggie’s children’s father was deported and has asked her countless times to help him cross the border again. However, she has discouraged him for years, and explained:

I’ve told him to think long and hard because I didn't want him to experience what I experienced on the border, and it is a lot of risk. He is also not so young anymore; he is already 60. So, I already told him, ‘think it through better and don't come.’

Maggie referred to her experiences at the border as a cautionary tale to stop him from crossing. In addition to the deterrence of the state to prevent immigrants from crossing, the last mental and emotional strain that they are left with from the crossings serve as a deterrence for both individuals and those around them.

Enduring multiple border crossings has repeated negative consequences, with mental health stressors increasing in each crossing. Once respondents arrive in the U.S., they experienced various forms of distress, like nightmares, anxiety, triggers, and more. These stressors have stayed with them for years since their border crossings, permanently limited their reintegration through isolation and impairments in their daily life. Access to mental health services is already challenging for many immigrants, but it becomes more inaccessible for those with a previous deportation. Lacking financial stability, often due to mental health issues that impede their ability to work and socialize, returned deportees find themselves trapped in a vicious cycle that exacerbates their difficulties in obtaining necessary care, which hinders them from fully reincorporating into U.S. society.

Discussion

This paper extends our understanding of the health consequences multiple border crossings have on the reintegration process of returned deportees. It highlights the repeated violence their bodies endure, resulting in lasting chronic pain and persistent stressors that limit their mobility and social relationships upon reentry. Despite the significant risk of injuries, violence, and incarceration, deported immigrants still attempt reentry and are not deterred. The findings demonstrate that deportation cannot be narrowed down to a singular act but should be understood as a continuous, complex cycle, with this study providing a detailed examination of how border-related injuries and stressors have lasting consequences for reintegration in the U.S. In times where deportation is being used as a tool of social control and the

border is hyper-militarized, it is important to understand the implications of what happens to returned deportees who reenter the U.S. unauthorized.

Expanding on the research on integration (Brown 2011; Portes and Zhou 1993) and border crossing (Sheridan 2009; Slack et al. 2016), I find that returned deportees are exposed to repetitive traumas from their multiple border crossings that shape their reintegration. When immigrants undergo more border crossings, they will often begin to experience repeated intensifications of violence and harm through bodily injuries and mental health stressors. First, the physical well-being of returned deportees is plagued by border-related injuries from their crossing. Anti-immigration policies and the increased militarization of the U.S.-Mexico border create the cyclical nature of violence that forces immigrants to cross through hostile terrain after deportation (Cornelius and Salehyan 2007; De León 2015; Slack and Martínez 2021). This leads immigrants to collect more injuries the more border crossings they endure. Second, the mental health aspect arises through the ways returned deportees continue to have persistent anxiety and fear, with each border crossing experience taking a compounded toll on them. These stressors are from their direct and indirect experiences crossing the border, such as being sexually assaulted or almost apprehended. Because of their deportation history, they depend less on institutions for help and struggle to reintegrate into society. This aligns with literature on people who have criminal legal contact becoming system-avoidant, avoiding surveilling institutions, such as hospitals (Brayne 2014). Additionally, family members with undocumented loved ones who have a deportation history fear retaliation and stigma when disclosing their loved one's status, showing the added complexity of a deportation history (Valdivia and Monreal 2024). Thus, we should reimagine healthcare services to be inclusive for people with undocumented status and a deportation history.

My findings are limited, as they cannot speak to other geographical areas and immigrant populations. I expect the findings to differ based on regional context in regard to anti-immigrant-friendly counties and states, where returned deportees may experience additional fear stemming from local and state policies. Future researchers should also explore experiences based on gender and age to allow for more theory development on the consequences of crossing and deportation. I expect that women cross through less dangerous routes in comparison to men, but still endure high rates of sexual violence, while men may experience more physical violence from border agents and smugglers, as well as more physical injuries. I also encourage an in-depth investigation into how violence from state agents, like border agents, can uniquely contribute to the violence against immigrants.

During this hostile political climate towards undocumented immigrants, this study shows how deportation funnels immigrants to have multiple border crossings to return to the U.S., costing them their physical and mental well-being. This work reveals the importance of improving immigration laws, as deportation forces deported immigrants to cross the border multiple times. Ideally, the U.S. should reconsider the implementation of the statutory immigrant ban and not have re-entry be categorized as a felony. The federal government should also allow for immigration judges to have individualized determinations in deportation cases and push towards doing away with zero-tolerance criminal legal removals. This will allow judges to consider who the person is to their family, community, and other

important spheres of their life. Most importantly, these policy shifts will require reflection on the ongoing harms enacted by deportation and anti-immigration laws.

Declarations

Author Contribution

A.M. conducted the data collection and analysis. A.M. wrote the manuscript and prepared the tables.

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Data Availability

Data cannot be shared for ethical/privacy reasons as it contains respondents' legal status and criminal legal history.

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