

# The Effects of Forced Family Separation in the Rio Grande Valley

A Family Unity, Family Health Research Update



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## Executive Summary

The Rio Grande Valley sits on the southernmost tip of Texas, next to Mexico. The Valley is composed of several counties, towns, and *colonias* or neighborhoods that form part of a growing and robust economy. Families in the Valley are typically close knit, and most are composed of people of Mexican descent. Families may have roots in the Valley spanning months, years, or even generations.

Because of the Valley's proximity to the Mexico border, its location in the state of Texas, and the racial and ethnic makeup of its inhabitants, many Valley communities experience day-to-day impacts of anti-immigration policies and anti-Mexican rhetoric in the US.

In this report, we assess the health and equity impacts of how everyday activities, like driving, can result in severe consequences for children and families in the Valley. We used in-depth interviews, focus groups, and a survey of more than 200 Rio Grande Valley residents, along with a review of existing research and quantitative estimates of those affected in the Valley.

You never know when ICE is going to come and take people ... And even though we're protected, my brother and I with DACA, we know that even if we just ... do a 5-second stop [while driving] we're going to get deported. So we live in fear.

### Aidee

*Rio Grande Valley college student*

### Local law enforcement practices threaten family unity

Rio Grande Valley families may be composed of parents or kids with different documentation statuses. A **mixed-status family** includes at least one child who is a citizen — or has protected status as an immigrant — and at least one parent who is an undocumented immigrant. An estimated 75,000 children in the Rio Grande Valley live in mixed-status families.\*

About 8 out of 10 people in the Valley are of Mexican descent.<sup>1</sup>

ICE deported 2,800 Rio Grande Valley residents in 2017.\*

\* See Appendix D for background on calculation.

Approximately 1,800 US-born kids in the Rio Grande Valley had a parent deported by immigration officials in fiscal year 2017.\* Local police played a role in many of these forced family separations through their collaboration with immigration officials.

Many of the recent deportations in the Valley are occurring within the context of a contested state law known as Senate Bill 4 or SB4. In essence, SB4 forces local law enforcement officers to do the work federal immigration officials are tasked with. This, coupled with ICE's approach to deport everyone without documentation regardless of their standing in the community, is creating a harmful domino effect for families and communities across the Valley.

## Fears of deportation and family separation harm child health

**The incidence of childhood PTSD is potentially higher in the Valley.** Our survey found nearly 1 in 5 children of all survey respondents (regardless of immigration status) experience symptoms of post-traumatic stress disorder (PTSD), compared with 1 in 20 children in the US.

**The threat of a parent's detention or deportation is a toxic stressor.** Toxic stress changes the biology of a child's brain, including areas of the brain that deal with aspects like attachment or fear, and does so in ways that cannot necessarily be repaired.<sup>2</sup> Our study found that within our survey respondents, 1 in 4 children of undocumented parents in the Valley experience stress because of a parent's immigration status, compared to 1 in 10 children of parents with a protected status.

**Immigration stress impacts kids' school success.** Our survey found that 40% of undocumented respondents have a child who shows symptoms of school avoidance anxiety, compared to less than one-third with protected status and one-fifth among people with citizen status. Almost one-fourth of undocumented parent respondents reported that their child had trouble keeping up grades, compared to 4% of protected status parents.

## Fears of deportation and family separation harm adult health

Our research shows that adults in the Rio Grande Valley are also experiencing mental and physical health challenges, from anxiety to difficulty accessing medical care. Our survey findings show that the threat of detention and deportation harms the mental health of adults with undocumented status.

## Recommendations to promote health and safety

We recommend a *public health approach* to local law enforcement and policymaking, to ensure both the safety and health of Rio Grande Valley residents.

1. **Prioritize local police resources toward local law enforcement issues instead of assisting immigration officials**
2. **Increase use of "cite and release" practices during standard traffic stops**
3. **Accept alternative forms of identification for traffic stop procedures**

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# Acknowledgments

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## Introduction

The Rio Grande Valley in Texas neighbors Mexico. As such, it has a rich history as a fluid “border culture” where people travel back and forth across country borders to eat, shop, and visit relatives. The Valley also hosts the largest immigration processing center in the US, along with several other large immigration stations operated by the US Customs and Border Protection agency. With national rhetoric around building a new border wall and changing state immigration enforcement policies, Valley residents are living at the epicenter of the immigrant deportation and forced family separation crisis taking place in the United States.

In 2017 alone, ICE deported an estimated 2,800 residents from the Rio Grande Valley. The approach by ICE to deport everyone without documentation — regardless of their standing in their community — ignores the effects deportations have on the families left behind, and on the broader Valley community.

Many of the recent deportations in the Valley are occurring within the context of a 2017 Texas law, known as Senate Bill 4 or SB4, that in essence forces local law enforcement officers to do the work federal immigration officials are tasked with. Parts of the law are still being debated in the courts and as of the writing of this report officers still have the right to decide whether or not they do federal immigration work. This report finds that segments of this law — and misinformation about its enforcement — are leading to preventable health impacts on children and families in the Rio Grande Valley.

## Immigration Stress Is a Determinant of Health

Although health care and individual behaviors undoubtedly influence health and well-being, more than 50% of our health is actually determined by social and environmental conditions,<sup>3</sup> or the social determinants of health. These are shaped by environmental, economic, and social policies, which can either help build healthier communities or harm them.<sup>4</sup> Immigration stressors — such as living in fear of deportation, being detained for immigration-related reasons, having a family member deported, and experiencing discrimination because of one's immigration status — can affect an individual's health in profound ways. Social policies and practices in place in the Rio Grande Valley are causing many families to experience immigration stress, which in turn is impacting the health of entire communities.

### *Somos Familias Integradas.* We Are Integrated Families.

Many families in the Rio Grande Valley are *familias integradas*: integrated families. Typically close knit, these families draw strength from their togetherness. For Olga and many others, this family unity is what makes the threat of permanent family separation hang so heavy on their hearts. Families like Olga's, known as *mixed-status families*, have a lot at stake if a parent is deported. A parent's deportation can turn into permanent family separation, since many parents — dedicated to their children's health and educational aspirations — wouldn't let their children come with them if they were deported.

This report lifts up how everyday activities, like driving, can result in severe consequences for children and families in the Valley. A minor traffic stop can snowball into the detention or deportation of a Rio Grande Valley community member. We chronicle how current practices around **traffic stops, identification (ID) cards, and immigration enforcement** are affecting the health and safety of the entire Rio Grande Valley.

These immigration-related stressors are causing children and families — including documented and undocumented people — to experience anxiety, withdrawal, and depression. Individuals under pressure from these factors are changing their behavior in ways that range from benign to life threatening, and the culmination of these experiences can have lifelong consequences to their health, education, and future livelihoods.

### Mixed-status family:

Includes at least one child who is a citizen — or has protected status as an immigrant — and at least one parent who is an undocumented immigrant. An estimated 75,000 children in the Rio Grande Valley live in mixed-status families.\*

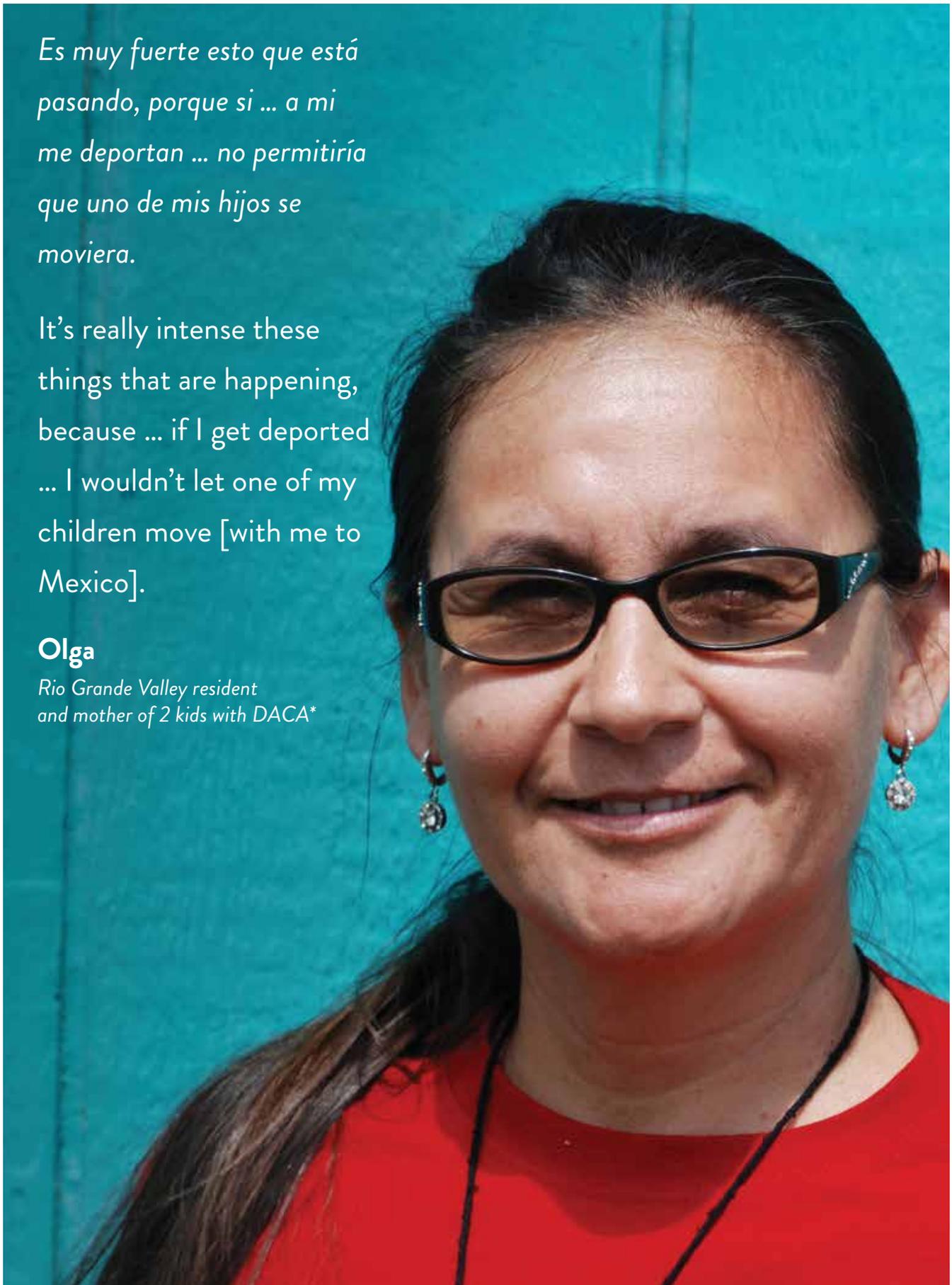
\* See Appendix D for background on calculation.

*Es muy fuerte esto que está pasando, porque si ... a mi me deportan ... no permitiría que uno de mis hijos se moviera.*

It's really intense these things that are happening, because ... if I get deported ... I wouldn't let one of my children move [with me to Mexico].

### **Olga**

*Rio Grande Valley resident  
and mother of 2 kids with DACA\**



\* DACA refers to the Deferred Action for Childhood Arrivals program, a federal-level program that gives undocumented youth who were brought to the US as young children a work permit and protects them from deportation for 2 years.

## About This Report

This report examines what happens to individual and family health when a simple encounter — like a traffic stop — with local law enforcement snowballs into potential detention and/or deportation. We researched the effects on the health of children, parents, and families who live in the Rio Grande Valley when they live in fear of a parent or household loved one being deported, or if they've already experienced forced family separation as a result of deportation.

Our methods to measure and analyze the impact of detentions and deportations on children and families in the Rio Grande Valley include:

- A survey of **212 Rio Grande Valley adult residents** impacted by the immigration system
- A set of 3 focus groups with Valley individuals impacted by the immigration system (with a total of **31 participants**)
- A set of **8 in-depth interviews** with medical, education, and business professionals in the Valley
- A review of research on the social and health impacts of immigration policies
- Quantitative estimates of adults and children affected in the Valley

Our approach is to assess this immigration policy issue through a public health lens, to understand its health equity implications in the Rio Grande Valley. At Human Impact Partners, we use the following definition of health equity: “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health — such as poverty, discrimination, and deep power imbalances — and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”<sup>5</sup>

Within this frame, we see the rise of traffic stops in the Rio Grande Valley leading to immigration questioning, detention, and deportation creating an obstacle to health equity for Valley communities. As such, we focus our research and related recommendations to better understand this particular set of health inequities.

Appendices A through D include a detailed description of report methods.

### Family separations at the border: McAllen in the news

While this report focuses on the health impacts of families already living in the Rio Grande Valley who live in fear of being forced apart, we recognize that the Valley is also dealing with other forms of forced family separation and trauma.

Between April and May 2018, the US government separated nearly 2,000 immigrant children from their parents as they entered the US after crossing the US-Mexico border. Many of these migrant families were fleeing violence in their home countries and trying to reach safety for their children. In the weeks that followed, the entire Rio Grande Valley region was particularly under the media spotlight as many of the people detained were held at facilities in McAllen and Brownsville. As of this report's publication, nearly 500 of these children are still waiting to be reunified with their families.<sup>6</sup>

## Mixed-Status Family and Other Important Terms

In this report we define a *mixed-status family* as one that includes: 1) at least one child who is a citizen or has protected status as an immigrant, and 2) at least one parent who is an undocumented immigrant. An estimated 75,000 children in the Rio Grande Valley live in mixed-status families, where one or more of their parents is undocumented.\*

There is a growing body of research on the health impacts of deporting a parent of a US-citizen child, including the 2013 report we authored that this document updates and expands upon, and that summarized evidence about the harms to health of detention and deportation in the US.<sup>7</sup> Much of the national conversation and research on these health impacts has focused on children living in mixed-status families, because the vast majority of children who live with at least one undocumented parent are themselves US citizens.

