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Trauma and Psychological Distress in Latino Citizen Children Following Parental Detention and Deportation

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The mental health impact of parental detention and deportation on citizen children is a topic of increasing concern. Forced parent–child separation and parental loss are potentially traumatic events (PTEs) with adverse effects on children's mental health. ***Objective:*** This study examines posttraumatic stress disorder (PTSD) symptoms and psychological distress among 91 Latino U.S.-born children (ages 6 to 12), living in mixed-status families with a least 1 undocumented parent at risk for detention or deportation. ***Method:*** Multiagent (child, parent, teacher, clinician) and standardized assessments were conducted at baseline to assess for child trauma and psychological distress. ***Results:*** Analyses indicate that PTSD symptoms as reported by parent were significantly higher for children of detained and deported parents compared to citizen children whose parents were either legal permanent residents or undocumented without prior contact with immigration enforcement. Similarly, findings revealed differences in child internalizing problems associated with parental detention and deportation as reported by parent as well as differences in overall child functioning as reported by clinician. In addition, teachers reported higher externalizing for children with more exposure to PTEs. ***Conclusions:*** These findings lend support to a reconsideration and revision of immigration enforcement practices to take into consideration the best interest of Latino citizen children. Trauma-informed assessments and interventions are recommended for this special population.

Keywords: PTSD, Latino children, citizen children, immigration, deportation, detention

Adverse childhood experiences (Alegría, Green, McLaughlin & Loder, 2015) and immigration status (Castañeda et al., 2015) are important social determinants of mental disorders. In children, potentially traumatic events (PTEs) may lead to the development of posttraumatic stress disorder (PTSD; Finkelhor, Ormrod, & Turner, 2009). PTSD has debilitating effects on child development and functioning and is a costly public health issue (U.S. Department of Health & Human Services, 2003). This study examines the intersection of parental immigration status and children's mental health. Specifically, we examined U.S.-born Latino children's mental health, including PTSD and psychological distress, following parental detention or deportation.

Children of immigrants represent 25% of the 69.9 million children in the United States (Zong & Batalova, 2015). Over 88% of immigrant-origin children (4.5 million) are U.S.-born with a foreign-born parent (Passel, Cohn, Krogstad, & Gonzalez-Barrera, 2014). Many of these foreign-born parents are unauthorized immigrants at chronic risk of arrest, detention, and/or deportation. Enforcement efforts have taken the form of worksite and home raids that sweep undocumented immigrants from families and communities. From 2002 to 2014, the Office of Immigration Statistics (2013) reported record-high deportations. In just over 2 years (July 2010 to September 2012), nearly 250,000 parents of citizen children were deported (Wessler, 2012). The majority of the deportees had migrated from Latin American countries, including Mexico, Honduras, El Salvador, Guatemala, Cuba, and Brazil (Office of Immigration Statistics, 2013).

Forced parent–child separation and parental loss are PTEs with adverse effects on child mental health and academic functioning (Finkelhor et al., 2009). Children may experience the loss or potential loss of a parent as particularly traumatic if it occurs in the context of contact with legal authorities, such as in the case of incarceration or deportation. Parental incarceration, a recognized PTE in childhood (Felitti, 2009), is distinguished from other adverse childhood experiences by the unique combination of trauma, ambiguity, lack of social support, shame, and stigma (Hairston,

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2007). Mounting evidence has indicated that arrest and imprisonment of a parent disrupts parent–child relationships, alters familial support networks, and impairs children's mental health (Roberts et al., 2014). We speculate that the detention and deportation of unauthorized parents may have similar unintended negative effects on their U.S.-born progeny.

Emerging research has indicated that parental detention and deportation increase risk for mental health problems such as severe psychological distress, anxiety, and depression (Allen, Cisneros, & Tellez, 2015; Zayas, Aguilar-Gaxiola, Yoon, & Rey, 2015); for underutilization of care (Chen & Vargas-Bustamante, 2011); and for involvement with Child Welfare (Rabin, 2011). A few empirical and qualitative studies have examined the effects of parental legal status on child and adolescent development (e.g., Allen et al., 2015; Brabeck & Xu, 2010; Dreby, 2012), but this research has been largely descriptive or retrospective, relying primarily on parent report of child outcomes (Allen et al., 2015; Brabeck & Xu, 2010; Chaudry et al., 2010).

To the best of our knowledge, only two empirical studies have examined citizen children and their increased risk for psychological distress subsequent to parental detention or deportation (Allen et al., 2015; Zayas et al., 2015). Allen and colleagues (2015) recruited immigrant caregivers who either were in deportation legal proceedings, had been deported, or were unauthorized without contact with immigration enforcement. In this sample of primarily U.S.-born children, Allen et al. found that children with a deported parent exhibited more internalizing problems after controlling for trauma history than did children without a deported parent.

In a recent binational study using child self-report, Zayas and colleagues (2015) examined the psychological distress of three groups of citizen children (ages 8–15 years) who had at least one parent of Mexican origin. The groups consisted of (a) children living in Mexico with their deported parents, (b) children living in the United States with parents affected by detention or deportation, and (c) children living in the United States whose undocumented parents were not affected by detention or deportation. Two significant group differences emerged. First, children with parental history of detention or deportation reported possible attention deficits. Second, citizen children living in Mexico with deported parents displayed more depressive symptoms than did other children. Furthermore, all three groups scored within the range of probable anxiety problems. Notably, no measures of trauma were reported. To the best of our knowledge, no studies have systematically assessed child PTSD symptoms and overall psychological distress in this vulnerable population using extrafamilial informants. Using multiple informants (i.e., child, parent, teacher, clinician) and standardized measures, the present study was designed to examine the psychological impact of parental detention and deportation on U.S.-born Latino children.

