Family Separation and Child Welfare Protocols in Mixed-Immigration Status Immigrant Households:

Final Report to the Border Health Commission (December 30, 2011)

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Abstract

Purpose: The experience of immigrant families under growing immigration enforcement policies were explored to better understand the health implications that anti-immigrant policies may have on children, their families, and the wider social fabric of the immigrant community in Tucson, Arizona. This pilot study will help researchers formulate funding strategies for a more comprehensive and systematic collection of data with policy implications at a national level. **Research Design**: A community based participation action research approach helped researchers formulate questions and organize focus groups to capture the nuances of mixed immigration status households—domestic units in which the legal status of its members vary—a condition attributed to decades of migration in response to the U.S. demand for labor and progressive impoverishment in less developed nations. The testimonials were analyzed using qualitative content analysis. **Findings:** Most notable results include the remarkably high frequency of the stress variable for all groups, paralleled by a remarkably high frequency of resistance and coping mechanisms among all focus groups. Equally notable is the higher frequencies of these same variables in female-headed households compared to the other groups. Households composed of regularized immigrants or U.S. citizens were more likely to express feelings of being discriminated. More research is needed into how households are responding to greater marginalization from health care programs.

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Introduction

Contemporary news accounts have highlighted the issues of U.S. immigration enforcement as it impacts immigrant families, especially when such actions result in parents being deported or repatriated from the United States and leave children behind. Recent policy reports such as "*Paying the Price*" by the National Council of La Raza have only suggested what some of the consequences of these enforcement actions may be. Among these are trauma due to family separation, the inability of parents to provide for dependents, additional financial burdens placed on supportive extended family members, and disruption in the schooling process among children in households that are faced with the persistent threat—or perceived threat—of immigration enforcement raids [1]. However, an examination of what *long-term* effects these policies will bring through scientifically rigorous study has only recently begun to develop. For example, the study by Yoshikawa (2011) [5] examines how the cognitive abilities of young children of immigrants are adversely impacted when parents fear being arrested for violations of U.S. laws related to residency and employment without official authorization. Less explored is the potential harmful impact of years of stress due to unprecedented anti-immigrant policies that impact more than just those singled out for enforcement actions.

Study Objectives

The **general objective** of the present study was to understand how mixed immigration status households are affected by the implementation of anti-immigrant laws. A mixed immigration status household refers to that domestic unit in which the legal status of its members—and therefore their relationship to the state—vary. Increasingly, mixed immigration status households evolve from immigrant settlement in destination communities [2], and when children are born to immigrants [5, 4].

The **specific objectives** of the research thus included:

1. To document and examine the concerns of mixed immigration status households as assessed by parents, as care-givers and in their day-to-day care of youth and children.
2. To explore the gaps in the multi-agency coordination of standards of care and available resources that concern parents in of mixed immigration status households.
3. To include the perceptions and assessment of conditions by an immigrant stakeholder community in Tucson, Arizona, by using a community based participatory action approach [3].
4. To employ a qualitative content analysis of the testimonials provided by interviewees that can be used as baseline data source for the development of a broader comprehensive study to propose to outside funding agencies.

Background

With an escalation of very public and virulent outspokenness against them, immigrants increasingly find themselves the subject of state-level legislative proposals intended to scrutinize their access to public health care programs, schools, and the work place [2, 23]. Not considered by these policies, however, is the far-reaching ripple effect on others when those singled out for restriction belong to a mixed immigration-status households [4]. Although the immigration status in question may be any one available to the foreign-born, increasingly so, this falls into the category of that has been the subject of so much contention and scrutiny is that of "undocumented."[1]

Arizona's anti-immigrant policies are due in part to the nation's growing awareness of the presence of undocumented immigrants in the country and the state's border with Mexico as a major migration corridor. Negative attention has been fomented by sensationalized media reports and images depicting the border region as a lawless wasteland, rampant with violent drug runners and welfare-benefits-seeking migrants [10, 11]. As a result, other states throughout the United States have also developed "policies of attrition": immigration enforcement measures designed to reduce the number of undocumented immigrants in the country by discouraging their settlement and encouraging their leaving [12].

