

Journal of Applied Research on Children: Informing Policy for Children at Risk

Volume 10

Issue 1 *Immigrant Child Health: Creating Evidence-Based Practice in a Changing Environment*

Article 6

2019

Discrimination against Mixed-Status Families and its Health Impact on Latino Children

Margaret A. Singer BA

Wake Forest School of Medicine, msinger@wakehealth.edu

Manuela Gutierrez Velez BS

Wake Forest School of Medicine, mgutierr@wakehealth.edu

Scott D. Rhodes PhD, MPH

Wake Forest School of Medicine, srhodes@wakehealth.edu

Julie M. Linton M.D.

Wake Forest School of Medicine; University of South Carolina School of Medicine-Greenville, juliemlinton@gmail.com

Follow this and additional works at: <https://digitalcommons.library.tmc.edu/childrenatrisk>

Recommended Citation

Singer, Margaret A. BA; Gutierrez Velez, Manuela BS; Rhodes, Scott D. PhD, MPH; and Linton, Julie M. M.D. (2019) "Discrimination against Mixed-Status Families and its Health Impact on Latino Children," *Journal of Applied Research on Children: Informing Policy for Children at Risk*: Vol. 10 : Iss. 1 , Article 6.

Available at: <https://digitalcommons.library.tmc.edu/childrenatrisk/vol10/iss1/6>

The *Journal of Applied Research on Children* is brought to you for free and open access by CHILDREN AT RISK at DigitalCommons@The Texas Medical Center. It has a "cc by-nc-nd" Creative Commons license" (Attribution Non-Commercial No Derivatives) For more information, please contact digitalcommons@exch.library.tmc.edu



Discrimination against Mixed-Status Families and its Health Impact on Latino Children

Acknowledgements

Funding Source: Research support was provided by the Wake Forest Clinical and Translational Science Institute Program in Community Engagement , which is supported by the National Center for Advancing Translational Sciences (NCATS), National Institutes of Health, through Grant Award Number UL1TR001420. Acknowledgements The authors acknowledge Keren Ferris, MPH, from the Maya Angelou Center for Health Equity Integrating Special Populations Program for her assistance with this research. We also acknowledge Daniel P. Krowchuk, MD, for his critical review of this manuscript.

Title:

Discrimination against Mixed-Status Families and its Health Impact on Latino Children

Authors:

Margaret A. Singer, BA^a, Manuela Gutierrez Velez, BS^a; Scott D. Rhodes, PhD, MPH^a, Julie M. Linton, MD^{a,b}

Affiliations:

^aWake Forest School of Medicine, Winston-Salem, North Carolina

^bUniversity of South Carolina School of Medicine-Greenville, Greenville, SC

Address correspondence to:

Julie M. Linton, MD, Department of Pediatrics, University of South Carolina School of Medicine-Greenville; 20 Medical Ridge Road, Greenville, SC 29605;

julie.linton@prismahealth.org

Abstract:

Background and Objective: Restrictive immigration policies and discrimination are associated with negative health outcomes for immigrant and Latino families. Mixed-status families represent a unique subpopulation of Latinos affected by restrictive immigration policies. This qualitative study explored discrimination against mixed-status families and its potential health impact on Latino children from the perspective of Latina mothers.

Methods: In 2017, twenty in-depth interviews with Latina mothers of mixed-status families living in northwestern North Carolina were conducted, transcribed, and analyzed. Constant comparison, an approach to grounded theory development, was used.

Results: Nine themes emerged that reflected experiences with discrimination and its negative impact on children. Themes included more frequent and severe discrimination during and after the 2016 US presidential election, determination to stay together and remain in the US, experiences of discrimination in multiple settings, the impact of discrimination on child health and well-being, the impact of fear and stress on meeting the needs of children, the burdening role of children as liaisons between families and services, the inability of citizenship to protect against the effects of discrimination, positive and hopeful responses to discrimination, and the potential role of education in building a foundation for reducing discrimination (and thus promoting the health and well-being of Latino children) in the future.

Conclusions: Discrimination against mixed-status, Latino families constitutes a critical threat to the health and well-being of Latino children. Further research can inform immigration policies that support (rather than threaten) the health, well-being, and health care practices that mitigate the stresses experienced by Latino children in this vulnerable subpopulation.

