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How Undocumented Latino Parents' Legal Status Affects Their U.S. Citizen-Children's Health

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Abstract

The purpose of this paper is to review studies that have assessed how undocumented parents' legal status have affected their United States citizen-children's health. This issue involves nurses from different specialties, such as pediatric nursing, mental health nursing and community health nursing. Eight articles were reviewed in regard to how parental legal status affects the child's access to healthcare services, the child's physical health and the child's mental health. The articles revealed that citizen-children of undocumented parents had limited access to health care services, had poorer health, and had higher chances of having mental health illnesses. The paper provided implementations from the studies to address the issue. Implementations included: changing policies, providing resources and addressing the needs of this population, and paying close clinical attention to the children who have experienced parental detention or deportation. Hopefully, this will raise awareness to the issues that citizen-children face and policies will be changed to cause less harm to the children.

Keywords: Latino children, citizen children, immigration, deportation, undocumented immigrants, mental health, mixed-status immigration family, Latino child health

How Undocumented Latino Parents' Legal Status Affect Their U.S. Citizen-Children's Health

As of July 2016, the Latino population in the United States was 57.5 million, which makes up 17.8% of the U.S. population ("Facts for Features: Hispanic Heritage Month 2017," 2017). It has been projected that in 2060, the Latino population will be 119 million and the population will make up to 28% of the nation's population ("Facts for Features: Hispanic Heritage Month 2017," 2017). Of the Latino population in the U.S., it was estimated that the illegal immigrant population in 2016 was 11.3 million (Passel & D'Vera, 2017). As the data presented has shown, the Latino population makes up a majority of the nation's population and so do their children. Illegal immigrants and their children make up a vulnerable population. Especially in mixed-status families, a parent's illegal status can unintentionally harm the U.S citizen-child.

When illegal immigrants have children in the United States, their children are born U.S. citizens, however, the parents remain illegal immigrants. About 85% of immigrant families are "mixed-status" ("Facts for Features: Hispanic Heritage Month 2017," 2017). A mixed-status family is when a parent is an illegal immigrant and the child is a citizen. In recent history, there has been a rise in deportation of illegal immigrants and in anti-immigrant policy making. As a result, this has created a community that is "unhealthy for Latino families" (Vargas, & Ybarra, 2017). Enriquez had a theory called, "multigenerational" punishment (Vargas, & Ybarra, 2017). This is the idea that "U.S. citizen children and their undocumented parents often share in the risks and limitations associated with undocumented immigration status" (Vargas, & Ybarra, 2017). Having an undocumented parent gives the family a sense of "being hunted" by immigration enforcement and has produced "intense feelings of anxiety, fear and depression" (Vargas, & Ybarra, 2017). These emotions can also amplify pre-existing conditions. This

exposes the children to high levels of stress related to their parent's legal status and unfriendly anti-immigration environment. During adolescence, this impacts mental and emotional health. Not only can the illegal status of the parents affect the health of their U.S citizen children, but it can also affect whether the parents seek medical help for their child or whether to enroll their child in insurance or utilize the services available to their child.

Problem Statement

The Latino population makes up the majority of the nation's population. Illegal Latino immigrants and their children are a vulnerable population. The parent's illegal status can have an effect on the child's health (mental and emotional health) and affects the utilization of health services or whether the parents seek medical attention for their child. This means a major proportion of the young Latino population are at a high risk for health problems. Suarez-Orozco argued that "costliest consequences of unauthorized status will emerge later in the life course, as current generations of unauthorized parents, children, and youth move into midlife and older age" (as cited in Castaneda & Melo, 2014, p. 1897). This upcoming, large population should raise national concern for the future.

This issue relates to the third United Nations Sustainable Development Goal, which is good health and well-being. The hope of this goal is that health children will lead to prosperous societies ("Health-United Nations Sustainable Development," n.d.). This issue needs to be addressed because citizen-children of undocumented parents are a large population and, in the future, their health can cause serious consequences for healthcare in the United States. The effect that undocumented parents' legal status has on the health of their citizen-children is a national concern in the United States.

