



FOUNDATION
FOR CHILD
DEVELOPMENT

**RESILIENCE AND RISK AT THE INTERSECTION
OF IMMIGRATION AND CHILD WELL-BEING:**
Research Insights From the Young Scholars Program

OCTOBER 2017 | OCTOBER 2019

Table of Contents

EXECUTIVE SUMMARY Page 3

OCTOBER 18, 2017 Page 7

YOUNG SCHOLARS PROGRAM RESEARCH REPORT

**Latino U.S.-Citizen Children of Immigrants:
A Generation at High Risk**

Summary of Selected Young Scholars Program (YSP) Research

OCTOBER 9, 2019 Page 30

YOUNG SCHOLARS PROGRAM RESEARCH REPORT

**Determinants of Health and Well-Being for Children
of Immigrants: Moving From Evidence to Action**

The **FOUNDATION FOR CHILD DEVELOPMENT** identifies needs, fills gaps and integrates knowledge for successful implementation and continuous improvement. We connect research, policy and practice to help build early childhood systems that enable children to reach their full potential.

Executive Summary

For more than a decade, the Foundation for Child Development, through the Young Scholars Program (YSP), funded studies about the early education, health, and well-being of children from low-income, immigrant families. Through YSP, the Foundation aimed to fill a gap in policy and practice-relevant research on young immigrant children. It invested in early-career researchers who investigated the education and health needs of this population. These YSP scholars developed a knowledge base that provides an understanding of the changing faces of America's diverse early childhood populace and their families, and provide valuable information on the effects of parental immigration status on the well-being of young children growing up in immigrant families.

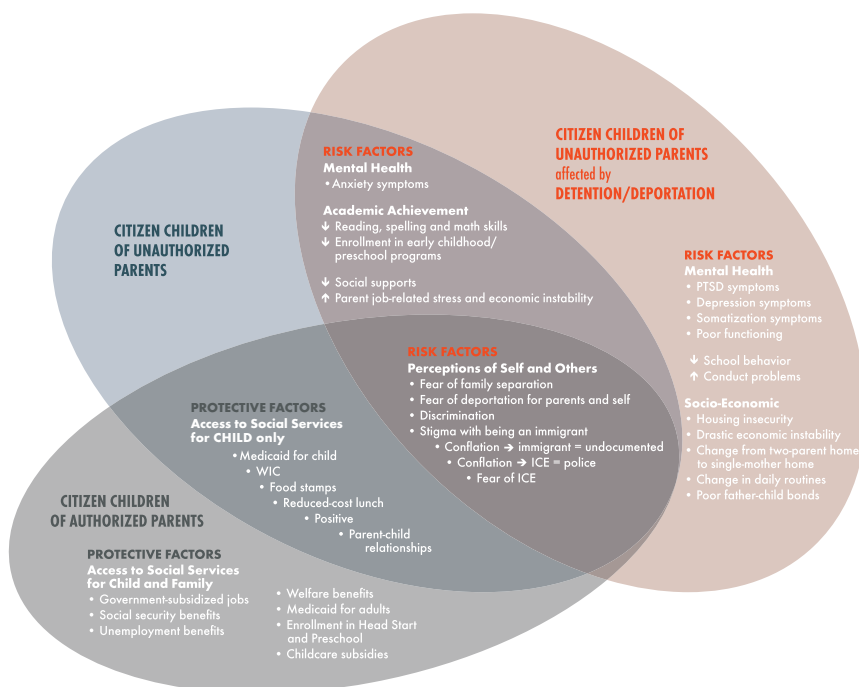
In light of the current political context, the Foundation aims to raise awareness of the existing YSP research and the implications it has for policy and practice. Two timely reports, commissioned by the Foundation, provide a systematic review of YSP research and situate findings related to the well-being of children of low-income, immigrants into today's socio-economic and sociopolitical climate. YSP research can help equip decision makers with knowledge about both protective and risk factors that influence the developmental outcomes for young children within immigrant families. It also highlights contextual conditions that may contribute to greater resilience among children of immigrants and present recommendations for action at the public policy, family, school, and neighborhood levels. Both reports are authored by former YSP scholar Dr. Lisseth Rojas-Flores.

Latino U.S.-Citizen Children of Immigrants:

A Generation at High Risk examines the consequences of immigration enforcement policies and practices on U.S. Latino citizen children living in mixed-status families, which include family members with authorized and unauthorized immigration status. A risk and resilience framework pinpoints key protective factors that guard against adverse social environments and provides key information about various risk factors that increase children's vulnerability. YSP studies support that having a parent with legal status protects children from an array of academic, emotional, and psychological risk factors than peers whose parents are unauthorized. U.S. Latino citizen children also benefit from additional protective factors including access

FIGURE 1. LATINO CHILDREN OF IMMIGRANTS GROWING UP IN A CONTEXT OF HEIGHTENED IMMIGRATION ENFORCEMENT AND ANTI-IMMIGRANT SENTIMENTS AND POLICIES (ROJAS-FLORES, 2017)

NOTE: This graph does not include research findings completed to date by non-YSP researchers.



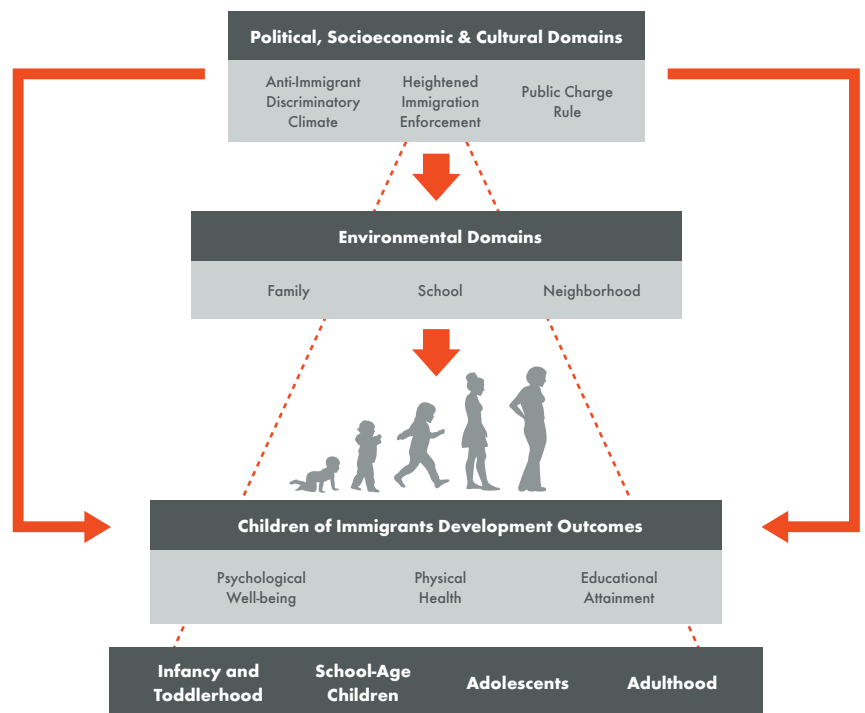
to early care and education and public safety-net programs that enhance their academic performance and health outcomes. However, the research shows that heightened immigration enforcement policies and practices contribute to the adversity experienced by children of low-income, immigrant families. Regardless of parental immigration status, the threat of immigration enforcement is associated with an immediate and long-term negative impact on citizen children’s well-being and ethnic identity when dealing with discrimination, stigma, and social exclusion. Furthermore, children who have experienced family separation resulting from the arrest, detention, and/or deportation of a parent have elevated emotional distress, anxiety, and trauma symptoms, which potentially undermines their health and development. Recommendations are offered to improve local, state, and federal policies to promote the well-being and development of U.S. Latino citizen children and guard against such harmful risk factors.

Determinants of Health and Well-Being for Children of Immigrants: Moving

From Evidence to Action illuminates how social, economic, and sociopolitical conditions directly influence the early learning, health, and developmental outcomes of children of low-income, immigrant families within a social determinants of public health framework. Various YSP research studies show how political, socio-economic and cultural contexts directly shape the environments where children grow, play, and learn, in turn affecting their psychological well-being, physical health, and educational attainment. Anti-immigrant discrimination, heightened immigration enforcement, poverty, lack of access to safety net programs, and housing insecurity are all determinants of health that can have

negative long-term effects on child development, potentially compromising child life outcomes. Prolonged parent-child separation can also produce mental health challenges and hinder academic achievement into adulthood. YSP scholars also discuss how policies like the revised public charge rule exacerbate childhood vulnerabilities caused by hostile environments. Recommendations based on research are suggested to promote the overall well-being and academic achievement of children of immigrants with beneficial approaches to address the needs of all children and inform public policy.

FIGURE 1: LINKS BETWEEN POLITICAL, SOCIOECONOMIC, AND CULTURAL DOMAINS, ENVIRONMENTAL DOMAINS, AND CHILDREN OF IMMIGRANTS’ DEVELOPMENT ACROSS THE LIFESPAN



Steps to promote the best interests of children of immigrants.

Federal, state, and local policymakers are encouraged to examine the cumulative risk and protective factors that affect the well-being of young children within immigrant families and better manage systems that promote children's ability to thrive. Policymakers, communities, and institutions must pay special attention to strengthening policies promoting protective factors and at the same time reducing risk factors that impact the development of children within low-income, immigrant families. Recommended strategies include:

- **Reform immigration enforcement policies and practices.**

- Reduce unnecessary detainment and associated prolonged parent-child separation.
- Revise deportation legislation and practices in favor of maintaining family units.
- Revise enforcement apprehension/arrest procedures to reduce exposure to children.
- Revise federal legislation to provide permanent legal status and/or a pathway to citizenship for unauthorized parents.

- **Intervene using the social determinants of health to improve life outcomes.**

- Move toward inclusive policies for better child outcomes. Address disparities in accessibility, enrollment, and utilization of means-tested social services.
- Promote universal public safety net policies that improve healthcare, housing access, and nutritional programs for all children.
- Protect the health of children of immigrants by reducing disparities in state and local health care policies.

- **Create and empower supportive communities around children of immigrants.**

- Support immigrant parents and reduce stress in mixed-status families.
- Support and train early care providers, teachers, and schools on implementing inclusionary school strategies and policies to support children of immigrant families, including the implementation of trauma-informed intervention and prevention programs.
- Invest in neighborhoods and immigrant communities to improve social determinants of child health.

Suggested Citations

Foundation for Child Development. (2020). *Resilience and Risk at the Intersection of Immigration and Child Well-Being: Research Insights From the Young Scholars Program*. New York, NY.

Rojas-Flores, L., & Medina Vaughn, J. (2019). *Determinants of Health and Well-Being for Children of Immigrants: Moving From Evidence to Action. Summary of Selected Young Scholars Program Research*. New York, NY: Foundation for Child Development.

Rojas-Flores, L. (2017). *Latino U.S.-Citizen Children of Immigrants: A Generation at High Risk. Summary of Selected Young Scholars Program Research*. New York, NY: Foundation for Child Development.

YOUNG SCHOLARS PROGRAM RESEARCH REPORT

OCTOBER 18, 2017

The 2017 Young Scholars Program Research Report references the works of the YSP scholars listed below. For a complete list of references, please see page 26.

Cecilia Ayón, Ph.D. (2013)

Kalina Brabeck, Ph.D. (2013)

Christia Spears Brown, Ph.D. (2009)

Joanna Dreby, Ph.D. (2009)

Elena L. Grigorenko, Ph.D. (2003)

Ariel Kalil, Ph.D. (2005)

Krista Perreira, Ph.D. (2003)

Liseth Rojas-Flores, Ph.D. (2012)

Eric E. Seiber, Ph.D. (2010)

Kristin Turney, Ph.D. (2014)

Elizabeth Votruba-Drzal, Ph.D. (2010)

YOUNG SCHOLARS PROGRAM RESEARCH REPORT
OCTOBER 18, 2017

Latino U.S.-Citizen Children of Immigrants: A Generation at High Risk

Summary of Selected Young Scholars Program (YSP) Research

by **Liseth Rojas-Flores, Ph.D.**

Children of immigrants are growing up in a unique historical context in the United States—a time marked by aggressive immigration policies and practices. Although much has been written on the topic of immigration—and immigration enforcement in particular—few empirical studies have examined the impact of immigration policies on the development of children of immigrants. The Foundation for Child Development is committed to supporting young children in reaching their developmental potential, especially children growing up under conditions of economic instability and social exclusion. For over 10 years, through its Young Scholars Program (YSP), the Foundation has sponsored substantial research with vulnerable children populations, particularly children of immigrants. Between 2009 and 2015, a period marked by heightened immigration enforcement (Gonzalez-Barrera & Krogstad, 2016), when approximately 500,000 parents were deported (Pew Research Center, 2015) studies conducted by YSP scholars have examined the social circumstances of this population, as well as the consequences of immigration policies and practices on the well-being of children of immigrants. This working paper reviews the scholarly work of selected YSP scholars on the impact of parental legal status on child development.

The work of scholars such as Drs. Joanna Dreby, Kalina Brabeck, Cecilia Ayón, Christia Spears Brown, and Liseth Rojas-Flores exemplifies the rigorous empirical inquiry and understanding of issues that the Foundation for Child Development seeks to promote on behalf of children affected by social exclusion. Their research focuses on Latino school-aged children, ages 6 to 12 years, from mixed-status families living in various regions of the continental United States, including eastern and western states as well as mid-southeastern states. The scholarly work of these YSP researchers, taken together, explores the “assets” of this population (addressed later in this review also as “protective factors”) and highlights the vulnerability of Latino children of immigrants. Using rigorous empirical methodologies, including collecting data from multiple classes of informants (parents, children, teachers, clinicians), standardized measures, semi-structured interviews, and secondary analysis of national data sets, these scholars have examined the impact of immigration enforcement practices and policies on Latino U.S.-citizen children living in mixed-status families

with authorized or unauthorized parents. Specifically, they examine the effects of parents' legal status, including parents who have directly experienced immigration enforcement action, such as detention or deportation, on Latino child outcomes.

Over the past two decades, the number of detained and deported migrants has grown exponentially, leading to over 4.2 million deportations since 2000 (Meissner, Kerwin, Chishti, & Bergeron, 2013). Of the estimated 11 million unauthorized immigrants in the United States in 2014, about 54% (5.8 million) came from Mexico and 15% (1.7 million) from Central American countries (Passel & Cohn, 2016). For broader demographic profile regarding unauthorized¹ immigrant populations in the United States, see Table 1 starting on page 9. Latino immigrants are disproportionately detained or deported by Immigration and Customs Enforcement (ICE), with people from Mexico and Central America accounting for 91% of the removals (Rosenblum & McCabe, 2014). The vast majority of those detained and deported are Latino males (Rosenblum & McCabe, 2014; Golash-Boza & Hondagneu-Sotelo, 2013)—and many are parents of Latino U.S.-citizen children (Passel, Cohn, Krogstad, & González-Barrera, 2014). Today, an increasing number of Latino citizen children are affected not only by the immigration status of a parent but also by the constant threat of deportation-related family separation. Notably, although many young Latino citizens may experience adversity associated with poverty and related risks, emerging research shows that precarious parental immigration status puts them at higher risk beyond the ill effects of poverty (Yoshikawa, Kholoptseva, & Suárez-Orozco, 2013).

Developmental scientists have long underscored the impact of the larger context on children's overall well-being (Bronfenbrenner, 1986; Rutter, 1979). Most recently, models of social stratification associate legal status with conditions that shape health over time, describing immigration as a social determinant of health (Castañeda et al., 2015; Viruell-Fuentes, 2007). Informed by these theoretical frameworks, YSP scholars seek to examine some of the mechanisms connecting parental legal status and developmental outcomes in Latino children of immigrants. From discrimination to fear of enforcement to family dissolution due to the deportation of a parent, differential outcomes for Latino citizen children due to parental status reveal distinct patterns of risk and of promotive and protective factors in relation to the current heightened immigration enforcement and sociopolitical context in which we live.

¹ "Legal or authorized immigrants" are persons to whom the U.S. government has granted legal permanent residence or asylum or allowed entry as refugees or under temporary status, either for residence or employment. "Unauthorized immigrants" are individuals who were born abroad and are not legal immigrants. "Unauthorized immigrants without contact with ICE" are those who were born abroad, are not legal residents, and have not had contact with U.S. Immigration and Customs Enforcement (ICE). The term "citizen" refers to individuals who are U.S. citizens from birth—born in the United States, Puerto Rico, or other U.S. territories, or children of U.S. citizens born while living abroad (Pew Research Center, 2015).

TABLE 1. PROFILE OF THE UNAUTHORIZED POPULATION: UNITED STATES

Migration Data Hub Table developed by the Migration Policy Institute (MPI). Table adapted with permission.

For the complete table, go to <http://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/US>

DEMOGRAPHICS	ESTIMATE	% OF TOTAL
Unauthorized Population	11,009,000	100%
<hr/>		
TOP COUNTRIES OF BIRTH		
Mexico	6,177,000	56%
Guatemala	723,000	7%
El Salvador	465,000	4%
Honduras	337,000	3%
China	268,000	2%
<hr/>		
REGIONS OF BIRTH		
Mexico and Central America	7,854,000	71%
Caribbean	232,000	2%
South America	673,000	6%
Europe/Canada/Oceania	432,000	4%
Asia	1,464,000	13%
Africa	353,000	3%
<hr/>		
YEARS OF U.S. RESIDENCE		
Less than 5	1,989,000	18%
5 to 9	2,569,000	23%
10 to 14	2,943,000	27%
15 to 19	1,802,000	16%
20 or more	1,705,000	15%

DEMOGRAPHICS	ESTIMATE	% OF TOTAL
AGE		
Under 16	866,000	8%
16 to 24	1,653,000	15%
25 to 34	3,094,000	28%
35 to 44	2,708,000	25%
45 to 54	1,551,000	14%
55 and over	1,137,000	10%
GENDER		
Female	5,060,000	46%
FAMILY		
PARENTAL STATUS		
Population ages 15 and older	10,263,000	100%
Reside with at least one U.S.-citizen child under 18	3,350,000	33%
Reside with noncitizen children only under 18	573,000	6%
Reside with no children	6,341,000	62%
MARITAL STATUS		
Population ages 15 and older	10,263,000	100%
Never married	4,155,000	40%
Married to a U.S. citizen	818,000	8%
Married to a legal permanent resident (LPR)	633,000	6%
Married to non-U.S. citizen/non-LPR	2,658,000	26%
Divorced, separated, widowed	2,000,000	19%

EDUCATION AND LANGUAGE	ESTIMATE	% OF TOTAL
SCHOOL ENROLLMENT OF CHILDREN AND YOUTH		
Population ages 3 to 17	1,092,000	100%
Enrolled	1,003,000	92%
Not enrolled	89,000	8%
Population ages 3 to 12	507,000	100%
Enrolled	455,000	90%
Not enrolled	51,000	10%
Population ages 13 to 17	586,000	100%
Enrolled	548,000	94%
Not enrolled	38,000	6%
Population ages 18 to 24	1,390,000	100%
Enrolled	408,000	29%
Not enrolled	982,000	71%
ENGLISH PROFICIENCY		
Population ages 5 and older	10,926,000	100%
Speak only English	819,000	7%
Speak English "very well"	2,504,000	23%
Speak English "well"	2,290,000	21%
Speak English "not well"/"not at all"	5,313,000	49%
TOP 5 LANGUAGES SPOKEN AT HOME		
Population ages 5 and older	10,926,000	100%
Spanish	8,143,000	75%
English	822,000	8%
Hindi and related	263,000	2%
Chinese	253,000	2%
Korean	187,000	2%

WORKFORCE	ESTIMATE	% OF TOTAL
LABOR FORCE PARTICIPATION		
Civilian population ages 16 and older	10,139,000	100%
Employed	6,466,000	64%
Unemployed	702,000	7%
Not in the labor force	2,970,000	29%
ECONOMICS		
FAMILY INCOME		
Below 50% of the poverty level	1,494,000	14%
50% to 99% of the poverty level	2,028,000	18%
100% to 149% of the poverty level	1,909,000	17%
150% to 199% of the poverty level	1,602,000	15%
At or above 200% of the poverty level	3,976,000	36%
ACCESS TO HEALTH INSURANCE		
Uninsured	6,715,000	61%

Source: Migration Policy Institute (MPI) analysis of U.S. Census Bureau data from the 2014 American Community Survey (ACS), 2010-2014 ACS pooled, and the 2008 Survey of Income and Program Participation (SIPP), by James Bachmeier of Temple University and Jennifer Van Hook of the Pennsylvania State University, Population Research Institute.