Key Take-Away Points:

- Restrictive immigration policies have been associated with psychological distress and increased risk of acute and chronic health problems for immigrant and Latino families. Mixed-status families represent a unique subset of families affected by restrictive immigration policies.
- Amidst current policy changes, discrimination against mixed-status Latino families constitutes a critical threat to health and well-being.
- This study reveals nine themes reflecting experiences of discrimination faced by mixed-status families and their potential health impact on Latino children.

Author biographies:

Margaret A. Singer has a B.A. in chemistry and is a medical student at the Wake Forest School of Medicine.

Manuela Gutierrez Velez has a B.S. in biochemistry and is a medical student at the Wake Forest School of Medicine.

Scott D. Rhodes, PhD, MPH, is professor in and chair of the Department of Social Sciences and Health Policy, Wake Forest School of Medicine. He also directs the Wake Forest Clinical and Translational Science Institute Program in Community Engagement.

Julie M. Linton, MD is an Associate Professor at the University of South Carolina School of Medicine Greenville, the Medical Director of PASOs Greenville, and Adjunct Faculty in Pediatrics and Public Health at the Wake Forest School of Medicine. Dr. Linton was previously an Assistant Professor of Pediatrics at the Wake Forest School of Medicine, the Advocacy Director for the Wake Forest Pediatric Residency Program, and the Associate Director of the Integrating Special Populations Program at the Maya Angelou Center for Health Equity.

Descriptive Key Words:

Discrimination, mixed-status families; Latinos; immigrant families; immigration policy; health

Funding Source: Research support was provided by the Wake Forest Clinical and Translational Science Institute Program in Community Engagement, which is supported by the National Center for Advancing Translational Sciences (NCATS), National Institutes of Health, through Grant Award Number UL1TR001420.

Financial Disclosure: The authors have no financial relationships relevant to this article to disclose.

Conflict of Interest: The authors have no conflicts of interest to disclose.

Contributors' Statement Page:

All authors have met minimum requirements for authorships as described in the *AMA Manual of Style: A Guide for Authors and Editors (10th edition)*. Ms. Singer and Ms. Gutierrez conceptualized the study, conducted the interviews, drafted the initial manuscript, and revised the manuscript. Dr. Rhodes provided ongoing guidance regarding study design and data analysis and critically reviewed multiple drafts of the manuscript. Dr. Linton supervised the project and led manuscript preparation and review. All authors approved the final manuscript and agree to be

accountable for all aspects of the work.

Introduction

Increasingly restrictive federal immigration policies and immigration enforcement expansion continue to amplify public attention to immigration. Previous studies have linked restrictive immigration policies with negative health outcomes.¹⁻⁷ The mechanisms that underlie these associations are complex, but researchers have begun to report increased discrimination among Latino families amidst new policy changes, their enforcement, and associated public discourse.⁸ Despite being one of the largest, fastest-growing minority populations in the United States (US), Latinos face high rates of discrimination.⁹⁻¹³ This may be related to a number of factors, including (but not limited to) actual and perceived race, ethnicity, language preference, or immigration status. Discrimination can negatively impact the health and well-being of both parents and their children.^{10,12-18} Among Latino immigrant youth, discrimination experiences may be associated with depressive symptoms and other negative outcomes.¹⁷

Mixed-status families, those in which at least one member is a US citizen and at least one member of the household does not have legal status, represent a unique subset of families affected by restrictive immigration policies. It is estimated that 5.9 million US-born children live in mixed-status families.¹⁹ Mixed-status families are caught between proponents of restrictive immigration policies and advocates for policies that prioritize contributions of immigrants, family reunification, and humanitarian relief.²⁰ They must navigate a system in which not all members of the family have the same rights or equal access to social services, including health care. Increased immigration enforcement uniquely affects mixed-status families through threatened family separation.⁸ Specifically, fear of deportation has been associated with psychological stress and biological processes linked to an increased risk of chronic disease for

children in mixed-status families.^{21,22} However, research specifically exploring discrimination against mixed-status families, particularly from a qualitative perspective, is limited. Our study aimed to understand, from the perspective of Latina mothers, the discrimination faced by mixed-status families and its potential health impact on Latino children.