Though this report focuses on people in mixed-status families because there is more data for this particular community, we acknowledge the deep and real effects also experienced by people living in families where both children and parents have undocumented status — some of which have been captured through our survey data.

At times in this report, we alternate between talking about mixed-status families and specific categories of people grouped by their individual status. We use the categories *citizen*, *protected*, and *undocumented* to describe findings from our surveys. These categories include the following groupings by a person's status:

- **Citizen:** a person who was born in the US or is a naturalized citizen
- **Protected:** a person who has lawful permanent residence (LPR) or Deferred Action for Childhood Arrivals (DACA) status
- **Undocumented:** a person who is an immigrant without protected status

One reason that this report looks at survey results by these 3 categories of status is to acknowledge how the current political climate is reshaping what it means to have citizen or protected status. Even for people who currently have protected status, federal-level discussions on changes to LPR or DACA status cause individuals to live daily with the possibility of losing their protected status — potentially putting them at risk for deportation overnight. Another reason is that research has found that children whose parents are (or can be) directly affected by detention or deportation tend to experience a range of psychological, social, and academic risks more deeply than children of parents with protected status.<sup>9</sup>

## About the term Latinx in this report

We use the word Latinx in this report as a gender-neutral alternative to Latino/a. While it is the language choice in this report, we recognize the nuances of this choice. The US Latinx population is immensely diverse, with people originating from within the United States, US territories, and North, Central, and South America. While the majority of Rio Grande Valley Latinx residents are of Mexican or Mexican-American descent, residents also hail from El Salvador, Guatemala, Honduras, and other Central and South American countries. Latinx sub-groups tend to live in different areas of the US, and may have different cultural practices/norms, different immigration experiences, and varying health status.<sup>10</sup>

We also recognize that there are other ways to identify besides Latinx or its derivatives, and each carries with it a specific meaning. For example, other ways people who completed our survey identified themselves included Mexicano/a, Hispanic or Hispano/a, Blanco/Hispano or Blanca/Hispana, Indigena, Chicanx, El Salvadorian, or mestizo.

\* See Appendix D for background on calculation.

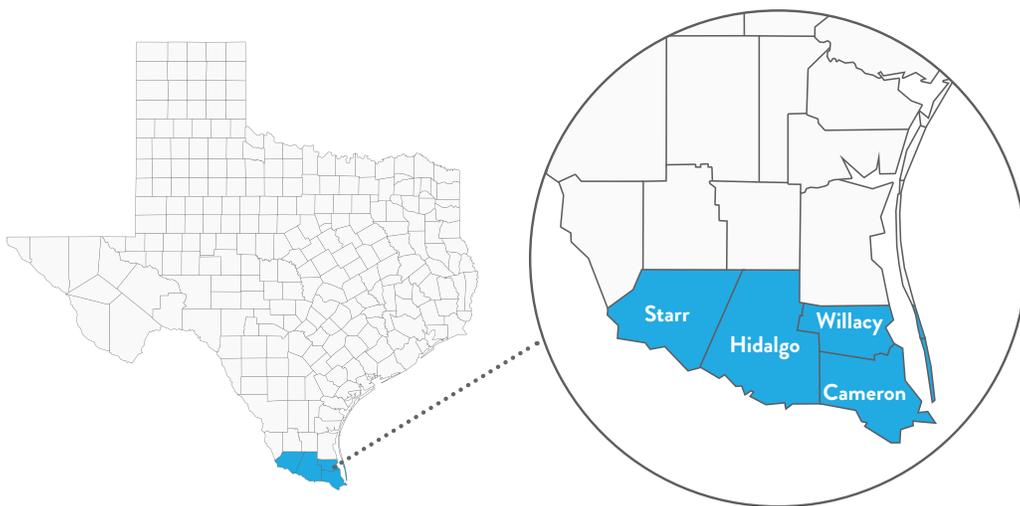
## Meet the Rio Grande Valley

The kiddos are going to come back and help out the community in one way or another. And I say that because my parents came from Mexico [without documents].

### Roel Faz

*Principal, Cesar Chavez Elementary*

The Rio Grande Valley is located in the southernmost part of Texas on the US border with Mexico. It encompasses 4 counties — Cameron, Hidalgo, Starr, and Willacy — and is home to roughly 1.3 million people. Deep economic, historical, and cultural connections connect the Valley to both the US and Mexico, with strong business partnerships and family ties spanning both sides of the border. For some members of the community, there isn't much difference between the Valley on the US side and the Valley on the Mexico side — which is reflected in its shared language, food, music, art, and culture.



Through property and sales taxes, immigrant families help pay for schools, roads, and other Valley infrastructure. Through their workforce contributions, entrepreneurship, and consumer spending power — the driving force behind economic growth — immigrants contribute to a growing and robust economy in the Valley.

Leaders in business, education, and public health uplift the contributions of immigrant families in the Rio Grande Valley community. Some children of immigrants, like Roel, grow up to be educational professionals and lead top-tier schools. Others start and run small businesses, helping to fuel the local economy.

Valley residents either live in the larger cities like Brownsville, McAllen, Edinburg, and Pharr or in one of thousands of *colonias* — unincorporated, rural communities beyond the edges of the nearest cities and towns. Its cities are known as great places to live. McAllen, the largest city in Hidalgo County, was ranked among the best places to retire in the US based on the local job market, happiness, housing, health care, and retiree taxes.<sup>11</sup> It's also home to one of the top-grossing malls in the US. And Brownsville was named the city with the safest drivers in America in 2018, with McAllen following close behind in 10th place.<sup>12</sup>

## Access to health care is very limited in some parts of the Valley

While there are many positive aspects to life in the Valley, not all residents have the same access to opportunities, medical care, and social services. According to the federal Health Resources and Services Administration, many people in the Rio Grande Valley are impacted in some way by a shortage of health care services and health care providers.

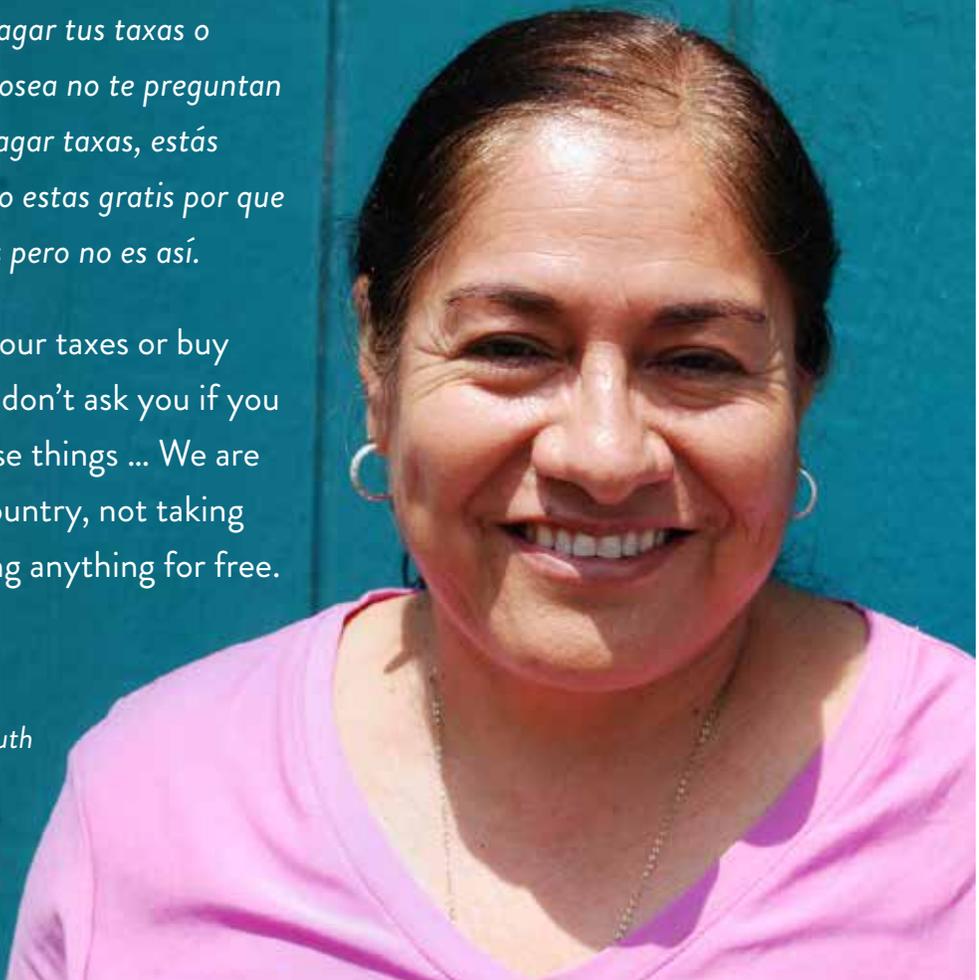
Both Cameron County and Hidalgo County are designated as Health Professional Shortage Areas in regards to mental health resources and providers, and Starr and Willacy Counties are both designated as High Needs Health Professional Shortage Areas for mental health, dental health, and primary care.<sup>13</sup> Additionally, some cities and areas in the Valley are designated as Medically Underserved Areas or Medically Underserved Populations, defined as areas that have “too few primary care providers, high infant mortality, high poverty or a high elderly population.”<sup>14</sup>

*Por que cuando vas a pagar tus taxes o comprar en una tienda osea no te preguntan si tienes papeles para pagar taxes, estás contribuyendo al país no estas gratis por que generalizan uno a todos pero no es así.*

When you go to pay your taxes or buy things in a store, they don't ask you if you have papers to do those things ... We are contributing to this country, not taking away. We aren't getting anything for free.

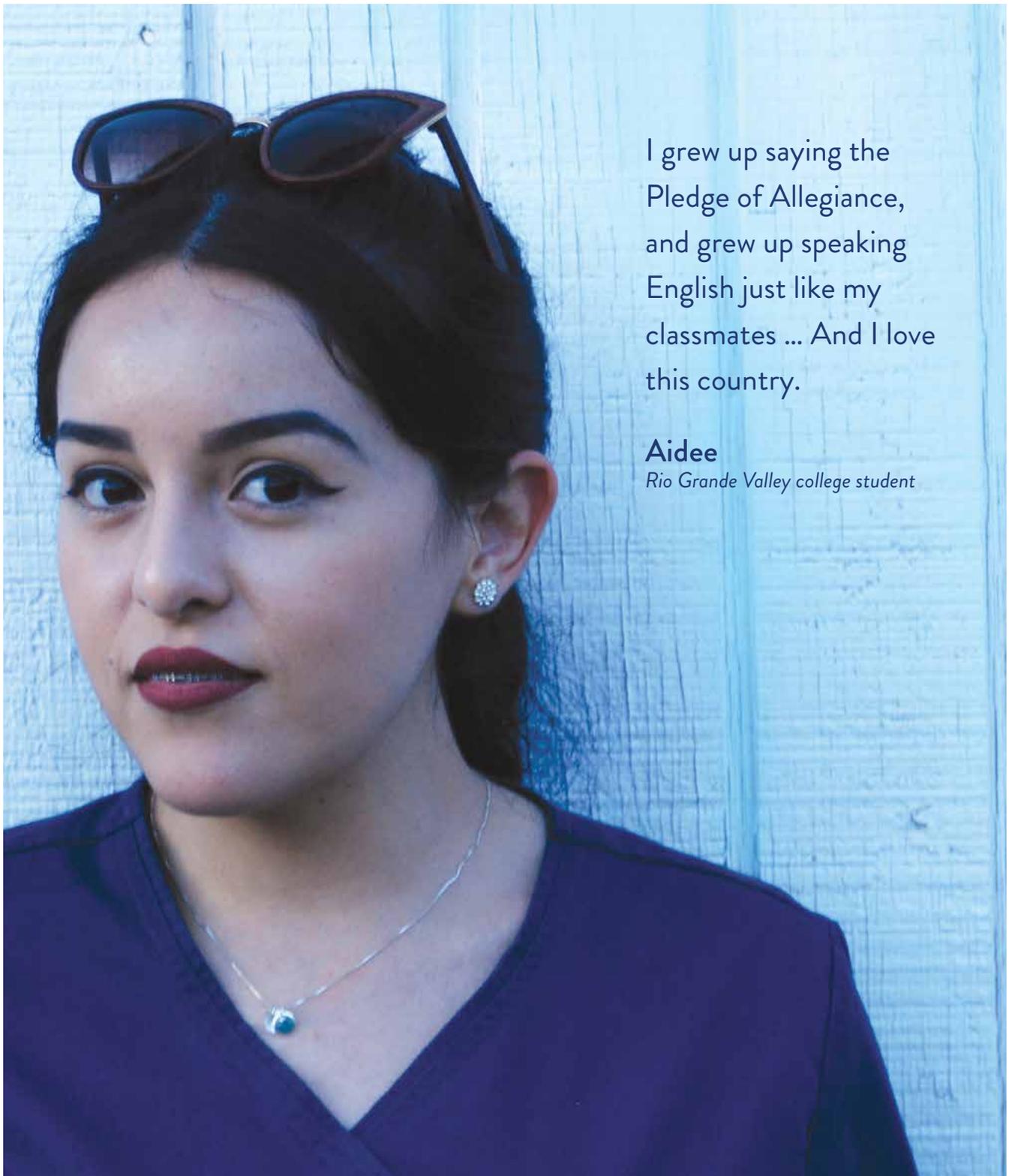
### **Alberta**

*Rio Grande Valley resident  
and mother of 2 DACA youth*



## Everyone contributes, regardless of immigration status

In contrast to anti-immigrant and anti-Mexican rhetoric, immigrants often give more than they take — immigrant families use public services such as welfare benefits, Medicaid, WIC, and food stamps less than families with US-born parents.<sup>15</sup> Research also finds that DACA-eligible individuals in Texas pay more than \$313 million annually in state and local taxes.<sup>16</sup> This mirrors the estimated 11 million undocumented immigrants living and working in the United States who contribute more than \$11.7 billion in state and local taxes, according to a 2017 report.<sup>17</sup>



I grew up saying the Pledge of Allegiance, and grew up speaking English just like my classmates ... And I love this country.