Data-related notes

1. "School Enrollment of Children and Youth" refers to unauthorized immigrants who reported attending school or college at any time in the three months prior to the survey.
2. For languages, "Chinese" includes Mandarin, Cantonese, and other Chinese languages; "English" includes English, Jamaican Creole, Krio, and Pidgin Krio; "French" includes French, Patois, French or Haitian Creole, and Cajun; "Hindi and related" includes Hindi, Urdu, Bengali, Punjabi, Marathi, Gujarati, Sindhi, Sinhalese, and Kannada; "Sub-Saharan African" includes Bantu, Swahili, Mande, Fulani, Kru, and other African languages; "Tagalog/Other Filipino" includes Tagalog, Bisayan, Sebuano, Ilocano, and Hocano.
3. "-" estimates are zero, not applicable, or not displayed due to small sample size.
4. Percentages may not add up to 100 due to rounding.

Protective factors are resources or promotive processes that foster resilience and lessen the impact of adverse social environments on children (Rutter, 1979; Masten, 2011). Scholars also refer to these protective factors as “assets.” Protective factors or assets for Latino children of immigrants documented in the YSP research include relational processes, social supports, and psychological factors that buffer risks associated with the negative experience of social exclusion and/or losing a parent due to detention or deportation. (See Figure 1 on page 17 for summary lists of protective factors documented by YSP scholars for Latino U.S.-citizen children by parental legal status.)

An understanding of how key risk and resilience factors may increase or mitigate vulnerability in Latino children of immigrants is crucial for intervention and especially important in designing and implementing policy. The YSP scholars’ research outlined here reveals the clusters of risk and protective factors that impact the short- and long-term developmental outcomes of Latino children of immigrants. Their findings underscore risk and resilience frameworks, which provide policymakers and service providers with well-defined targets for intervention and prevention.

Assets and Protective Factors for Latino Citizen Children Regardless of Parents’ Legal Status

To date, YSP scholars have documented the following protective factors in relation to parent legal status:

- *Parent legal status.* YSP scholars’ research consistently finds that Latino children of authorized parents, in spite of overall economic challenges, fare significantly better in most domains of their lives compared to peers whose parents are unauthorized or affected by detention or deportation (e.g., Brabeck, Sibley, & Lykes, 2016; Rojas-Flores, Clements, Hwang, & London, 2017). Thus, it is evident that having a parent with legal status, including citizenship or legal permanent status, protects children from a gamut of psychological, social, and academic risks that may otherwise endanger their healthy development.
- *Early care and education.* In a recent study, Brabeck, Sibley, Taubin, and Murcia (2016) found that authorized parents accessed childcare subsidies and enrolled their children in means-tested early intervention programs such as Head Start and Universal Preschool. These center-based early education and care programs are known to set children of immigrants from low socioeconomic backgrounds on a successful academic trajectory (Votruba-Drzal, Coley, Collins, & Miller, 2015).
- *Service utilization.* Likewise, this YSP study (Brabeck, Sibley, Taubin et al., 2016) found that Latino children of immigrants—and notably their parents with authorized status—accessed and used a range of social services. Specifically, Latino families with authorized parents accessed government-subsidized jobs, social security, unemployment, welfare, and Medicaid benefits for adults and children in the family, including parents. A plethora of research, in turn, demonstrates substantial positive benefits from a family’s use of social services, particularly for citizen children of immigrants (Seiber, 2013; Yoshikawa, Godfrey, & Rivera, 2008).

- *Unauthorized immigrants living in the United States contribute significantly to state and local taxes* (Gee, Gardner, Hill, & Wiehe, 2017). Despite their contributions to the overall economy and social services tax base, use of public services such as welfare benefits, including Medicaid, WIC, and food stamps, is overall lower among children and families of immigrants than families with U.S.-born parents (Capps et al., 2015). Some unauthorized parents of U.S.-citizen children make use of some social services for their children, mainly Medicaid, WIC, food stamps, and reduced-cost lunch services (Brabeck, Sibley, Taubin et al., 2016), especially when specific medical needs arise (Capps et al., 2015; Rojas-Flores, Grams-Benitez, Hwang, & Clements, 2017).
- *Parent-child relationships*. Brabeck and Sibley (2016) found that on measures of positive parent-child relationships, Latino families overall scored average or above average in multiple domains regardless of parents' legal status. This is a cultural strength and protective factor of the Latino family, known to mitigate the ill effects that discrimination and other social exclusion processes pose for children of immigrants (Brabeck & Xu, 2010; Ferreira, Kiang, & Potochnick, 2013).
- *Mental health: Hyperactivity, aggression, or conduct problems*. With regard to mental health outcomes, a study conducted on the West Coast by Rojas-Flores, Clements et al. (2017) found no differences in hyperactivity, aggression, or conduct problems as reported by parents among Latino children of unauthorized immigrants, regardless of whether or not families have experienced parental detention or deportation. Similarly, in an East Coast study, Brabeck and Sibley (2016) report that Latino citizen children of parents with unauthorized status were rated with no hyperactivity problems.

Risk Factors for Latino Citizen Children Regardless of Parental Legal Status

Risk factors are individual, family, community, and society variables associated with circumstances of and processes of “vulnerability” that pose significant threats to the growing child (Masten, 2011). Consistent with a large body of research on risk and vulnerability, the risk factors identified by YSP research include processes that exacerbate child vulnerability and often lead to negative developmental outcomes. (See Figure 1 on page 17 for summary lists of risk factors for the three groups). Undoubtedly, these YSP results have far-reaching consequences for the development of public policy.

Departing from a public health conceptual model, Dreby (2012a) describes the significant associations of the threat of immigration enforcement with negative outcomes on all Latino children of immigrants, regardless of their own citizenship and the legal status of their parents. Dreby (2012a) depicts the negative burden of immigration enforcement policies on children with her Burden of Deportation Policies Pyramid, which shows “misunderstandings of immigration” at the pyramid’s base, with fears, short-term and long-term effects building consecutively up from the base—all capped by the worst possible outcome, family dissolution. The YSP research corroborates these risk factors and their cumulative effects.

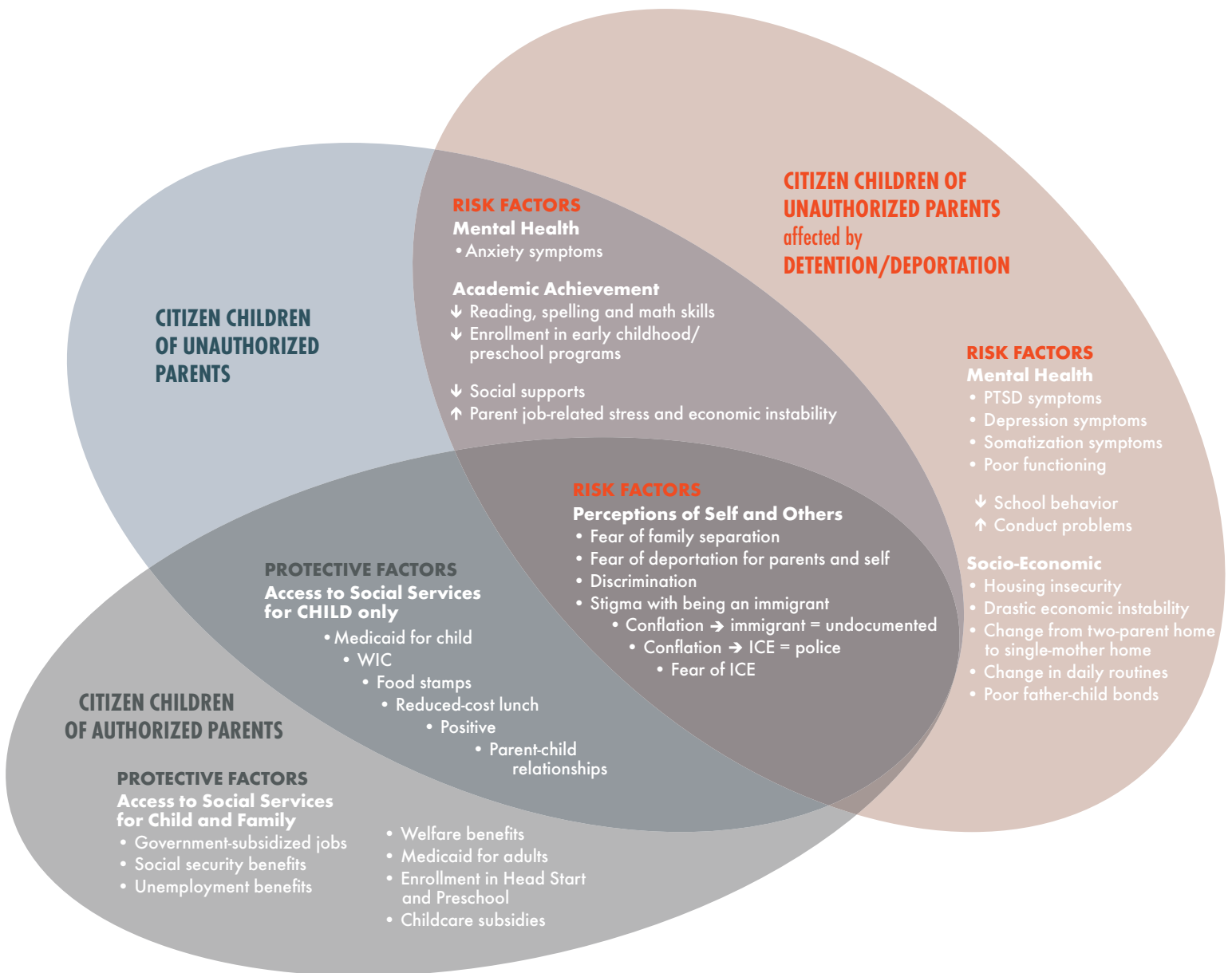
- *Fear of ICE and conflation of ICE and police.* Worrisome, and with possible far-reaching effects on civic engagement, are the children’s expressed fears of ICE and conflation of ICE with the police (Dreby, 2012a, 2012b; Rojas-Flores, Nunes, Hwang, & Zalvana, 2017).

Latino children of immigrants, regardless of their parents’ legal status, are experiencing fear, discrimination, and stigma. Most notable are (1) their conflation of being immigrants with being undocumented and (2) their perception that immigration enforcement agents function as equals to the police.

- *Ethnic identity challenges.* Many Latino citizen children view legal status as a stigma (Dreby, 2015). Citizen children’s perception of illegality and their conflation of being an immigrant with being unauthorized (Dreby, 2012a, 2012b, 2015; Ayón, 2015) are a concern as children develop their own ethnic identities as citizens.
- *Discrimination.* As anti-immigrant sentiments and mass immigration enforcement legislation have escalated over the past several years, Ayón (2015) and Spears (2015) describe the cumulative and detrimental effects of discrimination—evident in economic stress and social exclusion—on Latino mixed-status families in general, and on Latino citizen children in particular. These daily experiences of discrimination are chronic stressors (Spears, 2015) associated with emotional distress and physiological changes in children, a process often known as “toxic stress” (Shonkoff et al., 2012).

FIGURE 1. LATINO CHILDREN OF IMMIGRANTS GROWING UP IN A CONTEXT OF HEIGHTENED IMMIGRATION ENFORCEMENT AND ANTI-IMMIGRANT SENTIMENTS AND POLICIES (ROJAS-FLORES, 2017)

NOTE: This graph does not include research findings completed to date by non-YSP researchers.



Risk Factors for Latino Citizen Children of Unauthorized Immigrants

Emerging research demonstrates that unauthorized parental legal status is a strong predictor of poorer physical health (Vargas & Ybarra, 2016), and particularly poor mental health and academic outcomes for Latino children (Rojas-Flores, Clements et al., 2017; Brabeck, Sibley, Taubin et al., 2016). Dreby (2012a, 2012b) notes that children of unauthorized immigrants are a particularly vulnerable population because they experience a distinct set of circumstances of vulnerability and life stressors, including misunderstandings about immigration (frequently associating immigration with illegality) and fears about family stability (for self and family members).

- *Mental health: Anxiety.* Citizen children of parents with precarious legal status were rated by their parents and by children's own report as exhibiting higher levels of anxiety than children whose parents were authorized (Brabeck & Sibley, 2016; Rojas-Flores, Clements et al., 2017).
- *Academic achievement.* Academic achievement during middle childhood is a good predictor of long-term academic achievement and eventual completion of school (García Coll & Marks, 2009). Brabeck, Sibley, Taubin et al. (2016) were among the first to examine the relationship between parents' legal status and academic performance during middle childhood. They found that parents' unauthorized status was a significant predictor of children's poor performance in reading comprehension, math, and spelling.²
- *Service utilization.* Emerging research reveals that differential utilization of public health services based on parental immigration status is shaped primarily by the threat of deportation (Brabeck, Sibley, & Lykes, 2016). Unauthorized immigrants under-utilized most public means-tested services, even when their citizen children qualified for these programs (Brabeck, Sibley, & Lykes 2016; Ayón, 2014; Yoshikawa, 2011). Nonetheless, Brabeck, Sibley, Taubin et al. (2016) found that unauthorized parents are tapping into some social services that predominantly benefit their children, mainly Medicaid for children, WIC, food stamps, and reduced-cost lunch services. Likewise, other literature indicates that some unauthorized parents enroll their citizen children in means-tested services when specific medical needs arise (Capps et al., 2015; Rojas-Flores, Grams-Benitez et al., 2017).

Citizen children of unauthorized Latino immigrants exhibit greater levels of anxiety and demonstrate lower reading, spelling, and math skills than similar aged peers of parents with established legal status.

² As child outcomes by parental immigration status may be confounded with parental education, marital status, parent and child language preference, family income, child gender, and child disability diagnosis, these factors were statistically controlled for the analyses in Brabeck, Sibley, Taubin, et al. (2016) reported here.

Risk Factors for Latino Citizen Children of Detained or Deported Parents

Parents are fundamental for the well-being of children. At the top of her public health pyramid, Dreby (2012a) describes the detention and deportation of a parent as having the most immediate and long-term detrimental effects on the lives of children. According to a Human Rights Watch report (2017), an estimated 10,000 parents of citizen children are detained each year in the state of California alone. This YSP research identifies children of parents who have been affected by immigration enforcement—a subgroup of children of parents with unauthorized status (note the red oval that depicts this subgroup in Figure 1 on page 17) because their adverse experience of parental detention and/or deportation places them at higher risk, with a distinct set of incremental risk factors and life stressors associated with the loss of a parent. When the constant dread of arrest, detention, or deportation of parents culminates in actual family separation—whether short-lived or permanent—the results are particularly detrimental

Higher levels of PTSD symptoms in children of detained and deported parents indicate that forced parental separation resulting from immigration enforcement is particularly detrimental to children’s mental health. Furthermore, the unpredictability and uncertainty associated with such forced parent-child separations may exacerbate PTSD symptoms.

and far-reaching for child well-being (Dreby, 2012a, 2012b). Children of detained and deported immigrants suffer the consequences of economic instability, emotional distress, changes in daily routines, long-term financial instability, the emotional distress of family separation, and finally, in some cases, family dissolution (Dreby, 2012a, 2012b, 2015). This increased adversity is worrisome as research indicates a synergistic effect between increased stress and adverse life events such as economic hardship and family separation (Dixon-Saxon & Coker, 2014).

- *Mental health: Post-Traumatic Stress Disorder (PTSD) symptoms.* In a study with a sample of citizen children divided into three groups according to parental legal status (authorized Legal Permanent Residents, unauthorized no contact with ICE, and unauthorized with enforcement experience), children of detained or deported parents were rated with higher levels of PTSD symptoms than their peers (Rojas-Flores, Clements et al., 2017).³ PTSD results in debilitating effects on child development and overall functioning, affecting the child’s ability to live a productive life and to develop trusting relationships. Concentration and memory are also affected by this condition, leading to academic performance and learning problems (Samuelson, Krueger, Burnett, & Wilson, 2010). PTSD in children is also a costly public health issue (Soni, 2014).
- *Internalizing problems over time.* Higher levels of depression, extreme anxiety about physical symptoms such as pain or fatigue, and lower psychological and academic functioning were found among children affected by parental detention/deportation when compared to children whose parents were not detained/deported or were

legal permanent residents (Rojas-Flores, Clements et al., 2017). Furthermore, children of detained/deported parents exhibited greater anxiety and depression symptoms over time (six months post initial assessment) when compared to children of unauthorized parents who did not have contact with immigration enforcement and parents with legal residency (Rojas-Flores, Grams-Benitez et al., 2017). Notably, anxiety and depression create immediate developmental challenges to child functioning (Kendall et al., 2010) and pose higher risk for future mental health problems (Lopez, Turner, & Saavedra, 2005).

- *Externalizing problems over time.* Children of detained/deported parents had more behavior problems, as reported by teachers, and school behavior problems, as reported by clinicians, than did children of authorized, legal permanent residents (Rojas-Flores, Clements et al., 2017). Following the same sample of children six months post initial interview, children of detained/deported parents continued to rate higher on internalizing and externalizing problems over time as reported by parents (Rojas-Flores, Grams-Benitez, et al., 2017). Specifically, these children were rated as having significantly higher externalizing problems (conduct problems and hyperactivity).
- *Changes in father-child bonds.* Given the gender differences of current deportation trends, the losses resulting from prolonged or permanent separation from one's father often erodes Latino father-child bonds (Dreby, 2012a), further impacting the emotional well-being of citizen children.
- *Economic instability.* Dramatic instability results when a two-parent home becomes a single-mother home and the mother unexpectedly becomes the sole breadwinner overnight—becoming what Dreby describes as “suddenly single mothers” (Dreby, 2012a, 2015).
- *Housing insecurity and related food insecurity* set in motion a range of short-term and long-term difficulties for these children, ranging from disruption in child care to abrupt school and neighborhood relocations (Dreby, 2012a, 2012b, 2015).
- *Academic achievement and service utilization.* Preliminary findings indicate that Latino citizen children of detained and/or deported parents were rated by clinicians and teachers as exhibiting higher rates of poor academic functioning, including learning problems, when compared to children of parents with stable legal status in the United States (legal permanent residents) (Mechure & Flores-Rojas, 2017). There is a gap in the health service utilization literature with regard to citizen children's use of services following the detention or deportation of a parent (Capps et al., 2015). Similarly, no studies have yet assessed the impact of detention/deportation on academic achievement and overall service utilization. Given the established negative association between trauma and learning, we suspect that child academic achievement would be significantly impacted after experiencing forced separation from parents.

³ As child outcomes by parental immigration status may be confounded with maternal education, family income, and child lifetime exposure to potentially traumatic events, these factors were statistically controlled for in Rojas-Flores, Clements, et al., 2017, analyses reported here.