Children of unauthorized parents have been shown to be disproportionally poor and in disadvantaged neighborhoods at risk for exposure to violence, victimization, and further marginalization (e.g., Ross & Mirowsky, 2009). In fact, unauthorized status is highly associated with poverty and low parental education (Yoshikawa, Kholoptseva, & Suárez-Orozco, 2013). Emerging evidence, however, has proposed that precarious parental immigration status puts citizen children at risk for a gamut of socioemotional disadvantages beyond the ill effects of poverty and related risk factors (Yoshikawa et al., 2013). Immigration enforcement is a multifaceted social issue, and its effects on Latino children's development need further research.

The Present Study

This study sought to build on prior research on the unintended mental health consequences of immigration enforcement on Latino citizen children. To address the intersectional nature of cumulative risks, we included two comparison groups of citizen children whose immigrant parents had no contact with U.S. Immigration and Customs Enforcement (ICE): (a) children of unauthorized parents with no history of detention or deportation and (b) children of U.S. legal permanent residents (LPRs). We planned to control for child lifetime exposure to PTEs and for maternal education as the best indicator of family's socioeconomic status (SES). Income was not included as an SES indicator, because family income was expected to be substantially reduced following parental detention or deportation. We examined baseline multiple informant assessment data to test the central hypothesis that Latino U.S.-citizen children whose parents have been detained and/or deported would have significantly more psychological distress and PTSD symptoms than would children of parents who had no contact with ICE.

Method

Study Sample

From 2013 through early 2015, undocumented and legal permanent resident parents born in Mexico or Central America (e.g., Nicaragua, Honduras, El Salvador, Guatemala), regardless of race or socioeconomic status, were recruited. Specifically, this study targeted mixed-status Latino families with U.S.-born citizen children between ages 6 and 12 living in the Southwest. Citizen children with a current major medical, neurological, or mental health disorder (e.g., psychosis, autism, Down's syndrome) were excluded.

Procedures

Families with precarious legal status were recruited through a broad network of trusted immigration advocacy agencies, community-based programs, and churches that work with such families. Three primary methods were used in recruiting mixed-status families: (a) individual agency referral, (b) oral presentations at various community-based programs and Latino churches serving the immigrant community, and (c) a short video advertising the study. Staff at these agencies identified potential study participants. Using provided scripts, staff invited caregivers who had at least one child who was born in the United States to participate. Once a release of information was obtained, contact information was passed on to the research staff, who then contacted potential participants by phone to explain the study, validate the child's age, and schedule the initial visit. Caregivers and children were interviewed simultaneously in separate rooms at trusted community agencies or churches. Interviewers were bilingual or bicultural (English or Spanish) master's-level clinicians. Interviews lasted approximately 2 hr, including snack breaks.

Consent and assent forms were reviewed and signed, including parental consent to obtain school records and to mail a survey to the child's teacher. Adult and child participants were informed that they could choose not to answer any question or to stop the interview at any time. Confidentiality was discussed, including the exception for reporting child abuse and neglect. Given the vulnerable legal status of this study's participants, a "certificate of confidentiality" was deemed important and obtained. Participants were compensated with $30 for parents or caregivers, $10 gift card for teachers, and $15 gift cards for children. All parent and child measures were available in Spanish and English and were read to participants.

Measures

Child report. Children were assessed using the UCLA Posttraumatic Stress Disorder Reaction Index (UCLA PTSD-RI; Steinberg, Brymer, Decker, & Pynoos, 2004). This 22-item, clinician-administered measure is among the more extensively studied and widely used assessments of childhood PTSD. The UCLA PTSD-RI has strong convergent validity with the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM–IV;* American Psychiatric Association, 1994) diagnosis criteria of experiencing a traumatic event (Criterion A) and reporting symptoms related to reexperiencing/intrusive thoughts (Criterion B), avoidance (Criterion C), and hyperarousal (Criterion D). This measure has excellent psychometric properties, with internal consistencies of .82 (Criterion B), .83 (Criterion C), and .71 (Criterion D). It has been used across a variety of trauma types, age ranges, settings, and languages, including Spanish (Rodriguez, Steinberg, & Pynoos, 1999; Steinberg et al., 2013). The UCLA PTSD-RI provides PTSD symptom severity and screens for 13 PTEs among children of 7–18 years of age, including accidents, physical and sexual abuse, and domestic violence. In our sample, PTEs were positively skewed (1.50), with observed scores ranging from 0 to 8. To normalize this distribution, we recoded the five scores above 4 to 4.

Children also completed the Center for Epidemiologic Studies Depression Scale for Children (CES-DSC), a 20-item self-report depression inventory with scores ranging from 0 to 60 and a clinical cutoff of ≥15 (Weissman, Orvaschel, & Padian, 1980). The Spanish version of the CES-DSC has been widely used in epidemiological research (González et al., 2016). Cronbach alpha in this study was .81.

Parent report. Parents completed the Behavior Assessment System for Children–2nd Edition, Parent Rating Scales–Child (BASC-2 PRS-C; Reynolds & Kamphaus, 2004). The BASC-2 PRS-C is a widely used and well-validated caregiver-report measure of 160 items on a Likert-type scale ranging from 1 (*never*) to 4 (*almost always*). It yields scores on a wide range of empirically based syndrome scales and two composite scales (Internalizing Problems and Externalizing Problems). Scores are reported in *T* scores, and percentiles based on age-specific norms (clinical cutoff ≥70), standardized using samples of clinical and nonclinical populations sampled to reflect the general population (Reynolds & Kamphaus, 2004). The Spanish version of the BASC-2 PRS-C has reliability and validity support with Spanish-speaking parents (McCloskey, Hess, & D'Amato, 2003). In the current study, composite score reliabilities for the BASC-2 PRS-C Externalizing Problems and Internalizing Problems were strong, with Cronbach alphas of .88 and .76, respectively.