Methods

Participant Recruitment

Participants were recruited by pediatric providers at two pediatric clinics in northwestern North Carolina (or by referral from other participants) to produce a convenience sample. Inclusion criteria required that the participant self-identify as Latina, have at least one child less than 18 years old, and reside in a mixed-status household (at least one member without legal status and at least one US citizen). Recruitment continued until saturation, a point at which additional data collection no longer generates new information,²³ was reached.

Data Collection

An interview guide developed by the research team was used to explore family demographics, community and culture, resilience, and experiences with discrimination and violence, as well as the general and mental health of children. Development of the guide was an iterative process that included literature review, brainstorming of potential domains and constructs, and the design, review, and revision of questions and probes (for clarification) and prompts (for detail). The interview guide was crafted with careful consideration to wording, sequence, and content in Spanish and English languages.

Before initiating data collection, the guide was pre-tested in a trial interview with an individual who met the inclusion criteria. On completion of this interview, the research team

refined the guide. The data collected in this interview was not included in data analysis. The first two authors conducted the semi-structured, qualitative, in-depth, one-hour interviews at a pediatric clinic from which some participants were recruited. Before initiating interviews, participants received a waiver of signed consent. Interviews were conducted in English or Spanish, based on participant preference. Interviews done in Spanish were assisted by a certified bilingual interviewer. A bilingual note-taker took notes during each interview, and the interviews were audio-recorded. Participants were compensated with fifty dollars in cash. A certified bilingual researcher transcribed the Spanish interviews; transcripts were translated into English.

Analytic Techniques

Constant comparison, an approach to grounded theory development, was used to analyze the data and identify themes. This inductive approach focused on understanding broad experiences and building understanding based on emergent patterns rather than beginning the inquiry process with a preconceived notion of what was occurring.²³ The goal was not to quantify experiences but rather to capture the broad arrange of experiences related to discrimination and its impact on mixed-status families. Research suggests that collaborative analysis of qualitative data from speakers of different languages -- with iterative discussion, reflection, and negotiation of themes -- yields higher quality and more accurate findings.²⁴⁻²⁶ To minimize bias, the first two authors completed a multistage inductive interpretive thematic process by separately reading and re-reading the transcripts to identify potential codes, coming together to create a common coding system and data dictionary, and then separately assigning agreed-upon codes to relevant text. The authors then convened to compare broad content categories and to identify and interpret themes.

Study approval and oversight were provided by the Wake Forest School of Medicine Institutional Review Board

Results

Twenty in-depth interviews were conducted between January 2017 and May 2017, two in English and 18 interviews in Spanish. Participants' countries of origin included Mexico (n=13), Honduras (n=4), Argentina (n=1), Guatemala (n=1), and the US (n=1). On average, participants reported living in the US for 15.0 ± 7.2 years and in North Carolina for 11.4 ± 4.4 years. All participants spoke Spanish as their first and preferred language. Each participant had an average of 2.6 ± 1.0 children (range=1-5 children) with an average age of 8.4 ± 5.0 years (range=1-17 years). Each family had at least one US-born child. Eleven (of the 20) families included at least one child born outside the US.

Qualitative analysis identified nine themes (Table 1), listed in order of frequency in the table and text.

Perceived discrimination and racism have become more frequent and severe since the 2016 US presidential campaigns and election.

Participants reported that their families experienced increased discrimination and racism during and after the 2016 presidential campaigns and election. As a participant reported: "Now that Donald Trump has done everything he has with immigrants, people look at me strangely all the time... Now we are perceived as criminals."

Participants described the rhetoric surrounding immigration, especially in the media, as intensifying their worries about their families' safety and potential separation through detainment

and deportation. As a participant reported, “We have asylum, and I am applying for a green card, but nothing is firm because now the president is taking special interest [in immigration].”

Discrimination against families threatens the mental health and well-being of children.

Participants reported the impact of fear and discrimination on their children’s health and well-being. Several participants described that their children had difficulty sleeping. A participant noted: “My daughter tells me, ‘Mom, I can’t sleep at night.’ I think she spends a lot of time thinking, and I noticed her acting differently. A lot of it was due to all the worries we were living with. She would say, ‘Mom, I don’t want to come home and not find you here.’”