Policy Recommendations

Taken together, the YSP scholars' findings highlight a range of risk factors and assets/protective factors for Latino children of immigrants, with the former outweighing the latter. As shown in Figure 1 on page 17, detention and deportation policies in the United States impact the lives of Latino citizen children in multiple short- and long-term ways. Undoubtedly, parental legal status becomes a source of social inequality (Dreby, 2015) for Latino citizen children. The unintended consequences of these restrictive immigration policies create a greater immediate burden on our society due to children's mental health problems: for example, increased reliance on health care and, potentially, on social welfare systems. Furthermore, the long-term intergenerational effects of the cumulative risk experienced by the growing generation of Latino citizen children may in turn be tied to poorer health outcomes in future generations. The social, emotional, and health costs of immigration enforcement on citizen children will be long lasting and should not be overlooked by policymakers and child service providers.

Whether or not one agrees with the ethics or legality of the ways in which citizen children of unauthorized parents have become citizens—these children are U.S. citizens with all the rights and need for care of any other vulnerable citizen children. It is important to underscore that this population of citizen children is affected by various local, state, and federal policies related to economic, educational, health, social, and psychological well-being. For a summary of the most relevant state policies effecting the well-being and development of children of immigrants, see Rodríguez, Young, and Wallace (2015).

For a most up-to-date review of immigration federal policies, see Chishti and Bolter's (2017) Migration Policy Institute Policy Beat. The following points propose an actionable agenda and alternative policy options that more effectively address the best interests of Latino citizen children in a less harmful manner.

Social Services Accessibility and Utilization

- *Address disparities in accessibility, enrollment, and utilization of means-tested social services.* Divergent state social service policies affect children of immigrants as they influence access to services that have direct impact on child health and the well-being of their families. Research shows large differences among many states in the enrollment rates of their Medicaid-eligible citizen children with immigrant and non-immigrant parents (Seiber, 2013). State-specific factors that contribute to these disparities must be reassessed, and federal sponsored Medicaid expansions under overall health care reform must take into account the best interest of our citizen children's health (for a review of divergent health and social services state policies, see Seiber, 2013; Rodríguez, Young, & Wallace, 2015). Access to social services, including early education, is a crucial protective factor for young Latino citizens (Brabeck, Sibley, Taubin et al., 2016; Yoshikawa & Kalil, 2011; Yoshikawa, Godfrey, & Rivera, 2008) and—contrary to popular belief—has economic benefits that extend to families and communities, as well as the entire U.S. economy.

Immigration Enforcement Policies and Practices

- *Reduce unnecessary detention and associated prolonged parent-child separation.* There is significant variation on length of immigration detention stays by state, with some states taking significantly longer times in the processing of detainees (Transactional Records Access Clearinghouse (TRAC), 2013). The longer the detention of a parent, the longer parental absence, the worse the family fares economically, psychologically, and socially—and the higher the possibility of worse developmental outcomes in citizen children (Dreby, 2012a, 2012b; Rojas-Flores, Grams-Benitez et al., 2017). Clearly, lengthy parental detention destabilizes families and communities, imposes serious costs to taxpayers, and leave indelible effects in young citizen children.
- *Revise deportation legislation and practices in favor of maintaining family units.* Policymakers with an interest in increasing the stability and well-being of immigrant families in the United States should implement alternatives to deportation of parents of citizen children, which, as mentioned earlier, disproportionately affects Latino immigrant fathers. Extensive research on fragile families underscore that children growing up without a father because of incarceration are especially likely to experience disadvantages later in life (Turney, 2017; Waller & Swisher, 2006) and experience adverse health and behavioral consequences (Colter et al., 2017). The parallels between parental imprisonment and parental immigration detention are striking. Emerging research underscores the economic impact of losing a father to incarceration with associated consequences for perpetuation of childhood social inequality (Wildeman & Muller, 2012; Turney, 2017).
- *Revise enforcement apprehension/arrest procedures to reduce exposure to children.* Preliminary findings demonstrate that among children of parents who have been detained/deported, those who witnessed the arrest of a parent experienced higher levels of anxiety symptoms than those who did not (Rojas-Flores, Nunes et al., 2017). Anxiety disorders in children fall under the five most costly children's conditions in the United States (Soni, 2014). Furthermore, children exposed to the arrest of a parent fare worse with regard to mental health outcomes than those who are protected from witnessing such arrest (Roberts et al., 2014). There are established protocols for law enforcement to help address the needs of children at the time of their parents' arrest (International Association of Chiefs of Police, 2014). Immigration enforcement arrest protocols should adopt these procedures as a part of ongoing consideration of citizen children's best interests.
- *Revise federal legislation to provide permanent legal status and/or a pathway to citizenship for unauthorized parents.* The Obama administration failed to pass Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA) (for more information, see Capps, Fix, & Zong, 2016), and most recently the Trump administration decided to rescind of the Deferred Action for Childhood Arrivals (DACA) by March 2018 (see Department of Homeland Security Memorandum, 2017), as such it is unclear whether federal policy will proceed to provide a pathway to citizenship for DACA recipients. According to the U.S. Citizenship and Immigration Services (USCIS; 2017), approximately 93% of approved DACA applications were submitted by young adults from Latin American countries, primarily from Mexico. Many of these DACA recipients are parents of citizen

children (Capps, Fix, & Zong, 2016). Emerging research underscores the intergenerational effects of legislation that provides protection from deportation, such as DACA, on the well-being of citizen children of immigrant parents. Hainmueller and colleagues (2017) provide casual evidence on the positive mental health effects on children of DACA recipients. Notably, 73% of children of DACA recipients in this groundbreaking research were Latino citizen children (N=8,610) (Hainmueller et al., 2017). Any consideration of DACA moving forward, should be viewed with an understanding of the well-being of those children directly affected.

Creation of Supportive Communities around Children of Immigrants

The thriving of children of immigrants is fostered by supportive environments, which develop in the context of parents and families and through service providers across many sectors. Aligning with the Foundation for Child Development's new vision, supporting the early care and education workforce is essential for vulnerable children to survive and to thrive.

- *Supporting parents and families.* Care for children is mainly provided by parents and caregivers. Despite positive parent-child relationships (Brabeck & Sibley, 2016) and overall parenting practices, Latino mixed-status families experience a range of stressors related to constant threat of parent-child separation that goes above and beyond the stress related to poverty. Specifically, data show that Latino citizen children of unauthorized parents were younger than those of authorized parents (Brabeck, Sibley, & Lykes, 2016), which research demonstrates may put children at risk for a gamut of problems. Thus, family-focused interventions, with a particular focus on supporting parents are warranted. For children at higher risk, that is, those who experienced the detention/deportation of a parent, higher doses of intervention and additional support may be required, given the drastic change in family composition—from being a two-parent home to a single-mother home overnight (Dreby, 2012a, 2012b).
- *Supporting teachers and early interventionists.* Given the high rates of anxiety and PTSD symptoms among children of unauthorized immigrants, particularly for those who have experienced the detention and/or deportation of a parent, trauma-informed and developmentally appropriate systems should be provided in multiple settings (e.g., home, schools, clinics). In addition, trauma-informed intervention and prevention programs for this vulnerable population should target synergistic adverse events, such as poverty and traumatic loss of a parent (Rojas-Flores, Clements et al., 2017). Special education for teaching and school personnel, as well as other health care professionals, on the impact of anxiety and PTSD on learning outcomes is also warranted. Pediatricians, mental health providers, and faith leaders can benefit from trauma-informed care training and education. Developmentally and context- and culturally-sensitive preventive screenings and interventions are a must with this vulnerable young population.

Future Research Directions

In light of the current sociopolitical climate and the rapid growth of the Latino citizen children population in the United States, it is imperative that we continue to develop an understanding of how immigration status impacts the overall well-being of U.S. citizen children in order to better meet the needs of this vulnerable population and maintain their health. Overall, with the exception of the aforementioned study on effects of DACA on young children (Hainmueller et al., 2017), we lack causal evidence on the effects of recent immigration policies on young children. Such a void in the literature warrants immediate attention as a major research direction (Yoshikawa, Suarez-Orozco, & Gonzalez, 2017).

Implement longitudinal studies to examine how the relationship between parent legal status and enforcement acts such as detention and deportation of parents impacts child mental health outcomes over time, particularly as it relates to academic achievement and service utilization. More research is necessary to understand the risks and protective mechanisms of parent detention/deportation on citizen children over time and across developmental domains.

Explore additional mechanisms of parent legal vulnerability on children's overall well-being, particularly for Latinos of other races and for other ethnic immigrant groups.

- *Citizen children of color.* Children of black immigrant mixed-status families (many from the Caribbean) experience poverty and further social exclusion (Hernandez, 2012) and discrimination, in part due to the color of their skin.
- *Citizen children of diverse religious backgrounds.* In January 2017, President Trump signed executive orders concerning immigration enforcement that signaled expanded deportations. Given the executive orders banning immigration from some majority Muslim nations, it is likely that children may perceive these actions as another form of selective exclusion. Developmental scientists must explore the distinct and additive risk effects on such faith-based legislation, particularly for children of Muslim immigrant parents.

Examine mixed-status families' strengths and resilient practices and characteristics. The resilience and strengths of children of immigrants must be set against their background of risk and vulnerability. New research must explore individual protective factors, or child characteristics that mitigate the risks connected with parental precarious legal status—such as child socio-emotional skills, commitment to school, among others—as well as relational protective factors, including warm or supportive relationships with parents or other adults, and positive peer relationships. Lastly, societal or community protective influential factors, including positive and uniquely influential communities such as faith-based communities and/or school environments should be explored.

Conclusion

The collection of findings from selected YSP scholars presented in this report document a troublesome reality for young citizens of this country. Latino citizen children of immigrants are growing up in a unique historical context in U.S. history—a time marked by aggressive immigration policies and practices. These systematic policies and practices place their parents and families in precarious situations leading to a cascade of short- and long-term risks known to be detrimental to child development. Alarming, the data also indicate that immigration policies affect not just those children in mixed-status families when an unauthorized parent is detained or deported. Instead, immigration policies and practices, and an overall anti-immigrant climate, are systemic, and they affect, to varying degrees, all citizen children of immigrants—particularly Latino citizen children, the fastest growing child population in the United States.

Acknowledgements

This research was supported by the Foundation for Child Development. The author bears sole responsibility for the interpretations and views presented here.

The author is grateful for the helpful feedback provided by Hirokazu Yoshikawa, Ph.D., and Eugene E. Garcia, Ph.D., Foundation for Child Development board members, on an earlier version of this manuscript.

About the Author

Dr. Lisseth Rojas-Flores is an Associate Professor in the Department of Marriage and Family of the Graduate School of Psychology at Fuller Theological Seminary. Rojas-Flores studies children and family's well-being with particular focus on how trauma and community violence impacts the child and family unit. With funding from the Foundation for Child Development Young Scholars Program (2012-2015), Dr. Rojas-Flores is examining the impact of immigration enforcement on Latino citizen—children's psychological and academic well-being in the U.S. In an international context, she is conducting collaborative research looking at the impact of community violence and trauma on adolescents, parents, and teachers living in El Salvador. As a bilingual/bicultural clinical psychologist, she also provides clinical assessments to Central American unaccompanied minors.

References

- Ayón, C. (2014). Service needs among Latino immigrant families: Implications for social work practice. *Social Work, 59*, 13–23.
- Ayón, C. (2015). The economic, social and health effects of discrimination on Latino immigrant families. Washington, DC: Migration Policy Institute. Retrieved from <http://bit.ly/1EQyk8F>
- Brabeck, K. M., & Sibley, E. (2016). Immigrant parent legal status, parent-child relationships, and child social emotional well-being: A middle childhood perspective. *Journal of Child and Family Studies, 25*, 1155–1167. doi:10.1007/s10826-015-0314-4
- Brabeck, K. M., Sibley, E., & Lykes, M. B. (2016). Authorized and unauthorized immigrant parents: The impact of legal vulnerability on family contexts. *Hispanic Journal of Behavioral Sciences, 38*, 3–30. doi:10.1177/0739986315621741
- Brabeck, K. M., Sibley, E., Taubin, P., & Murcia, A. (2016). The influence of immigrant parent legal status on U.S.-born children's academic abilities: The moderating effects of social service use. *Applied Developmental Science, 20*, 237–249. doi:10.1080/10888691.2015.1114420
- Brabeck, K. M., & Xu, Q. (2010). The impact of detention and deportation on Latino immigrant children and families: A quantitative exploration. *Hispanic Journal of Behavioral Sciences, 32*, 341–361. doi:10.1177/0739986310374053
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology, 22*, 723–742. doi:10.1037/0012-1649.22.6.723
- Capps, R., Fix, M., & Zong, J. (2016). A profile of U.S. children with unauthorized immigrant parents. Washington, DC: Migration Policy Institute. Retrieved from <http://www.migrationpolicy.org/research/profile-us-children-unauthorized-immigrant-parents>
- Capps, R., Koball, H., Campetella, A., Perreira, K., Hooker, S., & Pedroza, J. M. (2015). Implications of immigration enforcement activities for the well-being of children in immigrant families. Washington, DC: Migration Policy Institute.
- Castañeda, H., Holmes, S. M., Madrigal, D. S., Young, M. E., Beyeler, N., & Quesada, J. (2015). Immigration as a social determinant of health. *Annual Review of Public Health, 36*, 375–392. doi:10.1146/annurev-publhealth-032013-182419
- Chishti, M., & Bolter, J. (2017). Trump Administration Rescinds DACA, Fueling Renewed Push in Congress and the Courts to Protect DREAMers. Migration Policy Institute Policy Beat, September 15, 2017. Retrieved from <http://www.migrationpolicy.org/article/trump-administration-rescinds-daca-fueling-renewed-push-congress-and-courts-protect-dreamers>
- Colter, M., McLanahan, S., Schneper, L., Garfinkel, I., Brooks-Gunn, J., & Notterman, D. (2017). Father loss and child telomere length. *Pediatrics, 2*, 1–11. <http://pediatrics.aappublications.org/content/early/2017/07/14/peds>
- Department of Homeland Security Memorandum from Acting Secretary Elaine C. Duke, Rescission of the June 15, 2012 Memorandum Entitled "Exercising Prosecutorial Discretion with Respect to Individuals Who Came to the United States as Children" (September 5, 2017). Retrieved from <https://www.dhs.gov/news/2017/09/05/memorandum-rescission-daca>
- Dixon-Saxon, S. V., & Coker, J. K. (2014). Stress and trauma: Coping in today's society. In D. Capuzzi & D. R. Gross (Eds.), *Youth at risk: A prevention resource for counselors, teachers, and parents* (pp. 139–164). Alexandria, VA: American Counseling Association.
- Dreby, J. (2012a). The burden of deportation on children in Mexican immigrant families. *Journal of Marriage and Family, 74*, 829–845. doi:10.1111/j.1741-3737.2012.00989.x
- Dreby, J. (2012b). How Today's Immigration Enforcement Policies Impact Children, Families, and Communities. Washington, DC: Center for American Progress. Retrieved from <https://www.americanprogress.org/wp-content/uploads/2012/08/DrebyImmigrationFamiliesFINAL.pdf>
- Dreby, J. (2015). *Everyday illegal: When policies undermine immigrant families*. Oakland, CA: University of California Press.
- Garcia Coll, C., & Marks, A. (Eds.). (2009). *Immigrant stories: Ethnicity and academics in middle childhood*. New York, NY: Oxford University Press.

- Gee, L. C., Gardner, M., Hill, M. E., & Wiehe, M. (2017). Undocumented Immigrants' State & Local Tax Contributions. Institute on Taxation and Economic Policy. Retrieved from <https://itep.org/undocumented-immigrants-state-local-tax-contributions-2/>
- Golash-Boza, T., & Hondagneu-Sotelo, P. (2013). Latino immigrant men and the deportation crisis: A gendered racial removal program. *Latino Studies*, 11(3): 271–292.
- Gonzalez-Barrera, A., & Krogstad, J. M. (2016). U.S. immigrant deportations declined in 2014, but remain near record high. Pew Research Center, Hispanic Trends. Retrieved from <http://www.pewresearch.org/facttank/2016/08/31/u-s-immigrant-deportations-declined-in-2014-but-remain-near-record-high/>
- Hainmueller, J., Lawrence, D., Martén, L., Black, B., Figueroa, L., Hotard, T., . . . Laitin, D. (2017). Protecting unauthorized immigrant mothers improves their children's mental health. *Science*, 31. doi:10.1126/science.aan5893
- Hernandez, D. J. (2012). Young children in black immigrant families from Africa and the Caribbean. In R. Capps & M. Fix (Eds.), *Young children of black immigrants in America: Changing flows, changing faces* (pp. 75–116). Washington, DC: Migration Policy Institute.
- Human Rights Watch. (2017). "I still need you": The detention and deportation of Californian parents. Retrieved from https://www.hrw.org/sites/default/files/report_pdf/uscaliforniaimmigration0517_web_0.pdf
- International Association of Chiefs of Police (2014). Safeguarding Children of Arrested Parents. Retrieved from <http://www.theiacp.org/childrenofarrestedparents>
- Kendall, P. C., Compton, S. N., Walkup, J. T., Birmaher, B., Albano, A. M., Sherrill, J., . . . Piacentini, J. (2010). Clinical characteristics of anxiety disorder youth. *Journal of Anxiety Disorders*, 24, 360–365. <http://dx.doi.org/10.1016/j.janxdis.2010.01.009>
- Lopez, B., Turner, R. J., & Saavedra, L. M. (2005). Anxiety and risk for substance dependence among late adolescents/young adults. *Journal of Anxiety Disorders*, 19, 275–294. <http://dx.doi.org/10.1016/j.janxdis.2004.03.001>
- Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice and translational synergy. *Developmental Psychopathology*, 23, 141–54.
- Mechure, M., & Rojas-Flores, L. (2017). Parental Immigrant Status and Latino Citizen Children's Academic Functioning. Paper presentation at the IVAT's 22nd International Summit on Violence, Abuse and Trauma Summit. San Diego, CA.
- Meissner, D., Kerwin, D. M., Chishti, M., & Bergeron, C. (2013). *Immigration enforcement in the United States: The rise of a formidable machinery*. Washington, DC: Migration Policy Institute.
- Passel, J. S., & Cohn, D. (2016). Overall number of U.S. unauthorized immigrants holds steady since 2009. Pew Research Center: Hispanic Trends. Retrieved from <http://www.pewhispanic.org/2016/09/20/1-birth-regions-and-nations/>
- Passel, J. S., Cohn, D., Krogstad, J. M., & González-Barrera, A. (2014). As growth stalls, unauthorized immigrant population becomes more settled. Pew Research Center: Hispanic Trends. Retrieved from <http://www.pewhispanic.org/2014/09/03/as-growth-stalls-unauthorized-immigrant-population-becomes-more-settled/>
- Perreira, K. M., Kiang, L., & Potochnick, S. (2013). Ethnic discrimination: Identifying and intervening in its effects on the education of immigrant children. In E. Grigorenko (Ed.) *Handbook of U.S. immigration and education*. New York, NY: Springer.
- Pew Research Center (2015). Modern immigration wave brings 59 million to US, driving population growth and change through 2065: Views of immigration's impact on U.S. society mixed [Data file]. Retrieved from <http://www.pewhispanic.org/2015/09/28/modern-immigration-wave-brings-59-million-to-u-s-driving-population-growth-and-change-through-2065/>