**Aidee**

*Rio Grande Valley college student*

Many immigrant and DACA youth in the Valley are just like Aidee: they have grown up going to local schools, have their eye on finishing college, and are part of local faith and community groups. They care about their families, and they contribute to their community. And just like Aidee — who is part of a mixed-status family — many Valley youth are struggling in today's political atmosphere. Children in mixed-status families worry daily that their siblings or parents might be deported without any warning.

# Local Policies Threaten Family Unity

An investigation by the ACLU of Texas found that immigrants are being pulled over for trivial reasons as pretext for checking a person's identification or to see if they were involved in more serious crimes.<sup>18</sup> The ACLU finds that this isn't a new practice.<sup>18</sup> What is new is the role local police are playing in immigration enforcement — and the numbers of Valley residents being handed off to federal immigration officials.<sup>18</sup>

## Three key changes have led to local law enforcement taking on a deeper role in immigration in the Valley:

1. Texas limits who can get a driver's license
2. State troopers refer more Valley residents to immigration officials
3. State law (SB4) encourages collaboration with immigration officials

## Examples of reasons for being pulled over by police in Texas:

- Dark tinted windows
- Improperly placed license plates
- Not signaling a lane change
- Rolling through a stop sign

My nephew who came here when he was 10 [was] stopped ... for a traffic violation ... He gave them his Mexican ID so the cop called immigration. He was detained ... Thank god we were able to get him out ... I remember he arrived here crying. He said they had him in like a freezer. That it was horrible and he had never been through anything like that. He said he didn't know what would have happened to him if we hadn't gotten him out ... We got a lawyer in there and were able to stop the deportation. But this young person, my nephew, was left traumatized by this and I tell him he needs to get psychological help but he says he can't afford it. He has now gotten married and is working at [a supermarket] and now has DACA.

### Criss

*Rio Grande Valley resident and mother in a mixed-status family*



## Texas Limits Who Can Get a Driver's License

In the US, people are required to show a valid form of identification (ID) to do basic things that can support health and everyday life, like renting an apartment or buying a home, cashing a paycheck, enrolling children in school, or getting medical care.<sup>19</sup> As the Center for American Progress describes, ensuring that everyone has access to ID benefits entire communities.<sup>19</sup>

One example of identification that a state can issue is a driver's license. Yet since 2008, the Texas Department of Motor Vehicles has had a policy mandating that no one can get a driver's license without showing that they are in the US legally.<sup>18</sup> In a region with incredibly limited or nonexistent public transit, this forces many people to drive without a license to go to work or take care of necessary errands, like grocery shopping or picking up children from school.<sup>18</sup>

### Widening access to identification cards

Issuing local ID cards allows undocumented people to access services that may otherwise not be available, and that are critical to health. At least 12 states plus Washington, DC, and Puerto Rico have passed laws to allow undocumented immigrants to get driver's licenses and driving privileges.<sup>20, 21</sup>

Research shows that providing universal access to driver's licenses makes it much more likely that every person behind the wheel of a vehicle has passed a driving test and has auto insurance, it gives US-citizen children greater access to health care and education services, and it helps local service providers, such as law enforcement and health care providers, to provide protection and basic health care services by making it easier to identify the people with whom they interact.<sup>19</sup>

Preliminary research provides evidence of benefits to offering driver's licenses. One study found that providing driving privileges to undocumented immigrants in California did not increase the total number of accidents or fatal accidents, but it did reduce the likelihood of hit-and-run accidents, improving traffic safety and reducing costs for California drivers.<sup>22</sup>

In addition to driver's licenses, cities are exploring the use of alternative forms of identification. They include, but are not limited to, student identification cards, driver's licenses issued by the government of another country, consular ID cards and other identification documents issued by the government of another country, association membership cards, and bills/correspondence with the individual's name and address. Places as varied as Cincinnati, Ohio; Kalamazoo, Michigan; Greensboro, North Carolina; Bexar County, Texas; and more accept various forms of alternative IDs for different services.<sup>23, 24, 25, 26</sup> In Greensboro, North Carolina, one year after the alternative ID program began, local law enforcement officials stated that "a dozen serious crimes had been reported and resolved by participants in the FaithAction ID program"<sup>26</sup> — in essence, lifting up how an entire community benefits when all members feel safe identifying themselves to law enforcement officers in order to report and help solve incidents in the community.

As more cities issue alternative IDs, best practices are emerging. Philadelphia plans to follow other cities in marketing IDs to everyone, to make them stigma free.<sup>27</sup> There is also concern and conversation about best practices for protecting the identity of people who use these IDs, including many people who are undocumented or marginalized. To address this concern, in Providence, Rhode Island, the city views but does not collect copies of documents that an applicant provides as proof of identity or residence.<sup>28</sup>

## State Troopers Refer More Valley Residents to Immigration Officials

The second change leading local law enforcement to take a deeper role in immigration is that as federal funding under the Department of Homeland Security made its way to states, in 2008, the Texas legislature began setting aside money for “border security.”<sup>18</sup> Over time, the state’s budgets for border security soared to \$800 million for 2018 and 2019.<sup>18</sup> Simultaneously, traffic citations and warnings in border counties skyrocketed.<sup>18</sup> Previously, state troopers exercised discretion and often gave people citations or warning tickets rather than arresting them.<sup>19</sup> This practice changed in November 2016, and state law enforcement officials began arresting more people during traffic stops and referring many long-time Texas residents to immigration officials.<sup>18</sup>

This had a particular impact on the Rio Grande Valley. State troopers have increasingly targeted residents in the Rio Grande Valley for traffic stops and referrals to federal immigration officials.<sup>29</sup> According to a media review of state data, from October 2017 through March 2018, state troopers from the Department of Public Safety detained people in Cameron County at least 58 times and then handed them to federal immigration officials, affecting at least 115 people and 4 families.<sup>29</sup> For the past 2 years, the state has also been sharing the names of people to whom troopers issued citations, so federal officials could cross-check the names with citizenship records.<sup>29</sup>

## State Law Encourages Collaboration with Immigration Officials

The third change leading local law enforcement to take on a deeper role in immigration was the passage of Texas Senate Bill 4 (SB4). Signed into law in May 2017, SB4 is a state law in Texas that made it a crime for local law enforcement officers and public university or college campus enforcement officers to refuse to work with federal immigration officials — in essence forcing local law enforcement to do federal immigration work.<sup>30,31</sup> It also allows local law enforcement to check the immigration status of people they detain.<sup>31</sup> However, parts of the law did not go into effect, following challenges from advocates.

As of fall 2018, as described by the ACLU of Texas:<sup>31</sup>

- Local officials can still decide whether or when to assist in federal immigration enforcement, and will not face penalties for declining requests to assist federal immigration agents.
- Local officials are free to speak out against laws like SB4 that would require cooperation with federal immigration enforcement. For example, sheriffs and police chiefs can continue to speak publicly about why asking about immigration status is a poor police practice that harms public safety.

To reiterate, as of the writing of this report, it is not legally required for a local officer, such as a state trooper, to hold or turn over a person to federal immigration officials. The ACLU of Texas states: “If a local officer learns that someone is undocumented, he or she cannot arrest or continue to hold the person on that basis. The officer can provide that information to ICE, but is not required to do so and can choose not to.”<sup>31</sup> Yet local officers are going beyond their legal requirements and carrying out actions that are unnecessarily punitive.

## Survey Snapshot: Arrests for a traffic stop

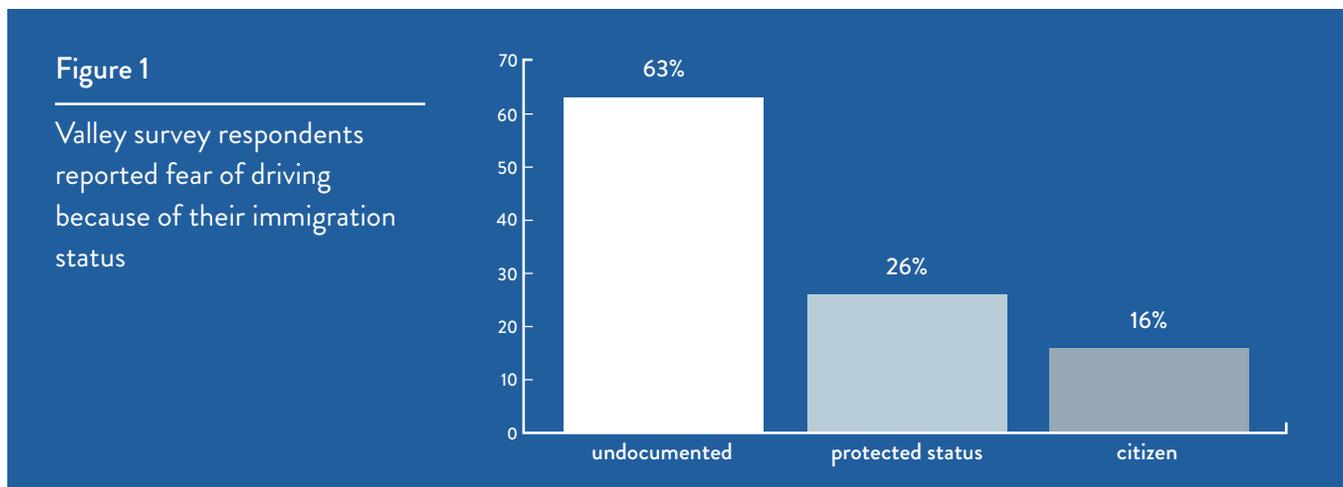
Our survey asked people about their experiences after being arrested for a traffic stop. More than one-fifth of undocumented people (n=16) reported they were detained or deported after being arrested for a traffic stop, and about one-seventh of people with protected status (n=6) had been detained or deported after a traffic stop.

## Law Enforcement Practices Cultivate Fear of Driving

Fear of potentially being deported because of a traffic-related stop has wide-ranging effects. It forces people to make decisions that range from the seemingly benign — like missing a child’s soccer game — to more dramatic choices like whether to go to a hospital in an emergency, use child care, drive to work, or undertake other activities to meet a person’s basic needs and sustain life.

## Survey Snapshot: People fear driving

Our survey asked people over age 18 about whether they feared driving because of policies targeting their immigration status. A greater proportion of undocumented people reported this fear compared to people with protected status or documented status. Specifically, almost two-thirds of undocumented people (n=58) feared driving in the Rio Grande Valley, compared to one-quarter of people with protected status (n=16) and one-sixth of people with citizen status (n=9).



Border checkpoints in the Rio Grande Valley further complicate the picture in a way that is specific to border regions. These checkpoints have caused families to miss out on a range of activities, including life-saving specialty care for their children. A medical provider describes how parents are forced to make an impossible choice of forgoing treatment for their children because they would have to drive through a checkpoint to access care:

Sometimes the kids that are born here, sometimes they need to go to San Antonio, Houston, one of the cancer centers ... But the parents aren’t allowed to go ... They are denied access to cross the checkpoint. Consequently the kids don’t get the treatment they need. We don’t have a lot of specialty down here.

### Samuel Peña

*Physician’s assistant, Rio Grande Valley*

The following sections of this report detail the variety of ways that fear of familial separation — or experiencing one or multiple separations — can affect health and well-being.

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# Fears of Deportation and Forced Family Separation Harm Child Health

My oldest son is the one who knows the most, he is 13 and sometimes tells me, “Don’t go out anymore, don’t go because ...” and I tell him that I have to go for things like groceries, but he still says, “Don’t go,” because if they get me what will they do and who will take care of them and everything. I tell him I have to go out anyways, but it really does affect them and it affects us too.

## Thalia

*Rio Grande Valley mother*

Studies report that immigrant children — regardless of their legal status or their parents’ status — express fear that they may be separated from parents and families by immigration-related arrest.<sup>33</sup> Our focus group participants reported experiencing daily fear of potential family deportation and the sudden disappearance of family members.

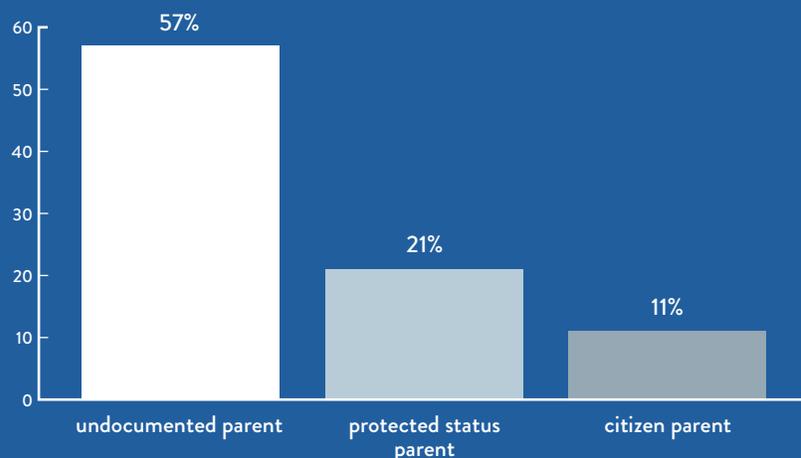
For many children those fears have been realized. We estimate that approximately 1,800 US-born kids in the Rio Grande Valley had a parent deported by immigration officials in fiscal year 2017.\*

## Survey Snapshot: Children fear their parents getting deported

Our survey asked whether the respondent’s child feared their parents getting deported. More than one-half of undocumented parents (n=36) reported that their child feared that their parents might get deported, compared to less than one-fifth of parents with protected or citizen status (n=9).