Other participants emphasized signs and symptoms of anxiety and depression in their children. A participant reported:

When the president changed, he sent immigration [officials] to grab Hispanics, and that scared and worried [my son]. I saw he was stressed, crying, and he would say, “What are we doing? What am I going to do if they take you, mama? What am I going to do if they take dad? Where will I go?” [My son] becomes sad and starts to cry when listening to the news about families being separated. He wakes up asking me questions about it and sometimes goes to sleep crying. He says he dreams about it sometimes, and I tell him it’s because he falls asleep thinking about it. He dreams that they take me, that he doesn’t want anything to happen to me. He is always asking, “Who will I stay with?”

Remaining in the US together is a priority for families

Participants considered the US their home, emphasizing that the needs of their children and the importance of staying together would outweigh the risks that they face as mixed-status families. A participant reported, “At the moment and God-willing, I want to stay here for my

children. I wanted to return to Mexico. But because of [my youngest children (US citizens)], I want to fight and stay in the United States.”

Families perceive discrimination in multiple settings throughout the community.

Participants noted discrimination in diverse settings, including schools, social service organizations, and other community locations such as restaurants, stores, and parks. Experiences included negative comments (e.g., slurs) to themselves and their children based on race/ethnicity, language preference, perceived immigration status, or a combination of these identities. A participant reported: “Others say [to my 17-year old], ‘Here comes the taco, here comes the Mexican!’ They say to him, ‘They are going to deport you and put up a wall.’”

Within schools, participants reported that their children and families have experienced discrimination from other students, teachers, and staff. A participant reported: “The teacher said [to my daughter], ‘Well I don’t want you in my class. For me, you are like a chewed up piece of gum on the floor.’ Later [my daughter told me], ‘[The teacher] said that because I am Latina.’”

Participants also reported discrimination at social service organizations (including while seeking entitled public benefits). A participant recalled:

I went to apply [for food stamps] and they sent me away twice... So, I went to find a lawyer that would help me, and [h/she] gave me a letter [saying that I was eligible]... I brought it to the social work director. She took the paper and ripped it into two pieces in front of my face.

Fear limits a family’s ability to meet children’s basic needs and respond to their children’s stress through supportive interactions.

Participants described feeling limited by their immigration status, English-speaking ability, and fear of discrimination. A participant described: “It is not the same for a documented

person as it is for someone who has nothing. If I had documents, I could stand up for my children and defend them, but I avoid any confrontations because they could call the police on me.”

Some participants reported feeling unable to support and advocate for their children, especially regarding education, healthcare access, and resource utilization. A participant noted:

I receive food stamps [for my 3 US-citizen children] because I don't have a full-time job. The cashier [at Walmart] asked me how I was going to pay, and I told her food stamps. She responded, “You know what? Go back to the end of the line.” I asked her why, and she said that I shouldn't be allowed to have them. I told her that I have three kids, she shouldn't humiliate me, and I was going to pay how I wanted. She told me “no” and that it was because I was receiving food stamps and the government was supporting me. I told her, “No, the government isn't supporting me, the government is supporting my three children who were born here... I went to customer service and told the woman what happened [in English] and they acted like they didn't understand me.

Other participants described the negative impact of their own stress on supporting their children. A participant described, “I've been so stressed lately [due to fear] that sometimes it feels like I'm not helping [my kids manage their stress]... I need more patience and less stress [to help my kids]. Every day is a battle.”

Being US citizens does not protect against the negative impact of discrimination.

Participants shared examples of discrimination against their children, regardless of children's citizenship status. Some participants reported that their US-citizen children faced discrimination that arose from their ethnicity or assumptions that their children or other members of their families were undocumented. A participant described:

[My children] feel that white people don't like Latinos very much. They have had experiences due to them having a different skin color than others. [White children] told my son, "Go back to the river that you came from." My son responded, "I didn't come from any river. I was born here. I am a US citizen and have the same rights as you."

Another participant reported:

[My daughter, a US citizen] worries day after day [about being discriminated against] ... One time she asked me, "Do you think the doctor is going to be white?" [I answered], "Don't worry if the doctor is black or white, she is going to treat us well because she is your doctor." ... I saw that she was really worried.

Children are burdened with the responsibility of serving as liaisons between their families and services.

Participants reported relying on their children to communicate and advocate on their behalf due to the lack of interpreters. A participant reported:

My language limits how much I can communicate [with the school administration]. I went to the school and they said, "No, nobody speaks Spanish here." I had to ask my younger daughter to tell them I need to speak to someone [in Spanish]. When I enrolled her in the school they said there were [interpreters]... but every time I go there, there is no one, and I have to have my older son communicate for me.