Theoretical Framework

The ecological system theory by Urie Bronfenbrenner connects to the issue about parents' legal status affecting their citizen-children's health. The theory explains how a child and the environmental interactions influences the child's development ("What is Bronfenbrenner's Ecological Systems Theory?" 2013). The microsystem pertains to this study. The microsystem is where the child lives (home, school, or community environment) ("What is Bronfenbrenner's Ecological Systems Theory?" 2013). Interactions involve relationships with family, teachers, and caregivers. These interactions with the child will influence how the child grows. Supportive interactions and relations are key to fostering the child's development. A child's personality traits, genetic, and biological factors also play a role in how the child is treated by others ("What is Bronfenbrenner's Ecological Systems Theory?" 2013). The macrosystem also pertain to the studies. The macrosystem is the largest and most distant group of people who will have significant influence on the child ("What is Bronfenbrenner's Ecological Systems Theory?" 2013). The macrosystem is composed of the political and economic systems.

This framework is relevant because citizen-children and their undocumented parents are affected by their community environment. The amount of immigration and customs enforcement (ICE) agents in the community has an effect on the child's mental health due to the undocumented parents. Also, the increase in anti-immigration policies and the enforcement on deportation also directly affect the parent's willingness to seek medical services and utilize these services for their citizen-children. An example of the macrosystem would be the U.S. president and lawmakers in Washington D.C., who pass anti-immigration policies. Although these people are far from the citizen-children, they still can influence their lives. The ecological system theory perfectly reflects the issue of undocumented parents and their citizen-children.

Literature Review

Health Care Access

In Castaneda and Melo's (2014) qualitative research on mixed-status families in the Lower Rio Grande Valley in South Texas focused on their experiences in seeking health care services. Fifty-five interviews were conducted with mixed-status families. Recruitment was done by purposive referral sampling and the participants were recruited with the help of local community-based organizations (Castaneda & Melo, 2014, p. 1897). The participants were screened to ensure that the members of the household had different legal statuses and only one person was interviewed. Exclusions were not mentioned in the article. The participants chose the location in which the interviews were to be conducted (commonly in their homes). The majority of the questions focused on healthcare access and the experience of living in a mixed-status family. The participants were able to have the interviews in Spanish or English and the interviews were audio-recorded. The participants gave consent to the interviewers to audio-record the interviews. The researchers used pseudonyms for participant's names to protect the participant's identity. The researchers also interviewed other members in the community. Forty-three public officials, health care providers, and caseworkers were interviewed to gain background information about the available services and challenges that the community faced (Castaneda & Melo, 2014, p. 1897). The researchers used ATLAS software to transcribe and analyze the data collected, which reduced the possibility of human errors. It would have been ideal if the sample group was bigger and included a large geographical area instead of only those living in the Lower Rio Grande Valley in South Texas. Interviewing local health care professions and public officials was appropriate in order to know the resources in a community that the authors were not familiar with.

The data presented was illustrative quotes from different participants: citizen-children, sibling, and undocumented parents. Background information was given about the participants and their quotes included their experience regarding the family's mixed legal status and access to health care (Castaneda & Melo, 2014, p. 1899). Quoting from the participants is the best way to present the authors' findings and makes the information more credible and reliable. There were common themes throughout the different interviews. The authors wrote about these common themes and gave one or two quotes on each topic. In the community of Lower Rio Grande Valley, heavy border law enforcement had affected a family's ability to travel for specialty care and undocumented parents experienced difficulties accompanying their minor children to the cities (Castaneda & Melo, 2014, p. 1900). One of the interviewees mentioned that some undocumented parents have asked relatives in Mexico to send medications to the United States because it was cheaper (Castaneda & Melo, 2014, p. 1899). A common practice in the area was sharing prescription medications. Citizen-children's medications were commonly used to also treat undocumented family members, who had the same illness. Castaneda and Melo (2014) pointed out that this was problematic especially with antibiotic medications. For example, when an antibiotic is cut in half, it is less effective for both recipients. Another factor that affected access to health care was undocumented parent's fear of being a "public charge" which they believed could complicate their future chances for legalization, therefore they avoided the use of public benefits (Castaneda & Melo, 2014, p. 1903). Many parents avoided enrolling their citizen-child in Medicaid due to fear of being deported or to avoid ruining their chances of future regularization (Castaneda & Melo, 2014, p. 1903). The parent's inability to legally work also affected the children's access to affordable health care. The interviews allowed the researchers to

see the unique challenges that mixed-status families' encounter when trying to access health care.

