



MENTAL HEALTH PROBLEMS OF CHILDREN OF UNDOCUMENTED PARENTS IN THE UNITED STATES: A HIDDEN CRISIS

Jorge DELVA¹
Pilar HORNER²
Ramiro MARTINEZ³
Laura SANDERS⁴
William D. LOPEZ⁵
John DOERING-WHITE⁶

Abstract: *The ripple effects of immigration enforcement on the lives of citizen and undocumented children in the United States (U.S.) remain hidden. Amidst unpredictable and traumatic immigration enforcement policies and practices in the U.S., children of undocumented parents are exposed to stressors that severely threaten their mental well-being. A community-based participatory study revealed that many of these children suffer from considerable mental health problems. If immigration policies and practices in the U.S. do not change, millions of children will continue to suffer from their unmet mental health needs. Furthermore, these unmet mental health problems are likely to affect them into adulthood and engender a heavy human and economic cost for them and all of society.*

Key words: *Children and adolescents, undocumented immigrants, mental health, immigration enforcement*

¹ PhD, Professor and Associate Dean for Research at the University of Michigan School of Social Work. Corresponding author. 1080 S. University, Ann Arbor, MI, 48109, USA. Email: jdelva@umich.edu.

² PhD, Assistant Professor at Michigan State University School of Social Work and the Julian Samora Research Institute. 120 Baker Hall, E. Lansing, MI 48824. Email: phorner@msu.edu.

³ Community organizer and cofounder of Washtenaw Interfaith Coalition for Immigrant Rights (WICIR). 1080 S. University, Ann Arbor, MI, 48109. Email: martinez.matute76@gmail.com

⁴ ACSW, LMSW, instructor at the University of Michigan School of Social Work and cofounder of WICIR. 1080 S. University, Ann Arbor, MI, 48109, USA. Email: createcoun333@gmail.com.

⁵ MPH, PhD student, University of Michigan School of Public Health. 1415 Washington Heights, Ann Arbor, MI, 48109. Email: wdlopez@umich.edu.

⁶ PhD student in Social Work and Anthropology, University of Michigan. 1080 S. University, Ann Arbor, MI, 48109, USA. Email: jadwhite@umich.edu

I. Introduction

Migrations of populations from rural to urban areas, from cities, countries, or regions to other cities, countries, and regions for the purpose of reunification with family, economic opportunities, political freedom, or evasion from persecution and civil war, for example, have been a steady facet of population movements throughout world history (Crul and Mollenkopf, 2012; Demeny and McNicoll, 2003). The recent sinking of two overcrowded boats in the Mediterranean Sea that resulted in the drowning of nearly 400 migrants from Africa and/or the Middle East attempting to reach Europe illustrate the terrible risks individuals will take to secure a better life for themselves and their families (www.nytimes.com/2013/10/12/world/europe/another-migrant-ship-capsizes-in-the-mediterranean.html?_r=0, [Online], accessed on October 15, 2013). In China alone, as a result of the country's market reforms in the late 1970s and early 1980s, the migration of primarily rural populations to urban areas increased dramatically to create a "floating population" of nearly 150 million internal migrants (Chan, 2008). Independent of whether the migration is internal or from one country to another, migrants and their 'host' cities and countries face tremendous social, political, economic, and cultural challenges. In a recent response to these issues, in March 2013 the United Nations (UN) 67th General Assembly passed a resolution for high-level discussions to take place on the topic of International Migration and Development after the 68th session of the General Assembly on October 2013 (www.eclac.org/celade/noticias/noticias/6/49876/67-219-migration-ing.pdf, [Online], accessed October 16, 2013). Although the outcome(s) of these high-level UN discussions remain to be seen, this positive development underscores the importance and immediacy of addressing the unforeseen problems associated with emerging migration patterns.

In the United States (U.S.), there are approximately 40 million immigrants (Motel and Patten, 2013). It is also estimated that there are 11.1 million undocumented immigrants (Passel and Cohn, 2012) and 5.5 million children with at least one undocumented parent (Passel and Cohn, 2011) where approximately 73% of undocumented immigrants have children born in the U.S. (Passel and Cohn, 2009). According to U.S. law these U.S-born children to undocumented parents are U.S. citizens. Citizen and undocumented children living in mixed-status families, families where at least one individual is undocumented, usually one or both parents, and one member who is a U.S. citizen, usually the child (Fix and Zimmerman, 2001), are impacted by draconian arrest, incarceration, and deportation practices of the U.S. Immigration and Customs Enforcement (ICE) agency (Sanders, Martinez, Harner, Harner, Horner, and Delva, 2013; Satinsky, Hu, Heller, and Farhang, 2013; Suárez-Orozco, Yoshikawa, Teranishi, and Suárez-Orozco, 2011). These practices reflect an immigration policy in disarray, lacking transparency, and inhumanely implemented (Sanders et al., 2013).