However, the negative political attention and anti-immigrant backlash is also felt by those who are not undocumented, but only share traits with them [2, 9, 13]. Such traits include language use, phenotype, and expressed cultural values. This makes such policies also anti-immigrant and anti-Latino. The "ripple effect" of anti immigrant sentiment on the broader Latino population has not gone unnoticed by scholars [4]. For example, Michelson (2001) examined major immigration-related political events and found that the political rhetoric that policy measures incited made Latinos—who more often than not are citizens or legal residents—perceive greater discrimination [14]. Greater discrimination has been reported as difficulty finding work or housing, difficulty using government services or traveling abroad, and the increased likelihood of being asked to produce documents to prove their immigration status [15]. The implications of health care access restrictions for immigrants in California is discussed by Marchevsky and Theoharis (2008) who find that because health care service agents are influenced by the public discourse and prejudices, their decisions result in the denying of eligible applicants from applying and receiving much-needed public benefits [16]. Romero (2008) finds that public intimidation exhibited by police during immigration raids in Chandler, Arizona in the form of

[1] The term, "undocumented," is legally non-existent. However, it has both real and symbolic consequences for immigrants [22]. In the United States, where this growing category of immigrants has become the focus of state-level immigration enforcement polices, being undocumented prevents most from legally working and residing in the United States.

unwarranted stops and searches of presumed undocumented immigrants serve to normalize disrespect and contempt for all immigrants, regardless of their status, including U.S. citizen family members [9]. Finally, research by Goldsmith, Romero, Rubio-Goldsmith, Escobedo, and Khoury (2009) finds that policing authorities are more likely to mistreat barrio residents more than their Anglo counterparts because they exhibit more Mexican ethno-racial characteristics, and that citizenship, class, and education level offer them little protection [17].

Published results from a previous study by O'Leary (2011) that examines immigrant women's access to reproductive health care programs in the climate created by Arizona's anti-immigrant legislation argues that the application of such measures are sure to have a ripple effect throughout the broader immigrant community [2]. Although the seeds of legislated health care restrictions for immigrants can be traced to 1986 with California's unsuccessful Prop 187 [6,7], more recently, similar approaches have sparked alarm about the potentially long-term health effects that might be induced by chronic stress [29]. Unmitigated and over time, this will certainly be debilitating and impact the health and well being of a broad base of residents regardless of status, many of whom are young and represent the nation's future.

Methods

The research was approved by the University of Arizona Institutional Review Board for the protection of human subjects. It employed a community based participatory action approach [3] by partnering with a local immigrant rights and advocacy organization, Coalición de Derechos Humanos. Over several weeks, the research team met with the organization's Promotoras de Derechos Humanos to discuss the project, potential outcomes, procedures, and research questions. Partnering with the Promotoras was critical for organizing four focus groups of adult members of immigrant households, primarily parents and other caregivers. Recruiting potential informants who come from low-income or minority ethnic groups is demanding enough [21], so recruiting immigrants who had an undocumented family member residing within the household predictably posed additional challenges. These were largely overcome with the help of the Promotoras who had direct knowledge of community members and were able to invite those that were the subject of inquire to participate in the study. This also followed established practice for the selection of focus group participants, one based on what they may have to say to help researchers answer the research question [21]. They may provide information within the range of topics that they have in common, while illustrating differences between individuals and groups. Therefore, for the research, the participants all came from immigrant households. Following Rabiee (2004), four groups of 6-9 participants was deemed appropriate for this pilot study [21]. Each participant filled out a short demographic survey sheet but no identifying information was collected. A total of four focus group sessions were organized so that each group was represented by adult members of three different types of households:

Session 1: Immigrant households present in the United States *for **5 years or more,***
Session 2: Households headed by immigrant women,
Session 3: Immigrant households present in the United States *for **5 years or less.***

A fourth group, Session 4, represented households in which the legal status of all household members had been regularized or were U.S. citizen. In this way, focus groups allowed researchers to concentrate on topics related to immigrant household settlement and adaption within the state's anti-immigrant climate, which are in turn related to the health and well being of family members, including children.