**Figure 2**

Parents reporting that their child fears a parent’s deportation (undocumented, protected status, citizen parents)



\* See Appendix D for background on calculation.

## Parents hold deep fear for children with disabilities, delays, or life-threatening conditions

Among children who may be particularly affected are those living with disabilities, developmental delays, or life-threatening conditions — children who may rely on their undocumented parents to support basic life-sustaining activities like eating.<sup>33</sup> Their parents and caretakers may live with a particularly acute sense of fear about how their children will be cared for should the parents be detained or deported, fearful of any activities that may put them on the radar of immigration officials.

*Si si afecta, como yo soy la unica que mi esposo es ciudadano y mis hijos también son ciudadanos — pero yo lo siento mas por que tengo a mi niña que está discapacitada, ella tiene un retraso mental. Una vez que me pesco inmigración estuve tres días y esos tres días estuve llorando por que mi niña y pues si se que esta mi suegra pero no es como madre cuidando a su hija. Si me llegan a pescar, yo se que sin la mama en el hogar todo se viene abajo y no quisiera que me pasara eso.*

I am the only one [who is undocumented] as my husband and children are documented. But I feel it more because I have my daughter who is disabled, she has a mental delay. One time immigration got me and I was [detained] 3 days and those 3 days I was crying for my daughter. My mother-in-law is around, but it's not the same as a mom taking care of her daughter.

### Thalia

*Rio Grande Valley mother*

## Threat of Parental Deportation Is a Toxic Stressor

You never know when ICE is going to come and take people ... And even though we're protected, my brother and I with DACA, we know that even if we just ... do a 5-second stop [while driving] we're going to get deported. So we live in fear.

### Aidee

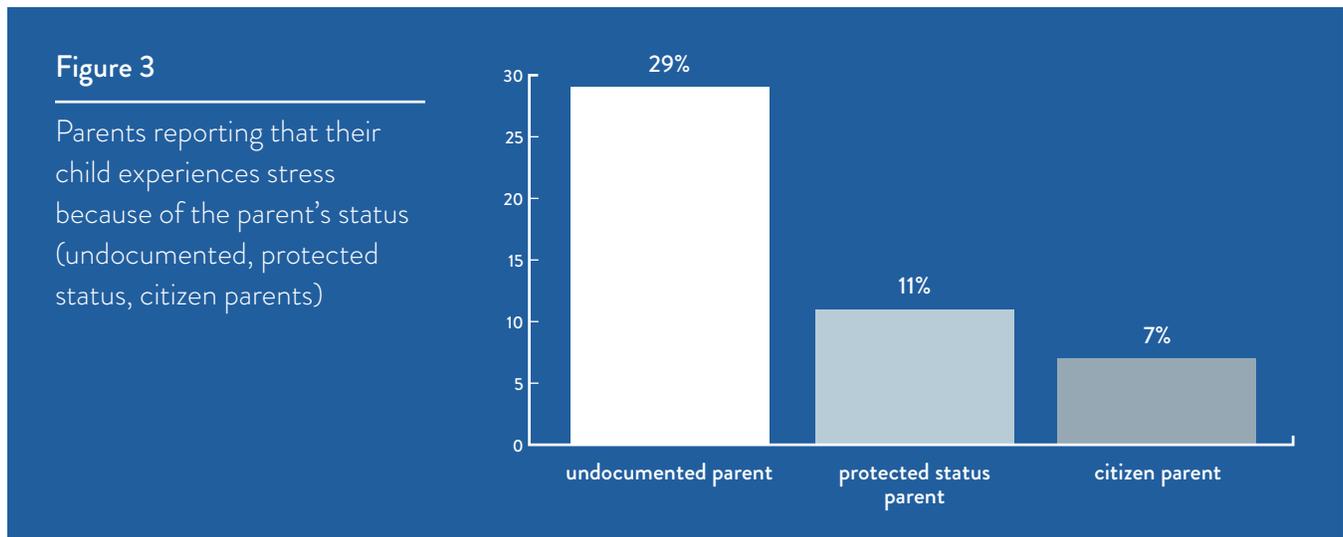
*Rio Grande Valley college student*

The fear of a parent or family member being deported affects a child's emotional health both immediately and far into the future.<sup>34, 35</sup> In a 2010 study, almost half of Latinx immigrant parents said the threat of deportation affected their child's emotional and mental well-being.<sup>36</sup> Research describes how fears can manifest in many ways, including stress.

## Survey Snapshot: Stress

In our survey, a greater number of undocumented parents reported stress among their children under age 18 because of policies targeting a parent's immigration status compared to parents with protected status and documented parents.

Specifically, over one-fourth of undocumented parents (n=18) reported that their child experienced stress because of a parent's immigration status, compared to about one-tenth among parents with protected status (n=3) and less than one-tenth among citizen parents (n=2).



## Stress Threatens Long-Term Health

### Distinguishing different kinds of stressors

Children and families in the Rio Grande Valley experience multiple and heightened levels of stress that can impact their health and well-being in the short term and in the long run. Racism, discrimination, fear of separation and deportation, and actualization of these events are examples of sources of stress.

A growing body of public health research describes how experiencing discrimination or racism — what are known in the field as social determinants of health — links to stress and ultimately harms health and creates health inequities.<sup>37,38</sup> Increasingly, research also finds that discrimination and stress at certain ages, such as among young children and youth who are still developing, can be more harmful than if a person experiences stress at other times later in the course of their life.<sup>37</sup>

### Toxic stress is particularly harmful to children's lifelong health and development

Many children experience difficult situations in life that can lead them to feel sad, lonely, and scared. These feelings are typical reactions to life's stressors. However, what is known as toxic stress is different from the more conventional, everyday stress, and threatens long-term health. Experiencing severe, prolonged adversity without adult support can lead to toxic stress.<sup>2</sup> When children are in a state of toxic stress their brains and bodies are continuously focused on immediate survival at the expense of other development and growth.<sup>39</sup> Toxic stress changes the biology of a child's brain, including areas of the brain that deal with aspects like attachment or fear, and does so in ways that cannot necessarily be repaired.<sup>2</sup> Children who live in a climate of discrimination, racism, separation, and deportation are especially at risk for the effects of toxic stress.

A growing body of research finds that the threat of a parent's detention or deportation is a toxic stressor.<sup>35</sup> Knowing that a parent can be or is absent removes the child's buffering system, which can make it harder for the child to cope and challenges their regulation. Decades of research shows that children who experience separation from a parent are at greater risk of poor health outcomes over the course of their lives, ranging from asthma or trouble sleeping to impacts on their ability to learn and adapt to stressful situations.<sup>2</sup>

Research shows that sensitive and responsive caregiving and other trauma-informed interventions can buffer the effects of toxic stress, helping to mitigate the physical and emotional toll of traumatic and disruptive events.<sup>2,40</sup> Even so, the most health-promoting approach to protecting a child's health is to keep families together and to reduce forced family separations.

### **Stress can affect a child even before they're born**

Stress caused by the threat of detention or deportation also has effects for children who have not yet been born. Following a large workplace raid in Iowa, babies born to Latinx mothers had a 24% greater risk of low birthweight after the raid compared with a year earlier, according to a study published in 2017.<sup>41</sup> The risk was found in both US-born and immigrant Latinx mothers, but was not found in their White counterparts.<sup>41</sup> Researchers describe that the stress surrounding immigration status can shift the hormones in a mother's body, triggering premature birth or low birthweight babies who were full term.<sup>42</sup> Low birthweight is important to children's health because it is associated with worse adult health, educational attainment, and earnings.<sup>43</sup>

### **Stress harms health in adults**

Most adults have sufficient resources to manage their stress, and a stressful situation is typically a short-term experience. On the other hand, chronic or unresolved stress in adults can damage health. This happens when stressful situations consistently overwhelm a person's ability to cope — particularly when a person feels they have little control over these situations.<sup>44</sup>

Chronic stress can lead adults to adopt behaviors that compromise their health, and can directly affect their body functioning.<sup>44</sup> After sustained stress, people's bodies can lose the ability to turn off the physical stress response, leading to “wear and tear” on the body's systems and organs.<sup>44</sup>

More specifically, stress affects the levels of certain hormones in the body, such as cortisol and adrenaline.<sup>45</sup> High levels of these stress hormones can help in the short term, preparing the body for a “fight or flight” response. However, experiencing high, sustained levels of these hormones can lead to problems over a person's life, such as high blood pressure, heart disease, or stroke. This kind of stress also interrupts the immune system, increasing people's risk for cancer and other chronic illnesses and increasing the risk for obesity, diabetes, and their serious health complications or exacerbating them in people already living with the conditions.

## **Stress Can Lead to Symptoms of Anxiety and Withdrawal**

Research describes how fears can manifest in many ways, including through mental health issues such as anxiety and depression and accompanying behavioral changes and psychosomatic symptoms, such as withdrawal and anger, problems sleeping and eating, or headaches and stomachaches.<sup>35,32,46,47</sup> Many of these same types of health consequences are also experienced by children whose parents have been detained or deported.

In a 2015 study, children with a deported parent were significantly more likely to show internalizing problems (such as anxiety or depression) and externalizing problems (such as aggression) than children whose parents were not deported or were in the process of deportation.<sup>48</sup>

We estimate that each year, approximately 800 US-born kids in the Rio Grande Valley will demonstrate signs of withdrawal, if deportations remain at current levels.\*

### Survey Snapshot: Anxiety

In the current political climate, pediatricians describe seeing more anxiety and panic attacks among children in immigrant families who are afraid that their parents may be deported.<sup>49</sup>

In our survey, one-fifth of undocumented parents (n=13) reported anxiety among their children because of a parent's immigration status, compared to about one-tenth among parents with protected status (n=3) and one-tenth among citizen parents (n=3).

The actual absence of a parent further disrupts the family context and relationships for a child. Psychologists have found that following immigration-related arrests there is a “pervasive sense of insecurity and anxiety,” which a 2010 Urban Institute study found led to mental health conditions such as separation anxiety, attachment disorder, and symptoms of post-traumatic stress disorder.<sup>50</sup> More than two-thirds of children ages 12 to 17 showed signs of withdrawal or detachment from other people 6 months after authorities arrested their parent for immigration reasons, according to the same study.<sup>50</sup>

### Survey Snapshot: Symptoms of separation anxiety

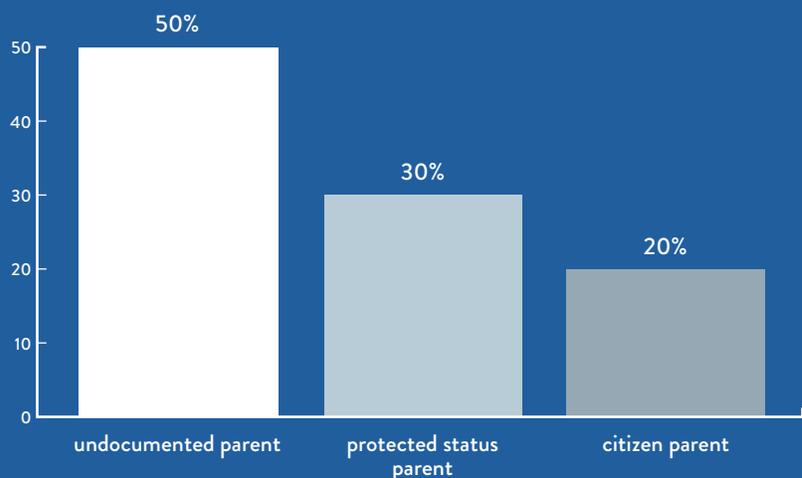
Using a tool to measure symptoms of separation anxiety in children, we found that among parent respondents with children under age 18, half of undocumented parents (n=16) reported that a child experienced symptoms of separation anxiety, compared to almost one-third of parents with protected status (n=3) and one-fifth of citizen parents (n=2).

These symptoms could include the following, based on the survey:<sup>51</sup>

- Getting scared sleeping away from home
- Following a parent wherever they go
- Worrying about sleeping alone
- Worrying or having nightmares about something bad happening to a parent or to themselves
- Fear of being home alone
- Not wanting to be away from family

**Figure 4**

Parents reporting symptoms of separation anxiety in their children (undocumented, protected status, citizen parents)



\* See Appendix D for background on calculation.