Families respond to challenges with optimism.

Despite facing discrimination, participants expressed hope for better treatment of mixed-status families. A participant noted, "There are people who accept you as you are and treat you well and everything. I believe that those that discriminate are the minority." Participants shared examples of resilience, including their children's ongoing desires to contribute to positive

changes. A participant reported: “If we encounter people, like the others in the past that treated me poorly, [my son] will say, ‘No one should do that, no one should be like that. We are all humans; we are all God’s children. We have to help each other.’”

Participants also reported that their children hoped to further their education and become leaders in their communities. A participant reported, “My son told me that he wants to be president, he wants to be a good person, and he doesn’t want to separate families.”

Education can build a foundation for a better future.

Education was identified by participants as a strategy to reduce discrimination. Participants suggested increasing awareness of the challenges faced by mixed-citizenship families within communities. A participant reported, “I feel like there should be community talks addressing the issue. Maybe it will help people understand that we are all the same no matter where we come from.” Another participant noted:

If American parents were more social and tried to get along, children would do the same. It’s on us, we have to be the ones to make the change... we are all the same, even if we don’t have the same skin color, eyes, or language. It would be even better if the schools also educated children to be friendly and sociable with everyone.

Discussion

The present study describes the experiences of discrimination reported by Latino mixed-status families and their impact on the health and well-being of children within the context of increasingly restrictive immigration policies. The current findings reinforce those of previous research that have associated restrictive immigration policies and immigration enforcement with negative health outcomes.^{1-6,8,27} For instance, after a large federal immigration raid in Iowa,

infants of Latina mothers were more likely to be born with a low birth weight than prior to this immigration raid.³ At the state level, Latinos living in states with restrictive immigration policies had worse mental health indicators than those living in states with a less restrictive policies.¹ Our study adds to the existing literature by illustrating the profound impact that restrictive policy and divisive public discourse have on the experiences of children in mixed-status families, specifically. These families may be more likely to perceive discrimination at this time as a result of ongoing fear and uncertainty in the context of increased immigration enforcement. The qualitative nature of our study helps to explore the context in which mixed-status families face discrimination.

Participants in our study described discrimination when applying for or utilizing public benefits. This is consistent with previous findings on utilization of services by Latino families^{20,27} and directly connects the experience of discrimination with other social determinants of health. Although having legal status may provide access to public services for US-born children, legal status alone of an individual in a mixed-status family does not negate the negative impact of discrimination. Recently, researchers have described a “chilling effect” regarding utilization of public benefits in response to a leaked public charge regulation that would tie adjustment of immigration status to utilization of benefits by individuals or their dependents (including US-born children).^{28,29} The proposed changes are not yet in effect and do not include language about benefit utilization of US citizen family members. However, evidence suggests that families may still be declining benefits, such as the Supplemental Nutrition Assistance Program.³⁴ Our results support this concern and also suggest that citizen children may not be receiving critical services to which they are entitled.

Our results also underscore the complex interactions between different identifying factors, including race/ethnicity, language preference, and immigration status. Several participants described experiences of perceived discrimination based on their Latino ethnicity or language preference, regardless of their immigration status. The intersection between identifying factors as it relates to discrimination has been described previously^{30,31} and is worthy of further investigation with respect to mixed-status families.

Despite the challenges reported, participants maintained optimistic. This may be attributable to the strength required to seek a new life and the hope that Latino immigrant families have for a prosperous and safe future in the US. Previous studies have suggested that optimism and hope may support health of immigrant Latinos,^{32,33} and our findings suggest that hope is an enduring factor in the experience of mixed-status families.

There are several limitations to this study, including a small sample size, a single geographic region, and the use of self-report of the impact of discrimination on children rather than direct measures of children's health. Selecting mothers as participants may have also introduced bias. While fathers or other caretakers may have offered additional/different perspectives, the majority of the participants served as the primary caregiver for their children and may have been able to provide the most accurate description of their children's experiences. Additionally, participants were largely recruited from a pediatric clinic. Thus, those who were recruited were accessing healthcare, perhaps representing further selection bias. However, the "safer space" of a regular healthcare setting may also have facilitated trust, allowing in-depth exploration of the experiences of Latino, mixed-status families during a time of divisive public discourse and changing immigration policy.