Parents also completed the Trauma Symptom Checklist for Young Children—Spanish Version (TSCYC–SP; Briere, 2005), a standardized 90-item caregiver report developed to assess trauma-related symptoms in children ages 3–12 (*T* scores with clinical cutoff ≥70). The reliability and validity of the TSCYC–SP has been established in a sample of outpatient children from Spanish-speaking families, with reported Cronbach alphas from .67 to .93 (Wherry et al., 2014). Reliability for the TSCYC–SP scales in the current study were strong (alphas of .79 to .85).

Teacher report. Teachers completed the BASC-2 Teacher Rating Scales–Child (BASC-2 TRS-C; Reynolds & Kamphaus, 2004). The BASC-2 TRS-C is a 139-item scale that evaluates children's behavioral and emotional functioning. Like the BASC-2 PRS-C, scale scores are reported as *T* scores, and percentiles are based on normative data (clinical cutoff score ≥70). In this study, composite score reliabilities for BASC-2 TRS-C Externalizing Problems and Internalizing Problems were strong, with Cronbach alphas of .89 and .82, respectively.

Clinician evaluation. Clinicians used the Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 2006) to rate the child's lowest level of day-to-day functioning across critical life domains (School, Home, Community, Moods/Emotions, and Total Dysfunction). Cutoff scores indicating severe, moderate, and mild impairment are 30, 20, and 10, respectively. The CAFAS has been widely used in community mental health across the United States as part of statewide assessments of mental health outcomes (Bates, 2001). After being trained to 80% agreement using CAFAS training materials and assessment (Hodges, 2006), two master's-level clinicians jointly rated each child participant on the basis of information collected in the structured interviews with parent and child, as well as the BASC-2 TRS-C scale (teacher report) and school records.

Results

Descriptive data and correlations for main study variables are presented in Table 1. Gender was not significantly related to outcome variables, so it was dropped from all analyses. Surprisingly, neither maternal education nor family income was correlated with most outcome variables. Higher maternal education was associated with lower parental TSCYC–SP depression reports ($p = .01$), and lower income was significantly correlated with more PTEs ($p = .03$). Thus, these SES variables were included as covariates in analyses of only those specific outcomes. Demographic characteristics of the participant children, grouped by parental immigration status comparisons, are presented in Table 2. As expected, groups significantly differed on family income ($p = .002$), with legal permanent resident (LPR) families reporting significantly higher incomes than did either unauthorized group, and families with a detained or deported parent having both lower maternal education than did LPR families and more father unemployment than did either LPR or unauthorized without ICE contact families ($p = .002$ and $p < .001$, respectively).

Risk Exposure for PTEs

After controlling for family income, the groups significantly differed on lifetime exposure to PTEs on the UCLA PTSD-RI index by parental immigration status, as shown in Table 3, with

Table 1
Bivariate Correlations, Means, and Standard Deviations for Major Study Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Sex[a]	—																
2. Education[b]	.04	—															
3. Income[c]	.12	.10	—														
4. PTE	.11	.02	.22*	—													
5. PTSD	−.19[a]	.05	.10	.26**	—												
6. CES-DSC	−.09	.01	.06	.26**	.52***	—											
7. PTS total	.00	−.17	.01	.08	.02	.08	—										
8. Anxiety	.03	−.19[a]	.05	.07	−.08	−.06	.71***	—									
9. Depression	−.06	−.25*	−.04	.06	−.02	.08	.77***	.59***	—								
10. Parent int	.03	−.12	.09	.04	−.03	.04	.40***	.32**	.54***	—							
11. Parent ext	.01	.10	.11	.34**	.21*	.13	.27**	.07	.27**	.48***	—						
12. Teacher int	−.02	.08	−.04	−.07	.01	−.03	−.13	−.14	−.12	−.03	.22*	—					
13. Teacher ext	.01	.00	−.13	.21	.10	−.07	−.03	−.01	.01	.03	.38***	.55***	—				
14. Total dys	−.01	−.19[a]	.11	.20	.21*	.17	.47***	.43***	.53***	.16	.42***	−.02	.27*	—			
15. Home	.04	−.08	.10	.10	.05	.04	.26*	.16	.35***	.24*	.57***	−.01	.27*	.77***	—		
16. School	.13	−.07	−.01	.18	.02	.05	.49***	.37***	.46***	.08	.31**	.15	.37***	.57***	.26*	—	
17. Mood	−.07	−.20[a]	.09	.22*	.42***	.31**	.35***	.41***	.33**	.06	.19[a]	−.14	.10	.75***	.37***	.29**	—
M	.61	.42	1.27	1.69	20.40	22.97	51.72	54.51	50.32	51.16	47.41	48.17	49.49	13.59	1.74	2.07	6.52
SD	.49	.50	1.35	1.27	16.01	10.12	10.68	11.89	10.82	11.43	10.49	10.56	10.51	19.08	4.83	5.04	7.77
n	97	95	95	97	96	97	92	92	92	96	96	83	83	92	92	92	92

Note. PTE = potentially traumatic event; PTSD = UCLA PTSD Reaction Index total score; CES-DSC = Center for Epidemiological Studies Depression Scale for Children; PTS total = Trauma Symptom Checklist for Young Children (TSCYC) posttraumatic stress total score; Anxiety = TSCYC anxiety score; Depression = TSCYC depression score; Parent int = Behavior Assessment System for Children–2nd Edition, Parent Rating Scales–Child (BASC-2 PRS-C) internalizing score; Parent ext = BASC-2 PRS-C externalizing score; Teacher int = BASC-2 Teacher Rating Scales–Child (BASC-2 TRS-C) internalizing score; Teacher ext = BASC-2 TRS-C externalizing score; Total dys = clinician report of Total Dysfunction score from the Child and Adolescent Functional Assessment Scale (CAFAS); Home = clinician report of Home Behavior score from the CAFAS; School = clinician report of School Behavior score from the CAFAS; Mood = clinician report of Mood score from the CAFAS).