In the U.S., children of undocumented parents live in fear that one or both of their parents may be arrested, incarcerated, and/or deported (Sanders et al., 2013; Satinsky et al., 2013). Enforcement may involve incarceration for indefinite periods of time, transfer from one holding facility to the next without family notification, unlawful/forced entry, and violent apprehension of parents to which many children

bear witness (Sanders et al., 2013). Concern for the well-being of undocumented children is also growing in the European Union (EU). A report by the Platform for International Cooperation on Undocumented Migrants (PICUM) documents that the rights and treatment of undocumented children by most European governments, bolstered by public opinion, reflect a change from protecting the children to making it more difficult to obtain legal permission to stay in the country and easier to detain and deport them (PICUM, 2008). In fact, attention to the plight of undocumented children is obfuscated by the unreliability of the estimated number of undocumented migrants in Europe (PICUM, 2008). To fill the gap that exists in understanding immigration policies and their impact on immigrant populations, the Migration Policy Institute Europe (MPI Europe) was established (www.migrationpolicy.org/europe/mpieurope/). Interestingly, the primary focus of such organizations and the research conducted with immigrants tends to focus on understanding the social, educational, political, cultural, and economic impact of immigration policies on migrant youth, adults, and their families (Cull and Mollenkopf, 2012; Miranda, Siddique, Der-Martirosian, and Belin, 2005; Mohanty, Woolhandler, Himmelstein, Carrasquillo, and Bor, 2005; Sommers, 2013). However, an area of research that seems to have been neglected, with few exceptions (Kupersmidt and Martin, 1997; Suárez-Orozco et al., 2013), concerns the extent to which societies understand the mental health impact immigration policies and practices have on undocumented children and children of undocumented parents.

A review of the effects of current immigration practices on U.S. immigrants highlights the largely unknown developmental outcomes that millions of undocumented children presently experience in the U.S., outcomes that could negatively affect them through adulthood and beyond (Suárez-Orozco et al., 2011). A recent study of U.S. undocumented families (Satinsky et al., 2013) concluded that if present deportation rates remain at the 2012 levels, “In the next year, an estimated 100,000 U.S.-citizen children may show signs of withdrawal or detachment from others with the absence of a parent due to immigration-related arrest. Children of undocumented immigrants will suffer behavioral problems, such as aggression, anxiety and withdrawal, which link to poor school performance and poor development” (p. 13). In light of the gap that exists in our understanding of the mental health of children of mixed-status families, we conducted a small, community-based participatory research project (Israel et al., 2010), with mixed-status children of Latino¹ backgrounds in the U.S. State of Michigan. We focused on Latino immigrants because these make up the largest percent of immigrants overall, of undocumented immigrants, and of those detained and deported. The study seeks to contribute to our understanding of the effect of draconian immigration practices on these extremely vulnerable children.

¹ In the U.S., individuals of Spanish-speaking origin backgrounds from Latin American countries are referred to as Hispanics or Latinos. The study participants preferred to be called Latinos and therefore it is the term we used in this study.

II. Methods

Procedures and Sampling

The study was conducted by a partnership between university researchers and members of the Washtenaw Interfaith Coalition for Immigrant Rights (WICIR) in the State of Michigan, U.S. WICIR is a non-profit, grass-roots, organization committed to improving the lives of undocumented immigrants and to advocating with policy makers to make U.S. immigration policies more humane. WICIR directly, or indirectly through partnerships with other organizations, provides undocumented families with social, legal, educational, financial, and advocacy assistance free of charge. From the hundreds of families served by WICIR, 20 mixed-status children and adolescents living in Washtenaw County were recruited to participate in this study in 2011-2013. Washtenaw County is a county in the State of Michigan that has seen an increase in undocumented immigrants and arrests/deportations by ICE (Sanders et al., 2013).