For all four groups, a structured interview guide facilitated the discussion about a variety of topics and concerns (See Appendix A). These topics were related to routine household organization and adaptation its inherent processes of transmitting cultural values—all of which have bearing for the well-being of children in the household. All four sessions were conducted in Spanish. This qualitative approach was viewed as necessary for contextualizing the important socioeconomic factors that affect household migration and settlement [3]. This information may elude researchers when potential respondents live in the shadows of society, fearful of being detected or scrutinized by authorities [18], or fearful of being shamed and humiliated by police or agency officials [9,16]. The information is also often lost to policy analysts when those who might provide information are deported, repatriated or are otherwise displaced. This qualitative approach was viewed as necessary for contextualizing the important socioeconomic factors that affect household migration and settlement and successful adaptation, as sociological determinants of health. [28]

The sessions were recorded for later transcription. The research team was made up of the Principal Investigator, two graduate student interns from the University of Arizona Mel and Enid Zuckerman College of Public Health participating in the *Frontlines* project for the summer, a paid graduate research assistant, and a visiting scholar at the University of Arizona Mexican American Studies Department. Each member of the research team had a turn in moderating the prepared questions. Notes were taken by each of the research team members. This permitted the person moderating the discussion to focus on that activity while allowing those who were not moderating the opportunity to write notes and to observe a range of behaviors of the group. Research team members were instructed to write field notes summarizing their impressions of the focus group as soon as possible after the group ended. The notes were uploaded to a shared drive that was accessible only to team members.

As a final step before each focus group was conducted, research team member check-in meetings helped ensure that the process remained consistent, and objectives remained clear. Within days after each focus group session, check-in meetings took place. With notes in hand and group focus group dynamics relatively fresh in the minds of team members, these debriefing sessions identified what went well and what could have been improved. In addition, salient themes of the

discussions begin to emerge. This nurtured an *emergent coding* process, where conceptual categories are developed following some preliminary examination of the data [19]. These categories would be re-examined systematically later, during the content analysis phase of the project.

Recorded focus group sessions were transcribed for qualitative content analysis. The research questions functioned as a guide for the analysis. Team members used traditional coding methods to examine the transcripts, meaning that computer software was not used. Instead, research team members used highlighters and pens to mark up copies of the transcripts. Following Krippendorff (2004), our content analysis sessions involved building a coding rubric and developing and applying a concept dictionary—a fixed vocabulary of terms derived from the textual data for concurring or for statistical computation [20]. Using an emergent analytic coding approach, the rubric and concept dictionary allowed the research team to systematically and consistently code the content along the following eight thematic variables:

1. Discrimination
2. Fear
3. Stress
4. Attrition of Health Programs/Responses
5. Economic Instability
6. Reliance on informal economy
7. Resistance/coping
8. Presence (a) or absence (b) of social support systems

An important step in the analytical process involved the negotiation of these conceptual categories and definitions. Accordingly, team members worked together to exchange ideas and come to a consensus for determining the criteria for defining the variables and to determine the rules for inclusion (See Appendix B for the list with the definitions). Stemler (2001) best captures the process when he describes qualitative content analysis as "a systematic, replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding" [19]. Quantitative content analysis in this way transforms observations of found categories into quantitative statistical data, while remaining true to the intentionality of the verbal expressions and their implications. Ultimately, the creation of a coding frame in this manner remains intrinsically related to a contingent logic of the immediate population and social phenomena being studied.

Results

Demographic Summary:

A total of 34 households were represented by a total of 32 participants in the focus groups. When household composition for all units is considered for all, households containing both U.S.-born and foreign born members (primarily from Mexico) were remarkably prevalent, a phenomenon referred to by Heyman (1991) as "border balanced households" [25].

Table 1: Summary of selected demographic characteristics

Focus Group Session	Number of Participants	Number of households represented	Members born in Mexico	Members born in U.S	Average household size	Members < 15 years of age
1	7	6	12 (45%)	10 (55%)	5	12
2	5	5	5 (38%)	8 (62%)	4	7
3	9	9	21 (78%)	6 (22%)	4	14
4	11	10	16 (59%)	9 (33%)	4	9
	32	30	54	33		42

Households also typically included nuclear family relationships (spouses and children) but also contained a variety of extended family members such as grandparents, grandchildren, in-laws, and nieces and nephews.