[a] Child gender (0 = female, 1 = male). [b] Maternal education (0 = less than high school, 1 = high school, GED, or some college). [c] Parental income (1 = *less than $15,000,* 2 = *$15,000–34,999,* 3 = *$35,000 or more*).

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 2
Demographic Characteristics of Citizen Children and Their Families

Variable	Parental immigration status: Detained or deported (n = 39)	Unauthorized no history of detention or deportation (n = 42)	Legal permanent resident (n = 16)	Inferential statistic
Child sex				2.13
Male	21	29	9	
Female	18	13	7	
Mother education				12.69***
<High school	29	22	4	
High school or higher	9	19	12	
Family income				17.11**
<$15,000	19	24	2	
$15,000–$34,999	16	13	7	
≥$35,000	4	3	7	
Father current employment				50.43***
Full-time	4	28	11	
Part-time	3	8	3	
Unemployed	29	3	1	
Mother current employment				4.48
Full-time	9	5	4	
Part-time	12	10	5	
Unemployed	16	27	7	
Parents' marital status				5.16†
Married	23	33	14	
Never married	14	8	2	
Father's country of origin[a]				2.16
Mexico	23	28	10	
El Salvador	9	3	2	
Guatemala	4	6	2	
Honduras	3	1	0	
Nicaragua	0	1	0	
United States	0	2	1	
Mother's country of origin[a]				9.89**
Mexico	14	33	8	
El Salvador	3	2	3	
Guatemala	4	4	3	
Honduras	10	2	0	
Nicaragua	0	0	0	
United States	6	1	2	
Parent years in U.S.				2.75†
M	14.79	17.67	20.00	
SD	9.91	5.41	8.42	
Child age				.40
M	9.05	9.12	8.63	
SD	1.82	2.03	1.78	

Note. Inferential statistics are χ^2 for count data and $F(2, 94)$ for means.
[a] Due to small cell counts, χ^2 was computed on Mexico versus Central America countries.
† $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

children of detained or deported parents experiencing significantly more lifetime PTEs than did children of LPRs ($p = .02$). Even when child reports of parental deportation or detention as a PTE were excluded, the groups significantly differed on PTEs, $F(2, 91) = 3.62$, $p = .03$, $\eta_p^2 = .07$, again with children of detained or deported parents reporting significantly more PTEs than did children of LPRs ($p = .03$). Children of unauthorized parents with no contact with ICE were not significantly different from children with detained or deported parents but tended to have more PTEs than did children of LPRs ($p = .06$). Overall, exposure was high across groups, with 35% of the sample reporting exposure to one PTE, 21% to two, 14% to three, and 12% to four or more PTEs in their lifetime, with an average exposure of 1.69 PTEs ($SD = 1.27$).

PTSD and Psychological Distress

Child outcomes by parental immigration status were examined in a series of univariate and multivariate analyses of variance (ANOVAs), controlling for maternal education when indicated, with Bonferroni pairwise post hoc comparisons (see Table 3). Analyses were conducted both with and without controlling for lifetime exposure to PTEs, and the results were essentially identical. Thus, for ease of interpretation, only analyses not controlling for lifetime exposure are presented here.

Child report of PTSD symptoms. Per the UCLA PTSD-RI child report, 29% of all child participants met criteria for full (19%) or partial (10%) PTSD diagnoses. There were no significant

Table 3
Citizen Children PTSD and Psychological Distress by Parental Immigration Status

	Parental immigration status										
	Detained or deported			Unauthorized no history of detention or deportation			Legal permanent resident				
Measure	*n*	*M*	*SD*	*n*	*M*	*SD*	*n*	*M*	*SD*	*F*	η_p^2
Child reports											
UCLA PTSD-RI	38			42			16				
Lifetime PTEs[a]		1.97_a	1.33		1.67	1.23		1.19_b	1.11	3.84*	.08
Total severity score		21.92	14.39		20.12	16.92		17.50	18.11	.43	.01
Criterion B		6.92	4.45		5.90	5.84		5.19	6.67	.66	.01
Criterion C		7.68	6.54		7.79	7.13		6.63	7.02	.18	<.01
Criterion D		7.32	4.99		6.43	4.99		5.69	5.55	.65	.01
CES-DCS		23.95	11.33		23.32	9.94		19.69	6.77	1.05	.02
Parent reports											
TSCYC[b]	37			39			14				
PTS overall total		57.62_a	12.40		48.56_b	7.64		46.14_b	5.35	9.70***	.18
Anxiety		60.57_a	14.44		51.54_b	7.97		48.07_b	6.04	7.73***	.15
Depression		56.59_a	11.76		47.18_b	8.64		43.79_b	4.04	10.21***	.19
Anger/Aggression		51.59_a	8.37		47.15_b	5.23		45.93	3.85	4.67*	.10
PTS Intrusion		56.49_a	14.27		47.41_b	8.13		47.36	6.59	5.90**	.12
PTS Avoidance		55.62_a	11.09		49.44_b	7.83		47.36_b	5.40	6.08**	.12
PTS Arousal		57.92_a	11.69		49.41_b	8.18		45.71_b	5.92	9.96***	.19
Dissociation		48.22	8.00		47.69	6.74		44.93	3.36	1.23	.03
BASC-2 PRS-C	39			42			15				
Int Prob total		54.67_a	12.45		49.90	10.78		45.53_b	7.25	4.17*	.08
Anxiety		58.00	11.73		54.12	11.45		53.07	11.00	1.56	.03
Depression		54.13_a	10.84		49.17	10.84		44.47_b	7.46	5.24**	.10
Somatization		49.05_a	11.92		46.69	9.69		41.33_b	4.85	3.14*	.06
Ext Prob total		49.41	10.37		46.81	11.15		43.87	8.07	1.66	.03
Hyperactivity		50.59	11.97		48.64	11.73		45.87	10.69	.92	.02
Aggression		47.62	8.39		44.98	9.16		43.73	6.24	1.54	.03
Conduct problems		50.28	10.50		47.74	11.59		44.00	6.59	2.00	.04
Teacher reports											
BASC-2 TRS-C	33			37			13				
Int Prob total		49.61	13.54		47.49	8.36		46.46	7.24	.55	.01
Anxiety		47.52	9.57		47.35	7.95		46.62	9.00	.05	<.01
Depression		50.18	10.65		47.59	7.06		46.31	6.10	1.26	.03
Somatization		51.30	15.98		49.35	8.42		48.38	9.07	.36	.01
Ext Prob total		52.48	13.53		48.24	8.15		49.49	10.51	2.66†	.06
Hyperactivity		52.88	13.49		48.68	9.31		47.54	6.17	1.76	.04
Aggression		51.42	12.47		48.24	7.47		45.00	4.16	2.35	.06
Conduct problems		52.36	13.39		48.19	7.87		44.46	3.48	3.25*	.08
Clinician reports											
CAFAS	35			42			15				
Overall dysfunction		25.14_a	23.44		7.38_b	12.31		4.00_b	6.32	13.41***	.23
Home		2.86	6.23		1.19	3.95		.67	2.58	1.60	.03
School		4.00_a	6.95		1.19_b	3.23		$.00_b$	.00	4.86**	.10
Mood/Emotions		11.71_a	8.22		3.33_b	5.26		3.33_b	6.17	17.10***	.28