There were limitations to the study. Limitations that the researchers mentioned were that random sampling strategy could not be employed, generalizability could not be applied, and some findings could not be speculated to different locations. Therefore, Castaneda and Melo (2014) did not make generalizations beyond the scope of the study. The study called for the need to create a pathway to citizenship for the children's family members which will improve the health and well-being of the children (Castaneda & Melo, 2014, p. 1906). An additional finding from the study showed that a family's mixed status can cause their children to lose their benefits, which is evident in sharing of medications and not enrolling their children in medical and nutritional assistance program (Castaneda & Melo, 2014, p. 1905). The interviews also illustrated how the effects of "illegality" of family members affects the entire household (Castaneda & Melo, 2014, p. 1905). This "illegalization" concept should make people consider the moral ways in which some people are thought to be deserving of investment and care while others are not (Castaneda & Melo, 2014, p. 1905).

Finno-Velasquez, Cardoso, Dettlaff, and Hurlburt (2016) conducted research on how parental legal status influenced mental health needs and service utilization among children in Latino families investigated by child welfare. Citizen-children of undocumented parents are known to experience more stress, poverty, neighborhood disadvantage, discrimination, and social isolation which may increase their need for mental health services (Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt, 2016, p. 192). Unfortunately, undocumented parents are usually unfamiliar with the available services, have difficulty navigating service systems and fear exposure to public authorities (Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt, 2016, p. 193).

The study used data from the National Survey of Child and Adolescent Well-Being (NSCAW II). The sample included children from birth to 17.5 years at the time of sampling who had contact with child welfare system during a 15-month period beginning in February 2008 (Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt, 2016, p. 193). The study consisted of 290 Latino children ranging from ages three to 17, who stayed home with their parents at the time of the initial interview. The children were sampled from 81 child welfare jurisdictions in 30 states. The big sample size of the children is an ideal number. Also, the sample was collected from different jurisdictions and 30 states which increased the study's applicability. The researchers were able to obtain approval from the institutional review board at the University of Southern California.

Interviews were conducted with children, caregivers and child welfare workers (Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt, 2016, p. 193). The interviews were initiated about four to six months after the child welfare investigation. Trained field representatives obtained informed consent during the interviews. Follow-up interviews were conducted 18 months later. More details on the study design and procedures were not available.

The instrument used was the Child Behavior Checklist (CBCL), which measured behavioral problems that have been regulated by age and gender with children from different background (Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt, 2016, p. 193). The authors stated that the CBCL had high reliability and validity for different cultures and racial-ethnic groups. Internal consistency of the scale was 96% (Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt, 2016, p. 193). Two forms of CBCL were used: one for children ages three to five and the other was for children six to 18. Children were considered in need of mental health services if they scored higher than 64 in the CBCL scale (Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt, 2016,

p. 193). The study contained an instrument that had a high internal consistency, but did not provide statistics on the reliability or validity. It was appropriate to use age dependent scales that considered different stages of child development.

The results showed that 21% of children in the study were identified with a behavioral or mental health problem (Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt, 2016, p. 194). It was also found that children of immigrants were less likely to receive mental health services (17.9%) compared to children of citizen parents (35.4%) (Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt, 2016, p. 194). Only 4.1% of children of undocumented parents received services. The statistics provided ready comparisons between both groups.

Finno-Velasquez et al. (2016) mentioned the limitations of the study. One limitation was underrepresentation due to vulnerable immigrant families declining to participate. Also, the instrument, CBCL, may not have fully addressed cultural presentations of mental health symptoms (Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt, 2016, p. 197). Lastly, the study did not give a definition for "Latino," which is unfortunate, since it is an ethnicity that has much diversity, however, the majority of the sample were of Mexican origin. Finno-Velasquez et al., (2016) recommended that future research should examine varying linguistic, cultural, and legal mechanisms within Latino subgroups (Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt, 2016, p. 197). Ultimately, the study provided new information concerning the roles of parent nativity and legal status in meeting the mental health service needs of Latino citizen-children involved in the child welfare system (Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt, 2016, p. 195).