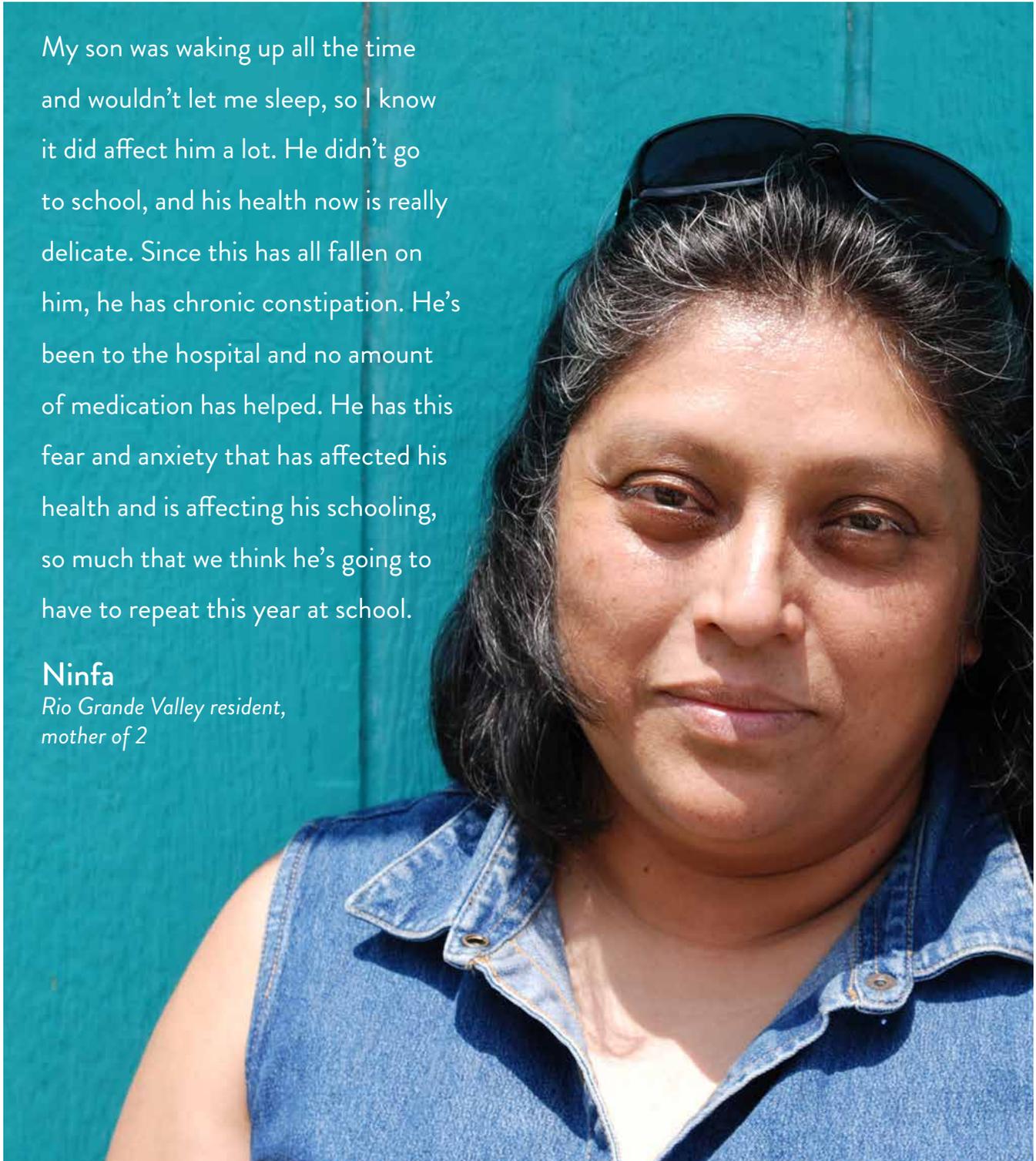
Research finds that children of undocumented parents show significantly higher risks than children of protected status parents of internalizing behavioral problems like anxiety, depression, low self-esteem, withdrawal, or a need for attention. They also show externalizing behavior problems such as rule breaking and displays of irritability and aggression.<sup>48, 52</sup>

One participant in our focus groups echoed these impacts, describing the anxiety and effects to her son's health after a State Trooper questioned her immigration status during a traffic stop:

My son was waking up all the time and wouldn't let me sleep, so I know it did affect him a lot. He didn't go to school, and his health now is really delicate. Since this has all fallen on him, he has chronic constipation. He's been to the hospital and no amount of medication has helped. He has this fear and anxiety that has affected his health and is affecting his schooling, so much that we think he's going to have to repeat this year at school.

**Ninfa**

*Rio Grande Valley resident,  
mother of 2*



The length and timing of a separation in a child's life matters, too. In the Urban Institute study, children who were separated from their parents and did not see them within a month had more behavioral changes than children who were reunited earlier with their parents.<sup>50</sup> Research finds that the longer a parent is detained, the worse the family does economically, psychologically, and socially — and the higher the possibility of worse developmental outcomes in citizen children.<sup>9</sup> Moreover, the timing of the separation in a child's life matters. In one study, separation for as short as a week within a child's first 2 years of life was related to higher levels of child negativity and aggression.<sup>53</sup>

## Family Separation Is a Potentially Traumatic Event for Youth

Forced parent-child separation and parental loss are known as potentially traumatic events that harm child mental health and academic success.<sup>54</sup> Potentially traumatic events can lead to post-traumatic stress disorder or PTSD, which is debilitating to a child's development and ability to function and is a costly public health issue.<sup>54</sup> In a recent study, researchers found that citizen children in mixed-status families whose parents had been detained or deported “experience more psychological distress and trauma compared to peers whose parents had no involvement with immigration enforcement” as well as “[h]igher levels of parent-reported PTSD symptoms.”<sup>54</sup> In addition, children who experience multiple risks during childhood — for example, family disruption, growing up struggling to make ends meet, and parents who have particularly high stress — experience behavior problems in adolescence.<sup>55</sup>

### Survey Snapshot: Symptoms of PTSD

In our survey, the percentage of parents who reported that their children had symptoms of PTSD did not vary greatly with the parent's citizenship status. Among all survey respondents who answered this particular question, we found that 19% (n=11) reported symptoms of PTSD among their children.\* There was not much variation across our categories of immigration status. By comparison, one study found that 5% of children ages 13–18 in the US have a lifetime prevalence of PTSD.<sup>56</sup>

In our survey, symptoms of PTSD could include:<sup>57</sup>

- Strong feelings in their body when they remember something that happened
- Staying away from people or places that remind them of something that happened
- Trouble feeling happy
- Trouble sleeping
- Difficulty concentrating
- Feeling alone and not close to people around them

Our findings differ from similar research on symptoms of PTSD in children of immigrants. Previous research suggests that children of parents involved in the immigration system experience more symptoms of PTSD than children whose parents are not involved in the immigration system — whereas our survey findings found similar levels of reported symptoms of PTSD in children of citizens and immigrants alike. This could be due to our sampling approach: the people who took the survey may be dealing with other stressors outside the scope of this study unrelated to their immigration status. Additionally, recent research has found that the health of the Latinx population on the whole is affected by anti-immigration policies — regardless of an individual's immigration status. This can manifest as stress stemming from structural racism, and the effects that anti-immigrant policies have on access to education, health care, housing, and other social determinants of health.<sup>58</sup>

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\* In keeping with how the original tool was developed and validated, we limited these results to parents who reported children ages 6–17.

## Unique health effects to people with DACA status or undocumented children

Research has found that there can be particular health effects for the many children who, although raised in the United States, experience uncertainty with their own status. For example, one study describes how Joaquin Luna Jr., an undocumented Mission, Texas, student, took his life as a result of the stress and despair he experienced because he felt his immigration status barred him from achieving his dream of going to college.<sup>60</sup>

In addition to its effect on health, the absence of a parent through separation can also affect a child's long-term sense of identity. As researcher Joanna Dreby writes, "In the most severe cases, a child's family may be permanently disrupted when a parent, typically a father, is deported. More frequently, however, deportation tactics have more subtle consequences for a great number of young children who, fearing illegality, begin to dissociate with their immigrant heritage and identity."<sup>59</sup>

### Fear Hinders Healthy Behaviors

Families are afraid to leave their homes and encounter immigration enforcement agents, leading them to dramatically change their daily routines.<sup>61</sup> More reports are finding that parents may not feel safe taking their children to child care, hospitals, and grocery stores or allowing their children to do health-supportive activities like getting physical activity outdoors.<sup>61</sup>

Research shows that access to early education, medical care, and nutritious foods is critical to promoting good health, particularly in early childhood.<sup>61</sup> Delaying doctors' visits or not getting enough healthy food may lead to greater health and developmental problems later on.<sup>61</sup>

### Survey Snapshot: Physical activity and eating

According to parents in our survey, children are missing outdoor physical activity or not eating well because of the policies targeting their parents' status. One-sixth of parents in mixed-status families (n=8) reported their child missed outdoor physical activity compared to 2% of parents of non-mixed-status families (n=1).

Immigration status also changes how well a child eats. In our survey, one-sixth of parents in mixed-status families also reported their child had not eaten well because of their immigration status (n=8), compared to 6% of parents in non-mixed-status families (n=3).

This could be because of access to healthy food. It could also be a behavioral change responding to the fear or experience of separation from family members. Focus group participants described how children in their families developed symptoms like isolation and lost appetite after a family member was deported:

My brother was deported by ICE in front of his kids — a 14-year-old girl, a 10-year-old boy, and an 8-year-old boy. The 14-year-old girl is depressed and doesn't want to go to school anymore ... She shuts herself in her room, doesn't eat, and since she's the oldest she had to take on the role of helping her mom more and watching her little brothers.

**Agripina**

*Rio Grande Valley resident, aunt*



Both of his parents got deported because of a minor traffic thing ... I saw overall that ... academically he was going down, and he wouldn't eat a lot. Sometimes when we would hang out he would say he got dizzy or something and I would ask, "What's going on?" And he would say, "I didn't eat today."

## **Gabriel**

*Rio Grande Valley resident, father of one*

Access to medical services — either for prevention or treatment — can be affected by parents' coverage and willingness to use services. Children of undocumented parents are less likely to access important health care than children of citizen parents.<sup>62</sup> Even when children are eligible for medical care, children of undocumented parents might not have access to health care and other public assistance.<sup>64,65</sup> This may be because of confusion about eligibility, fear and distrust of government institutions, language access issues, and difficulty completing applications.<sup>63,65</sup>

A medical provider in the Rio Grande Valley interviewed for this report described barriers that can influence undocumented immigrants' decisions to seek services for their children:

We come across a lot of people that don't have any documents ... A lot of them tell me they are afraid to seek medical attention because they are afraid it's going to hinder their citizenship. They are under the impression that if they're sick in any way, or if they have any chronic illness, that's going to count against them. That here in the United States they only want healthy immigrants.

## **Samuel Peña**

*Physician's Assistant, Rio Grande Valley*

### **Survey Snapshot: Health status and accessing medical care**

In our survey, parents who had citizenship or protected status were more likely to report that their child's health was very good or excellent, compared to parents who had undocumented status — 43% of undocumented parents (n=22) in our survey said their child's health was very good or excellent, compared to 50% of parents who had protected status (n=11) and 60% of parents who were citizens (n=15). This mirrors other research findings, including a 2012 study that showed that slightly smaller proportions of US-citizen children with undocumented parents rated their health as very good or excellent compared to children of US-born parents.<sup>66</sup> A 2017 study found that mixed-status families report worse physical health for their children compared to their US citizen counterparts, and that if a parent perceived their state to have unfavorable immigration policies, the differences in child health based on family type were further exacerbated.<sup>10</sup>

A greater proportion — almost one-third — of undocumented parents reported delaying care their child needed in the past year (n=14), compared to one-sixth of parents with protected status (n=3) and no documented parents (n=0). This is consistent with other reports finding families delay or forgo medical care for reasons that include fear of driving and encountering immigration officials.<sup>61</sup>

A child's behavioral and developmental progress at a young age influences their ability to think, learn, speak, hear, and communicate — skills that affect educational outcomes later in life.

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## Fears of Deportation and Forced Family Separation Impact Kids' School Success

On occasion, [youth will] tell me, “My mom got deported earlier this year” or “My mom is currently detained in ICE”... You can tell that they can't really focus on schoolwork at the level that they should be ... It's pretty tough.

### **Daniel Diaz**

*Financial aid specialist, La Joya Independent School District*

Success at school comes from more than being physically present. Threats to a child's sense of safety, family, and living environment influence their ability to do well in school. Immigration stressors common in the Valley — deportations, fear of family separation, border checkpoints, and immigration politics — can affect a Rio Grande Valley student's readiness to learn throughout the entire educational pipeline, from cradle to college. In the short term, these immigration-related stressors can impact school attendance, grades, and sense of safety at school. Long term, these stressors could cut a student's educational aspirations short.

Education influences the potential for employment opportunities, life skills, and social connectedness — all of which are big predictors of health status as adults. Kids who do better in school have better health as teens and as adults. Education is an important lever in health promotion, as research suggests that individuals with higher levels of formal education can have a greater sense of control over their lives, as well as more social support — both indicators of improved health outcomes.<sup>67</sup> Additionally, higher education is also associated with healthier behaviors, such as exercising more, drinking less alcohol, and not smoking.<sup>67, 68, 69</sup>

More education is also associated with better employment, income, and financial security at the individual level, which can translate into economic benefits at the national level.<sup>67</sup>

I've had some cases, in regards to some families being deported ... dealing with that ... with the little trauma of the boys and girls saying, “What do I do now? Where's my mom? Where's my dad?” or “They took my mom” or “They took my dad.” That's been a little bit challenging for us this year.

### **Roel Faz**

*Principal, Cesar Chavez Elementary*

## Difficulty Keeping Up Grades and Going to School

He has this fear and anxiety that has affected his health and is affecting his schooling so much that we think he's going to have to repeat this year at school. He's a smart kid, he's in the [gifted and talented] program and attending programs at the university along with middle school, so he's going to lose access to those programs and have to start at zero ... He's too young to be dealing with this.