Note. Means with differing subscripts are significantly different in Bonferroni corrected pairwise comparisons. PTSD = posttraumatic stress disorder; UCLA PTSD-RI = UCLA PTSD Reaction Index; PTEs = potentially traumatic events; CESD-DSC = Center for Epidemiologic Studies Depression Scale for Children; TSCYC = Trauma Symptom Checklist for Young Children; PTS = posttraumatic stress; BASC-2—PRS = Behavior Assessment System for Children—2nd Edition, Parent Rating Scales-Child; Int Prob = Internalizing Problems; Ext Prob = Externalizing Problems; BASC-2 TRS-C = BASC-2 Teacher Rating Scales–Child; CAFAS = Child and Adolescent Functional Assessment Scale.

[a] Analysis of covariance (ANCOVA) controlling for family income was conducted. Raw means and standard deviations reported. [b] ANCOVA of the total score and multivariate analysis of variance of the scale scores were conducted for TSCYC, controlling for maternal education. Raw means and standard deviations are presented here.

† $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

differences by parental immigration status on total PTSD symptoms, $F(2, 93) = 0.43$, $p = .65$, $\eta_p^2 = .01$, or individual criteria (Wilks's $\lambda = .96$), $F(6, 184) = 0.68$, $p = .67$, $\eta_p^2 = .02$.

Parent report of PTSD child symptoms. Five families had invalid TSCYC–SP Response Level and Atypical Response Scale scores and were dropped from TSCYC–SP analyses. Controlling for maternal education, total symptoms differed by parental immigration status, $F(2, 86) = 9.70$, $p < .001$, $\eta_p^2 = .18$. Similarly, a multivariate analysis of covariance of TSCYC–SP Anxiety, Depression, Anger/Aggression, Intrusion, Avoidance, Arousal, and Dissociation controlling for maternal education indicated a significant multivariate effect of parental immigration status (Wilks's $\lambda = .64$), $F(12, 168) = 3.53$, $p < .001$, with significant univariate effects for all scales except Dissociation. In each case, per parent report, children of detained and deported parents demonstrated higher levels of trauma symptoms than did children of either LPR parents (ps ranging from $< .001$ to .03) or unauthorized parents with no ICE contact (ps ranging from $< .001$ to .01; see Table 3).

Child reports of psychological distress. There was no effect of parent immigration status on child self-reports of depression on the CES-DSC, $F(2, 94) = 1.05$, $p = .35$, $\eta_p^2 = .02$.

Parent report of child psychological distress. As shown in Table 3, there was a significant univariate effect of parent immigration status on BASC-2 PRS-C total internalizing, $F(2, 93) = 4.17$, $p = .02$, $\eta_p^2 = .08$, with children of detained or deported parents reported to have more internalizing problems than did children of LPRs ($p = .02$). Multivariate analysis of variance (MANOVA) analyses revealed a marginal main effect of parent immigration status on the three BASC-2 PRS-C internalizing subscales (Wilks's $\lambda = .88$), $F(6, 182) = 2.05$, $p = .06$, with children of detained or deported parents scoring higher on Depression ($p = .009$) and Somatization ($p = .04$) per parent report than did children of LPRs.

In contrast, there were no significant effects of parent immigration status on parent-reported total externalizing, $F(2, 93) = 1.67$, $p = .20$, $\eta_p^2 = .03$, or on Hyperactivity, Aggression, or Conduct Problems (Wilks's $\lambda = .95$), $F(8, 182) = 0.83$, $p = .55$.

Teacher report of child psychological distress. Univariate and MANOVA results demonstrated no significant effects for parental immigration status on teacher BASC-2-TRS total internalizing score, $F(2, 80) = 0.55$, $p = .58$, $\eta_p^2 = .01$, or on the Anxiety, Depression, or Somatization scales (Wilks's $\lambda = .95$), $F(6, 156) = 0.61$, $p = .72$ (see Table 3).

Teacher reports of total externalizing symptoms were only marginally different by group, $F(2, 80) = 2.66$, $p = .08$, $\eta_p^2 = .06$. A MANOVA analysis of Hyperactivity, Aggression, and Conduct Problems was also not significant (Wilks's $\lambda = .90$), $F(6, 156) = 1.35$, $p = .24$, but a significant univariate effect was found for Conduct Problems, with children of detained or deported parents tending to have more of these problems than did children of LPRs ($p = .06$).