Xu and Brabeck (2012) used qualitative interview data and quantitative survey data to examine how Latino immigrant parents utilized services for their citizen-children and how detention and deportation impacted their service utilization (Xu & Brabeck, 2012, p. 209). The

participants consisted of 120 Latino parents in the northwest region of the United States (Xu & Brabeck, 2012, p. 213). The participants were recruited through immigrant community organizations. The three inclusion criteria were that a parent was an immigrant from a Latin American country, 18 years of age or older, and have at least one child under the age 18 years living in the United States (Xu & Brabeck, 2012, p. 213).

The qualitative approach consisted of interviews with 21 Latino parents. The interview questions mainly focused on: service utilization and barriers, family composition and migration history, experiences with detention and deportation, and the impact it had on their families (Xu & Brabeck, 2012, p. 212). The interviews were conducted in Spanish by bilingual speakers and the interviews were audio recorded. The interviews were translated by Spanish-speaking professionals. Having the interview conducted in the participants' native language and having bilingual interviewers highly reduced the chances of misunderstandings and miscommunications with the participant. No information about participant's consent for the interview or consent to audio-taping the interviews were included in the article. There were also no mentions for how the researchers protected the participant's confidentiality, which is crucial because undocumented parents and the children are a vulnerable population.

In the quantitative approach, questionnaires were developed based on analysis of the qualitative interview, consultation with community leaders, and review of literature (Xu & Brabeck, 2012, p. 212). The researchers made all attempts to make the survey as understandable as possible with the expectation that many of the participants had a minimal level of education (Xu & Brabeck, 2012, p. 212). Other researchers have not done this in their studies. While it was appropriate that other researchers had their surveys and instruments in Spanish, some Latino participants may have little to no education. Having the material simple to understand is vital.

The survey had questions about demographics, legal status, usage of services, plan for possible deportation, and impact of deportation (Xu & Brabeck, 2012, p. 212). The questionnaire had yes/no questions. Service utilization was assessed with a Likert-type scale (Xu & Brabeck, 2012, p. 212). The survey questionnaire was tested with a sample of 8 Latino immigrants before it was used in the study (Xu & Brabeck, 2012, p. 213). The pilot study was small and no statistical data was given on the reliability and validity of the survey questionnaire. However, the questions asked connected to the research question. The questionnaire was translated into Spanish, and reviewed by two Spanish-speaking individuals (Xu & Brabeck, 2012, p. 213). This left little room for miscommunication and misunderstanding when translating interviews from Spanish to English which makes the data more credible.

Results showed that 44.4% of undocumented parents reported that their ability to access services for their children was affected by the threat of detention and deportation (Xu & Brabeck, 2012, p. 214). Fear played a major role when undocumented parents tried to access welfare benefits (Xu & Brabeck, 2012, p. 216). The study had limitations. One limitation was due to convenience sampling, the sample could not be considered representative. Another limitation was that the data prevented drawing any causal inferences. Lastly, the overall interviews were not specifically developed to examine service-use behaviors among undocumented immigrants.

Xu and Brabeck (2012) were able to provide many implications to help this population. Their approach was the use of interdisciplinary collaboration, interagency partnership, and community one-stop service delivery to address barriers (Xu & Brabeck, 2012, p. 219). Programs should ease information flow, provide psychosocial support, and connect immigrants with other similar communities. Hospitals and health care workers can connect these families to a variety of services, and the workers act as important links in immigrants' support network.

Lastly, social work practice should help undocumented Latino immigrants to cope with everyday stressors and offer leverage to "get ahead," which could change their opportunity structure in the U.S. (Xu & Brabeck, 2012, p. 219).

Physical Health

Vargas and Ybarra (2017) conducted a study to examine Latino citizen-children in mixed-status families and how their physical health status compared to children of U.S. citizen parents (Vargas & Ybarra, 2017, p. 913). This issue is important to nursing because citizen children are being unintentionally harmed by their parent's illegal status and this is affecting their health which will erode over time and in future generations in the U.S.