### Ninfa

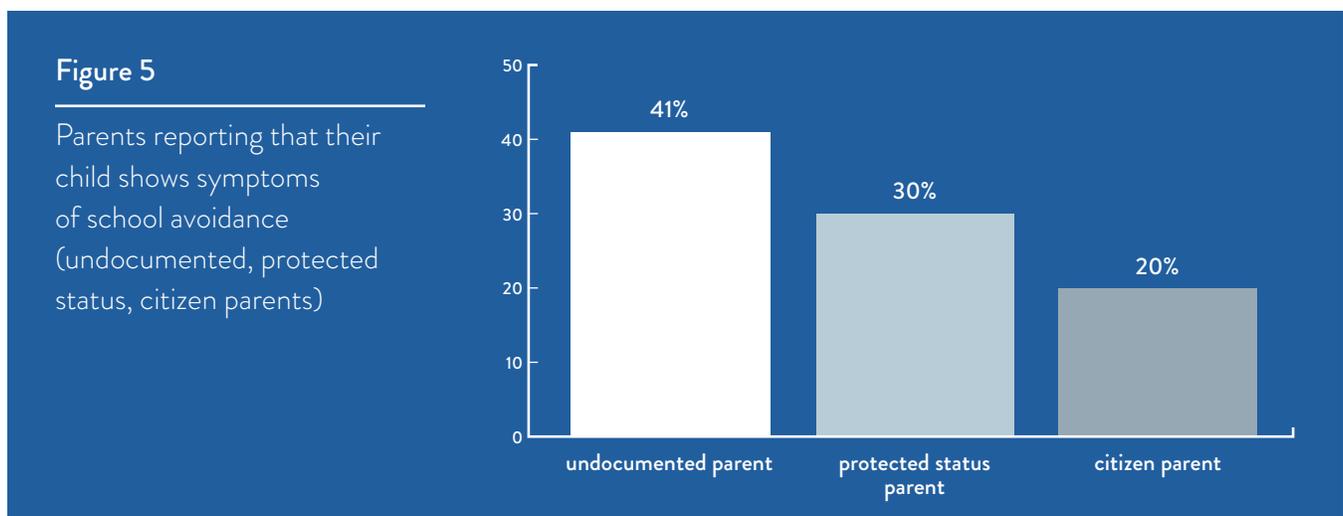
*Rio Grande Valley resident, mother of 2*

A child's academic performance can suffer after the detention or deportation of a caregiver. Immigration policies can create a climate of fear that affects children's academic performance, even if their family is not directly impacted by detention and deportation. In a 2010 study, the majority of immigrant parents (63%) reported that the threat of detention and deportation affected their children's school performance.<sup>36</sup>

We found evidence of this in our focus groups, through stories about youth who experienced radical changes in their attitudes toward school after the deportation of a loved one. Youth who had experienced parental separation (or were exposed to an immigration stressor that made them fear being separated) exhibited declines in their school readiness. Children who were once eager to learn now didn't want to go to school, and their grades began to suffer. One mother shared the story of her son who was so stressed about the possibility of his mother being deported that it became harder for him to keep up with his schoolwork, and he now faced being held back from progressing to the next grade level.

### Survey Snapshot: School avoidance anxiety and school readiness factors

Our survey asked Valley residents about their child's school readiness factors, and whether or not parents had observed changes in their child related to the parent's immigration status. Our survey found that 40% of undocumented parents had a child who was exhibiting symptoms of school avoidance anxiety (n=13), compared to almost one-third with protected status (n=3) and one-fifth among citizen parents (n=2).\*



\* In keeping with how the original tool was developed and validated, we limited these results to parents who reported children ages 8-18.

Our survey also found that because of policies targeting a parent's immigration status:

- Almost one-fifth of undocumented parents reported that their child had fear about going to school (n=11), compared to one-tenth among parents with protected status (n=3) and 4% among citizen parents (n=1).
- Almost one-fourth of undocumented parents reported that their child had trouble focusing on schoolwork (n=14), compared to one-tenth among parents with protected status (n=3) and 4% among citizen parents (n=1).
- One-fifth of undocumented parents reported that their child had missed days of school (n=12), compared to no parents with protected status (n=0) and 4% among citizen parents (n=1).
- Almost one-fourth of undocumented parents reported that their child had trouble keeping up grades (n=14), compared to 4% of protected status parents (n=1) and 0% of citizen parents (n=0).

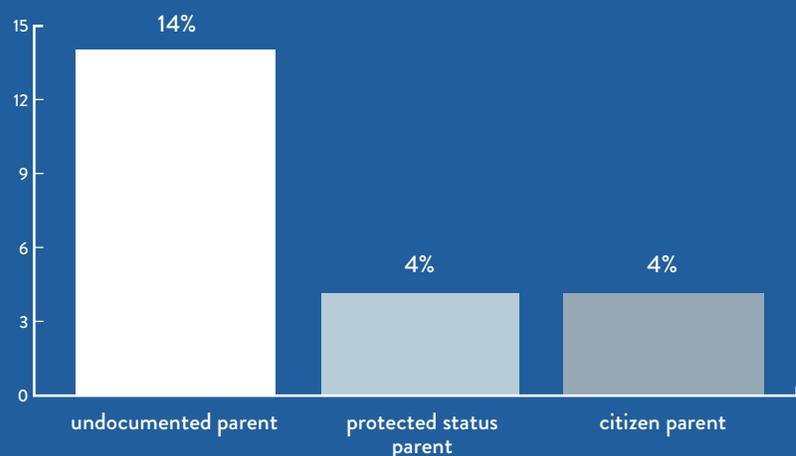
### Survey Snapshot: Instances of school staff contributing to anti-immigrant climate

During our data collection in the Rio Grande Valley, we heard of a few instances in Rio Grande Valley elementary schools and colleges where students were discriminated against for being Latinx or “Hispanic.” While not the exact focus of our investigation, we want to acknowledge how the political climate is impacting some youth in the Rio Grande Valley. One mother reported that her child was asked to leave the classroom because the teacher didn't teach “Hispanics.” Others discussed rising fears over racism amid current politics.

In our survey, we found that 14% of undocumented parents reported that their child experienced discrimination due to the parent's immigration status (n=9), compared to 4% of parents with protected status (n=1) and 4% of citizen parents (n=1). Experiencing discrimination has been found to have long-term adverse health effects, and there is some evidence to support creating more equitable policies as a means to confront and dissolve these experiences.

**Figure 6**

Parents reporting that their child experiences discrimination (undocumented, protected status, citizen parents)



## Challenges to Pursuing a Higher Education

For me it is kind of scary, because being the oldest one with papers, if anything were to happen ... I would have to look after my siblings. That's hard because I am barely ready to start college and I am not even stable enough for myself so it would be hard to look after my 4 other siblings.

### **Yira**

*Rio Grande Valley college freshman*

Youth in the Valley are focused on pursuing a higher education — and many are on that track, as 90% percent of Valley high schoolers graduate from high school within 4 years. The region's graduation rate rises when 5-year and 6-year graduates are included. This is higher than the Texas average, and it's driven by community values around education. The collaborative known as RGV Focus is an example of these values. Formed in 2012, the coalition consists of “leaders from the education, nonprofit, community, workforce and civic sectors”<sup>70</sup> all dedicated to college readiness for the youth of the Rio Grande Valley.

But even the most dedicated students face barriers to pursuing college. Some Valley students face higher costs to attend college since they are ineligible for scholarships and financial aid because they are DACA or undocumented — causing some to lose hope of attending college, and to withdraw from their focus on high school. For those who pursue a college education, they often find out the high costs of enrolling in college courses forces them to work extra hours to pay for their classes — which comes at a cost to their ability to complete their coursework, slowing their progress toward their goals.

Students that are undocumented, they'll question, “Am I able to go to school?”

### **Daniel Diaz**

*Financial aid specialist, La Joya Independent School District*

Border checkpoints are also physically isolating youth from educational opportunities. Educational leaders and focus group participants described how they, or family members, are unable to drive past immigration checkpoints that surround the Rio Grande Valley. These checkpoints impede access to educational opportunities for youth. While some Valley youth are accepted at top-tier schools around the country and in the state of Texas, they often cannot even visit the school because their identification isn't acceptable for border checkpoint passage. Some end up not attending because they are unable to pass through the checkpoints.

## Schools Uplift Students When They Promote Stability and Equity in Education

Our mission is to serve every child who lives in the community, regardless of their documentation status.

### **Dr. Daniel King**

*Superintendent, PSJA School District*

Research has found that schools can provide stability for youth affected by immigration stressors. In a study on the effect of immigration raids on academic performance, researchers found that while 1 in 5 children had difficulty keeping up with their grades immediately following raids, overall, schools offered key stability and support for children whose parents had been arrested in the raids.<sup>50</sup>

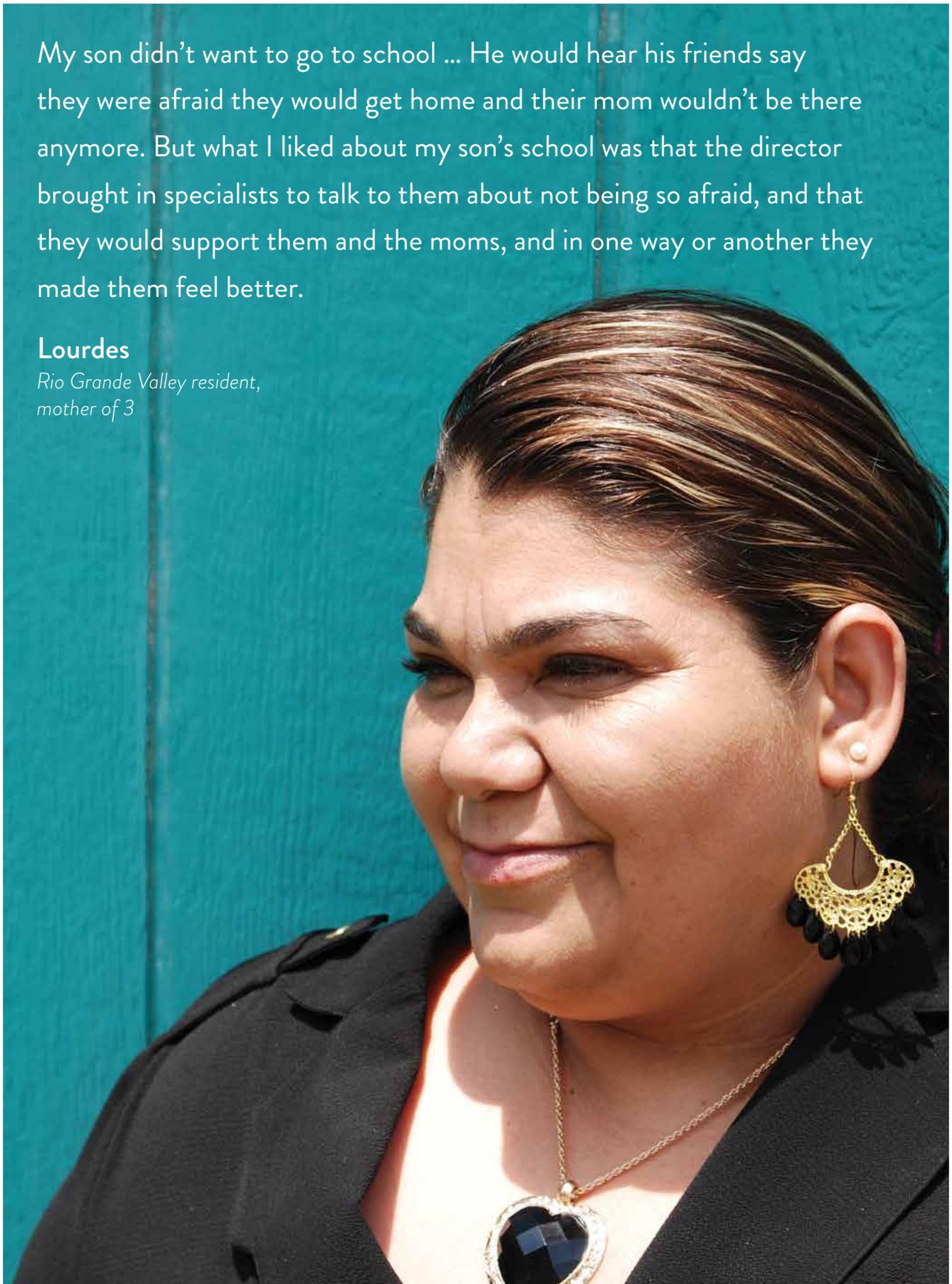
Educators and community members in the Rio Grande Valley are going above and beyond to serve their students and to see them succeed. The Valley is home to schools that outperform higher-income school districts, and some schools and school districts are leading the nation with innovative programs they've developed to ensure students are graduating — including intensive drop-out recovery programs, National Blue Ribbon School awards and nominations, credit recovery academies, and community collaborations.

Even with all these programs, the trauma of a parental deportation still permeates a child's educational experience. Deporting a student interrupts or potentially ends their schooling, and the deportation of a parent can affect a child's ability to participate fully in their learning.

My son didn't want to go to school ... He would hear his friends say they were afraid they would get home and their mom wouldn't be there anymore. But what I liked about my son's school was that the director brought in specialists to talk to them about not being so afraid, and that they would support them and the moms, and in one way or another they made them feel better.

**Lourdes**

*Rio Grande Valley resident,  
mother of 3*



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## Fears of Deportation and Forced Family Separation Harm Adult Health

It affects me also. I have a son who is the youngest and the only one born here ... So it's been said a lot that if I get deported they would take him from me because he is from here and you go crazy just thinking that you might leave a child here, abandoned ... thinking about that is very stressful and all that thinking can make you sick and for me all that stress gives me migraines.

*Pues a mi tambien me afecta, yo tengo un hijo el mas chico que es de aqui nadamas el. El es el único que tiene papeles y pues se ha dicho mucho que si nos vayan agarrar y a mi me deportan que a él me lo van a quitar porque el es de aqui y pues uno se vuelve loca nadamas de pensar que vas a dejar aquí un hijo como quien dice abandonado por que yo no me siento agusto dejandoselo a otra persona y pues no tengo familiares aquí, con papeles no tengo pero si que estan igual que nosotros ... y pues es muy estresante y te enfermas de tanto estar pensando y yo ahorita de tanto estrés padezco migraña de tanto estar pensando de mi hijo si nos agarran, que mi esposo se va al trabajo si no regresa, y pues uno se tiene que aguantar todo eso y pues te enfermas de tanto estar pensando, y pues si me afecta bastante.*

### **Glady**

*Rio Grande Valley resident, mother*

A broad range of economic, social, societal, and environmental factors intersect and play out in community, family, and personal spaces to shape health. This section describes how adult health often is interwoven with child and family health, particularly when talking about immigration policy. It also describes how the ability to meet a family's basic needs, adult physical and mental health status, health habits, and access to and use of medical care play out in the context of immigration policies in the Rio Grande Valley.