- Roberts, Y. H., Snyder, F. J., Kaufman, J. S., Finley, M. K., Griffin, A., Anderson, J., . . . Crusto, C. A. (2014). Children exposed to the arrest of a family member: Associations with mental health. *Journal of Child and Family Studies*, 23, 214–224. <http://dx.doi.org/10.1007/s10826-013-9717-2>
- Rodríguez, M. A., Young, M. E., & Wallace, S. P. (2015). *Creating conditions to support healthy people: State policies that affect the health of undocumented immigrants and their families*. Los Angeles, CA: University of California Global Health Institute. Retrieved from <http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1373>
- Rojas-Flores, L., Clements, M., Hwang, K. J., & London, J. (2017). Trauma, psychological distress and parental immigration status: Latino citizen-children and the threat of deportation. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9, 352–361. [dx.doi.org/10.1037/tra0000177](https://doi.org/10.1037/tra0000177)
- Rojas-Flores, L., Grams-Benitez, L., Hwang, K. J., & Clements, M. (2017). Latino citizen children and the threat of parental deportation: Mental health, life events, and service utilization across time. Manuscript in preparation.
- Rojas-Flores, L., Nunes, M., Hwang, K. J., & Zalvana, C. (2017). “La Migra” is another word in Spanish for “la Policia”: Latino children’s perceptions of citizenship and immigration enforcement. Manuscript in preparation.
- Rosenblum, M. R., & McCabe, K. (2014). *Deportation and discretion: Reviewing the record and options for change*. Washington, DC: Migration Policy Institute.
- Rutter, M. (1979). Protective factors in children’s responses to stress and disadvantage. In M. W. Kent & J. E. Rolf (Eds.), *Primary prevention of psychopathology: Social competence in children* (Vol. 3, pp. 49–74). Hanover, NH: University Press of New England.
- Samuelson, K. W., Krueger, C. E., Burnett, C., & Wilson, C. K. (2010). Neuropsychological functioning in children with Posttraumatic Stress Disorder. *Child Neuropsychology*, 16(2), 119-133.
- Seiber, E. E. (2013). Which states enroll their Medicaid eligible, citizen children with immigrant parents? *Health Services Research*, 48, 519–538. [doi:10.1111/j.1475-6773.2012.01467.x](https://doi.org/10.1111/j.1475-6773.2012.01467.x)
- Shonkoff, J. P., Garner, A. S., The Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, and Section on Developmental and Behavioral Pediatrics, Siegel, B. S., Dobbins, M. I., Earls, M. F., . . . Wood, D. L. (2012). The life long effects of early childhood adversity and toxic stress. *Pediatrics*, 129, e232–e246. [doi:10.1542/peds.2011-2663](https://doi.org/10.1542/peds.2011-2663)
[pmid:22201156](https://pubmed.ncbi.nlm.nih.gov/22201156/)
- Soni, A. (2014). The five most costly children’s conditions, 2011: Estimates for the US civilian noninstitutionalized children, ages 0-17. Statistical Brief #434. Agency for Healthcare Research and Quality. Retrieved from https://meps.ahrq.gov/data_files/publications/stat434/stat434.shtml
- Spears, C. B. (2015). *The educational, psychological and social impact of discrimination on the immigrant child*. Washington, DC: Migration Policy Institute. Retrieved from <http://bit.ly/1F3yBzw>
- Transactional Records Access Clearinghouse (TRAC). (2013). Legal noncitizens receive longest ICE detention report. New York, NY: New Syracuse University. Retrieved from <http://trac.syr.edu/immigration/reports/321/#f1>
- Turney, K. (2017). The unequal consequences of mass incarceration for children. *Demography*, 54, 361–389. [doi:10.1007/s13524-016-0543-1](https://doi.org/10.1007/s13524-016-0543-1)
- U.S. Citizenship and Immigration Services (USCIS). (2017). Form I-821D Consideration of Deferred Action for Childhood Arrivals by Fiscal Year, Quarter, Intake, Biometrics and Case Status Fiscal Year 2012–2017 (March 31, 2017). Retrieved from https://www.uscis.gov/sites/default/files/USCIS/Resources/Reports%20and%20Studies/Immigration%20Forms%20Data/All%20Form%20Types/DACA/daca_performancedata_fy2017_qtr2.pdf

- Vargas, E. D., & Ybarra, V. D. (2016). 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*. Advance online publication. doi:10.1007/s10903-016-0463-6
- Viruell-Fuentes, E. A. (2007). Beyond acculturation: Immigration, discrimination, and health research among Mexicans in the United States. *Social Science & Medicine*, 65, 1524–1535.
- Votruba-Drzal, E., Coley, R. L., Collins, M., & Miller, P. (2015). Center-based preschool and school readiness skills of children from immigrant families. *Early Education and Development*, 26(4), 549–573. doi:10.1080/10409289.2015.1000220
- Waller, M. R., & Swisher, R. (2006). Fathers' risk factors in fragile families: Implications for "healthy" relationships and father involvement. *Social Problems* 53(3), 392–420.
- Wildeman, C., & Muller, C. (2012). Mass imprisonment and inequality in health and family life. *Annual Review of Law and Social Sciences*, 8, 11–30.
- Yoshikawa, H. (2011). *Immigrants raising citizens: Undocumented parents and their children*. New York, NY: Russell Sage Foundation.
- Yoshikawa, H., Godfrey, E. B., & Rivera, A. C. (2008). Access to institutional resources as a measure of social exclusion: Relations with family process and cognitive development in the context of immigration. *New Directions for Child and Adolescent Development*, 121, 63–86. doi:10.1002/cd.223
- Yoshikawa, H., & Kalil, A. (2011). The effects of parental undocumented status on the developmental contexts of young children in immigrant families. *Child Development Perspectives*, 5(4), 291–297.
- Yoshikawa, H., Kholoptseva, J., & Suárez-Orozco, C. (2013). The roles of public policies and community-based organization in the developmental consequences of parent undocumented status. *Society for Research in Child Development Social Policy Report*, 27, 1–23. Retrieved from http://www.srcd.org/sites/default/files/documents/E-News/spr_273.pdf
- Yoshikawa, H., Suárez-Orozco, R., & Gonzales, R. G. (2017). Unauthorized status and youth development in the United States: Consensus statement of the Society for Research on Adolescence. *Journal of Research on Adolescence*, 27, 4-19. doi:10.1111/jora.12272

Suggested Citations

- Foundation for Child Development. (2020). *Resilience and Risk at the Intersection of Immigration and Child Well-Being: Research Insights From the Young Scholars Program*. New York, NY.
- Rojas-Flores, L., & Medina Vaughn, J. (2019). *Determinants of Health and Well-Being for Children of Immigrants: Moving From Evidence to Action. Summary of Selected Young Scholars Program Research*. New York, NY: Foundation for Child Development.
- Rojas-Flores, L. (2017). *Latino U.S.-Citizen Children of Immigrants: A Generation at High Risk. Summary of Selected Young Scholars Program Research*. New York, NY: Foundation for Child Development.

YOUNG SCHOLARS PROGRAM RESEARCH REPORT OCTOBER 9, 2019

The 2019 Young Scholars Program Research Report references the works of the YSP scholars listed below. For a complete list of references, please see page 54.

Jennifer Keys Adair, Ph.D. (2012)

Cecilia Ayón, Ph.D. (2013)

R. Gabriela Barajas-Gonzalez, Ph.D. (2018)

Kalina Brabeck, Ph.D. (2013)

Erin Todd Bronchetti, Ph.D. (2010)

Christia Spears Brown, Ph.D. (2009)

Charissa Cheah, Ph.D. (2006)

Dylan Conger, Ph.D. (2007)

Danielle A. Crosby, Ph.D. (2008)

Robert L. Crosnoe, Ph.D. (2003)

Eric Dearing, Ph.D. (2011)

Justin Denney, Ph.D. (2014)

Joanna Dreby, Ph.D. (2009)

Kevin Gee, Ed.d. (2014)

Tiffany Green, Ph.D. (2012)

Anna Johnson, Ph.D. (2017)

Ariel Kalil, Ph.D. (2005)

Neeraj Kaushal, Ph.D. (2004)

Rachel Kimbro, Ph.D. (2010)

Steve E. Knotek, Ph.D. (2008)

Tama Leventhal, Ph.D. (2010)

Jin Li, Ed.d. (2006)

Amy L. Non, Ph.D. (2013)

Krista Perreira, Ph.D. (2003)

Lisseth Rojas-Flores, Ph.D. (2012)

Catherine Decarlo Santiago, Ph.D. (2013)

Holly Schindler, Ph.D. (2016)

Eric E. Seiber, Ph.D. (2010)

Selcuk R. Sirin, Ph.D. (2006)

Kristin Turney, Ph.D. (2014)

Jennifer Van Hook, Ph.D. (2005)

Elizabeth Votruba-Drzal, Ph.D. (2010)

YOUNG SCHOLARS PROGRAM RESEARCH REPORT
OCTOBER 9, 2019

Determinants of Health and Well-Being for Children of Immigrants: Moving From Evidence to Action

by Lisseth Rojas-Flores, Ph.D., & Jennifer Medina Vaughn, M.S.

Children of immigrants—specifically children under the age of 18 who reside with at least one foreign-born parent—are propelling the growth of the child population in the United States (Pew Research Center, 2015). As of 2017, more than 18 million children in the United States lived with at least one immigrant parent (Migration Policy Institute, 2017). However, current social conditions in the United States (e.g., an anti-immigrant climate, discriminatory social policies, and heightened immigration enforcement) create, maintain, and perpetuate unprecedented challenges for this growing youth population, resulting in short- and long-term negative developmental outcomes.

For more than 10 years, the Foundation for Child Development–Young Scholars Program (YSP) has supported policy and practice-relevant research focused on the early learning and developmental needs of children of immigrants. Names highlighted in orange throughout the paper signify YSP scholars. To date, former YSP scholars continue to carry on this important and timely line of inquiry and have generated substantial research. Through a systematic review of research sponsored by the YSP, this paper utilizes a public health framework to situate the physical and mental health and well-being of children in low-income, immigrant families into a broader sociopolitical context. Our nation’s current sociopolitical environment demands increased action and investment to protect and promote the future of vulnerable children of immigrants in our society. A social determinants of health approach requires action across multiple settings and domains. Therefore, we highlight YSP research and discuss contextual conditions that may contribute to greater resilience among children of immigrants and present recommendations for action at the familial, school, neighborhood, and public policy levels.

I. Determinants of Health for Children of Immigrants

A growing body of evidence indicates that the psychological, behavioral, and physical health of populations in general—and child and youth populations in particular—are strongly socially determined (Spencer, 2018; Turney, Lee, & Mehta, 2013). Social determinants of child health are the social, economic, and sociopolitical conditions that directly influence a child’s overall well-being, including the prevalence and severity of developmental problems. Notably, children are dependent on their caregivers for protection against the effects of social factors associated with disadvantage and social exclusion. Furthermore, social determinants are profoundly influenced by social and political decisions that directly, and indirectly, impact children and families, despite being completely outside their control (Spencer, 2018). The complex pathways in which social, economic, and political factors exert their effects on children are clearly illustrated by the case of children of immigrants growing up in mixed-status families in the United States (see Fig. 1 on page 33).

In the United States, one in four children lives with at least one immigrant parent (Zong, Batalova, & Hallock, 2018). Additionally, 5.3 million children and youth are either growing up with an unauthorized parent or are unauthorized themselves. Specifically, 4.5 million children are U.S.-born citizens with at least one unauthorized parent, and 775,000 have unauthorized status themselves (Yoshikawa, Suárez-Orozco, & Gonzales, 2017). In 2016, of the total number of children of immigrants in the United States, 25.2% were ages 0 to 5, while children ages 7 to 18 made up 26% of that population (Migration Policy Institute, 2017). Note that the number of children of immigrants varies significantly

IMPORTANT U.S. IMMIGRATION TERMINOLOGY

Mixed-Status Family Family units made up of both U.S. citizens or lawfully present immigrants and unauthorized or undocumented immigrants. The children in these families are often U.S. citizens.

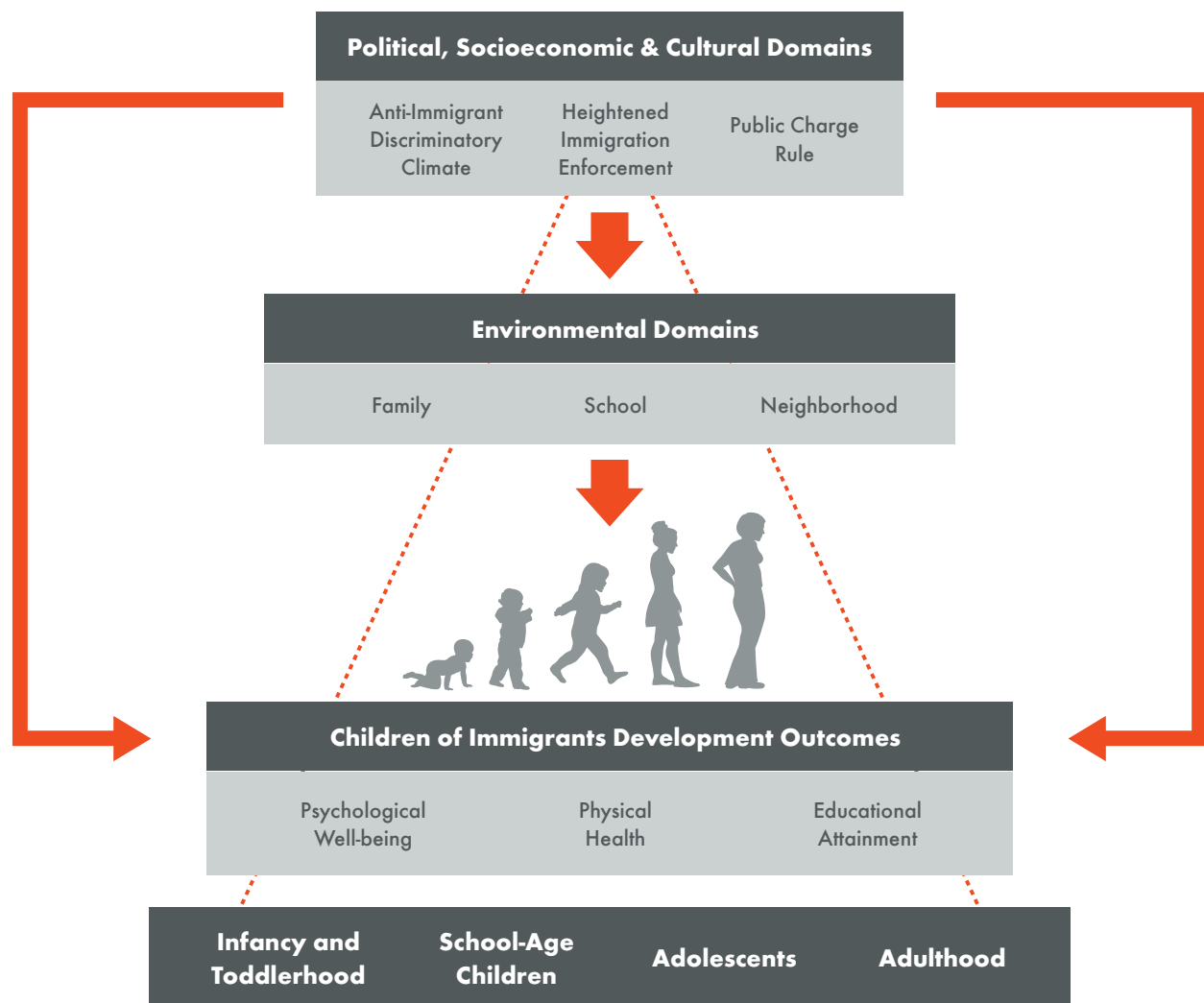
Naturalized Citizen An individual born outside of the United States who has lawfully become a U.S. citizen and has all associated rights. Note that the term “citizen” refers to individuals who are U.S. citizens from birth—born in the United States, Puerto Rico, or other U.S. territory—or children of U.S. citizens born while living abroad (Pew Research Center, 2015).

Qualified Noncitizen A noncitizen who is eligible to receive certain public health benefits. This includes legal or authorized immigrants. These are persons to whom the U.S. government has granted lawful permanent resident status, asylum or refugee status, or temporary protected status, either for residence or employment.

- **Lawful Permanent Resident (LPR):** A foreign-born individual who has the right to live and work legally in the United States and can apply for U.S. citizenship. Also known as a green card holder.
- **Refugee:** An individual whose claim for asylum is accepted by the government on the basis of their demonstrated inability to return to their country of nationality because of past persecution, or a “well-founded fear” of future persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. An asylum seeker is a potential refugee who is in the process of applying for refugee protections but whose application has not yet been determined by the government of the receiving country.
- **Temporary Protected Status (TPS):** A status for noncitizens who have been granted temporary residence in the United States and come from countries affected by armed conflict or natural disaster. TPS does not lead to lawful permanent residency.
- **Nonqualified noncitizen:** A noncitizen who is ineligible to receive public health benefits. This includes unauthorized immigrants—individuals who were born abroad and are not legal immigrants—and Deferred Action Childhood Arrivals (DACA) recipients—nonqualified aliens who have been granted deferral from deportation but are ineligible for Medicaid and many other public health benefits.

between states. For example, the largest share of children of immigrants is in traditional destination states that are known for high numbers of immigrants, such as California, Texas, and Arizona. Recently, though, we have seen a marked increase in the number of children of immigrants in new destination states, such as North Carolina, Georgia, and Utah. These variations in size of immigrant populations across states have important implications for child physical and mental health due to differential exposure to often unfavorable divergent state policies and social circumstances (Rodríguez, Young, & Wallace, 2015).

FIGURE 1: LINKS BETWEEN POLITICAL, SOCIOECONOMIC, AND CULTURAL DOMAINS, ENVIRONMENTAL DOMAINS, AND CHILDREN OF IMMIGRANTS’ DEVELOPMENT ACROSS THE LIFESPAN



Immigration itself is a determinant of health (Castañeda et al., 2015). Emerging evidence indicates that the precarious legal immigration status of a parent is a determinant of mental health (Hainmueller et al., 2017; Rojas-Flores, Clements, Hwang Koo, & London, 2017) and physical health (Vargas & Ybarra, 2016) for children and youth of immigrant ancestry. Based on considerable evidence, scientific consensus holds that child physical and mental health are shaped to a great extent by local, state, and federal policies and the overall sociopolitical context of a nation. The current U.S. sociopolitical and cultural climate is characterized by anti-immigrant rhetoric and discrimination, heightened immigration enforcement, and established and proposed policies that threaten immigrants' access to public safety net services and jeopardize the mental and physical health of immigrant children (see Fig. 1). Indeed, accumulating evidence indicates that our nation's current sociopolitical climate has widespread implications that extend to U.S. citizens—especially vulnerable children of immigrants—and impact development across the lifespan (Perreira & Pedroza, 2019; Rojas-Flores, 2017).

II. Political, Socioeconomic, and Cultural Domains and Their Effects on Children of Immigrants

Anti-Immigrant and Discriminatory Rhetoric and Policies

The United States was founded by immigrants and has since become home to various immigrant groups. Nonetheless, throughout history, the United States has experienced periods of heightened anti-immigrant sentiment (Meissner, Kerwin, Chishti & Bergeron, 2013) marked by strategies promoting the reduction of immigrants' access to employment prospects and benefits (Goodman, 2017). After the September 11, 2001 terrorist attacks, the policy landscape for immigrants has taken a turn for the worse. Government-sanctioned anti-immigrant, discriminatory, and derogatory rhetoric in our nation has further compounded the public perception of the immigrant threat. Discriminatory messages and policies extend beyond the United States, through negative classification of Haiti, Africa, and some Central American nations and issuance of a "Muslim Ban" designed to deter immigration from majority-Muslim countries. In January 2017, the first iteration of the "Muslim Ban" banned foreign nationals from seven predominately Muslim countries from entering the United States for 90 days, suspended the entry of all Syrian refugees, and prohibited any other refugees from entering the United States for 120 days (*Jewish Family Service of Seattle v. Trump*, 2017). Since then, there have been four additional iterations of the Muslim ban; all with significant immediate and long-term collateral consequences for children in immigrant Muslim families.

Anti-immigrant policies that directly and indirectly affect children of immigrants in the United States have been set in motion. On April 6, 2018, a "zero-tolerance" policy at the United States-Mexico border resulted in an estimated 3,000 immigrant children being separated from their parents (Congressional Research Service, 2018). The policy was rescinded only after massive outcry from public and professional associations (e.g., American Pediatrics Association, 2018; American Psychological Association, 2018; Society for Research in Child Development, 2018). Nonetheless,

a year after the current administration's family separation policy ended, the collateral consequences of this policy remain in legal disputes and etched in the psyche of many immigrant communities.