The sample was obtained by phone calls and web surveys. A total of 1,493 responders from 44 states in the U.S. and Puerto Rico were recruited (Vargas & Ybarra, 2017, p. 915). Informed consent was obtained from the participants and all procedures followed ethical standards. Inclusion criteria were: respondents had children younger than 18 years of age, living in the house, and Mexican origin. Participants were able to choose to either have the interview in Spanish or English and the interviewers were bilingual. The study had a big sample population from a variety of different states, which means a high applicability to the population. Also, participants were able to pick which language to have their interview conducted in and the interviewers were bilingual, which reduces the chances for misunderstandings.

The researchers used the 2015 Latino National Health and Immigration Survey (LNHIS), which was a survey developed to examine the relationship between immigrant policy and the health of Latino (Mexican Origin) families (Vargas & Ybarra, 2017, p. 915). The LNHIS used questions that were similar to a 1-5 Likert scale, which allowed parents to rate their child's health status from excellent (5) to poor (1) (Vargas & Ybarra, 2017, p. 915). No statistical data

was given about the reliability and validity of the survey. An example of a question is, "How

would you rate your child's overall physical health- excellent, very good, good, fair or poor?"

(Vargas & Ybarra, 2017, p. 915). These questions can be interpreted differently by each person.

There is no distinguishable definition between "very good," "good," and "fair." Definitions

should be given for each of the categories. Included in the study were three different family

categories: mixed-status undocumented parents, mixed-status with legal permanent residents,

and U.S. citizen families. 75% of the sample were U.S. families and 25% were mixed-status

families. It would have been ideal if the sub-groups were 50/50, the 75/25 can skew the results.

The study concluded that mixed-status families reported that their child had worse health

and the parent's perception of the states' immigration policies created health disparities between

families (Vargas & Ybarra, 2017, p. 913). Also, children of undocumented immigrants were

more exposed to high levels of stress due to legal status and unfriendly anti-immigrant

environments. The children were found to have feelings of hopelessness, anxiety, guilt, and

despair (Vargas & Ybarra, 2017, p. 917).

The researchers mentioned limitations in the study. The study was limited in the ability to

make generalizations about other similar populations. Also, the study didn't address the role of

deportations and family disruptions among immigrant families (Vargas & Ybarra, 2017, p. 917).

The researchers warned that the health consequences of anti-immigration policies should concern

policymakers because their policies are creating the population's health issues (Vargas & Ybarra,

2017, p. 917).

Mental Health

Zayas, Aguilar-Gaxiola, Yoon, and Rey (2015) conducted a study to collect data on how

citizen-children were psychologically affected when an undocumented parent was deported.

Three groups were compared: citizen-children living in Mexico with their deported parents, citizen-children in the U.S. with parents affected by detention/deportation, and citizen-children whose undocumented parents were not affected by deportation (Zayas, Aguilar-Gaxiola, Yoon & Rey, 2015, p. 3213). The participants were from two countries: U.S. and Mexico. The children were between the ages of 8 and 15, and there was a total of 83 participants. Ages between 8 to 15 years of age was an appropriate age group to examine, especially since this the time the children are mentally developing. Unfortunately, the size of the sample was not sufficient enough to make the study applicable to a whole population. The children were identified with the help of social and health agencies in the communities. Exclusions were children with mental health illness and developmental disabilities (Zayas, Aguilar-Gaxiola, Yoon & Rey, 2015, p. 3216). The exclusions were appropriate since mental illness and developmental disabilities would certainly affect the results of the study.

The research was approved by the institutional review board of University of Texas, University of California, Davis, and Instituto Nacional de Psiquiatria Ramon de la Fuente Muñiz (Zayas, Aguilar-Gaxiola, Yoon & Rey, 2015, p. 3216). Oral consent was obtained by the parents and children. Federal certificate of confidentiality was obtained for the protection of the parents and their children (Zayas, Aguilar-Gaxiola, Yoon & Rey, 2015, p. 3216). The researchers worked to protect the confidentiality of the participants which is crucial since this is a vulnerable population. The children were interviewed alone and privately. All participants were compensated for their participation with gift card of $25 (Zayas, Aguilar-Gaxiola, Yoon & Rey, 2015, p. 3218).