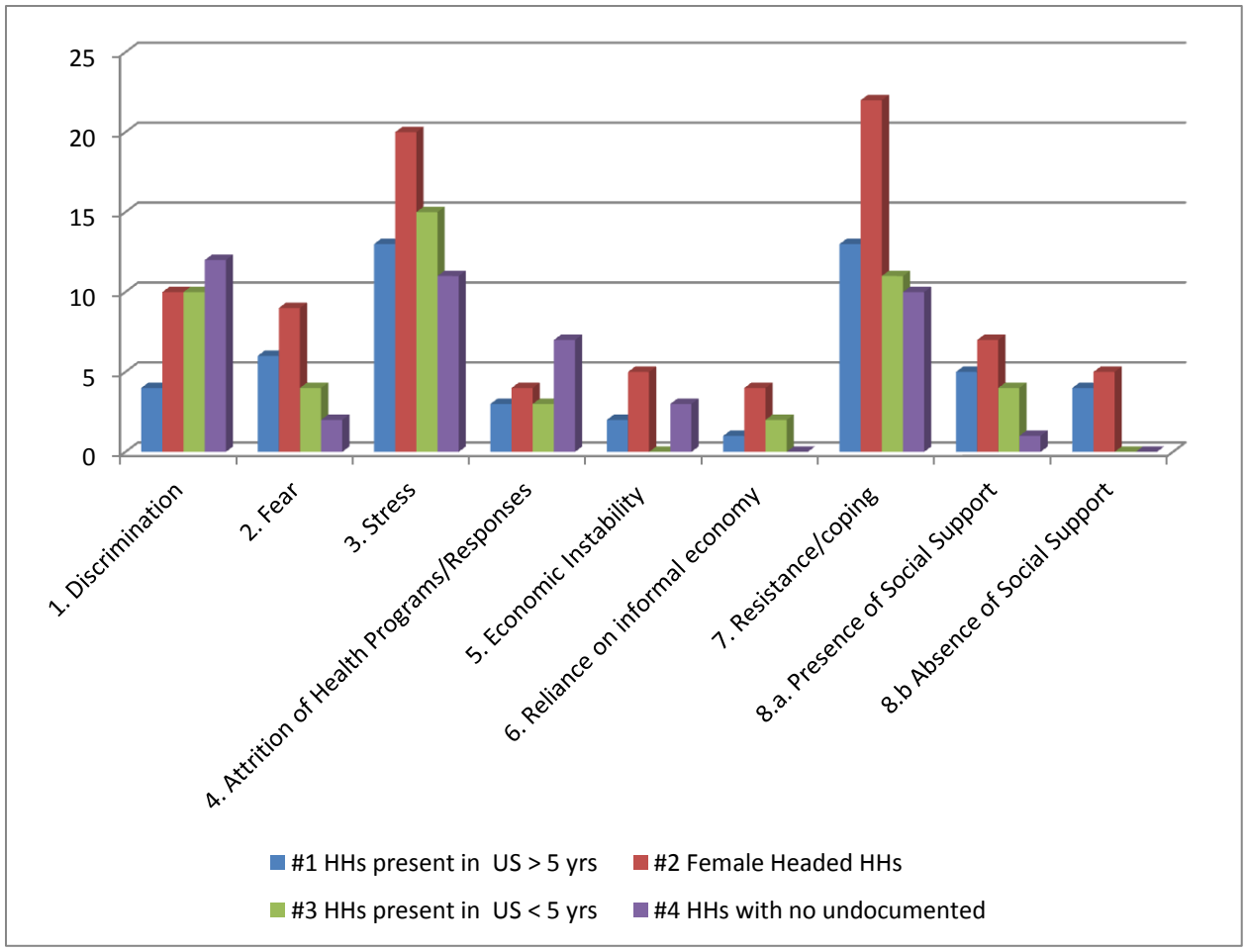
Content Analysis

The transcriptions from the testimonials from the four focus groups were examined using basic content analysis by the research team. Variables were identified and coded accordingly, to reveal the frequencies listed in Table 2, and patterns illustrated in Figure 1.

Table 2: Variable Frequencies by Focus Group Session

	Focus Group Sessions (4)			
Variable	#1: HHs present in US > 5 yrs	#2: Female Headed HHs	#3: HHs present in US < 5 yrs	#4: HHs with no "undocumented"
1. Discrimination	4	10	10	12
2. Fear	6	9	4	2
3. Stress	13	20	15	11
4. Attrition of Health Programs/Responses	3	4	3	7
5. Economic Instability	2	5	0	3
6. Reliance on informal economy	1	4	2	0
7. Resistance/coping	13	22	11	10
8.a. Presence of Social Support	5	7	4	1
8.b. Absence of Social Support	4	5	0	0

Figure 1: Comparative Variable Frequencies by Focus Group Session



Discussion

Stress and Resistance/coping Strategies

Most notable in the results of the content analysis a remarkable high frequency of the stress variable for all groups, paralleled by a remarkably high frequency of resistance and coping among all four groups. Equally notable is the higher frequencies of these same variables in the group representing female-headed households compared to the other three groups.