A serious humanitarian migrant crisis continues at our borders. As of November 2018, there were more than 14,000 unaccompanied migrant children in immigration detention facilities, many of whom fled to the United States intending to seek asylum from violence in their home countries (Kopan, 2018). In October 2018, a group of migrants designated the "Central American Caravan," composed of individuals and families with children seeking asylum from the incessant gang violence, poverty, and political corruption rampant in their countries (International Rescue Committee, 2019), headed to the United States. Several other caravans arrived and remain stranded at the United States-Mexico border awaiting asylum processing, while reactive measures were proposed to curtail these migrants' lawful right to apply for asylum upon arrival at the U.S. border (Trump, 2018). Most recently, in September 2019, the Supreme Court has allowed the Trump administration to bar Central Americans from seeking asylum in the U.S.

Perpetuating false perceptions that migrants are law-breakers (Abrego, Coleman, Martinez, Menjivar, & Slack, 2017), despite research indicating that our urban crime problem is not the result of immigrants (Bernat, 2017) –legal or undocumented–the nation's current sociopolitical climate is undeniably bolstering anti-immigrant rhetoric. Similarly, anti-immigrant and discriminatory policy shifts are impacting U.S.-born children of immigrants, as these policies could directly or indirectly increase and maintain health inequities among children of immigrants.

Anti-immigrant Climate Effects on Children of Immigrants' Health

Hostile environments can create vulnerabilities in children of immigrants, with insidious consequences affecting not only children's perception of themselves, but their emotional and academic health, as well (Perreira & Pedroza, 2019). Researchers have documented how anti-immigrant rhetoric, coupled with programs that deputize local police departments to act as immigration enforcement officers, appears to contribute to children's conflation of law enforcement and immigration authorities ("la migra"; Dreby, 2012; Rojas-Flores, 2017). Children of immigrants—sometimes regardless of their own legal status as U.S.-born citizens—live in fear of public service officers, the very people who are supposed to keep them safe (Dreby 2012; Roche, Vaquera, White, & Rivera, 2018; Rojas-Flores, 2017). A general distrust of government and local enforcement is concerning and associated with poor civic engagement and reduced reporting of crimes (Nichols, LeBron, & Pedraza, 2016).

Emerging research documents how children of immigrants, particularly Latino citizen children, may associate their own immigrant status with illegality or criminality, negatively impacting their ethnic identity formation (Brown, 2015). Experiences of discrimination by peers, for example, may weaken a child's

ethnic identity because they no longer want to be associated with their ethnic group, or in other cases, may be associated with reduced identification as “American” (Brown, 2015). Furthermore, experiences of interpersonal discrimination (e.g., verbal and physical abuse by peers) and institutional discrimination (e.g., teachers minimizing children’s connection to the Spanish language and culture, differential treatment towards Latino children, etc.) contribute to children’s experience of emotional distress, social isolation, and internalized oppression (Ayón & Philbin, 2017). Among these discriminated children, the protective role of holding a strong ethnic identity seems to weaken. This social phenomenon, often seen in Latino children of immigrants, is also documented among Muslim children and families who experienced persecution and hate due to discriminatory rhetoric and negative media portrayals post 9/11 (Sirin, Ryce, & Mir, 2009). Many believed they were perceived as a threat to society and experienced a 17-fold increase in hate crimes that persisted years later (Cainkar, 2004).

The uncertainty and unpredictability generated by policies supporting heightened immigration enforcement, compounded by anti-immigrant messages, seem related to anticipatory anxiety symptoms described by children of immigrants (Dreby, 2012; Rojas-Flores, 2017; Brabeck & Xu, 2010, Shore & Ayón, 2018). Indeed, a survey of health care providers indicated that since the November 2016 elections, there has been an 87% increase in reports of anxiety and fear among children of immigrants associated with higher detention and deportation rates (Shore & Ayón, 2018). Anticipatory anxiety is debilitating and has been linked to anxiety disorders and Post-Traumatic Stress Disorder (PTSD; Grillon et al., 2009). Anxiety symptoms are a costly public health issue associated with increased rates of health care utilization (e.g., visits to primary care providers, medical specialty care providers, and emergency departments) and notable functional impairments for children, including school absenteeism, school refusal, and poor academic performance (Ramsawh, Chavira, & Stein, 2010). Childhood anxiety disorders also increase the likelihood of being diagnosed with a psychiatric disorder in adulthood (Pine, Cohen, Gurley, Brook, & Ma, 1998), further increasing the public health burden.

Heightened Immigration Enforcement

In 2018, Immigration and Customs Enforcement (ICE) recorded the highest number of detentions since 2014 (ICE, 2018). A Presidential executive order issued in early 2017 exacerbated already increased immigration enforcement practices set in motion by previous administrations by prioritizing the deportation of all unauthorized immigrants and expediting deportation processes (Executive Office of the President, 2017). One associated mechanism is the recent renewal and expansion of Section 287(g) of the Illegal Immigration Reform and Immigrant Responsibility Act. Also known as the delegated authority program, 287(g) allows the Department of Homeland Security (DHS) to enter formal agreements with state and local police departments and deputize them to perform the functions of ICE officers.

To date, ICE has 287(g) agreements with 78 law enforcement agencies in 20 states, including Arizona, Florida, and Georgia (ICE, 2018). Furthermore, the 2017 executive order also included a mandated hiring surge of 10,000 new ICE agents within the Enforcement and Removal Operations Department. This exponential prioritization of detention and deportation of unauthorized immigrants, associated with the detention of more than 4,143 undocumented immigrants without a criminal record each month under the previous and current administrations (ICE, 2017a; 2018), has significantly escalated the risk of family separation. Indeed, more than 27,000 parents of U.S.-citizen children were detained or deported in fiscal year 2017 alone (ICE, 2017a, 2017b).

Heightened Immigration Enforcement Effects on Children of Immigrants' Psychological Health and Academic Well-being

Heightened immigration enforcement practices and policies have been linked to a wide range of negative outcomes for children and youth living in mixed-status families. Detrimental effects on children associated with family separation risk through parental detention or deportation are documented, even among those with less direct exposure to immigration enforcement practices. Studies indicate that merely the threat of parental detention and deportation is associated with poorer physical health outcomes, academic challenges, and decreased use of social service programs among Latino children (American Psychological Association, 2017; Brabeck & Xu, 2010; Roche et al., 2018; Rojas-Flores, 2017). These detrimental impacts increase in severity based on the level of interaction a family has had with ICE. Citizen children of Latino parents with the most direct contact with ICE (e.g., detained or deported) were rated by multiple informants (e.g., parent, teacher, and clinician) as experiencing poorer behavioral health (e.g., internalizing and externalizing problems, including depression and anxiety) relative to peers whose unauthorized parents have no contact with immigration enforcement or whose parents have lawful permanent resident status (Rojas-Flores et al., 2017).

Parental detentions—whether they result in deportation or not—have unintended adverse consequences, creating potentially traumatic experiences (e.g., witnessing arrest, detention, and deportation) for children with immigrant parents (Rojas-Flores et al., 2017; Barajas-Gonzalez, Ayón, & Torres, 2018). Potentially traumatic events may lead to a diagnosis of PTSD, which has been documented among citizen children of detained and deported parents (Rojas-Flores et al., 2017). PTSD is a serious mental health problem and costly public health issue that has debilitating and long-lasting effects on child development and overall health (U.S. Department of Health & Human Services, 2003). Several YSP researchers have demonstrated that the traumatic experience of losing a parent to detention or deportation compounds reductions in child social functioning by hampering academic achievement (Mechure, Rojas-Flores, & Clements, 2019; Brabeck, Sibley, Taubin, & Murica, 2016) and diminishing children’s overall sense of self-efficacy and self-esteem (Ayón & Becerra, 2013; Barajas-Gonzalez et al., 2018).

Another unintended effect of parental detention and deportation on children of immigrants is increased foster care placement. More than 5,000 children of immigrants were placed into foster care in 2011, and it was estimated that tens of thousands more would enter the system over subsequent years (Wessler, 2011). When children are removed from their primary caregivers, federal, state, and local governments take on enormous financial and dependency responsibilities in an already flawed and racially inequitable system of care (Laub & Haskins, 2018). The average yearly cost to have a child in foster care is more than \$25,700 (National Council for Adoption, 2011), and the severe shortage of foster homes means these children will likely be placed in group homes, costing seven to 10 times more (AECF, 2015).

Public Charge Rule

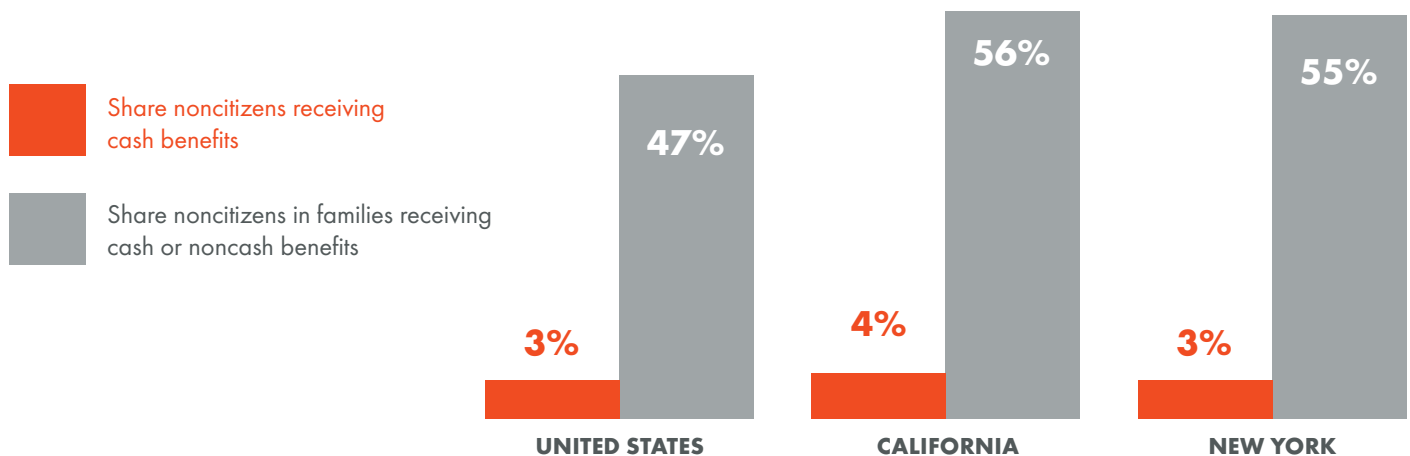
To better understand the socioeconomic causes of children of immigrants’ physical, mental, and academic health inequities, it is crucial to consider the impact of policies. Exclusionary and restrictive social policies affect all children, particularly those living in vulnerable conditions, such as children in low-income, immigrant families, as well as their parents, families, and communities. An illustrative example of such policies is the recent revision of the public charge rule. On October 10, 2018, the current administration introduced a public charge policy proposal that would impact immigrant eligibility for obtaining lawful permanent resident (LPR) status, which is required to obtain citizenship. In essence, the revised public charge rule deems certain groups of immigrants who utilize public safety net services “burdens on American taxpayers,” and therefore ineligible for LPR status (U.S. Department of Homeland Security, 2018a).

Despite much debate and public outcry due to the detrimental implications of this ruling on poor immigrants, the U.S. Department of Homeland Security officially released the final rule on August 14, 2019, (DHS, 2019) to go into effect on October 14, 2019. For the first time in U.S. history, the new changes to the public charge rule include participation in health, nutrition, and housing assistance programs as determinants of ineligibility (Orris, Lam, & Dervan, 2019).

Specific safety net programs that would be associated with ineligibility include those providing nutritional and health care assistance, such as the Supplemental Nutrition Assistance Program (SNAP or food stamps), Medicaid health coverage, the Housing Choice Voucher Program (often called “Section 8”), and federally subsidized housing assistance for rental subsidies and affordable housing (DHS, 2019).

The potential impacts of the public charge rule are far reaching, not only because it potentially restricts children of immigrants’ access to services for basic needs, but because its prospective classifications penalize their parents in multiple ways. The prospective nature of the public charge means that regardless of actual resource utilization, immigrants can be classified a public charge threat if they have one or more “negative factors” assumed to make them more likely to access benefits. Negative factors include having an income below 125% of the federal poverty level (Artiga, Garfield, & Damico, 2018), not speaking English well, not having a high school diploma, and not being employed or enrolled in school (Capps et al., 2018). An estimated 47% of noncitizen immigrants may have at least one negative factor that would classify them as a public charge under the revised rule determinations (see Fig. 2; Batalova, Fox, & Greenberg, 2019). Notably, health care systems in states with large immigrant populations, such as California and New York, would be vastly affected by this new rule (see Fig. 2; Batalova, Fox, & Greenberg, 2019), as they will likely bear the cost of uncompensated care previously provided by federally funded public programs (Orris, Lam, & Dervan, 2019).

FIGURE 2: SHARE OF NONCITIZENS WHOSE BENEFITS USE COULD BE CONSIDERED IN A PUBLIC-CHARGE DETERMINATION, UNITED STATES, CALIFORNIA, AND NEW YORK, (%), 2014-16. (Batalova, Fox, & Greenberg, 2019). Reprinted with permission from the Migration Policy Institute.



Note: Cash benefits include Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI); noncash benefits include the Supplemental Nutrition Assistance Program (SNAP) and Medicaid.

Source: Migration Policy Institute (MPI) tabulation of U.S. Census Bureau pooled 2014-16 American Community Survey (ACS) data. <https://www.migrationpolicy.org/news/chilling-effects-us-public-charge-rule-commentary>

In light of these upcoming safety net restrictions for certain groups of immigrants, it is widely expected that the public charge rule would continue to yield a chilling effect on the utilization of vital safety net programs by an estimated 23 million immigrant families (Batalova, Fox, & Greenberg, 2019). Eligible immigrants will likely choose not to enroll themselves and their eligible citizen children in essential, federally funded programs out of confusion and distrust of federal government agencies and to avoid jeopardizing their possibility of citizenship. Subsequent reductions in immigrant access to basic public safety net programs such as Medicaid will likely lead to mass Medicaid disenrollment, leaving eligible children without health coverage and preventive care services.

Although the new rule does exempt any immigrant who received benefits as a minor (under age 21), recent studies already document massive disenrollment from health, nutrition, and housing benefits by many adults in low-income, immigrant families who fear jeopardizing their immigration status (Batalova, Fox, & Greenberg, 2019; Bernstein, Gonzalez, Karpman, & Zuckerman, 2019; Capps, Greenberg, Fix, & Zong, 2018). It is estimated that between 2.1 million and 4.9 million Medicaid enrollees, including many U.S.-born citizen children of immigrants, will disenroll from these public health programs when the public charge rule takes effect (Artiga et al., 2018).

The “chilling effects” of the public charge rule would likely result in millions of children in immigrant families discontinuing access to vital public health services, potentially leading to adverse health effects.

Using the conceptual framework of the determinants of health, societal risk conditions are of special interest when attempting to elucidate contributors to maladaptive development in children of immigrants. On the basis of accumulated evidence, we identify key socioeconomic factors—chronic poverty, lack of health insurance, food insecurity, and unaffordable and substandard housing—and provide historical and evidence-based data to predict the additional negative

impact of the public charge rule on already existing health disparities for children of immigrants (Vargas & Ybarra, 2016; Vega, Rodríguez, & Gruskin, 2009).

Chronic Poverty. Growing up in poor households is well known to negatively impact child behavioral and physical health and development early in life (Brooks-Gunn & Duncan, 1997; Yoshikawa, Aber, & Beardslee, 2012) and across the lifespan (Gilman, Kawachi, Fitzmaurice, & Buca, 2003; Wadsworth, Raviv, Santiago, & Etter, 2011). Substantial evidence indicates that child poverty and chronic economic hardship are associated with poorer physical health (Shonkoff, Boyce, & McEwen, 2009), lower academic attainment (Sirin, 2005), and increased risk for serious behavioral and psychological problems in childhood, including internalizing and externalizing problems (Murdock, Zey, Cline, & Klineberg, 2010; Slopen, Fitzmaurice, Williams, & Gilman, 2010).

There are individual, relational, and institutional mechanisms through which sustained poverty adversely affects children’s development (Yoshikawa et al., 2012). At the individual level, living in impoverished conditions may activate genetic processes associated with later disease development, and childhood awareness of hardship can

psychologically impact well-being (Knudsen, Heckman, Cameron, & Shonkoff, 2006; Dashiff, DiMicco, Myers, & Sheppard, 2009). Similarly, economic hardship increases familial and parental stress and negatively impacts parental mental health, subsequently reducing the quality of parenting, parent-child relationships, and discipline practices (Conger & Elder, 1994; Dodge, Pettit, & Bates, 1994). At the institutional level, living in poverty is commonly associated with negative school climates (Brown, 2015), parental job instability and loss (Kalil, 2009), and neighborhood disadvantage (Kohen, Leventhal, Dahinten, & McIntosh, 2008), which increase childhood exposure to a gamut of physical and psychological risks (e.g., under-resourced communities, violence exposure, etc.). Exposure to an increasing number of risks and adverse experiences may have a synergistic effect that results in even greater maladaptive outcomes in children.

Poverty Effects on Children of Immigrants

Children of immigrants are disproportionately represented among those living in poverty (Murphey, Guzman, & Torres, 2014), making up an estimated 30% of our nation's total share of children of low-income, immigrant families. (Children's Defense Fund, 2017). Emerging evidence, however, has proposed that precarious parental immigration status places children of immigrants at increased risk for a gamut of social, emotional, and psychological disadvantages above and beyond the ill effects of poverty and related risk factors (Rojas-Flores et al., 2017; Yoshikawa, Kholoptseva, & Suárez-Orozco, 2013).

Mixed-status families often experience a wide spectrum of stressors, including poverty, housing instability, and social isolation. Further, parents within these families often grapple with their own underemployment, low wages (Capps et al., 2005; Yoshikawa, 2011), discrimination, and social exclusion stressors (Ayón, 2015). Thus, with greater exposure to the risks of poverty, children of immigrants often fare worse than their peers in native families on a number of outcomes. In light of the heightened risk of family separation due to parental detention or deportation, the links between poverty, parent loss, and poor child health outcomes are also noteworthy. Emerging research has demonstrated that poverty, common among immigrant families, is synergistic with the loss of a parent (Putnam, Harris, & Putnam, 2013), often putting the child at high risk for some form of mental health problem.

The impact of chronic poverty among children of immigrants is evident across the lifespan similar to other poor children, and it is particularly detrimental in early childhood. Research shows that U.S.-born infants and toddlers of immigrants, all of whom are fully eligible for public assistance by citizen birthright, are more likely to experience economic hardship in their lifetime but less likely to receive the supports they are entitled to that could potentially help counteract the effects of poverty (Crosby & Hatfield, 2008; Yoshikawa, 2011). According to Yoshikawa (2011), the "policy paradox" here is that the same public service programs that legally exclude immigrant parents from benefits are the ones intended to help their underprivileged citizen children.

Lack of health insurance. Evidence indicates that having health care coverage improves overall child health (Crosby & Hatfield, 2008) and increases access to and use of preventive services (Bronchetti, 2014; Shore & Ayón, 2018). Furthermore, having health insurance and access to a usual source of care results in better child academic outcomes, including better grades, fewer missed school days, and increased rates of graduation (Cohodes, Grossman, Kleiner, & Lovenheim, 2014). Despite our nation’s progress in extending basic health coverage to children, primarily through Medicaid, the Children’s Health Insurance Program (CHIP), and, most recently, the Affordable Care Act (ACA), there remain significant disparities in child health insurance coverage. There are an estimated 4.2 million children living without health care coverage (Kaiser Family Foundation, 2016). Health insurance disparities are evident for poor children when compared to middle-income children (Soylu, Elashkar, Aloudah, Ahmed, & Kitsantas, 2018). And these health disparities are replicated among children of immigrants relative to children in native families (Vargas & Ybarra, 2016; Vega et al., 2009) with almost half of uninsured children living in immigrant families in 2010 (Seiber, 2014).