Multiple instruments were used and were provided in English and Spanish. The instruments used were: Child Behavior Checklist, Youth Self-Report DSM-Oriented Scales,

Children's Depression Inventory 2nd edition, Screen for Child Anxiety Related Emotional Disorders, and Piers-Harris Children's Self-Concept Scale 2 (Zayas, Aguilar-Gaxiola, Yoon & Rey, 2015, p. 3218). The researchers stated that validity and reliability of all the instruments were documented but no statistical data were presented. All had an internal consistency higher than 78 percent. Results showed that children whose parents were deported but the child remained in the U.S., reported more attention deficit/hyperactivity problems (Zayas, Aguilar-Gaxiola, Yoon & Rey, 2015, p. 3218). The group that reported high scores of depression were children who accompanied their deported parents to Mexico (Zayas, Aguilar-Gaxiola, Yoon & Rey, 2015, p. 3218). The group of children who went with their deported parents to Mexico and the group whose parents were deported but the children stayed in the U.S., reported low scores of freedom from anxiety, happiness, and satisfaction (Zayas, Aguilar-Gaxiola, Yoon & Rey, 2015, p. 3219).

Limitations in the study includes missing data and reduced statistical power. Also, the sample may have caused low internal validity and reliability scores (Zayas, Aguilar-Gaxiola, Yoon & Rey, 2015, p. 3221). The researchers believed the wellbeing of citizen-children should be taken into consideration when enforcing immigration policies and practices (Zayas, Aguilar-Gaxiola, Yoon & Rey, 2015, p. 3220). Implementations were recommended to practitioner when it came to providing care to citizen-children with parental detention and/or deportation. The study showed a need to closely assess this population and maintain close clinical attention to these children who live in fear (Zayas, Aguilar-Gaxiola, Yoon & Rey, 2015, p. 3220). There was also a recommendation for practitioners who were working with these children in Mexico. It is impertinent that practitioners in Mexico help these children adjust to the new culture of the country (Zayas, Aguilar-Gaxiola, Yoon & Rey, 2015, p. 3220).

Delva, Horner, Martinez, Sanders, Lopez, and Doering-White (2013) conducted a study to examine how enforced U.S. immigration policies and practices had affected the mental well-being of children of undocumented parents. The research team procured human subject approval from their universities' institutional review boards and consent was obtained from parents and children. The researchers used a snowball sampling strategy to obtain the sample. Families were contacted by Washtenaw Interfaith Coalition Immigrant Rights (WICIR) members and were asked if they wanted to participate in the study. Twenty mixed-status children and teens (ages 11- 18 years old) living in Washtenaw County were recruited to participate in the study in 2011-2013 (Delva et al., 2013, p. 28). Social workers with Master's Degrees in Social Work conducted the interviews (Delva et al., 2013, p. 28). Unfortunately, the sample size was not large enough to be applicable to mental health problems in children of mixed-status families (Delva et al., 2013, p. 31). However, the interviewers had the appropriate credentials to conduct the interviews.

The interview questions were about the children's day-to-day lives, family, school activities, and immigration experiences (Delva et al., 2013, p. 28-29). All interviews were audiotaped. The children completed the Youth Self-Report which contained eight syndrome scales. A score above the 97th percentile suggested "clinically significant" mental health problems and a score between the 93rd and 97th percentile was classified as "borderline clinical range" (Delva et al., 2013, p. 29). No statistical data was given about the validity and reliability of the instrument. Results showed that the most common behavioral problems were "attention problems, withdrawn-depressed, anxious-depressed, and rule breaking behaviors" (Delva et al., 2013, p. 29). The data also showed that 65% of the children scored within the "borderline and/or clinical ranges in at least one of the YSR scales with 40% meeting borderline and/or clinical criteria on multiple scales" (Delva et al., 2013, p. 29).

The researchers suggested that further research was needed to better understand how the mental health of mixed-status children are affected by immigration practices (Delva et al., 2013, p. 31). One suggestion to address this issue was the idea to create more humane immigration policies and practices. Another idea was to pressure officials to pass state and national laws that will help these children (Delva et al., 2013, p. 31).