Conclusions

Discrimination is a social determinant of health that threatens the well-being of Latino children by restricting access to programs and services that keep people healthy, negatively impacting child and parental mental health, and requiring children to take on adult-like roles. Despite discrimination, Latino families are determined and optimistic to maximize their child's well-being and success. Future research should investigate this complex and critical public health issue, compare reported discrimination and its health impact by region, engage larger sample sizes to quantify themes, develop strategies for healthcare providers and others to mitigate family stresses and optimize strengths, and explore the long-term impact of new immigration policies on health. Ultimately, research on the impact of immigration policies on health can inform the development of policies that support family health and well-being.

Acknowledgements

The authors acknowledge Keren Ferris, MPH, from the Maya Angelou Center for Health Equity Integrating Special Populations Program for her assistance with this research. We also acknowledge Daniel P. Krowchuk, MD, for his critical review of this manuscript.

Table 1. Themes from in-depth interviews with Latina mothers in mixed-status families.

Perceived discrimination and racism have become more severe and frequent since the 2016 US presidential campaigns and election.
Discrimination threatens mental health and wellbeing of children.
Remaining in the US together is a priority for families
Families perceive discrimination in multiple settings throughout the community.
Fear limits a family's ability to meet children's basic needs and respond to their children's stress through supportive interactions.
Being US citizens does not protect against the negative impact of discrimination.
Children are burdened with the responsibility of serving as liaisons between their families and services.
Families respond to challenges with optimism.
Education can build a foundation for a better future.

References

1. Hatzenbuehler M, Prins S, Flake M, et al. Immigration policies and mental health morbidity among Latinos: A state-level analysis. *Social science & medicine*. 2017;174:169-178.
2. Lopez W, Kruger D, Delva J, et al. Health implications of an immigration raid: Findings from a Latino community in the midwestern United States. *J Immigr Minor Health*. 2017;19:702-708.
3. Novak N, Geronimus A, Martinez-Cardoso A. Change in birth outcomes among infants born to Latina mothers after a major immigration raid. *International Journal of Epidemiology*. 2017;46(3).
4. Potochnick S, Chen J, Perreira K. Local-level immigration enforcement and food insecurity risk among Hispanic immigrant families with children: National-level evidence. *J Immigr Minor Health*. 2017;19:1042-1049.
5. Rhodes S, Mann L, Simán F, et al. The impact of local immigration enforcement policies on the health of immigrant hispanics/latinos in the United States. *American journal of public health*. 2015;105(2):239-237.
6. Torres J, Dearnorff J, Gunier R, et al. Worry about deportation and cardiovascular disease risk factors among adult women: The Center for the Health Assessment of Mothers and Children of Salinas study. *Ann Behav Med*. 2018.
7. Vargas E, Ybarra V. U.S. citizen children of undocumented parents: The link between state immigration policy and the health of Latino children. *Journal of Immigrant and Minority Health*. 2017;19:913-920.
8. Artiga S, Ubri P. Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health. 2017. <https://www.kff.org/disparities-policy/issue-brief/living-in-an-immigrant-family-in-america-how-fear-and-toxic-stress-are-affecting-daily-life-well-being-health/>.
9. Ayón C, Valencia-Garcia D, Kim S. Latino Immigrant Families and Restrictive Immigration Climate: Perceived Experiences with Discrimination, Threat to Family, Social Exclusion, Children's Vulnerability, and Related Factors. *Race and Soc Probl* 2017;9:300.
10. Becerra D, Androff D, Cimino A, Alex Wagaman M, Blanchard K. The impact of perceived discrimination and immigration policies upon perceptions of quality of life among Latinos in the United States. *Race and Social Problems*. 2013;5:65-78.
11. Pérez D, Fortuna L, Alegría M. Prevalence and correlates of everyday discrimination among U.S. Latinos. *Journal of Community Psychology*. 2008;36:421-433.
12. Sirin S, Rogers-Sirin L, Cressen J, Gupta T, Ahmed S, Novoa A. Discrimination-Related Stress Effects on the Development of Internalizing Symptoms Among Latino Adolescents. *Child Development*. 2015;86:709-725.
13. Benner A, Graham S. Latino adolescents' experiences of discrimination across the first 2 years of high school: Correlates and influences on educational outcomes. *Child Development*. 2011;82(2):508-519.
14. Brown C. *The Educational, Psychological, and Social Impact of Discrimination on the Immigrant Child*. Washington, DC: Migration Policy Institute;2015.