The prevalence of stress is consistent with what other Latinos in the United States today are feeling with the increased negative public attention on immigration. As if settlement and adaptation processes to the life in the United States were not difficult enough, political events that shift public attention to immigration issues in a negative way succeed in altering the national mood towards immigrants [14]. Anti-immigrant policy trends, epitomized by Arizona's Senate Bill 1070 signed into law in April 2010 and Alabama's HB 56 in 2011, produce climates that are rife with tension. The high level of stress, as articulated by the focus groups and evidenced by

the high frequency of this variable is therefore consistent with what one might expect in light hostile political climates.

The high frequency of resistance and coping strategies among all four groups also conforms to expectations of how a stressful environment might be mitigated. Since individuals do not live in isolation, we relied on theories of household composition and organization to better understand this variable [24]. As strategic social groupings of individuals, households are organized to benefit its individual members. Household forms and function may change over time, but they remain consistent in facilitating cooperative arrangements among and between members, such as for the care of children, the elderly, borrowing, lending, organizing businesses, and the transmittal of cultural ideologies that give exchanges their meaning. On the border, households take advantage of the benefits and resources that each side of the border has to offer by relying on cross-border extended kinship relations [25]. All of these contribute to the building and maintenance of relational ties that bind household members to each other and to other households in an almost seamless fashion, which in turn, help build up and restore social bonds that help individuals adapt to their environments. Indeed, strong extended family relations not only are shown to persist over time, but succeed in growing in strength, adaptability, and regional extension, helping mitigate unstable labor markets and resource scarcity [26]. Moreover, bonds of trust (*confianza)* work to buffer its members from symbolic violence i.e., the use of denigrating language, labels (e.g. "illegals") and images (e.g. criminals) that reproduce and justify other assaults to their dignity [27].

Discrimination and Fear

Two variables that had a strong showing across all groups were "Discrimination" and "Fear." It is also important to note that those who most articulated their perception of being treated unjustly where participants representing households in which members' status was regularized or U.S. citizen. This finding is interpreted as the result of greater acculturation to the United States that brings with it a raised awareness about ethnic differences. This interpretation is consistent with the research by research by Goldsmith and colleagues (2009) who found that policing authorities mistreat barrio residents who exhibit more Mexican ethno-racial characteristics more so than their Anglo counterparts [17]. In such situations, citizenship status offers them little protection, as Romero has also shown [9]. This heightened awareness is also logical with the extensive news coverage of Arizona's SB1070 and public criticisms (nationally and international) for its potential to encourage racial profiling and discrimination. More to the point, although there are legal differences among immigrants, focus groups participants seem to grasp that the public and the media are unable to make a distinction between who is present legally and who is not [22]. This makes all Latinos—because they share many phenotypic and cultural traits with immigrants—fearful and sensitive to the consequences of being racially discriminated [9, 13, 17]. Session Four participants, whose status protects them and their households from being deported or repatriated, also expressed stress and dismay for the torment experienced by neighbors and friends due to greater immigration enforcement. In sum, past and present

discrimination that is being aggravated by anti-immigrant measures means that all Latinos—not just those singled out as undocumented—are more likely to be barred from equitable treatment by authorities which will undermine their access to housing, jobs and education. These sociological determinants of health do more than to lock Latinos into the lower rungs of the social economic status ladder. They also predispose them to long-term health burdens [28].

Attrition of Health Programs and Responses

A low frequency of the variable, "Attrition of Health Programs and Responses" indicates that more research in this area is needed. Extreme marginalization from health programs seems to be a factor in focus group participants reporting few responses to historically diminished access to health care resources. Previous research by O'Leary (2011) has demonstrated that for immigrant women who live in households where at least one household member is undocumented may engage in household, decisions to seek health care are made difficult due to fear that their application to programs invite additional scrutiny by authorities [2,16]. As such, their reluctance to apply to health care programs may result in *de facto* restrictions for those who might be eligible to receive them, including children. Conventional wisdom holds that the lack of healthcare and healthcare access has a negative impact on all facets of life: from economic productivity and educational attainment to the prevention of crime and the spread of disease. Moreover, healthcare and healthcare access is a particular problem for Latino populations, and contributes to the nation's health care disparities as Latinos are more likely to be engaged in high-risk occupations, such as construction and farm labor, which produces a great need for health care [30]. Focus group conversations indicate that many households are making use of prescription medications being brought from Mexico and sold over the counter at local stores. Unaffordable insurance plans and lack of access to healthcare programs have opened up an unregulated market for dentists and medical doctors that come from Mexico to provide much needed services at affordable prices to the immigrant community in Tucson. Self prescribing and sharing of medication (such as antibiotics) also seems to be common.