Lack of Health Insurance Effects on Children of Immigrants

Children’s well-being and maternal health are intimately connected. Immigrant women are less likely to have any prenatal care or initiate early prenatal care (Cokkinides, 2001). The negative effects of underutilizing prenatal care among immigrants is exemplified by second-generation Black children of immigrants, primarily from Africa and the Caribbean, disproportionately experiencing adverse health outcomes at birth, including premature births, higher rates of low birth weights, and high mortality during the first year of life (Green, 2012). YSP scholar Green (2012) explains that Black immigrant mothers are the least likely of any group of mothers—native or foreign-born—to seek and initiate prenatal care, possibly due to a combination of discrimination, poverty, and immigrant ancestry, which may explain their adverse birth outcomes (Green, 2012). Similarly, findings from an earlier national sample of households suggest that welfare reform was associated with increased proportions of immigrant mothers without health insurance (Kaushal & Kaestner, 2005). Foundation scholar Kaushal and colleague (2005) concluded that the effects of welfare reform on children of immigrants are highly dependent upon maternal citizenship status.

Infancy and toddlerhood are likewise considered crucial and vulnerable developmental periods, when young children can be most impacted by poor health and lack of health care coverage. In a national sample of young children (Early Childhood Longitudinal Study-Birth Cohort, ECLS-B; Flanagan & West, 2004), despite all infants and toddlers being fully eligible for health care coverage as U.S. citizens, children in immigrant families were less likely to have health care coverage than children in native families. As previously discussed, lacking health insurance is associated with poorer health outcomes. In a study sponsored by the Foundation, Crosby & Hatfield (2008) reported that uninsured children of immigrants were more likely to be rated by their parents as being in fair or poor health at 9 months and 2 years of age. According to the researchers, accessing health insurance and other public service programs for these

infants and toddlers was dependent on parental immigration status and the state's accessibility options (Crosby & Hatfield, 2008).

The detrimental effects associated with lack of health insurance were similarly documented among preschool children of immigrants who left the welfare system between 1995 and 1999. Findings by the Foundation's scholars, Kalil and Crosby (2012), indicate that compared to peers from native families who left the welfare system and peers in immigrant families who continued to receive public assistance, children of immigrants who discontinued welfare enrollment suffered substantial declines in their physical health over time. Specifically, per mother report, they were significantly more likely to be in fair or poor health and visit the emergency department, as well as somewhat more likely to have experienced frequent acute illness, such as colds, flu, sinusitis, sore throat, bronchitis, and very bad cough (Kalil & Crosby, 2012).

National samples of older second-generation immigrant children also indicate that loss of coverage is associated with poorer health ratings, including chronic illness and hospitalizations (Crosby & Hatfield, 2008). School-age children without insurance are less likely to have visited a primary care physician in the span of a year and more likely to have visited the emergency department at least once in the past year (Bronchetti, 2014). Public insurance eligibility, on the other hand, is associated with utilization of more preventative health care and decreases in costly emergency care for children in immigrant families (Bronchetti, 2014).



Children of immigrants' service utilization and access to care are negatively impacted by their parents' immigration status.

Emerging research seems to indicate that federal and state sociopolitical factors contribute to the consistent lag in health coverage for children of low-income, immigrant families. There is increased variation across states in Medicaid enrollment and covered services for potential recipients who are immigrants (Rodríguez et al. 2015). Groundbreaking research by YSP scholar Seiber (2013) indicates that in 2010, there were state-fixed Medicaid enrollment disparities between citizen children with immigrant parents compared to children with nonimmigrant parents. Specifically, state-fixed effects indicate that there are larger enrollment differences between children of immigrant parents compared to children of nonimmigrant parents in certain states. These state-fixed effects reached up to 20% in traditional destinations (e.g., Texas, New York, Nevada, and Massachusetts) and new destination states (e.g., Utah, Arkansas, North Dakota, and Georgia).

For instance, a Medicaid-eligible immigrant child in Hawaii and Massachusetts was just as likely to enroll in Medicaid as a child with native-born parents. In contrast, 32% of Medicaid-eligible immigrant children

in Utah remain uninsured, compared to 12% of Medicaid eligible children in native families. Notably, some states curtail immigrant families from securing some form of health insurance by creating increasingly complex enrollment procedures that contribute to misunderstandings of eligibility and government distrust (Johnson, Padilla, & Votruba-Drzal, 2017; Rodríguez et al., 2015).

As mentioned earlier, it is anticipated that between 2.1 million and 4.9 million noncitizens without LPR status and members of mixed-status families with U.S.-born children will disenroll from Medicaid and CHIP once the public charge rule goes into effect in October, 2019 (Artiga et al., 2018). A substantial body of research predicts worse child developmental outcomes associated with decreased participation in Medicaid and the Temporary Assistance for Needy Families (TANF) program among immigrants in mixed-status families.

Food insecurity. Food insecurity involves limited ability to acquire nutritionally adequate and safe foods in a socially acceptable manner or uncertainty about doing so (National Research Council, 2006). Over the years, YSP scholars have consistently documented that food insecurity is associated with poor cognitive and psychosocial development in children (Gee, 2018; Kimbro & Denney, 2015). Food insecurity is associated with worse performance in math, science, and reading (Alaimo, Olson, & Frongillo, 2001); loss of school days due to illness; repetition of grade levels (Murphy et al., 1998); and reduced school engagement (Ashiabi, 2005) relative to children who are food secure.

Although food insecurity rates in the United States—one of the wealthiest nations in the world—have been declining over the years, there are still more than 6.5 million children living in food insecure households at any given moment (United States Department of Agriculture, 2017). Notably, rates of food insecurity are significantly higher than the national average for Black- and Hispanic-headed households, as well as for those with incomes at or below the federal poverty line (Coleman-Jensen, Gregory, & Singh, 2014). There is also emerging evidence of pervasive disparities by nativity status of parents, indicating that foreign-born parents and possibly unauthorized-parent households are significantly more affected by food insecurity (Kalil & Chen, 2008).

Food insecurity affects development across the lifespan, with synergistic consequences accumulating over time. Experiencing food insecurity in early childhood is particularly detrimental given the sheer amount of growth and the critical cognitive development occurring at this stage. The experience of malnutrition and food insecurity in early childhood is associated with short- and long-term detrimental health and nutrition outcomes, as well as maladaptive behavioral outcomes (Gee, 2018; Kimbro & Denney, 2015; Rose-Jacobs et al., 2008). Sponsored by the Foundation, Kimbro and Denney's (2015) research with a national sample of poor school-age children also demonstrates that the ill effects of food insecurity extend beyond overall child physical and behavioral health and impact academic achievement. Among adolescents, Potochnick, Perreira, and colleagues (2018) report that food insecure Latino youth experienced greater rates of obesity, mental health challenges (depression and anxiety), and acculturative stress compared to food secure counterparts.

Food Insecurity Effects on Children of Immigrants

Many children of immigrants who come from poor homes bear the brunt of food insecurity. About a decade ago, YSP scholar Kalil and colleague reported that documented levels of food insecurity were twice as high for children of noncitizen mothers compared to children of native-born mothers (Kalil & Chen, 2008). Most recently, using a national sample of 12,800 children from the Early Childhood Longitudinal Kindergarten Class of 2010–2011 (ECLS-K), YSP scholars Denney and Kimbro and colleague Sharp (2018) reported that children in food insecure homes were more likely to have a foreign-born parent and identify as having Hispanic or Black ancestries. Researchers postulate that the over-representation of foreign-born parents in food insecure homes may be due to family ineligibility, precarious immigration status, and familial belief of ineligibility for public benefit programs (Denney et al., 2018; Yoshikawa, 2011).

“Broader food insecurity statistics often mask what is happening with important subgroups. For example, roughly one quarter of undocumented immigrant households are food insecure and rates are higher for those headed by females”
– Dr. Justin Denney (YSP scholar)

From a social determinants of health perspective, food insecurity affects children directly and indirectly. It can compromise parents’ emotional health and, in turn, influence the well-being of their children (Gee & Asim, 2018; Gershoff, Aber, Raver, & Lennon, 2007). Using a large nationally representative sample of kindergarten classrooms, YSP scholar Gee and colleague Asim (2018) demonstrated that a form of parental stress coined “parenting aggravation” that is associated with food insecurity negatively impacted children’s attentiveness and self-control, important executive functions for children’s behavioral development. With regard to health-related behaviors, research conducted by Foundation scholars suggests that experiences of parental food insecurity are associated with maladaptive feeding practices that are linked to unhealthy childhood diets among Chinese immigrants in the United States (Cheah & Van Hook, 2012; Zhou, Cheah, Li, Liu, & Sun, 2017).

YSP scholar Denney highlights the importance of understanding the impact of food insecurity beyond individuals and families, including neighborhoods and communities. Specifically, Denney, Kimbro & Sharp (2018) postulate that a mismatch between a family’s socioeconomic conditions and neighborhood socioeconomic conditions could result in a higher likelihood of food insecurity. Denney and colleagues (2018) provide evidence that for Latina immigrant mothers food insecurity in neighborhoods where they perceive few connections and little social cohesion was high. Conversely, the probability of food insecurity was low among Latina immigrant mothers in neighborhoods where connections and social cohesion were very high.

Unaffordable and substandard housing. According to the determinants of health model, the nature and quality of the places where children live, play, and learn can impact their health and development. Thus, it is not surprising that substandard housing and the experience of housing insecurity negatively affect children’s health, growth, and development (Kushel, Gupta, Gee, & Haas, 2006; Ma, Gee, & Kushel, 2008). Crowded housing is associated with increased child psychological distress, increased likelihood of behavioral problems at school, and decreased academic achievement (Evans, Lepore, Sheiwal, & Palsane, 1998). Similarly, substandard housing is associated with harmful physiological reactions, such as high blood pressure (Evans et al., 1998; Yoshikawa & Kalil, 2011), respiratory conditions, increased exposure to infectious disease (Cardoso, de Goes Siqueira, Alves, & D’Angelo, 2004), risk of childhood injury (Delgado et al., 2002), and exposure to lead paint and other environmental toxins (Hendryx & Luo, 2018). Furthermore, research by Foundation scholars has demonstrated that living in an impoverished neighborhood is associated with increased negative social, emotional, and behavioral outcomes among children and adolescents (Crosby & Hatfield, 2008; Kalil & Crosby, 2012; Leventhal, Dupere, & Shuey, 2015). For example, living in poor neighborhoods is associated with the increased likelihood of being exposed to violence and danger as a child (Popkin, Leventhal, & Weismann, 2010).

Housing Insecurity Effects on Children of Immigrants

Children of immigrants are overrepresented in disadvantaged neighborhoods (Leventhal, Xue, & Brooks-Gunn, 2006). Limited financial means and resources often force immigrant families to live in disadvantaged neighborhoods (Leventhal et al., 2015). Yet even within impoverished neighborhoods, housing prices can be unaffordable for families whose employment options are limited or whose compensation is below the minimum wage. YSP scholar Crosby and Hatfield (2008) demonstrated that immigrant parents are less likely to receive housing assistance at any time during their citizen child’s early years. Notably, even when the housing assistance is received, it is often inadequate or short term, lasting only three to four months (Chaudry et al., 2010). Most recently, at the height of a nationwide affordable housing crisis, the Department of Housing and Urban Development (HUD) proposed a rule (HUD, 2019) prohibiting mixed immigration status families from living in subsidized housing. If passed, this rule will threaten more than 55,000 U.S.-born citizen children of immigrants with eviction. Furthermore, it is worth noting that children of immigrants often live in neighborhoods impacted by marginalization and exclusionary policies, including excessive home and workplace immigration-related raids and racial profiling (Ayón, 2015).

Housing security among children of immigrants is often further compromised if their parents are unauthorized immigrants. Even when immigrant parents are able to secure housing, many children of immigrants ultimately experience housing insecurity when the working parent is detained, deported, or released but prohibited from working. In a qualitative study documenting the impact of immigration

enforcement on immigrant communities across six states in the United States, Chaudry and colleagues (2010) describe how mixed-status families often had to move in with relatives to save on housing costs after the breadwinner was detained or deported, or they were asked to move out due to landlords' fear of immigration enforcement. In this study, several heads of household who were detained for various lengths of time also lost their homes after being apprehended. Research conducted by Foundation scholars indicates that parental detention and deportation is associated with frequent housing moves, which appear to be linked to children's poor mental health outcomes (Dreby, 2012; Rojas-Flores, 2017), suggesting concerning accumulation of risks among this vulnerable group of citizen children.

III. Actionable Research and Policy Recommendations

Improving the social and economic conditions that have a direct and indirect impact on children's development—particularly vulnerable children, such as children in low-income, immigrant families—cannot be achieved by one sector of society. Complex, multidimensional social problems require multidisciplinary solutions and investment from all sectors of society. Efforts to protect the well-being of children in low-income, immigrant families must be woven into multilayered national efforts, and all members of children's ecological domains—family, neighbors, and policymakers (Bronfenbrenner, 1977; Cicchetti & Lynch, 1993)—should acknowledge their role and be given proactive guidelines that are evidence-based and developmentally minded. Our review of the Young Scholars Program past and continuing research identifies opportunities for action in public policy, family, school, and neighborhood domains. Therefore, we encourage policymakers and policy advocates to consider and implement the following policy recommendations in order to move from evidence to action.

Retain and Promote Universal Public Safety Net Policies

Our nation must replace exclusionary policies that foster child health inequities with inclusionary policies that prioritize the best interests of our young generation of children of immigrants. Emerging Young Scholar's research highlights the need to shift towards a universal public safety net and promote public policies that improve access to health care and housing and offer funding for nutritional programs for all children—regardless of their ancestry or their parents' legal immigration status (e.g., Bronchetti, 2014; Perreira & Pedroza, 2019). While child-focused interventions draw from public tax monies, it is important to keep in mind that the prosperity of the nation hinges on the successful development of all children. Innovative strategies to ensure the well-being of children of immigrants based on our knowledge of the social determinants of health may include the following:

Complex, multidimensional social problems require multidisciplinary solutions. Protecting children in low-income, immigrant families requires investment from all sectors of our society.

Promote national awareness of the impact of social determinants of health on child development, particularly among vulnerable groups of children. Children in immigrant families are more likely than children in native-born families to face a number of risk factors for poor developmental outcomes, including higher poverty rates and food and housing insecurity. There is substantial evidence indicating

that public safety net programs positively affect the social determinants of health for children in low-income, immigrant families by improving access to services that promote good health and encourage successful development. Embracing a social determinants of health perspective can guide constituents, policymakers, and the public when developing and evaluating the impact of new social policies (e.g., the public charge rule) and old public policies (e.g., welfare reform) that ultimately impact the well-being of all children. A social determinants of health approach can help anticipate and mitigate the unintended negative consequences of social policies (e.g., increased food and housing insecurity, poverty rates) among vulnerable populations, including children of immigrants.

Protect the health of children of immigrants by reducing disparities in state and local policies. Health care coverage should be consistent (e.g., programs offered, income cutoffs, enrollment procedures, etc.) across the nation in order to reduce confusion and facilitate enrollment. Although there are some states in the nation (California, Illinois, Washington, District of Columbia, New York, and Massachusetts) with near zero differences in predicted uninsured rates for citizen children with immigrant parents compared to those with nonimmigrant parents, the majority of states have significantly low enrollment of citizen children of immigrants (Seiber, 2013; Rodríguez, Young, & Wallace, 2015). A number of states, including Texas, Florida, and Georgia, elected not to take the Children's Health Insurance Program Reauthorization Act's (CHIPRA) 214 option and, accordingly, do not offer coverage to certain classes of immigrant youth (e.g., LPRs, children with pending asylum applications, children with temporary immigration status) until they have resided in the country for five years. As YSP scholar Bronchetti (2014) argues, securing coverage for the health and well-being of all children in low-income, immigrant families will likely reduce state-level emergency care costs, allow parents to divert their funds towards other goods such as nutritious foods, and yield improvements in overall health outcomes.

The following are recommendations for the immediate environments in which children live, play, and learn. These recommendations are also informed by multidisciplinary research on children of immigrants conducted by the Foundation's Young Scholars.

Support Immigrant Parents and Reduce Stress in Mixed-Status Families

Caregiving is shaped by larger social forces, including marginalization, discrimination (Ayón, 2015; Barajas-Gonzalez et al., 2018), poverty (Yoshikawa et al., 2012), and, most recently, heightened immigration enforcement (Roche et al., 2018) and anti-immigrant climates (Barajas-Gonzalez et al., 2018). Non, Leon-Perez, Glass, Kelly, & Garrison's (2017) Foundation-funded research with Mexican-born immigrant mothers suggests that maternal stress impacts balancing work and family, creates limited freedom and mobility, reduces social networks, and is associated with the transmission of anxiety and fear to children. In fact, mounting evidence indicates that caregivers' own emotional health or stress has immediate and long-term effects on children's health (Gee & Asim, 2018; Grzywacz, Arcury, Trejoy, & Quandt, 2016). Research demonstrates that providing protection from deportation has significant positive effects on the well-being of citizen children of immigrants. Children whose parents were provided protection from deportation through DACA, for example, experienced noteworthy positive physical and mental health effects (Hainmueller et al., 2017). Accordingly, as a nation that cares for its children, we must also support immigrant parents and mixed-status families who are experiencing heightened levels of stress associated with immigration enforcement and discriminatory climates. Therefore, we recommend the following:

Offer preventive and compensatory interventions aimed at reducing immigrant parents' stress.

Efforts designed to curtail caregiver's stress can help reduce the associated physical and mental health consequences of chronic and toxic stress experienced not only by the primary caregiver, but also by their offspring. Creating "safe spaces" within the community for immigrant parents to share their experiences (Non et al., 2017) and fostering increased safe and open communication between immigrant parents and community/local police are strategies that could potentially defuse stress associated with immigration-related fears (Hacker et al., 2011). Furthermore, providing trauma-informed services (Rojas-Flores, 2017) and wellness preventive interventions, such as mindfulness interventions for children of immigrants (Fung, Guo, Jin, Bear, & Lau, 2016) and their parents in multiple settings such as schools, faith-based centers, and clinics, have been demonstrated to be feasible, low-cost, and effective strategies for mitigating stress.

Support and Train Teachers and Schools on How to Best Support Children of Immigrants

Schools are important institutions where children spend a significant amount of their time. They have the potential of offering children in low-income, immigrant families access to additional caring adult support and preventive interventions that foster resilience and a sense of belonging. In light of the complex social factors that are impacting children of immigrants, we recommend breaking down barriers to engagement and integration of immigrants' children in school by:

Investing in teachers. In addition to promoting academic development in the classroom, teachers frequently play an integral and multifaceted role in mitigating the effects of social exclusion in their communities by acting as educators, mentors, counselors, advocates, and role models for the next generation of citizens. Therefore, we recommend these actions:

In pre-service and in-service training programs for early childhood educators, give more emphasis to immigration, bilingual and English as a second language (ESL) certification, and strategies designed to increase teacher-parent connections. Foundation scholar Adair (2015) recommends that teachers be provided with rigorous training in early childhood pedagogy and the opportunity to pursue specialization to tailor these methodologies, specifically for working with dual language and ESL learners and their caregivers.