Gulbas, Zayas, Yoon, Szlyk, Aguilar-Gaxiola, and Natera (2016) conducted a study on depression in citizen-children with undocumented Mexican parents and compared citizen-children who were affected by parental deportation to those who were not (Gulbas et al., 2016, p. 220). Purposive sampling strategies were used to select children ages 8 to 15 in families who were experiencing parental deportation and families who were not (Gulbas et al., 2016, p. 221). The first group consisted of families who were experiencing parental deportation and the children stayed in the U.S. under the care of a guardian. The second group included children who went with their deported parents to Mexico (Gulbas et al., 2016, p. 221). The total participants were 82 children who were recruited from the U.S. and Mexico.

A quantitative measure of depressive symptoms within qualitative descriptions of emotional suffering were used (Gulbas et al., 2016, p. 222). Data collection was conducted in Spanish or English, which allowed participants to choose their primary language. The researchers used the instrument, Children's Depression Inventory 2nd edition. It was written that reliability and validity had been well documented with Hispanic children, however, no statistical data was given (Gulbas et al., 2016, p. 222). Children indicated level of symptomatology with a 3-point scale: 0 (no symptoms), 1(mild) or 2 (definite symptoms) (Gulbas et al., 2016, p. 222). The higher the score, the greater the symptoms that the child had. Cronbach's alpha of the instrument was 0.92. The children also did interviews about their lives with undocumented

parents and parental deportation experiences (Gulbas et al., 2016, p. 222). After selecting citizen-children with the highest and lowest T-scores on the CDI-2, 12 participants were selected to represent each sub-group which resulted in a total of 48 participants (Gulbas et al., 2016, p. 223). After data collection, the study found that citizen-children who were affected by deportation were less likely to communicate with friends, had negative impression of Mexico, had financial struggles, had a strained relationship with parents, and had a higher incident of violence compared to citizen-children not affected by deportation (Gulbas et al., 2016, p. 224). The children's interviews emphasized all of these topics. The quantitative information had the numbers and statistics to back up the research question and the experiences from the children backed the quantitative data.

A limitation of the study was that the sample was not large enough and the findings could not be generalized to immigrant people outside of the study area. The researchers called for a need for longitudinal research to try to establish modes of causality which may be difficult because the population is vulnerable and highly mobile (Gulbas et al., 2016, p. 228). The study showed that there is a continued need to monitor the effects of immigration policies on mental health. The study also emphasized the consequences associated with parental deportation and the potentially long-term suffering associated among children living with undocumented parents (Gulbas et al., 2016, p. 228).

Rojas-Flores, Clements, Hwang Koo, and London (2017) studied posttraumatic stress disorder symptoms and psychological distress among 91 Latino U.S.-born children, ages 6 to 12, living in mixed-status families (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 352). The inclusion criteria were that the family had to have at least one undocumented parent at risk for detention or deportation, and the parent had to be born in Mexico or Central America.

Children with medical, neurological, or mental health disorder were excluded (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 353). Families were recruited through trusted churches, community-based programs, and immigration advocacy agencies.

The participants were interviewed in community agencies or churches and were conducted by bilingual master's-level clinicians (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 353). Consent was obtained, including consent to obtain the child's school record, and to mail a survey to the child's teacher. This was the only study that included the teacher's input which was vital because teachers spend a lot of time with the children when the parents are working. Confidentiality was discussed and a "certificate of confidentiality" was obtained for the participants (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 354). Parents and caregivers were compensated with $30, teachers were given $10 gift cards, and the children were given $15 gift cards (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 354). Compensating the parents and children was generous of the researchers especially since this is a vulnerable population and they are taking time out of their busy schedule and they are traveling to the interview location.

Children were assessed using the UCLA Posttraumatic Stress Disorder Reaction Index, which had a strong validity and had an internal consistency of 0.83 (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 354). The children also completed the Center for Epidemiologic Studies Depression Scales for Children which had a Cronbach alpha of 0.81 (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 354). The parents completed the Behavior Assessment for System for Children 2nd Edition, Parent Rating Scales-Child. The reliability for these instruments were good, with a Cronbach alpha of 0.88 (external) and 0.76 (internal) (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 354). The parents also completed the

Trauma Symptom Checklist for Young Children- Spanish Version with a strong reliability, with the alphas of 0.79 (external) to 0.85 (internal) (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 354). The teachers completed the BASC-2 Teacher Rating Scales-Child, which had a strong reliability and with Cronbach alphas of 0.89 (internal) and 0.82 (external) (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 354). All instruments used in the study had strong Cronbach alphas which increased the credibility of the data.