The higher frequencies of the stress variable in the group representing female-headed households compared to the other groups in both of these categories when all groups are compared signals the need for additional research in this area also. For undocumented women especially, conditions are doubly precarious as both immigrants and females. After they have settled in the United States, they face greater uncertainties because gendered prescriptions pressure them into negotiating on a daily basis an array of household activities, and social inequities. Previous research by O'Leary (2006) shows that cultural prescriptions may discourage women from seeking the support of others, even if they themselves are expected to be supportive [31]. Understanding how women have come to be increasingly impacted by anti-immigrant policies will necessarily need to include an understanding of how survival is negotiated at the level of the household, as well as the macro-level, where policies are designed. To be sure, neoliberal economic philosophies that have worked to callously disrupt subsistence economies in

immigrant-sending communities in Mexico also work to destabilize immigrant communities in the United States. With less equitable distribution of resources, immigrants' integration in their new destinations, as well as their children's, is undermined. In this way, libertarian beliefs that governments should not run large economic deficits to maintain "wasteful" government-subsidized entitlement programs such as services for the poor, primary education, public transportation, and publically funded health care programs should be challenged by way of health impact studies that can prove that such policies will only impose greater health burdens on everyone [28].

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Appendix A

Focus Group Questions – Spanish

1. ¿En que manera su familia se ha adaptado a los EEUU y que dificultades han tenido, si alguna?
   Probing questions:
   a. ¿Se han visto casos de rebeldía o problemas por falta de comunicación entre los abuelos, padres y jóvenes?
   b. ¿Cuáles son los retos que ustedes tuvieron que pasar cuando vinieron a Estados Unidos?

2. ¿Que diferencia encuentra entre la cultura en la cual ustedes han sido creados y a la de sus hijos?
   Probing questions:
   a. ¿Qué entienden con el concepto de "identidad"?
   b. ¿Describa el problema cuando sus niños pierden su sentido de identidad cultural?

3. ¿Cual es el proceso de tomar decisiones en su familia?
   Probing question:
   a. ¿Habido algún cambio?

4. ¿Como les ha afectado los cambio en programas de salud, han tenido acceso a ellos?

5. ¿Cuales son sus preocupaciones en este momento?
   Probing question:
   a. ¿En cuanto a la idea de adaptación que preocupaciones existen en la educación de sus hijos?

Focus Group Questions – English Translation

1. What difficulties, if any, have you or your family had in adapting to the United States?
   Probing questions:
   a. Have your children "acted out" or have you had communication problems in your family between grandparents, parents and youth?
   b. What challenges did you overcome when you arrived to the United States?

2. What cultural differences have you encountered between the ways you grew up and the way your children are growing up?
   Probing questions:
   a. What do you understand by the concept of "identity"?
   b. Can you please describe the difficulties that your children face when losing their sense of cultural identity?

3. What is your family's decision-making process?
   Probing question:
   a. Has that changed?

4. How have changes in health programs affected you? Have you had access to them?

5. What are your current concerns?
   Probing question:
   a. Regarding adaptation, what concerns do you have about your children's education?

Appendix B

Defined Variables:

1. **Discrimination**: When the respondents articulate their ***perception*** of being treated unjustly or when the respondents provide examples of ***specific acts*** of being treated unjustly.

2. **Fear**: A distressing emotion aroused by the interaction with people in power or authority that might lead to being questioned, detained, incarcerated and/or deportation.

3. **Stress**: Verbalized expression of suffering anxiety, high level strain, worry, nervousness, frustration, pressure and/or tension.

4. **Attrition of Health Programs/Responses:** Strategies used to respond to greater restriction to healthcare.

5. **Economic instability**: Strategies used to respond or adapt to sudden changes in the local job market.

6. **Reliance on informal economy:** Evidence (strategies) of a household's financial dependency on unregulated markets.

7. **Resistance/coping**: Course of actions or strategies used to survive and/or coexist in an anti-immigrant climate and/or harsh and hostile environment, to deal with life responsibilities, problems, and difficulties.

8. **Presence (a) or absence (b) of support systems**: The presence or absence of a network of people, friends, family and peers who facilitate the exchange of emotional, material resources and/or information.