In most states, both general teaching certifications and optional bilingual/ESL certification lack emphasis and adequate training on early childhood education (Adair, 2015; Johnson, Padilla, & Votruba-Drzal, 2017). As a result, teachers have minimal knowledge of the most effective strategies for teaching at earlier developmental stages when working with immigrant families (Tobin, Arzubiaga, & Adair, 2013). Similarly, teachers are often poorly equipped to support children's language development and communicate with immigrant families in their native tongue during particularly pivotal early elementary school years (Tang, Dearing, & Weiss, 2012). Thus, it is important to enhance multicultural teacher preparation programs and prioritize the hiring and retention of bilingual and minority educators and administrators. YSP scholars argue that the availability of non-English speaking and diverse early childhood care providers improves the likelihood that parents will enroll their children in early childhood education (Johnson, Padilla, & Votruba-Drzal, 2017), which has been associated with improved developmental outcomes. Research has also demonstrated that family involvement is greater for children who have bilingual teachers, which subsequently predicts improvements in literacy outcomes (Tang et al., 2012) and parent engagement (Lasky, 2000).

Promoting inclusionary school strategies and policies. Children’s health is associated with educational attainment (Basch, 2010; Bradley & Green, 2013; Center for Disease Control and Prevention, 2014). Therefore, we recommend doing the following:

Institute campaigns and interventions designed to prevent discrimination of immigrants within schools. In order to capitalize on the strengths children in low-income, immigrant families and their families bring to schools, Foundation-funded researchers provide compelling evidence suggesting that schools must be more intentional about interrupting institutional discrimination through inclusionary and culturally sensitive assessment procedures, policies, and classroom procedures (Adair, 2014; Brown, 2015). YSP scholars Ayón (2015) and Brown (2015) argue that schools must carefully monitor student interactions to deter and address peer-level discrimination. Furthermore, school staff would benefit from receiving training about the processes that contribute to discrimination, its associated consequences, and how best to support immigrant families in a nondiscriminatory fashion (Ayón, 2015). Forthcoming research by Foundation-funded scholar Barajas-Gonzalez (2019) highlights key strategies for teachers striving to foster welcoming schools and classrooms for children of immigrants in the current sociopolitical climate.

Investing in parent-school partnerships. Immigrant parents value family-school partnerships and view themselves as integral to the education of their children (Crosnoe & Ansari, 2015). However, while they tend to actively participate in their children’s education outside of school, immigrant parents are often less present in school-based activities due to a history of opposition from schools and feelings of discomfort (Crosnoe & Kalil, 2010). To position immigrant parents as resources in their children’s academic success, we recommend these actions:

Invest in and establish innovative strategies to foster family-school connection and parent-teacher investment using a multitargeted and multipronged approach that includes children, parents, and teachers. Familiarizing immigrant parents with the education system and supporting positive parenting and involvement are important in promoting immigrant integration and supporting children of immigrants’ well-being.

YSP scholar Knotek and colleague’s (Knotek & Sánchez, 2017) Madres para Niños program is a good illustration of how communication between immigrant parents and school administrations allows for collaborative, student-driven problem-solving and empowerment of mothers as equal partners and valued experts. The involvement of fathers is equally important and necessary, as demonstrated by a home-visiting and father-focused video-coaching program with low-income Mexican-American fathers of young children (Schindler, 2019). Other examples of effective interventions include the multipronged interventions in schools with relatively large populations of first-generation immigrant students designed

by YSP scholar Dearing and colleagues (Dearing et al. 2016), and the evidence-based, preventive intervention “Incredible Years Series” for parents, teachers, and children in community and school settings (Webster-Stratton and Herman, 2009).

Invest in Neighborhoods and Immigrant Communities

As mentioned previously, a growing body of evidence indicates that community contexts are social determinants of child health. Many children in low-income, immigrant families live in segregated, disadvantaged neighborhoods marked by an array of social problems, including community violence, poverty, and resource deficiency. Research has demonstrated that structural conditions within the neighborhood might provide a stronger influence than child or parent characteristics. For example, utilizing a nationally representative sample of children, researchers found that living in an impoverished neighborhood was associated with increased risk of obesity (Kimbro & Denney, 2015). However, researchers found that when neighborhood factors (e.g., availability of resources) are taken into account, rates of obesity for ethnic minority children were closer to those of Caucasian children. Accordingly, we recommend taking these steps:

***Mobilize community resources and improve accessibility to culturally competent and linguistically appropriate health resources.** Researchers suggest that increased accessibility to center-based child care (Johnson et al., 2017), nutrition programs, community food centers (Denney et al., 2018), and after-school programs for children (Non et al., 2017) can provide opportunities for positive social interaction and physical activity that may counteract neighborhood risks and associated poor health outcomes. Accordingly, communities and local governments should educate immigrant parents about available resources within their community and promote their engagement in preventative child health care through the use of community partners. Primary school programs, including Early Childhood Education and Care (ECEC) settings and Head Start programs, can become key community partners in providing health information to parents and their children. For example, ECEC settings can become one-stop shops, providing resources and referrals to services that support not just the children’s education, but also their health (e.g., health screenings, nutritional programs, lead paint exposure protection, and vaccinations). Community-based child health promotion efforts such as these are highly effective for disseminating information about preventative health resources and community resources via informal social networks (Rothpletz-Puglia, Jones, Storm, Parrott, & O’Brien, 2013). Studies on the resilience of children of immigrants should systematically include analyses of these informal care networks and other support systems and how they impact the health and well-being of young immigrant populations.*

In conclusion, the social determinants of health framework highlights not only the impact of federal and state policies and the social and political climate as a whole on the health and well-being of children of immigrants, but also the critical role proximal ecologies—family, school, and neighborhood—play in protecting children of immigrants and migrant youth from their ill effects. In turbulent sociopolitical times, all sectors of our nation must seek to protect future generations through research, advocacy, and actions that focus on and prioritize a rising and promising segment of our society—children of immigrants.

Acknowledgements

This research was supported by the Foundation for Child Development. The authors bear sole responsibility for the interpretations and views presented here. The authors are grateful for the helpful feedback provided by Cynthia García Coll, Ph.D., and Joseph Tobin, Ph.D., Foundation for Child Development board members, on an earlier version of this manuscript.

About the Authors

Liseth Rojas-Flores, Ph.D., is an associate professor in Clinical Psychology at the Fuller Graduate School of Psychology in Pasadena, CA. Dr. Rojas-Flores' research centers on immigrant children's well-being with particular focus on how trauma, community violence, and socio-structural adversity impacts the child and family unit. With funding from the *Foundation for Child Development Young Scholars Program (2012-2015)*, Dr. Rojas-Flores examined the impact of immigration enforcement on Latino citizen—children's psychological and academic well-being in the U.S. In an international context, she is conducting collaborative research looking at the impact of community violence and trauma on adolescents, parents, and teachers living in El Salvador, and the internal displacement in Colombia. As a bilingual/bicultural clinical psychologist, she also provides clinical assessments to Central American unaccompanied minors.

Jennifer Medina Vaughn, M.S., is a doctoral candidate in Psychological Science at Fuller Graduate School of Psychology. She is a bilingual and bicultural licensed Marriage and Family Therapist with special interest in high-risk children and adolescents. As a doctoral student and King Research Fellow at the Thrive Center for Human Development, her research has focused on the impact of spirituality and hope on adolescents exposed to poverty and violence in El Salvador and Rwanda. Jennifer is a recent recipient of the Student and Early Career Committee (SECC) of the Society for Research in Child Development dissertation research funding award. Her dissertation project examines the mechanisms through which neighborhood socioeconomic status impacts young children of immigrants' psychosocial well-being.

References

- Abrego, L., Coleman, M., Martinez, D. E., Menjivar, C., & Slack, J. (2017). Making immigrants into criminals: Legal processes of criminalization in the post-IRIRA era. *Journal on Migration and Human Security*, 5, 694–715.
- Adair, J. K. (2014). Agency and expanding capabilities in early grade classrooms: What it could mean for young children. *Harvard Educational Review*, 84, 217–241.
- Adair, J. K. (2015). *The Impact of Discrimination on the Early Schooling Experiences of Children from Immigrant Families*. Washington, DC: Migration Policy Institute.
- AECF (2015). Every kid needs a family: Giving children in the child welfare system the best chance for success: Kids Count policy report. Baltimore, MD: Annie E. Casey Foundation.
- Alaimo, K., Olson, C. M., & Frongillo, E. A. Jr., (2001). Food insufficiency and American school-aged children's cognitive, academic, and psychosocial development. *Pediatrics*, 108, 44- 53.
- American Pediatrics Association. (2018, May 8). AAP statement opposing separation of children and parents at the border. Retrieved from <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/StatementOpposingSeparationofChildrenandParents.aspx>
- American Psychological Association. (2018, June 18). Letter to administration. Retrieved from <https://www.apa.org/advocacy/immigration/serparating-families-letter.pdf>
- Artiga, S., Garfield, R., & Damico, A. (2018). Estimated impacts of the proposed public charge rule on immigrants and Medicaid. Retrieved from <https://www.kff.org/disparities-policy/issue-brief/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaid/>
- Ashiabi, G. (2005). Household food insecurity and children's school engagement. *Journal of Child Poverty*, 11, 3–17.
- Ayón, C. (2015). *Economic, social, and health effects of discrimination on Latino immigrant families*. Washington, DC: Migration Policy Institute.
- Ayón, C., & Becerra, D. (2013). Latino immigrant families under siege: The impact of SB1070, discrimination, and economic crisis. *Advances in Social Work, Special Issue: Latinos/Latinas in the U.S.*, 14, 206–228.
- Ayón, C., & Philbin, S. P. (2017). "Tú no eres de aquí": Latino children's experiences of institutional and interpersonal discrimination and microaggressions. *Social Work Research*, 41, 19–30. <https://doi.org/10.1093/swr/svw028>
- Barajas-Gonzalez (2019). Navigating Uncertainty: Understanding the Impact of Immigration-Related Stressors on the Well-being and Work of Pre-K-3rd Grade Teachers and Social Workers Working with Immigrant Families. *Foundation for Child Development-Young Scholars Program. Children of Immigrants Series II, Webinar presentation.* <https://www.fcd-us.org/about-us/young-scholars-program/children-of-immigrants-webinar-series-ii/>
- Barajas-Gonzalez, R. G., Ayón, C., & Torres, F. (2018). Applying a community violence framework to understand the impact of immigration enforcement threat on Latino children. *Society for Research in Child Development*, 31(3), 1–24.
- Basch, C. E. (2010). *Healthier students are better learners: A missing link in efforts to close the achievement gap*. New York: Columbia University. Retrieved from <http://www.equitycampaign.org>
- Batalova, J., Fox, M., & Greenberg, M. (2018). *Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefits Use*. Washington, DC: Migration Policy Institute. <https://www.migrationpolicy.org/research/chilling-effects-expected-public-charge-rule-impact-legal-immigrant-families>
- Bernstein, H., Gonzalez, D., Karpman, M., & Zuckerman, S. (2019). One in seven adults in immigrant families reported avoiding public benefit programs in 2018. <https://www.urban.org/research/publication/one-seven-adults-immigrant-families-reported-avoiding-public-benefit-programs-2018>

- Bernet, F. (2017). Immigration and crime. *Criminology and Criminal Justice* [online publication]. doi:10.1093/acrefore/9780190264079.013.93
- Brabeck, K. M., Sibley, E., Taubin, P., & Murcia, A. (2016). The influence of immigrant parent legal status on U.S.-born children's academic abilities: The moderating effects of social service use. *Applied Developmental Science, 20*, 237–249. doi:10.1080/10888691.2015.1114420
- Brabeck, K., & Xu, Q. (2010). The impact of detention and deportation on Latino immigrant children and families: A quantitative exploration. *Hispanic Journal of Behavioral Sciences, 32*, 341–361.
- Bradley, B., & Green, A. C. (2013). Do health and education agencies in the United States share responsibility for academic achievement and health? A review of 25 years of evidence about the relationship of adolescents' academic achievement and health behaviors. *Journal of Adolescent Health, 52*, 523–532.
- Bronchetti, E. T. (2014). Public insurance expansions and the health of immigrants and native children. *Journal of Public Economics, 120*, 205–219. <http://dx.doi.org/10.1016/j.pubeco.2014.09.011>
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 513*-531.
- Brooks-Gunn, J., & Duncan, G. J. (1997). The effects of poverty on children. *The Future of Children, 7*, 55–71. <http://dx.doi.org/10.2307/1602387>
- Brown, C. S. (2015). *The Educational, Psychological, and Social Impact of Discrimination on the Immigrant Child*. Washington, DC: Migration Policy Institute.
- Cainkar, L. (2004). The impact of September 11 attacks and their aftermath on Arab and Muslim communities in the United States. *Global Security Quarterly, 13*.
- Capps, R., Greenberg, M., Fix, M., & Zong, J. (2018). Gauging the impact of DHS' proposed public-charge rule on U.S. immigration: Policy brief. *Migration Policy Institute*.
- Cardoso, M. R., de Goes Siqueira, L. F., Alves, F. M., & D'Angelo, L. A. (2004). Crowding: Risk factor or protective factor for lower respiratory disease in young children? *BMC Public Health, 4*, 19–26. doi:10.1186/1471-2458-4-19
- Castañeda, H., Holmes, S. M., Madrigal, D. S., Young, M. E., Beyeler, N., & Quesada, J. (2015). Immigration as a social determinant of health. *Annual Review of Public Health, 36*, 375–392. <http://dx.doi.org/10.1146/annurev-publhealth-032013-182419>
- Center for Disease Control and Prevention (2014). Health and Academic Achievement. Retrieved from https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf
- Chaudry, A., Capps, R., Pedroza, J. M., Castañeda, R. M., Santos, R., & Scott, M. M. (2010). Facing our future: Children in the aftermath of immigration enforcement. *The Urban Institute*.
- Cheah, C. S. L., & Van Hook, J. (2012). Chinese and Korean immigrants' early life deprivation: An important factor for child feeding practices and children's body weight in the United States. *Social Science & Medicine, 744*-752. doi:10.1016/j.socscimed.2011.10.040
- Children's Defense Fund (2017). *The State of America's Children 2017*. <http://www.childrensdefense.org/library/state-of-americas-children/2017-soac.pdf>.
- Cicchetti, D., & Lynch, M. (1993). Toward an ecological/transactional model of community violence and child maltreatment: Consequences for children's development. *Psychiatry Interpersonal & Biological Processes, 56*, 96-118. doi:10.1521/00332747.1993.11024624
- Cohodes, S., Grossman, D., Kleiner, S., & Lovenheim, M. F. (2014). The effect of child health insurance access on schooling: Evidence from public insurance expansions (No. 2178). Cambridge, MA: National Bureau of Economic Research.
- Cokkinides, K. (2011). Health insurance coverage-enrollment and adequacy of prenatal care utilization. *Journal of Health Care for the Poor and Underserved, 12*, 461–473.

- Coleman-Jensen, A., Gregory, C., & Singh, A. (2014, September). *Household Food Security in the United States in 2013*, ERR-173, U.S. Department of Agriculture, Economic Research Service.
- Conger, R. D., & Elder, G. H. (1994). *Families in Troubled Times: Adapting to Change in Rural America*. Hawthorne, NY: Aldine de Gruyter Press.
- Congressional Research Service (2018). The Trump administration's "Zero Tolerance" immigration enforcement policy. Retrieved from <https://crsreports.congress.gov/product/pdf/R/R45266>
- Crosnoe, R., & Ansari, A. (2015). Latin American immigrant parents and their children's teachers in U.S. early childhood education programs. *International Journal of Psychology*, 50, 431-439. doi:10.1002/ijop.12173
- Crosnoe, R., & Kalil, A. (2010). Educational progress and parenting among Mexican immigrant mothers of young children. *Journal of Marriage and Family Therapy*, 72, 976-989.
- Crosby, D. A., & Hatfield, B. (2008). Immigrants' access to public assistance: Missed opportunities following welfare reform. *Zero to Three*, 29, 31-38.
- Dashiff, C., DiMicco, W., Myers, B., & Sheppard, K. (2009). Poverty and adolescent mental health. *Journal of Child and Adolescent Psychiatric Nursing*, 22, 23-32. doi:10.1111/j.17446171.2008.00166.x
- Dearing, E., Sibley, E., Lee-St. John, T., Raczek, A., & Walsh, M. (2016). Can community and school-based supports improve the achievement of first-generation immigrant children attending high-poverty schools? *Child Development*, 87, 883-897.
- Delgado, J., Ramirez-Cardich, M., Gilman, R., Lavarello, R., Dahodwala, N., Bazan, A., ... Lescano, A. (2002). Risk factors for burns in children: Crowding, poverty, and poor maternal education. *Injury Prevention*, 8, 38-41. doi:110.1136/ip.8.1.38
- Department of Homeland Security (2019). Inadmissibility on Public Charge Grounds, 84 Fed. Reg. 41292-41508 (Aug. 14, 2019). <https://www.federalregister.gov/documents/2019/08/14/2019-17142/inadmissibility-on-public-charge-grounds>
- Denney, J. T., Kimbro, R. T., & Sharp, G. (2018). Neighborhoods and food insecurity in households with young children: A disadvantage paradox? *Social Problems*, 00, 1-18. doi:10.1093/socpro/spw054
- Department of Housing and Urban Development (2019, April). Regulatory Impact Analysis: Housing and Community Development Act of 1980: Verification of Eligible Status. Proposed Rule Docket No: FR-6124-P-01. Retrieved from: <https://www.regulations.gov/document?D=HUD-2019-0044-0002>
- Dodge, K. A., Petit, G. S., Bates, J. E. (1994). Socialization mediators of the relation between socioeconomic status and child conduct problems. *Child Development*, 65, 649-665. <http://dx.doi.org/10.2307/1131407>
- Dreby, J. (2012). The burden of deportation on children of Mexican immigrant families. *Journal of Marriage and Family*, 74, 829-845. doi:10.1111/j.1741-3737.2012.00989.x
- Evans, G. W., Lepore, S. J., Shejwal, B. R., & Palsane, M. N. (1998). Chronic residential crowding and children's well-being: An ecological perspective. *Child Development*, 69, 1514-1523.
- Executive Office of the President, "Enhancing Public Safety in the Interior of the United States," Executive Order no. 13768, January 25, 2017. Available at <https://www.whitehouse.gov/presidential-actions/executive-order-enhancing-public-safety-interior-united-states/>
- Flanagan, K. D., & West, J. (2004). Children born in 2001: First results from the base year of the Early Childhood Longitudinal Study, Birth Cohort (ECLS-B). U.S. Department of Education, Washington, DC: National Center for Education Statistics.
- Fung, J., Guo, S., Jin, J., Bear, L., & Lau, A. S. (2016). A pilot randomized trial evaluating a school-based mindfulness intervention for ethnic minority youth. *Mindfulness* 7, 4-13. doi:10.1007/s12671-016-0519-7
- Gee, K. A. (2018). Growing up with a food insecure adult: The cognitive consequences of recurrent versus transient food insecurity across the early elementary years. *Journal of Family Issues*, 39, 2437-2460. doi:10.1177/0192513X18755199