Clinician report of overall child functioning. There was a significant univariate main effect for parental immigration status on clinician's CAFAS overall child dysfunction, $F(2, 89) = 13.41$, $p < .001$, $\eta_p^2 = .23$, with children of detained or deported parents exhibiting poorer functioning than did children of both LPRs and unauthorized parents with no ICE contact (ps $< .001$). Similarly, MANOVA analyses of the Home, School, and Moods scales revealed a significant effect of parent immigration status (Wilks's $\lambda = .69$), $F(6, 176) = 5.87$, $p < .001$, with children of detained or deported parents having poorer scores on School Behavior than did children of LPRs ($p = .03$) or unauthorized parents with no ICE contact ($p = .04$), and poorer scores on Moods than did children of either LPRs or unauthorized parents with no ICE contact (ps $< .001$).

Multiple Informant Comparisons

The correlations between ratings of internalizing constructs were typically modest. For instance, teacher, parent, and child ratings of depression were uncorrelated, as were parent and child reports of PTSD symptoms. In contrast, clinician CAFAS ratings of Moods and Emotions were significantly correlated with both parent TSCYC–SP Depression, $r(92) = .36$, $p < .001$, and child CES-DSC, $r(92) = .31$, $p = .003$. Adult reports of externalizing problems were more consistently and strongly related, with correlations among parent and teacher BASC-2 Total Externalizing and between BASC-2 and clinician CAFAS Home Behavior and School Behavior ranging from .37 to .57 (all ps $< .001$). Direct comparisons of means were possible for only parent and teacher BASC-2 scores. Parents reported higher Total Internalizing than did teachers, $t(83) = 3.70$, $p = .03$, but reports of Total Externalizing did not differ, $t(83) = -1.40$, $p = .17$.

Discussion

The need to detect children with PTSD-related symptoms and psychological distress is pertinent given the evidence for the detrimental effects of early childhood adversity in the overall mental health of children. This is significant for Latino citizen children whose parents are undocumented and at high risk for detention or deportation, which often lead to forced parent–child separation. In light of complex immigration policies, our findings provide some support for the need for clinical and public policy interventions on behalf of this vulnerable child population.

Impact of Parental Detention or Deportation on Citizen Children's PTSD

Taken together, the reports of multiple informants (parent, teacher, clinician, and child) indicate that citizen children of detained and deported parents experience more psychological distress and trauma compared to peers whose parents had no involvement with immigration enforcement. Higher levels of parent-reported PTSD symptoms in children of detained and deported parents imply that forced parental separation resulting from immigration enforcement is particularly detrimental to children's mental health. The unpredictability and uncertainty associated with such separations may have exacerbated PTSD symptoms (see Grillon et al., 2009). As such, our findings suggest that the current and heightened enforcement of immigration laws poses a serious public health challenge to U.S.-born children of undocumented parents. Not only is PTSD recognized as a high priority public health issue (U.S. Department of Health & Human Services, 2003), but child PTEs, such as losing a parent, pose serious risks for lifelong mental and medical illnesses (Felitti, 2009; Putnam, Harris, & Putnam, 2013).

Specifically, the children of detained and deported parents were rated on the TSCYC–SP as endorsing more symptoms in all three *DSM–IV* PTSD criterion domains as well in total posttraumatic

symptoms. Although to the best of our knowledge, no other study has used the TSCYC–SP with this population, our results seem congruent with those of prior studies reporting on the validity of the TSCYC–SP (e.g., Wherry et al., 2014). TSCYC–SP scores were significantly correlated with BASC-2 internalizing problems but not with child self-ratings, consistent with research documenting divergence in such child and parent reports (Briere, 2005; De Los Reyes & Kazdin, 2005).

Impact of Parental Detention or Deportation on Citizen Child Psychological Distress

Children of detained or deported parents were rated by parents and clinicians as higher in internalizing problems and in negative moods and emotions compared to children of LPRs and parents who had no contact with ICE. The overlap of depressive and anxious symptoms with PTSD is significant, and thus these findings are consistent with the findings of prior empirical research in showing significantly increased rates of depression and anxiety problems among children with PTSD symptomatology (Samuelson, Krueger, Burnett, & Wilson, 2010). Depression and anxiety pose immediate developmental challenges to child functioning (Kendall et al., 2010) and pose higher risk for future mental health problems (Lopez, Turner, & Saavedra, 2005). Furthermore, our findings corroborate and extend those of Zayas et al. (2015) and Allen et al. (2015) and are also congruent with findings of previous studies documenting the negative mental health outcomes associated with parental separation (Chaudry et al., 2010; Suárez-Orozco, Bang, & Kim, 2011).

Children with more PTEs were also rated by parents and teachers as having more externalizing problems (BASC-2) and by clinicians as having more total dysfunction (CAFAS). This finding aligns with previous research showing that children with trauma-related symptoms are at risk of misdiagnosis (e.g., with attention deficit/hyperactivity disorder or conduct difficulties), particularly in the absence of assessments for complex trauma (e.g., Kletzka & Siegfried, 2008). Our findings underscore the need for educating parents and teachers on symptoms associated with PTEs.

Intersection Between Poverty, Exposure to PTEs, and the Loss of a Parent

Exposure to multiple PTEs was common across our sample, with 35% of the children reporting experiencing one PTE and 47% endorsing two or more PTEs. This high prevalence of PTE exposure is concerning given the negative short- and long-term consequences of childhood PTE exposure (Appleyard, Egeland, van Dulmen, & Sroufe, 2005). Consistent with the literature, more PTEs were related to increased child PTSD scores. Although there were no differences by parental immigration status, the PTSD prevalence in our sample was high (19% of the children meeting all *DSM–IV* criteria and 10% meeting partial criteria) per child report.