15. Coker T, Elliott M, Kanouse D, et al. Perceived reacial/ethnic discrimination among fifth-grade students and its association with mental health. *American journal of public health.* 2009;99(5):878-884.
16. Zeiders K, Umaña-Taylor A, Jahromi L, Updegraff K, White R. Discrimination and acculturation stress: A longitudinal study of children's well-being from prenatal development to 5 years of age. *J Dev Behav Pediatr.* 2016;37(7):557-564.
17. Davis A, Carlo G, Schwartz S, et al. The longitudinal associations between discrimination, depressive symptoms, and prosocial behaviors in U.S. Latino/a recent immigrant adolescents. *J Youth Adolesc.* 2016;45:457-470.
18. Tran A. Family context: Parental experiences of discrimination and child mental health. *American Journal of Community Psychology.* 2014;53(1-2):37-46.
19. Mathema S. *Keeping Families Together: Why All Americans Should Care About What Happens to Unauthorized Immigrants.*: University of Southern California's Center for the Study of Immigrant Integration (CSII) and Center for American Progress; March 16, 2017. 2017.
20. Vargas E, Pirog M. Mixed-status families and WIC uptake: The effects of risk of deportation on program use. *Soc Sci Q.* 2016;97(3):555-572.
21. Martinez A, Ruelas L, Granger D. Household fear of deportation in Mexican-origin families: Relation to body mass index percentiles and salivary uric acid. *Am J Hum Biol.* 2017;29(6).
22. Rojas-Flores L, Clements M, Hwang Koo J, London J. Trauma and psychological distress in Latino citizen children following parental detention and deportation. *Psychol Trauma.* 2017;9(3):352-361.
23. Glaser B, Strauss A. *The discovery of grounded theory: Strategies for qualitative research.* Chicago, IL: Aldine; 1967.
24. Lukens E, Thorning H, Lohrer S. Sibling perspectives on severe mental illness: reflections on self and family. *American Journal of Orthopsychiatry.* 2004;74(4):489-501.
25. MacQueen K, McLellan E, Kay K, Milstein B. Codebook development for a team-based qualitative analysis. *Cultural Anthropology Methods.* 1998;10(2):31-36.
26. Shibusawa T, Lukens E. Analyzing qualitative data in a cross-language context: a collaborative model. In: Padgett D, ed. *The Qualitative Research Experience.* Pacific Grove, CA: Wadsworth/Thomson Learning; 2004.
27. Vargas E. Immigration enforcement and mixed-status families: The effects of risk of deportation on Medicaid use. *Children & Youth Services Review.* 2015;57:83-89.
28. Batalova J, Fix M, Greenberg M. *Chilling effects: The expected public charge rule and its impact on legal immigrant families' public benefit use.* Washington, DC: Migration Policy Institute;2018.
29. Artiga S, Damico A, Garfield R. *Potential effects of public charge changes on health coverage for citizen children.* Washington, DC: Henry J Kaiser Family Foundation;2018.
30. Lewis T, Cogburn C, Williams D. Self-reported experiences of discrimination and health: Scientific advances, ongoing controversies, and emerging issues. *Annual Review of Clinical Psychology.* 2015;11:407-440.
31. Landale N, Oropesa R, Noah A. Experiencing discrimination in Los Angeles: Latinos at the intersection of legal status and socioeconomic status. *Soc Sci Res.* 2017;2017(67):34-48.

32. Stoddard S, Garcia C. Hopefulness among non-US born Latino youth and young adults. *J Child Adolesc Psychiatr Nurs.* 2011;24(4):216-222.
33. Marsiglia F, Kulis S, Garcia Perez H, Parai M. Hopelessness, family stress, and depression among Mexican-heritage mothers in the Southwest. *Health Soc Work.* 2011;36(1):7-18.
34. Bovell-Ammon A, Ettinger de Cuba S, Coleman S, Ahmad N, Black MM, Frank DA, Ochoa E, Cutts DB. Trends in food insecurity and SNAP participation among immigrant families of U.S.-born young children. *Children* 2019, 6, 55; doi:10.3390/children6040055