## Adult Health Is Connected to Child and Family Well-Being

Research finds that adult and child health are interwoven when it comes to immigration status. In one study, the greater the legal vulnerability of the parent, the greater the reported impact of detention and deportation on what study authors called the family environment, which includes perceptions of parents' emotional well-being, perceived ability to provide financially for the family, and the parent-child relationship, as well as child well-being.<sup>36</sup>

One focus group participant articulated the inter-relatedness of child and adult health, and how the possibility of detention or deportation creates an uncertainty that affects them and their families:

There is a very emotional imbalance in every one of our families ... The kids just live with it and start their families and this just adds to the stress on the parents because they now have daughters- or sons-in-law to worry about too, and grandchildren. So the worry becomes even more stressful, and the danger they are in even greater because it's not just your kids in danger, it's your grandkids. So then that piles on your health too in the form of headaches, trauma, stress, never having any peace or tranquility in your home because you are always preoccupied with what will happen next. The worry also of always telling your kids, "Never run a red light even by accident," "If someone says something to you don't answer them" ... so many things. And you pass that stress onto them too.

... It harms me directly and indirectly, like we see with everyone it affects all of us but all of us differently ... I am not documented and neither are my kids so how does it affect my health? Just from the stress every time your child goes out or goes to work ... I have 2 kids with DACA but they are also in limbo because they don't know if it will be cancelled or not, so nothing is certain and it really is a huge amount of stress. Not just that, I feel like we are part of really strong, defined families and that's why it hurts so much — in taking away one member of the family it moves everybody because we are united and if you take away a child the parents go too, and you drag the other kids along with you. We are not part of disjointed families, our families are integrated, whole ... We are all in this limbo where nothing is certain.

**Olga**

*Rio Grande Valley resident, mother of 2 DACA youth*

## Meeting Basic Family Needs Can Become Impossible

Youth in our focus groups described constant fear of a domino effect on their health due to separation from a family member.

My parents, they bring the money to the house. I help them as well, but it's a domino effect. If they fall, we fall too. I'm 100% sure I wouldn't be able to sustain myself if my parents were to leave, and I can't imagine my life without my little brother — he's everything to me ... You never know if you're going to wake up the next day and if you'll get through the day with your whole family being together. And that's pretty scary.

### Aidee

*Rio Grande Valley college student*

Often deportation removes a main — or sole — source of income from a household and family, exacerbating economic issues for families that may already struggle to make ends meet.<sup>50</sup> In one study, households had their income cut in half and one-quarter of households were left with zero income after someone in their home was deported.<sup>50</sup> A 2010 study found that more than half of Latinx parents in mixed-status families had challenges providing for their children due to the threat of detention and deportation.<sup>36</sup> Deportation overwhelmingly creates single-mother households, which, unlike when a partner is laid off or hurt on a job, cannot rely on unemployment or worker's compensation.<sup>50</sup>

We estimate that each year, 500 US-born children in the Rio Grande Valley have health status that is less than “excellent” or “very good” after the income in their household changes once a primary earner is deported.\*

## Fear Has Impacts on Individual Health and Population Health

Studies on immigration policy and health status find that the pervasive fear of deportation affects both mental and physical health for adults — parallel to the effects to children described in earlier sections of this report.

Importantly, this fear isn't limited to undocumented parents — it affects parents with different forms of non-citizen status. A 2018 study found that permanent residents, people with temporary protected status, and undocumented parents reported significantly more psychological distress from immigration than US citizens.<sup>71</sup> Another study published in 2018 found that among Latinx participants, knowing 1–2 deportees increased the odds of needing help for emotional or mental health problems by 45% compared to not personally knowing any deportees.<sup>72</sup> Results were even more dramatic for people who personally knew 3 or more deportees, finding they were 4 times as likely as someone who didn't personally know any deportees to need help for emotional or mental health problems such as feeling anxious, sad, or nervous.<sup>72</sup>

In a 2010 study, fear of deportation (not English proficiency, legal status, or other related factors) was the strongest predictor of stress among undocumented immigrants.<sup>73</sup> The fear of deportation is important to adult health because it exacerbates chronic diseases such as depression, high blood pressure, and anxiety while

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\* See Appendix D for background on calculation.

producing a range of physical symptoms, such as hair loss or headaches in parents.<sup>74</sup> Research finds that poor health increases with people's fears of being deported, and that undocumented immigrants reported more stress — almost one-fourth more — from economic and job-related challenges than documented immigrants.<sup>75</sup>

Self-rated health — a validated measure that correlates well with actual health<sup>76</sup> — varies between people who fear deportation and those who don't. A study that compared Latinx immigrants who were concerned about deportation to Latinx immigrants who weren't concerned found that 2 times as many people who were concerned rated their own health "poor" (9% vs. 4%). More people who were concerned rated their health "average" compared to people who were unconcerned about deportation (32% vs. 24%), with the balance of each rating it "good" or "reasonably good."<sup>75</sup>

### Survey Snapshot: Adult health status

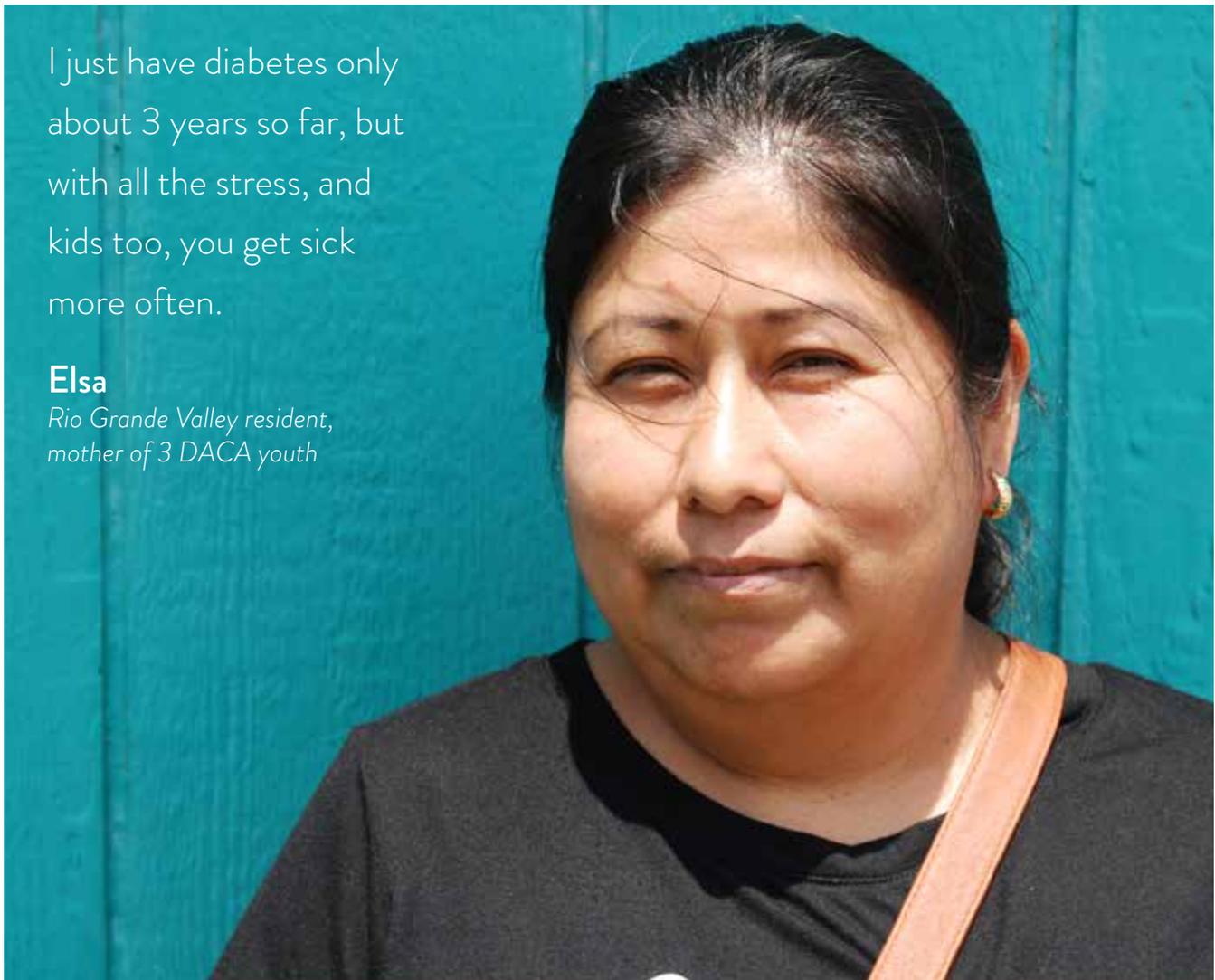
In our survey, more than half of undocumented respondents said their own health was poor or fair (n=47), versus 41% among people with protected status (n=22) and 32% among citizens (n=17). By comparison, in 2017 25% of the Latinx population in the US reported fair or poor health.<sup>77</sup>

Managing particular health conditions that stress can exacerbate and that require constant attention can be challenging for immigrants, as one focus group participant described:

I just have diabetes only about 3 years so far, but with all the stress, and kids too, you get sick more often.

#### **Elsa**

*Rio Grande Valley resident,  
mother of 3 DACA youth*



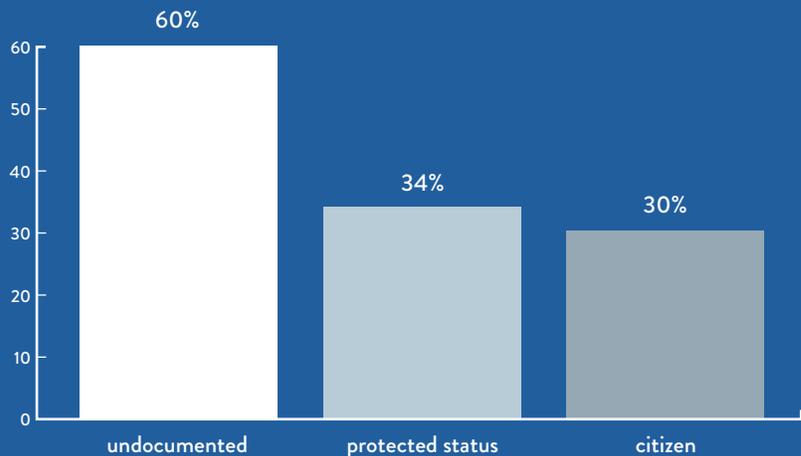
## Survey Snapshot: Adult symptoms of anxiety

Our survey also measured how many respondents reported symptoms of Generalized Anxiety Disorder. Responses indicated that someone had either no symptoms or symptoms of mild, moderate, or severe anxiety. We found that greater proportions of undocumented respondents had symptoms of moderate and severe anxiety than people with protected or documented status. For moderate anxiety, 19% of undocumented respondents reported symptoms (n=17), compared with 8% of protected respondents (n=5) and 15% of respondents with citizen status (n=8). For severe anxiety, 14% of undocumented respondents reported symptoms (n=13), compared with 10% of protected respondents (n=6) and 7% of respondents with citizen status (n=4).

Adults with undocumented status who responded to our survey said that the threat of detention and deportation harmed their mental health. For example, three-fifths of people with undocumented status said that because of their status they feel stress (n=55), over three-quarters worry that their family will be separated (n=71), and half have anxiety about their family's health (n=46). Among people with protected status, 34% felt stress (n=21), 32% reported worrying about family separation (n=20), and 29% had anxiety about family health (n=18). Among respondents with citizen status, the figures were 30% for stress (n=17), 28% for worry about family separation (n=16), and 21% for anxiety about family health (n=12).

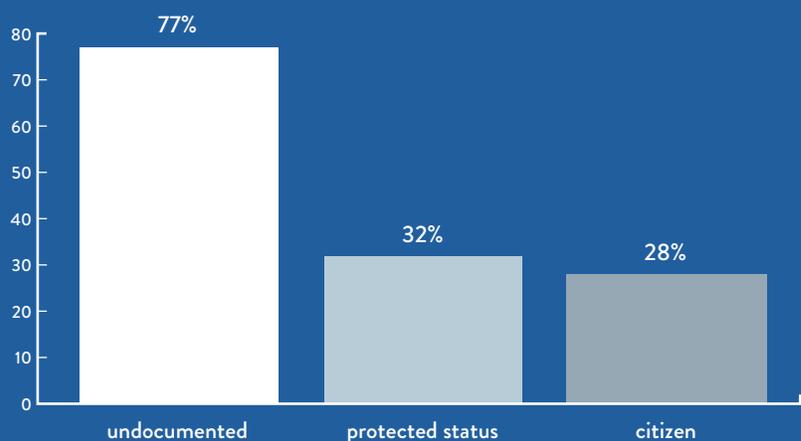
**Figure 7**

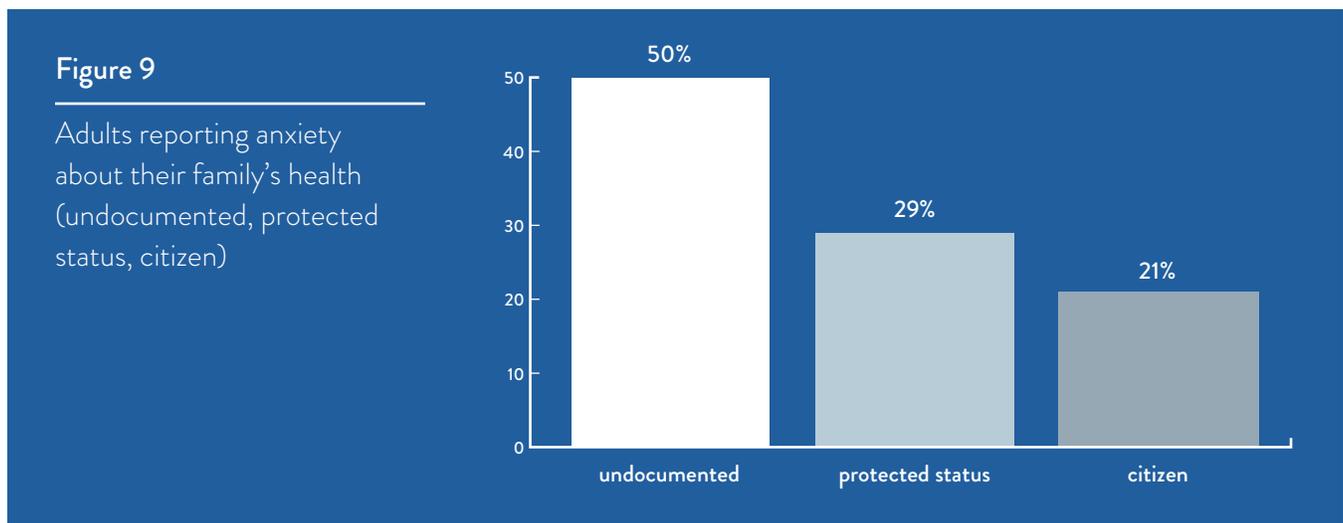
Adults reporting stress because of their own status (undocumented, protected status, citizen)



**Figure 8**

Adults reporting worry that their family will be separated (undocumented, protected status, citizen)





Thirty-nine percent of undocumented respondents were less willing to report a crime (n=36), compared to 26% among protected status immigrants (n=16) and 16% among documented individuals (n=9). More than two-fifths of undocumented respondents reported feelings of racial profiling (n=39), which was double the rate of people with protected status (n=13) and citizens (n=12), 21%. While these are not direct measures of health or mental status, they reflect an overall perception that could contribute to heightened anxiety, which in turn would impact physical and mental health over the long term.