Emerging research in childhood adversity describes synergy as the interaction of two or more PTEs, or adverse events, so that their combined effect is greater than the sum of their individual effects (Putnam et al., 2013). Putnam and colleagues (2013) documented the synergy of adverse events with loss of a parent among adult males with three or more PTEs. They found that poverty, the most potent adverse childhood event in males, is synergistic with the loss of a parent. Putnam and colleagues' research is particularly relevant to citizen children of detained or deported parents who have lost, or have the impending possibility of losing, a parent due to U.S. immigration enforcement. These findings thus call for a reconsideration and reduction of unnecessary detainment of undocumented parents and consequent parent–child separation.

Implications for Health Services, Policies, and Future Directions

Researchers have argued that child PTEs are the most preventable causes of debilitating mental illnesses, such as PTSD, depression, and anxiety (Finkelhor, Ormrod, & Turner, 2007; National Research Council & Institute of Medicine, 2009). Particularly for children who have been multiply victimized, preventing future PTEs may be the most effective intervention (Finkelhor et al., 2007). This is notable for our sample of citizen children. A call for action to prevent forced parental separation and constant threat of potential loss of a parent due to immigration enforcement is gravely needed.

Given the high endorsement of PTEs in our sample, more trauma-informed, developmentally appropriate systems placed at multiple levels (e.g., home, school) would assist Latino citizen children and their families. Trauma-informed intervention and prevention programs for this vulnerable population should target synergistic adverse events, such poverty and loss of a parent. Furthermore, affordable and culturally relevant services are warranted not only for children of detained or deported parents but also for citizen children of parents living in the shadows. A reevaluation of immigration policies that have significant effects on access to health services is also extremely relevant to the well-being of Latino citizen children (for a review see Rodríguez, Young, & Wallace, 2015).

On the basis of findings with children of incarcerated parents (Roberts et al., 2014), we suspect that witnessing parental detainment may be particularly detrimental. Future research should investigate the effects of witnessing the arrest or detention of undocumented parents on child PTSD symptoms, and this information should be used in reviewing policies involving undocumented immigrants with children. Arrest protocols should consider the children's best interest.

Study Strengths and Limitations

The cross-sectional nature of this study and its relatively small sample size limit the ability to infer causation and to generalize findings to other ethnic and racial immigrant groups. Future studies should also examine South American Latino groups. Statistics show undocumented South American immigrants tend to fare better economically in the United States, in part due to higher levels of education and different migratory routes than for immigrants coming from the Central American cone (Stoney, Batalova & Russell, 2013). Such SES dynamics would be important to understand in their interaction with immigration enforcement and child well-being.

Finally, some children exposed to PTEs, including parental detention or deportation, do not exhibit high levels of mental

health symptoms. These findings highlight an underlying resilience in the face of adversity that should be understood and supported in all children of immigrants, regardless of parental legal status. Future research should explore mediating factors, such as family or community support, religious coping, hope, and cognitive processing of PTEs.

References

Alegría, M., Green, G. J., McLaughlin, K., & Loder, S. (2015). *Disparities in child and adolescent mental health and mental health services in the U.S.* Retrieved from https://philanthropynewyork.org/sites/default/files/resources/Disparities_in_child_and_adolescent_health.pdf

Allen, B., Cisneros, E. M., & Tellez, A. (2015). The children left behind: The impact of parental deportation on mental health. *Journal of Child and Family Studies, 24,* 386–392. http://dx.doi.org/10.1007/s10826-013-9848-5

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Appleyard, K., Egeland, B., van Dulmen, M. H., & Sroufe, L. A. (2005). When more is not better: The role of cumulative risk in child behavior outcomes. *Journal of Child Psychology and Psychiatry, 46,* 235–245. http://dx.doi.org/10.1111/j.1469-7610.2004.00351.x

Bates, M. P. (2001). The Child and Adolescent Functional Assessment Scale (CAFAS): Review and current status. *Clinical Child and Family Psychology Review, 4,* 63–84. http://dx.doi.org/10.1023/A:1009528727345

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. http://dx.doi.org/10.1177/0739986310374053

Briere, J. (2005). *Trauma Symptom Checklist for Young Children (TSCYC): Professional manual*. Odessa, FL: Psychological Assessment Resources.

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

Chaudry, A., Capps, R., Pedroza, J. M., Castaneda, R. M., Santos, R., & Scott, M. M. (2010). *Facing our future: Children in the aftermath of immigration enforcement*. Retrieved from http://www.urban.org/uploadedpdf/412020_FacingOurFuture_final.pdf

Chen, J., & Vargas-Bustamante, A. (2011). Estimating the effects of immigration status on mental health care utilizations in the United States. *Journal of Immigrant and Minority Health, 13,* 671–680. http://dx.doi.org/10.1007/s10903-011-9445-x

De Los Reyes, A., & Kazdin, A. E. (2005). Informant discrepancies in the assessment of childhood psychopathology: A critical review, theoretical framework, and recommendations for further study. *Psychological Bulletin, 131,* 483–509. http://dx.doi.org/10.1037/0033-2909.131.4.483

Dreby, J. (2012). The burden of deportation on children in Mexican immigrant families. *Journal of Marriage and Family, 74,* 829–845. http://dx.doi.org/10.1111/j.1741-3737.2012.00989.x

Felitti, V. J. (2009). Adverse childhood experiences and adult health. *Academic Pediatrics, 9,* 131–132. http://dx.doi.org/10.1016/j.acap.2009.03.001

Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Re-victimization patterns in a national longitudinal sample of children and youth. *Child Abuse & Neglect, 31,* 479–502. http://dx.doi.org/10.1016/j.chiabu.2006.03.012

Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2009). Lifetime assessment of poly-victimization in a national sample of children and youth. *Child Abuse and Neglect, 33,* 403–411. http://dx.doi.org/10.1016/j.chiabu.2008.09.012

González, P., Nuñez, A., Merz, E., Brintz, C., Weitzman, O., Navas, E. L., . . . Gallo, L. C. (2016). Measurement from properties of the Center for Epidemiologic Studies Depression Scale (CES-D 10): Findings HCHS/SOL. *Psychological Assessment*. Advance online publication. http://dx.doi.org/10.1037/pas0000330

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

Hairston, C. F. (2007). *Focus on the children with incarcerated parents: An overview of the research literature*. Retrieved from http://www.f2f.ca.gov/res/pdf/FocusOnChildrenWith.pdf

Hodges, K. (2006). *CAFAS self-training manual and blank scoring forms*. Ypsilanti, MI: Eastern Michigan University.