Following community-based participatory research principles (Israel et al., 2010), WICIR members and university researchers first met with several undocumented families to describe the study and to ask if they thought this would be an important study and if the undocumented community would be supportive. Families were also asked if there were specific questions we should ask if we conducted the study. Once approval and feedback were obtained from the families, the research team obtained Human Subjects approval from the researchers' Universities Institutional Review Boards. The project was conducted after consent and assent were obtained from parents and youth.

Recruitment was as follows. Using a snowball sampling strategy, families were first contacted by WICIR members to ask if they would be interested in participating in the study. If the families agreed to participate and to allow their children or adolescents to participate, they would be provided with the phone number of the research team to call in order to schedule an appointment. If a family did not want to call but was alright if WICIR members gave permission to be contacted by the team's research staff, then the WICIR member would provide the participant's name and phone number to the research staff for the staff to make the first contact. Once contact was made with the parent and permission obtained, the staff proceeded to schedule the focus groups and individual interviews.

Of the 20 youth, 13 participated in three focus groups that lasted between 1.5 to 2 hours. Five youth declined and participated instead in individual interviews as they preferred not to discuss their experiences in focus groups. Focus groups were conducted at a church or a community health center and individual interviews were conducted at the participants' homes. All interviews and focus groups were conducted by social workers with a Master's Degree in Social Work and with extensive experience working with undocumented families.

Measures

Interviews were conducted at the youth's homes in private rooms and lasted approximately one hour. Interviews were conducted using an interview guide with questions about participants' day-to-day lives, family composition, and participation in

school activities/hobbies before moving into sensitive topics such as immigration experiences. In addition, all youth completed the Youth Self Report (YSR) (Achenbach and Rescorla, 2001), a widely used measure of behavioral problems with eight syndrome scales which takes about 20 minutes to complete. The scales are: anxious-depressed, withdrawn-depressed, somatic complaints, social problems, thought problems, attention problems, rule breaking behaviors, and aggressive behaviors. The scales were created based on youth rating how well over 100 items described them over the past 6 months (0=*not true*, 1=*somewhat or sometimes true*, 2=*to very true or often true*). Youth with scores for each scale that fall between the 93rd and 97th percentile of the nationally representative normative sample can be classified as “borderline clinical range” for the corresponding mental health problem; scoring above the 97th percentile suggests “clinically significant” mental health problems (Achenbach and Rescorla, 2001).

Data Analysis

All data from the focus groups and individual interviews were audiotaped and later transcribed for thematic analysis with the software NVivo (QSR International, 2012). All data from the YSR instrument were analyzed with the software Stata 13 (StataCorp., 2013).

III. Results

Participants were 12 females and 8 males ages 11-18 years old (mean age = 14.8 years). Twelve youth were undocumented (60%), that is, they were not born in the U.S. The remaining eight youth were born in the U.S. (and therefore are U.S. citizens) to undocumented parents. Thirteen (65%) youth scored within the borderline and/or clinical ranges in at least one of the YSR scales, with eight (40%) meeting borderline and/or clinical criteria on multiple scales (see Table 1). The more common behavioral problems were attention problems, withdrawn-depressed, anxious-depressed, and rule breaking behaviors. These results suggest that a large number of children experience a considerable number of mental health problems.

Table 1. Youth who scored on the borderline and clinical ranges of the YSR syndrome scales.

YSR Syndrome Scales										
Age	Sex	Youth Status	Anxious/Depressed	Withdrawn/Depressed	Somatic	Social problems	Thought problems	Attention problems	Rule Breaking	Aggressive Behavior
11	F	D		B						
14	F	D		C						
14	F	D		C				C	B	
15	F	D		B			B		B	
15	F	D		B	C			C	B	
17	M	U	B					C		
11	M	D		B						
16	F	U				B			B	
16	M	U	C	B						
14	M	U					C			
18	F	U	B					B		
14	F	U	B							
16	M	U					C	B		

Notes. M=Male; F=Female; D=Documented; U=Undocumented. C=Clinical range (>97%tile); B=Borderline range (93-97%tiles).

The focus groups and individual interviews contextualize the results of the YSR illuminating how experiences with immigration enforcement activities that their families face, including arrests, detentions, and threats of deportation have profound impacts on youth in mixed-status families. As one adolescent female described:

“My dad was in danger to being deported a couple months ago,...he got in a car accident ...and he was scared, he didn’t really talk much, and the officers were just, trying to get him to say, like something, and he just didn’t say anything so he, he was detained for a while, for like a month or two months, and um, yea we spent a lot of money...it was rough, because he was, the main one that fixed everything for us. I was really sad, I felt like it was really long...I don’t know I was just worried about what we were gonna do, or what was gonna happen after that...it was stressful for my mom ‘cause she was like under a lot of pressure, and that really bummed all of us, so it was just really depressing during those two months.”