Results showed that 29% of the children had a full or partial PTSD diagnosis (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 356). According to the parent's report, the children with detained and/or deported parents showed higher levels of trauma symptoms (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 358). Children of detained or deported parents also had higher scores of depression and somatization (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 358). Teachers reported higher externalizing for children with more exposure to potentially traumatic events (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 352).

There were few limitations in the study. One limitation was the sample size, it was small which limits the researcher's ability to generalize findings (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 359). Another limitation was that some children who are exposed to potentially traumatic events don't always show high levels of mental health symptoms (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 359). The data in the study supported the need to change immigration enforcement practices and to consider the best interest of citizen-children (Rojas-Flores, Clements, Hwang Koo & London, 2017, p. 359). It was recommended that practitioners conducted trauma-informed assessments and interventions for the children. The researchers also call for the prevention of unnecessary parental separation.

Implications

This issue of undocumented Latino parents and their children's health applies to different specialties in nursing: pediatric nursing, mental health nursing, and community health nursing. The pediatric population are Latino citizen-children under the age of 18 years. As a result of the constant fear of parental detention and deportation and the separation of children from their parents, these children are more prone to have mental health issues. Lastly, these children are part of a community; community health nurses play the role of advocate and case manager with these children and their parents. This problem will need the help of people from different disciplines to take action in order to make a change.

Some studies in this paper offered their implications to help the citizen-children. Delva et al. (2013) suggested that people should pressure officials to pass laws that will help U.S. citizen-children. Community health nurses can get involved in politics to influence policies that affect these children and their parents. Finno-Velasquez et al. (2016) suggested providing better quality services to Latino children and their families. This implementation can be directed to all healthcare provides, especially doctors and nurses. Rojas-Flores et al. (2017) suggested practitioners use trauma-informed assessment and interventions for the children. They also called for an end to forced parental separation and the need for culturally relevant services to help these children and their parents. Zayas et al. (2015) also suggested practitioners conduct assessments on citizen-children and pay close clinical attention to children who are constantly in fear of their parents getting deported. The researchers also suggested that practitioners in Mexico help the children, who returned to Mexico with their deported parents, adjust to the new culture.

Policy changes are vital in creating an impact in the lives of citizen-children. Alternative policy options are needed to address the best interests of citizen-children (Rojas-Flores, 2017, p.

14). Immigration enforcement policies and practices should focus to reduce parental separation, to maintain family units, and to provide a pathway to citizenship for undocumented parents (Rojas-Flores, 2017, p. 14). Supportive communities are another important component to help the children and their parents (Rojas-Flores, 2017, p. 16). A function of the community would be to support parents and families through interventions to address the needs of those who have experienced detention or deportation or those who are in fear of such a loss (Rojas-Flores, 2017, p. 16). Training and education of healthcare providers and social workers are needed to better address the needs of these families (Rojas-Flores, 2017, p. 16). Overall, implementations were: changing immigration policies, providing better and adequate services to help the children and their parents, and assessing the children and developing interventions.

Conclusion

Mixed-status families make up a big portion of the Latino population in the United States. About 85% of immigrant families are "mixed-status" ("Facts for Features: Hispanic Heritage Month 2017," 2017). Undocumented parents' legal status has been shown to affect their citizen-children's physical health, mental health, and access to health care services. Educating health care providers about this issue will help bring awareness and inform providers in the different ways that they can help this vulnerable population. The long-term health consequences that these children face will hopefully move people to advocate for an end to parental separation and to advocate for more humane immigration policies. Practitioners can help by assessing and addressing the unique needs of the citizen-children and by advocating to elected officials. However, changing policies is what will truly address the issue and help the children and their parents. Changing policies to prevent parental deportation and to address immigration in a humane manner will result in better health for the children.

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