Kendall, P. C., Compton, S. N., Walkup, J. T., Birmaher, B., Albano, A. M., Sherrill, J., . . . Piacentini, J. (2010). Clinical characteristics of anxiety disordered youth. *Journal of Anxiety Disorders, 24,* 360–365. http://dx.doi.org/10.1016/j.janxdis.2010.01.009

Kletzka, N. T., & Siegfried, C. (2008). Helping children in child welfare systems heal from trauma: A systems integration approach. *Juvenile & Family Court Journal, 59,* 7–20. http://dx.doi.org/10.1111/j.1755-6988.2008.00018.x

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

McCloskey, D. M., Hess, R. S., & D'Amato, R. C. (2003). Evaluating the utility of the Spanish version of the Behavior Assessment System for Children-Parent Report System. *Journal of Psychoeducational Assessment, 21,* 325–337. http://dx.doi.org/10.1177/073428290302100402

National Research Council & Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: The National Academies Press.

Office of Immigration Statistics. (2013). *Immigration enforcement actions: 2013*. Retrieved from http://www.dhs.gov/sites/default/files/publications/ois_enforcement_ar_2013.pdf

Passel, J. S., Cohn, D., Krogstad, J. M., & Gonzalez-Barrera, A. (2014). *As growth stalls, unauthorized immigrant population becomes more settled*. Retrieved from http://www.pewhispanic.org/2014/09/03/as-growth-stalls-unauthorized-immigrant-population-becomes-more-settled/

Putnam, K. T., Harris, W. W., & Putnam, F. W. (2013). Synergistic childhood adversities and complex adult psychopathology. *Journal of Traumatic Stress, 26,* 435–442. http://dx.doi.org/10.1002/jts.21833

Rabin, N. (2011). Disappearing parents: Immigration enforcement and the child welfare system (Arizona Legal Studies Discussion Paper No. 11–26). *Connecticut Law Review, 44, No. 1*. Retrieved from http://ssrn.com/abstract=1794263

Reynolds, C. R., & Kamphaus, R. W. (2004). *Behavior Assessment System for Children* (BASC-2; 2nd ed.). Bloomington, MN: Pearson.

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.

Rodriguez, N., Steinberg, A., & Pynoos, R. S. (1999). *UCLA PTSD Index for DSM–IV instrument information: Child version, parent version, adolescent version*. Los Angeles, CA: UCLA Trauma Psychiatry.

Ross, C. E., & Mirowsky, J. (2009). Neighborhood disorder, subjective alienation, and distress. *Journal of Health and Social Behavior, 50,* 49–64. http://dx.doi.org/10.1177/002214650905000104

Samuelson, K. W., Krueger, C. E., Burnett, C., & Wilson, C. K. (2010). Neuropsychological functioning in children with posttraumatic stress disorder. *Child Neuropsychology, 16,* 119–133. http://dx.doi.org/10.1080/09297040903190782

Steinberg, A. M., Brymer, M. J., Decker, K. B., & Pynoos, R. S. (2004). The University of California at Los Angeles Post-Traumatic Stress Disorder Reaction Index. *Current Psychiatry Reports, 6,* 96–100. http://dx.doi.org/10.1007/s11920-004-0048-2

Steinberg, A. M., Brymer, M. J., Kim, S., Briggs, E. C., Ippen, C. G., Ostrowski, S. A., . . . Pynoos, R. S. (2013). Psychometric properties of the UCLA PTSD Reaction Index: Part I. *Journal of Traumatic Stress, 26,* 1–9. http://dx.doi.org/10.1002/jts.21780

Stoney, S., Batalova, J., & Russell, J. (2013). South American immigrants in the United States. *Migration Information Source*. Retrieved from http://www.migrationpolicy.org/article/south-american-immigrants-united-states

Suárez-Orozco, C., Bang, H. J., & Kim, H. Y. (2011). I felt like my heart was staying behind: Psychological implications of immigrant family separations & reunifications for immigrant youth. *Journal of Adolescent Research, 21,* 222–257. http://dx.doi.org/10.1177/0743558410376830

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

Weissman, M. M., Orvaschel, H., & Padian, N. (1980). Children's symptom and social functioning self-report scales: Comparison of mothers' and children's reports. *Journal of Nervous and Mental Disease, 168,* 736–740. http://dx.doi.org/10.1097/00005053-198012000-00005

Wessler, S. F. (2012, December 17). *Nearly 250,000 deportations of parents of U.S. citizens in just over two years*. Retrieved from http://colorlines.com/archives/2012/12/us_deports_more_than_200k_parents.html

Wherry, J. N., Hunsaker, S. F., Pettigrew, H. V., Conaway, I., Trejos-Castillo, E., Caldera, Y., . . . Cordero, L. (2014). Reliability and validity of the Trauma Symptom Checklist for Young Children—Spanish version. *Journal of Child & Adolescent Trauma, 7,* 3–12. http://dx.doi.org/10.1007/s40653-014-0003-2

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

Zayas, L. H., Aguilar-Gaxiola, S., Yoon, H., & Rey, G. N. (2015). The distress of citizen-children with detained and deported parents. *Journal of Child and Family Studies, 24,* 3213–3223. http://dx.doi.org/10.1007/s10826-015-0124-8

Zong, J., & Batalova, J. (2015). *Frequently requested statistics on immigrants and immigration in the United States*. Retrieved from http://www.migrationpolicy.org/article/frequently-requested-statisticsimmigrants-and-immigration-united-states#Children%20with%20Immigrant%20Parents

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