- Gee, K., & Asim, M. (2018). Parenting aggravation associated with food insecurity impacts children's behavior and development: Policy Brief. *Center for Poverty Research*, 7.
- Gershoff, E. T., Aber, J. L., Raver, C. C., & Lennon, M. C. (2007). Income is not enough: Incorporating material hardship into models of income associations with parenting and child development. *Child Development*, 78, 70-95. doi:10.1111/j.1467-8624.2007.00986.x
- Gilman, S. E., Kawachi, I., Fitzmaurice, G. M., & Buka, S. L. (2003). Socio-economic status, family disruption and residential stability in childhood: Relation to onset, recurrence and remission of major depression. *Psychological Medicine*, 33, 1341 - 1355. doi:10.1017/S0033291703008377
- Goodman, A. (2017). The long history of self-deportation: Trump's anti-immigrant policies build on more than a century of attempts to create fear and terror within U.S. immigrant communities. *NACLA Report on the Americas*, 49, 152-158. <http://dx.doi.org/10.1080/10714839.2017.1331811>
- Green, T. L. (2012). *Black and Immigrant: Exploring the Effects of Ethnicity and Foreign-Born Status on Infant Health*. Washington, DC: Migration Policy Institute.
- Grillon, C., Pine, D. S., Lissek, S., Rabin, S., Bonne, O., & Vythilingam, M. (2009). Increased anxiety during anticipation of unpredictable aversive stimuli in posttraumatic stress disorder but not in generalized anxiety disorder. *Biological Psychiatry*, 66, 47-53. <http://dx.doi.org/10.1016/j.biopsych.2008.12.028>
- Grzywacz, K. G., Arcury, T. A., Trejo, G., & Quandt, S. A. (2016). Latino mothers in farmworker families' beliefs about preschool children's physical activity and play. *Journal of Immigrant and Minority Health*, 18, 234-242. doi:10.1007/s10903-014-9990-1
- Hacker, K., Chu, J., Leung, C., Marra, R., Pirie, A., Brahimi, M., English, M., ... Marlin, R. P. (2011). The impact of immigration and customs enforcement on immigrant health: Perceptions of immigrants in Everett, Massachusetts, USA. *Social Science & Medicine*, 73, 586-594. doi:10.1016/j.socscimed.2011.06.007
- Hainmueller, J., Lawrence, D., Martén, L., Black, B., Figueroa, L., Hotard, T., ... Laitin, D. (2017). Protecting unauthorized immigrant mothers improves their children's mental health. *Science*, 31, 1041 - 1044. doi:10.1126/science.aan5893
- Hendryx, M. & Lou, J. (2018). Children's environmental chemical exposures in the USA, NHANES 2003-2012. *Environmental Science and Pollution Research*, 25, 5336-5343. Doi:10.1007/s11356-017-0874-5
- ICE. (2018). *Fiscal Year 2018 ICE Enforcement and Removal Operations Report*. Washington, DC: ICE.
- ICE (2017a). *Deportation of Aliens Claiming U.S.-Born Children, First Half, Calendar Year 2017: Report to Congress*. Washington, DC: ICE.
- ICE (2017b). *Deportation of Aliens Claiming U.S.-Born Children, Second Half, Calendar Year 2017: Report to Congress*. Washington, DC: ICE.
- International Rescue Committee (2019). IRC responds to U.S. emergency declaration, reports of forcible return of children to Mexico. Retrieved from <https://www.rescue.org/press-release/irc-responds-us-emergency-declaration-reports-forcible-return-children-mexico>
- Johnson, A. D., Padilla, C. M., & Votruba-Drzal, E. (2017). Predictors of public early care and education use among children of low-income immigrants. *Children and Youth Services Review*, 73, 24-36. doi.org/10.1016/j.childyouth.2016.11.024
- Jewish Family Service of Seattle v. Trump, (2017). Class Action Complaint for Declaratory and Injunctive Relief. No. 17-cv-01707JLR (W.D. Washington. filed Nov. 13, 2017). <https://www.nilc.org/wp-content/uploads/2017/11/JFSS-et-al-v-Trump-et-al-complaint-2017-11-13.pdf>
- Kaiser Family Foundation (2016). Health insurance coverage of children 0-18. Retrieved from <https://www.kff.org/other/state-indicator/children-0-18>
- Kalil, A., & Chen, J. H. (2008). Mothers' citizenship status and household food insecurity among low-income children of immigrants. *New Directions in Child and Adolescent Development*, 121, 2831-2839.
- Kalil, A., & Crosby, D. (2012). Welfare leaving and the health of young children in immigrant and native families. *Social Science Research*, 39, 202-214. doi:10.1016/j.ssresearch.2009.08.002

- Kaushal, N., & Kaestner, R. (2005). Welfare reform and health insurance of immigrants. *Health Services Research, 40*, 697-722.
- Kimbro, R. T., & Denney, J. T. (2015). Transitions into food insecurity associated with behavioral problems and worse overall health among children. *Health Affairs, 34*, 1949–1955.
- Knotek, S. E. & Sánchez, M. (2017) Madres para Niños: Engaging Latina mothers as consultees to promote their children’s early elementary school achievement. *Journal of Educational and Psychological Consultation, 27*(1), 96-125, DOI: 10.1080/10474412.2016.1185611
- Knudson, E. I., Heckman, J. J., Cameron, J. L., & Shonkoff, J. P. (2006). Economic, neurobiological, and behavioral perspectives on building America’s future workforce. *Proceedings of the National Academy of Sciences, USA, 103*, 10155–10162. doi:10.1073/pnas.0600888103
- Kohen, D. E., Leventhal, T., Dahinten, V. S., & McIntosh, C. N. (2008). Neighborhood disadvantage: Pathways of effects for young children. *Child Development, 79*, 156-169. doi:0009-3920/2008/7901-0011
- Kopan, T. (2018, November 16). More than 14,000 immigrant children are in U.S. custody, an all-time high. *San Francisco Chronicle*. Retrieved from <https://www.sfchronicle.com/nation/article/More-than-14-000-immigrant-children-are-in-U-S-13399510.php>
- Kushel, M. B., Gupta, R., Gee, L., & Haas, J. S. (2006). Housing instability and food insecurity as barriers to health care among low-income Americans. *Journal of General Internal Medicine, 21*, 71-77.
- Lasky, S. (2000). The cultural and emotional politics of teacher-parent interactions. *Teaching and Teacher Education, 16*, 843–860.
- Laub, J. H., & Haskins, R. (2018). Helping children with parents in prison and children in foster care: Policy brief. *The Future of Children*. https://futureofchildren.princeton.edu/sites/futureofchildren/files/media/foc-policy_brief_spring_2018__0.pdf
- Leventhal, T., Dupéré, V., & Shuey, E. A. (2015). Children in neighborhoods. In *Handbook of child psychology and developmental science*.
- Leventhal, T., Xue, Y., & Brooks-Gunn, J. (2006). Immigrant differences in school-age children’s verbal trajectories: A look at four racial/ethnic groups. *Child Development, 77*, 1359–1374. doi:10.1111/j.1467-8624 .2006.00940.x
- Ma, C. T., Gee, L., & Kushel, M. B. (2008). Associations between housing instability and food insecurity with health care access in low-income children. *Ambulatory Pediatrics, 8*, 50-57.
- Mechure, M., Rojas-Flores, L., & Clements, M. (2019). Parental detention and deportation and the academic functioning of Latino citizen children. Paper presented at the 2019 Biennial Meeting of the Society for Research in Child Development. Baltimore, MD.
- Meissner, D., Kerwin, D. M., Chishti, M., & Bergeron, C. (2013). *Immigration Enforcement in the United States: The Rise of a Formidable Machinery*. Washington, DC: Migration Policy Institute.
- Migration Policy Institute. (2017). Children in U.S. immigrant families. Retrieved from <https://www.migrationpolicy.org/programs/data-hub/charts/children-immigrant-families>
- Murdock, S., Zey, M., Cline, M. E., & Klineberg, S. (2010). Poverty, educational attainment, and health among America’s children: Current and future effects of population diversification and associated socioeconomic change. *Journal of Applied Research on Children: Informing Policy for Children at Risk, 1*, 1–33.
- Murphey, D., Guzman, L., & Torres, A. (2014). America’s Hispanic children: Gaining ground, looking forward. Bethesda, MD: Child Trends Hispanic Institute. Retrieved from <http://www.childtrends.org/wp-content/uploads/2014/09/2014-38AmericaHispanicChildren.pdf>
- Murphy, J. M., Wehler, C. A., Pagano, M. E., Little, M., Kleinman, R. E., & Jellinek, M. S. (1998). Relationship between hunger and psychosocial functioning in low-income American children. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*, 163–70.
- National Council for Adoption (2011). *Better prospects, lower cost: The case for increasing foster care adoption*. Alexandria, VA: National Council for Adoption.
- National Research Council (2006). *Food Insecurity and Hunger in the United States: An Assessment of the Measure*. Washington, DC: National Academies Press.

- Nichols, V. C., LeBron, A., & Pedraza, F. (2016). Cautious citizen: Policy feedback lessons and consequences for democratic citizenship. Paper presented for the University of New Mexico Fieldwork Conference, Albuquerque.
- Non, A. L., León-Pérez G., Glass, H., Kelly, E., Garrison, N. A. 2017. Stress across generations: A qualitative study of stress, coping, and caregiving among Mexican immigrant mothers. *Ethnicity and Health*, 1 – 17. <https://doi.org/10.1080/13557858.2017.1346184>
- Orris, A., Lam, A., & Dervan, E. (2019). How DHS' Public Charge rule will affect immigrant benefits. Expert Analysis by Law360. <https://www.law360.com/articles/1193999/how-dhs-public-charge-rule-will-affect-immigrant-benefits>
- Passel, J. S. (2011). Demography of immigrant youth: Past, present, and future. *The Future of Children*, 21(1), 19–41. <http://dx.doi.org/10.1353/foc.2011.0001>.
- Perreira, K. M., & Pedroza, J. M. (2019). Policies of exclusion: Implications for the health of immigrants and their children. *Annual Review of Public Health*, 40, 7.1-7.20. doi.org/10.1146/annurev-publhealth-040218-044115
- Pew Research Center (2015). *Modern Immigration Wave Brings 59 Million to U.S., Driving Population Growth and Change Through 2065: Views of Immigration's Impact on U.S. Society Mixed*. Washington, DC: Pew Research Center.
- Pine, D. S., Cohen, P., Gurley, D., Brook, J., & Ma, Y. (1998). The risk for early-adulthood anxiety and depressive disorders in adolescents with anxiety and depressive disorders. *Archives of General Psychiatry*, 55, 56–64.
- Popkin, S. J., Leventhal, T., & Weismann, G. (2010). Girls in the hood: Reframing safety and its impact on health and behavior. *Urban Affairs Review*, 45, 715-744.
- Potochnick, S., Perreira, K. M., Bravin, J. L., Castañeda, S. F., Daviglus, M. L., Gallo, L. C., & Isasi, C. R. (2018). Food insecurity among Hispanic/Latino youth: Who is at risk and what are the health correlates? *Journal of Adolescent Health*, 64 XX, 1-9. doi.org/10.1016/j.adohealth.2018.10.302
- Putnam, K. T., Harris, W. W., & Putnam, F. W. (2013). Synergistic childhood adversities and complex adult psychopathology. *Journal of Traumatic Stress*, 26, 435–442. dx.doi.org/10.1002/jts.21833
- Ramsawh, H. J., Chavira, D. A., & Stein, M. B. (2010). The burden of anxiety disorders in pediatric medical settings: Prevalence, phenomenology, and a research agenda. *Archives of Pediatrics and Adolescent Medicine*, 164, 965–972. doi:10.1001/archpediatrics.2010.170
- Roche, K. M., Vaquera, E., White, R. M. B., & Rivera, M. I. (2018). Impacts of immigration actions and news and the psychological distress of U.S. Latino parents raising adolescents. *Journal of Adolescent Health*, 62, 525–531. doi.org/10.1016/j.jadohealth.2018.01.004
- Rodríguez, M. A., Young, M. E., & Wallace, S. P. (2015). *Creating Conditions to Support Healthy People: State Policies That Affect the Health of Undocumented Immigrants and Their Families*. Los Angeles, CA: University of California Global Health Institute.
- Rojas-Flores, L. (2017). Latino U.S.-citizen children of immigrants: A generation at high risk. Summary of selected Young Scholars Program research. New York, NY: Foundation for Child Development.
- Rojas-Flores, L., Clements, M., Hwang Koo, J., & London, J. (2017). Trauma, psychological distress and parental immigration status: Latino citizen-children and the threat of deportation. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9, 352–361. dx.doi.org/10.1037/tra0000177
- Rose-Jacobs, R., Black, M. M., Casey, P. H., Cook, J. T., Cutts, D. B., Chilton, M., ... Frank, D. A. (2008). Household food insecurity: Associations with at-risk infant and toddler development. *Pediatrics*, 121, 65–72. doi:10.1542/peds.2006-3717
- Rothpletz-Puglia, P., Jones, V. M., Storm, D. S., Parrott, J. S., & O'Brien, A. (2013). Building social networks for health promotion: Shout-out Health, New Jersey. *Preventing Chronic Disease*, 10, E147. doi:10.5888/pcd10.130018
- Schindler, H. (2019). Helping fathers FIND their strengths: A randomized pilot of a video-coaching program for Mexican American fathers. Foundation for Child Development-Young Scholars Program. *Children of Immigrants Series II, Webinar presentation*. <https://www.fcd-us.org/about-us/young-scholars-program/children-of-immigrants-webinar-series-ii/>

- Seiber, E. E. (2013). Which states enroll their Medicaid eligible, citizen children with immigrant parents? *Health Services Research, 48* (2) Part I:519–538.
- Seiber, E. E. (2014). Covering the remaining uninsured children—Almost half of uninsured children live in immigrant families. *Medical Care, 52*, 202–207.
- Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention. *JAMA: Journal of the American Medical Association, 301*, 2252–2259. <http://dx.doi.org/10.1001/jama.2009.754>
- Shore, K. K., & Ayón, C. (2018). Emerging health needs of immigrant families in California: Perspectives from health care providers. *California Program on Access to Care, University of California*.
- Sirin, S. R. (2005). Socioeconomic status and academic achievement: A meta-analytic review of research. *Review of Educational Research, 75*, 417–453. dx.doi.org/10.3102/00346543075003417
- Sirin, S. R., Ryce, P., & Mir, M. (2009). How teachers' values affect their evaluation of children of immigrants: Findings from Islamic and public schools. *Early Childhood Research Quarterly, 24*, 463–473.
- Slopen, N., Fitzmaurice, G., Williams, D. R., & Gilman, S. E. (2010). Poverty, food insecurity, and the behavior for childhood internalizing and externalizing disorders. *Journal of the American Academy of Child and Adolescent Psychiatry, 49*, 444–452.
- Spencer, N. (2018). The social determinants of health. *Paediatrics and Child Health, 28*(3), 138–143. doi.org/10.1016/j.paed/2018.01.001
- Society for Research in Child Development. (2018). *The Science is Clear: Separating Families Has Long-Term Damaging Psychological and Health Consequences for Children, Families, and Communities*. Washington, DC.
- Soylu, T., Elashkar, E., Aloudah, F., Ahmed, M., & Kitsantas, P. (2018). Racial/ethnic differences in health insurance adequacy and consistency among children: Evidence from the 2011/12 National Survey of Children's Health. *Journal of Public Health Research, 7*(1). doi.org/10.4081/jphr.2018.1280
- Tang, S., Dearing, E., & Weiss, H. B. (2012). Spanish-speaking Mexican-American families' involvement in school-based activities and their children's literacy: The implications of having teachers who speak Spanish and English. *Early Childhood Research Quarterly, 27*, 177–187. [doi:10.1016/j.ecresq.2011.09.001](http://doi.org/10.1016/j.ecresq.2011.09.001)
- Tobin, J., Arzubia, A., & Adair, J. (2013). *Children crossing borders: Immigrant parents and teacher perspectives on preschool for children of immigrants*. New York, NY: Russell Sage Foundation.
- Trump, D. J. (2018, November 9). Presidential proclamation addressing mass migration through the southern border of the United States. Retrieved from <https://www.whitehouse.gov/presidential-actions/presidential-proclamation-addressing-mass-migration-southern-border-united-states/>
- Turney, K., Lee, H., Mehta, N. (2013). The social determinants of child health. *Social Science and Medicine, 95*, 1–5.
- U.S. Department of Agriculture (2017). Economic research service: Key statistics and graphics. Retrieved from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>
- U.S. Department of Health & Human Services. (2003). President's New Freedom Commission: Achieving the promise—Transforming mental health in America. Retrieved from <http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/downloads/downloads.html>
- U.S. Department of Homeland Security (2018). DHS announces new proposed immigration rule to enforce long-standing law that promotes self-sufficiency and protects American taxpayers.
- U.S. Immigration and Customs Enforcement (2018). Delegation of Immigration Authority Section 287(g) Immigration and Nationality Act. Retrieved from <https://www.ice.gov/287g>

- Vargas, E. D., & Ybarra, V. D. (2016). 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*. Advance online publication. doi:10.1007/s10903-016-0463-6
- Vega, W. A., Rodríguez, M. A., Gruskin, E. (2009). Health disparities in the Latino population. *Epidemiology Review*, 31, 99–112.
- Wadsworth, M. E., Raviv, T., Santiago, C. D., & Etter, E. M. (2011). Testing the adaptation to poverty-related stress model: Predicting psychopathology symptoms in families facing economic hardship. *Journal of Clinical Child and Adolescent Psychology*, 40, 646–657. [dx.doi.org/10.1080/15374416.2011.581622](https://doi.org/10.1080/15374416.2011.581622)
- Webster-Stratton, C., & Herman, K. (2009). Disseminating Incredible Years Series Early-Intervention Programs: Integration and sustaining services between school and home. *Psychology in the Schools*, 47, 36–54. doi:10.1002/pits.20450
- Wessler, S. (2012). Primary data: Deportations of parents of U.S. citizen kids. Retrieved from http://colorlines.com/archives/2012/12/deportations_of_parents_of_us-born_citizens_122012.html
- Yoshikawa, H. (2011). *Immigrants Raising Citizens: Undocumented Parents and Their Young Children*. New York, NY: Russell Sage Foundation.
- Yoshikawa, H., Aber, J. L., Beardslee, W. R. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth. *American Psychologist*, 67, 272-284. doi:10.1037/a0028015
- Yoshikawa, H., & Kalil, A. (2011). The effects of parental unauthorized status on the developmental contexts of young children in immigrant families. *Child Development Perspectives*, 5, 291–297. doi:10.1111/j.1750-8606.2011.00204.x
- Yoshikawa, H., Kholoptseva, J., & Suárez-Orozco, C. (2013). The roles of public policies and community-based organizations in the developmental consequences of parent undocumented status. *Society for Research in Child Development Social Policy Report*, 27, 1–23. Retrieved from http://www.srcd.org/sites/default/files/documents/E-News/spr_273.pdf
- Yoshikawa, H., Suárez-Orozco, C., & Gonzales, R. G. (2017). Unauthorized status and youth development in the United States: Consensus statement of the Society for Research on Adolescence. *Journal of Research on Adolescence*, 27, 4-19. doi:10.1111/jora.12272
- Zhou, N., Cheah, C. S., Li, Y., Liu, J., & Sun, S. (2017). The role of maternal and child characteristics in Chinese children’s dietary intake across three groups. *Journal of Pediatric Psychology*, 1, 1-10. doi:10.1093/jpepsy/jsx131
- Zong, J., Batalova, J., & Hallock, J. (2018, February 8). *Frequently Requested Statistics on Immigrants and Immigration in the United States*. Migration Policy Institute. Retrieved from <https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states>

Suggested Citations

- Foundation for Child Development. (2020). *Resilience and Risk at the Intersection of Immigration and Child Well-Being: Research Insights From the Young Scholars Program*. New York, NY.
- Rojas-Flores, L., & Medina Vaughn, J. (2019). *Determinants of Health and Well-Being for Children of Immigrants: Moving From Evidence to Action. Summary of Selected Young Scholars Program Research*. New York, NY: Foundation for Child Development.
- Rojas-Flores, L. (2017). *Latino U.S.-Citizen Children of Immigrants: A Generation at High Risk. Summary of Selected Young Scholars Program Research*. New York, NY: Foundation for Child Development.

**FOUNDATION
FOR CHILD
DEVELOPMENT**

Connecting
research, policy
and practice to
create systems
that work.

www.fcd-us.org

295 Madison Avenue, 40th Floor, New York, NY 10017 • T 212-867-5777