Another youth described watching her uncle being arrested:

“...and I remember because I was, I was on the school bus and we passed by, the street that led to his apartment complex. And I saw his car and it was surrounded by, like dark cars.... and I was like hoping that it wasn’t his car... So I was really scared and then I got to school and then I didn’t want to go, the bell rang and everything, and I didn’t want to go inside... I was thinking about it the whole day at school...”

IV. Discussion

The ripple effects of immigration enforcement policies in the U.S. extend beyond the undocumented, detained, and deported individual, with considerable impact on the mental health of citizen and undocumented children. As Suárez-Orozco and colleagues (2011) indicate:

“Permanently encircling millions of children and youth behind a barbed wire of liminality is counter to fundamental democratic ideals, the values we share as Americans, and the core tenets of our civilization. It is, above all, the atavistic punishing of children for the “sins” of others” (p. 465).

As our study further indicates, undocumented youth and children of undocumented parents experience a considerable number of mental health problems that if not caused by, are likely to be aggravated by present inhumane immigration enforcement policies and activities. Although this study was not designed to establish causality between immigration enforcement activities and the children and adolescents’ mental health, given the present status of U.S. immigration policies described earlier, it should not be surprising that the most common borderline and clinical problems the children and adolescents reported consisted of attention problems and those involving being withdrawn, depressed, and anxious. How can children go about their daily lives and grow healthy when they are preoccupied, worried, and saddened by the fear (and in many cases reality) that someone in their family, including themselves, could be

arrested, detained, and/or deported? Sadly, their experiences of mental health problems are compounded in light of the tremendous challenges these youth and their families face trying to access and receive mental health services (Sommers, 2013).

This small descriptive study cannot provide nationwide prevalence rates of mental health problems experienced by the children of mixed-status families in the U.S. nor can it establish causality among the variables investigated. However, informed by epidemiological theories of the social production of disease and lifecourse theory (Krieger, 2004; Kuh, Ben-Shlomo, Lynch, Hallqvist, and Power, 2003) whereby exposure to multiple risk factors is expected to have a cumulative effect, and that risk and protective factors can modify and potentiate one another, the present study adds evidence to the growing concern of the negative impact of current U.S. immigration policies. If these policies do not change, the extreme distress and untreated mental health problems experienced by millions of children in the U.S. will remain a hidden and serious public health epidemic with a heavy human and economic cost for immigrants, their families, and society broadly.

Solutions and Practices

There is a need to consider both the individual experience of migrants as well as the broader social environment when considering a positive and inclusive integration of new immigrant populations (Mircea, 2008). In many cases, this requires a nuanced understanding of the difficult decisions new immigrant parents and families confront in attempts to balance social and cultural values with economic demands amid political disenfranchisement. For example, South Asian mothers living in the United Kingdom must navigate between providing a stable home environment by avoiding work outside the home and providing economic support for their children by leaving the home for work (Wigfield and Turner, 2012). State-based and civil society programs that promote the inclusion of new immigrant population while also taking into account and, indeed, celebrating the skills, knowledge, and diversity that new immigrants provide have proven successful in collaborating with migrants to address tensions associated with life and work in a new social environment (Otovescu, 2012).

However, while an emphasis on cultural diversity and relativism is certainly a positive step when considering the integration of immigrant populations, it must be acknowledged that much research addresses the integration of immigrants that are legally permitted to remain in the country. Understanding how health and mental health providers, educators, and policy makers alike are engaging with undocumented populations is crucial, especially given the increasingly anti-immigrant political environment within the U.S. and the EU and the patchwork of services that alternatively include and exclude them. Largely following the terrorist attacks of 2001, the U.S. has adopted an immigration enforcement and deportation paradigm that tends to portray undocumented migrants through a lens of “illegality” and “criminality” (DeGenova, 2002). Examples of these perspectives include the passage of anti-immigrant legislation in the U.S. states of Alabama and Arizona, the integration of local law-enforcement into immigration enforcement via the Secure Communities program, and the record breaking deportation statistics which drive undocumented families

further into the shadows (ACLU, 2011; Androff and Tavasoli, 2012; Chavez, 1998; Theodore, 2013). Policies such as these foreclose a great deal of integration into the social landscape of the United States and require stakeholders interested in improving the lives of immigrants, particularly undocumented immigrants, and policymakers to come up with creative and collaborative solutions that counterbalance punitive and exclusionary immigration policies.

Kenneth Jameson's work on the Utah Compact, which provides undocumented migrants living in the State of Utah with driving privilege cards and promoting migrants to participate politically despite their inability to vote, is exemplary (Jameson, 2012). Jameson's work illustrates that policies that promote a welcoming environment for undocumented migrants can have significant positive economic and health impacts, as undocumented migrants are encouraged to access services and engage politically to advocate for their needs. The Washtenaw Interfaith Coalition for Immigrant Rights (WICIR), a research partner in this project, also serves as a model for engaging holistically with undocumented immigrants to address concerns collaboratively at various levels. Of the many educational and advocacy activities WICIR has been involved in, one consists of lobbying the State of Michigan leadership to allow undocumented immigrants with DACA (Deferred Action Childhood Arrival) status to get drivers licenses. They are currently working on a project to provide a county photo ID given that the new prohibition on drivers' licenses to undocumented immigrants in the past few years has left many people without adequate identification. Another example consists of the numerous meetings WICIR has had with local police and sheriff department officers, as well as communication with the leadership of ICE, to request that they focus their work on pursuing and detaining individuals who commit real crimes instead of targeting the undocumented community.

Throughout the country, there have been other attempts at increasing (or preventing) social integration of undocumented immigrants. Federally, President Obama has instituted Deferred Action for Childhood Arrivals (DACA), a discretionary determination that grants renewable two-year reprieve from deportation and the eligibility to work for undocumented immigrants that, among other criteria, arrived in the U.S. before age 16 and graduated or will graduate from high school. The work permit has provided many undocumented youth the opportunity to work formally and integrate more deeply into society without the fear of deportation. At the state level, many universities and colleges have changed their policies to grant in-state tuition to students regardless of citizenship status, increasing college access for undocumented students (Dougherty, Nienhuser, & Vega 2010).

Indeed, attempts to positively influence the health of undocumented immigrants and mixed-status families must confront the categorical exclusion of undocumented immigrants from the Affordable Care Act, the most recent and widespread legislation aimed at providing health insurance to uninsured individuals and families. DACA, similarly, while deferring the possible deportation of certain undocumented youth, offers no protection to their parents and does not provide them with any additional health care access and offers no further protection to their parents. Thus, attempts on the individual level to integrate socially while family members are detained and deported are met with inordinate challenges.

V. Conclusions

More research is needed to understand the effect of immigration practices on the mental health of mixed-status children and the ways by which these children and their families can have access to mental health services they critically need. Perhaps more importantly, however, is the need to prevent these mental health problems from occurring in the first place. In this paper we argue that this can best be accomplished by creating more humane immigration policies and practices. Grass root efforts that involve widespread coalitions can result in important changes at the local and national, and even international levels ranging from getting schools to pay more attention to the mental health needs of mixed-status children and encouraging local health centers to pay closer attention at how their organizations provide services to socioeconomically, linguistically, and culturally diverse populations. Grass-root efforts can also lobby or pressure elected officials to pass state and national laws that help these children become more integrated, and not isolated and disenfranchised, into their host society. In the end, all citizens, not just undocumented immigrants, stand to gain with more humane immigration policies.

Acknowledgements:

This work was supported by a grant from the School of Social Work Curtis Research and Training Center, University of Michigan. We gratefully acknowledge the help and contributions of the families who participated in this study, at some risk to their own safety. In addition, we want to thank the Washtenaw Interfaith Coalition for Immigrant Rights for their guidance and their unwavering commitment to improving the human rights of vulnerable populations.

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List of Acronyms

ACLU	= American Civil Liberties Union
DACA	= Deferred Action for Childhood Arrivals
EU	= European Union
ICE	= Immigration and Customs Enforcement, an agency of the United States Department of Homeland Security
MPI Europe	= Migration Policy Institute Europe (MPI Europe)
PICUM	= Platform for International Cooperation on Undocumented Migrants
YSR	= Youth Self-Report
UN	= United Nations
U.S.	= United States
WICIR	= Washtenaw Interfaith Coalition for Immigrant Rights