### Survey Snapshot: Physical activity and eating among adults

In our survey, a larger proportion of undocumented adult respondents, 28%, reported difficulty exercising because of their undocumented status (n=26), compared to 23% of respondents with protected status (n=14) and 14% of citizens (n=8). Similar gradients in proportions are seen in people who reported difficulty buying food, with 27% of undocumented people (n=25) reporting it, compared to 24% of people with protected status (n=15) and 16% of citizens (n=9). These experiences are echoed in qualitative research that describes how undocumented populations attempt to remain invisible in public spaces out of fear of deportation.<sup>78,79</sup>

### Fear and Cost Barriers to Medical Care That Affect Community Health

Living under the persistent threat of deportation, undocumented immigrants face direct barriers in accessing medical care, such as high costs of care or ineligibility for Medicaid.

One focus group participant described:

The reality is that even if we feel really sick we don't go to the doctor unless it's an emergency because we know that if we're stressed now we will come out even more stressed because we know how much it's going to cost.

#### Dulce

*Rio Grande Valley resident, mother of 4*

One study across 5 sites in California, Florida, Illinois, South Carolina, and Texas found that after a parent's detention or deportation, families were more likely to face economic hardship and less likely to use social support services, even for children who are US citizens.<sup>80</sup> Reasons for using fewer services — such as emergency food or linguistically appropriate mental health support for children amid separation from a parent — included too few services available or services available on a temporary basis but not to meet long-term need, as well as fear of interacting with officials or fear of driving to reach services.<sup>80</sup>

There are also indirect barriers that result in immigrants less often seeking care, such as what is known in public health as a chilling effect. This describes when a climate of fear makes people less likely to use services for which they qualify.

For example, research has found less use of prenatal care and HIV care in Arizona around the passage of SB 1070, one of the broadest and strictest anti-immigrant bills passed in recent years.<sup>78</sup> A separate study found that Latinx citizens “are less likely to make an appointment to see a healthcare provider when the issue of immigration is mentioned.”<sup>81</sup>

Having health insurance and a regular place to receive health care are crucial in protecting and improving the health of undocumented immigrants. In a nationwide study, people who had both health insurance and a usual source of care were more likely to get preventive services, like a physical checkup or blood pressure test, compared to people who had neither.<sup>82</sup>

Sometimes we don't go to the doctor because we can't pay for the visit, and if we don't qualify for county aid they won't even see us because they ask for either cash or insurance. So we don't even go to the doctor because we don't have either.

**Glady**

*Rio Grande Valley resident,  
mother*



Research paints a picture of undocumented immigrants with diminished access to health insurance and use of medical services. For example, more than half of adult undocumented immigrants do not have health insurance, a proportion much higher than documented immigrants or US-born populations. In 2017, 39% of undocumented immigrants were uninsured, compared to 17% of lawfully permanent residents and 9% of US-born and naturalized citizens.<sup>83</sup> A 2007 study conducted in California prior to the passage of the Affordable Care Act found that a significantly lower percentage of undocumented Mexicans (66%) and other Latinx people (62%) in the state had a usual source of care compared to US-born White people (93%).<sup>84</sup> It also found that undocumented Mexican people in the state had 1.6 fewer physician visits and undocumented Latinx people had 2.1 fewer physician visits compared to their native-born counterparts within the last year.<sup>84</sup>

### Survey Snapshot: Access to medical care

In our survey, over half of people with undocumented status reported difficulty getting medical care (n=53) compared to less than one-third of people with protected status (n=19) and 12% of those with citizenship (n=7).

One person in Rio Grande Valley whom we interviewed described:

There are times when many people who don't have documentation ... may not have enough to insure the car or the car has a broken light and that's why they can't go to the clinic for care because they are scared, right? ... That's why a lot of people, if they are sick, they don't want to go to the doctor because they say, "No, I'll get better soon," like with homemade remedies and they don't go out because they are also afraid to."

#### **Letty Sanchez**

*Business owner, Rio Grande Valley*

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## Conclusion and Recommendations

In Texas, and across the nation, undocumented immigrants and their children experience real and measurable changes to their health, safety, and educational opportunities under continued policies of detention and deportation.

When a child is separated from one or more parents through detention or deportation — a tidal wave of effects is set in motion that continues through their childhood, development, and well into adulthood, raising the child’s risk of developing chronic health issues later in life.

As the Rio Grande Valley seeks a way forward to protect both the safety and health of residents in the wake of SB4, we recommend a path that puts family unity first. Building on a body of evidence on the impact of immigration policy on families and communities — with particular attention to the educational, behavioral, and mental health outcomes for children and adults — we hope to shine a light on the importance to public health of keeping families together, free of daily fear, and void of long-term consequences.

### Solutions: Policies That Keep Kids and Families Together

We recommend an evidence-based approach of reducing unnecessary detainment and associated prolonged parent-child separation as a means to support the health of parents, families, and the entire Valley community.

Specifically, this can happen in the Rio Grande Valley in the following ways. Each of these recommendations is described in detail in the following sections:

1. Prioritize local police resources toward local law enforcement issues instead of assisting immigration officials
2. Increase use of “cite and release” practices during standard traffic stops
3. Accept alternative forms of identification for traffic stop procedures

In addition, local policymakers and institutions can designate resources to support programs and interventions that have been shown to buffer the effects of toxic stress in children following separations when they do happen, and to support spaces like schools that have been shown to support children.

### Recommendation #1: Prioritize local police resources toward local law enforcement issues instead of assisting immigration officials.

#### **Make sure officers know that they are not required to enforce federal immigration law.**

Local and state law enforcement have no authority to stop or arrest individuals based on immigration status or suspected civil immigration violations. While local police departments and the sheriff’s office may assist ICE and Border Patrol, local agencies should prioritize agency monies, equipment, and personnel for local purposes. This will help ensure local money is used on local law enforcement issues and that the trust between the community and local law enforcement is not eroded.

**Policy suggestions:**

- Adopt a written policy prioritizing local resources, including human resources, toward local needs, including ongoing cases and investigations, minimizing response times, ensuring the availability of officers and deputies for requests from Valley residents, and other business of the local police department or sheriff's office.
- Develop a policy and procedure for complying with requests from ICE or Border Patrol for operational assistance, including approval by the sheriff or chief of police prior to complying with any request. Do this in coordination with a group that provides community perspective and input.
- Adopt a policy requiring officers, deputies, and personnel to provide detainees with notification of any requests from ICE to hold the individual or to notify ICE of that person's release date.
- Adopt a process to legally evaluate immigration detainers and provide guidelines for when detainers will be honored or not. Immigration detainers (also known as ICE holds or immigration holds) are requests ICE issues to local law enforcement agencies, asking local officials to hold an individual an extra 48 business hours beyond when the individual would have been released normally.<sup>85</sup> The policy should only allow detention of a person pursuant to an ICE request when doing so is consistent with the Fourth Amendment and ICE policies and practices.

**Recommendation #2: Increase use of “cite and release” practices during standard traffic stops.**

Police departments and sheriff's offices can use their discretion under state law to cite and release. Increasing cite and release for certain offenses reduces the number of arrests and decreases over-incarceration in local jails. Traffic offenses such as driving without a license are one area in which to exercise discretion.

Directing local resources toward the enforcement of these offenses makes it difficult for local law enforcement to address more serious issues in the community. Other examples include using local law enforcement resources to target low-level offenders, including people who are living without a home or struggling to make ends meet, and people with mental illness or drug or alcohol addiction. Criminalizing these behaviors rather than supporting them with public health approaches usually fails to improve public health and safety, while also exposing communities of color to incarceration and immigrants to deportation. Localities have the power to decriminalize behaviors like these.

Local agencies should also develop and utilize diversion programs that allow all individuals, regardless of immigration status, to participate and that don't require participants to plead guilty prior to entering the program.

**Policy suggestions:**

- Adopt a policy that clearly states police officers and deputies should not arrest individuals for minor traffic violations.
- Establish a cite and release policy for low-level offenses (all Class C misdemeanor citations, and the Class A and Class B misdemeanors set out in articles 14.06(c) and (d) of the Texas Code of Criminal Procedure), without regard for the person's immigration status.<sup>86</sup>

### Recommendation #3: Accept alternative forms of identification for traffic stop procedures.

Law enforcement officers encountering an unlicensed driver without a state-issued ID often inquire about citizenship status and in the Rio Grande Valley may call Border Patrol for assistance, where undocumented residents are then taken into custody for deportation proceedings. Such exposure can be avoided if local law enforcement officers accept other forms of identification for the purpose of ticketing drivers.

We recommend establishing a protocol for officers and deputies to evaluate and accept non-traditional forms of identification, rather than just government-issued IDs, for various purposes including traffic stops and in issuing civil citations.

Such forms of identification include but are not limited to student identification cards, driver's licenses issued by the government of another country, consular ID cards and other identification documents issued by the government of another country, association membership cards such as the LUPE membership card, and bills/correspondence with the individual's name and address.

#### Policy suggestion:

- Adopt a policy that clearly states police officers and deputies should not arrest individuals for driving without a license.

### Additional recommendations beyond law enforcement

From a health lens, the most protective action is to stop family separations in the first place, as described in the recommendations above. Research finds that even if a family is ultimately reunited, the consequences of their forced family separation often remain.<sup>87</sup> The American Psychological Association enumerates a number of recommendations from this perspective for national lawmakers, local jurisdictions, and neighborhood and community institutions and systems.<sup>87</sup>

If family separation does happen, however, research also finds that there are protective factors or assets for children of immigrants that buffer the risks associated with social exclusion and/or separation from a parent through detention or deportation.<sup>12</sup>

More specifically, authors have found that for US-citizen children of undocumented parents, access to child-specific social services — such as Medicaid for the child, WIC, SNAP (food stamps), and reduced-cost school lunch — and positive parent-child relationships can buffer risks.<sup>9</sup>

Positive relationships with family members, other adults, and peers facilitate healthy social and emotional growth for children, preventing poor behavioral outcomes. For example, research finds that healthy attachment and bonding with parents lays the foundation for a child's sense of confidence and identity, leading to positive relationships with others.<sup>88</sup> As the authors of a 2004 study on the subject suggested, "Perhaps the most powerful social resiliency factor for children is the quality of family life."<sup>89</sup>

#### Policy suggestions from the American Psychological Association that also apply in particular to the issues raised in this report include:<sup>87</sup>

- Local jurisdictions should declare themselves as sanctuary cities to enhance the protection of undocumented immigrants and their families.
- Officials in charge of school budgets should invest in well-trained mental and behavioral health providers who are bilingual and bicultural to support students who have experienced trauma.

- Schools should invest in professional development for teachers and administrators on immigration policy, responsive and inclusive procedures and policies, and ways to elicit feedback from parents and students to improve school culture and climate.
- Institutions of higher education should be held accountable (regardless of public or private funding) to allow equitable access to all eligible students, regardless of status. Also, concerted efforts need to focus on teaching educators about creating learning environments that respect all students and provide equitable resources to support all students, regardless of their immigration status.
- Local medical, psychological, and caregiving providers should recommend how to design interventions that have been shown to buffer the effects of toxic stress in children, drawing from recommendations in the literature on what has been proven most effective.<sup>40</sup>

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## References

1. Calculation based on 2010 Census Data. American FactFinder: Community Facts, Race and Hispanic or Latino Origin: 2010, for Hidalgo, Cameron, Willacy, and Starr counties. Suitland, MD: United States Census Bureau; 2010. [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml). Accessed August 22, 2018.
2. National Scientific Council on the Developing Child. Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3. Cambridge, MA: Center on the Developing Child; 2005 [updated 2014]. <http://www.developingchild.harvard.edu>. Accessed July 31, 2018.
3. Booske B, Athens J, Kindig D, Park H, Remington P. Different Perspectives For Assigning Weights To Determinants of Health. [Working paper]. Madison, WI: University of Wisconsin Population Health Institute; 2010. <http://www.countyhealthrankings.org/sites/default/files/differentPerspectivesForAssigningWeightsToDeterminantsOfHealth.pdf>.
4. Commission on Social Determinants of Health. Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Geneva: World Health Organization; 2008.
5. Adapted from Braveman P, Arkin E, Orleans T, Proctor D, Plough A. What is health equity? And what difference does a definition make. Princeton, NJ: Robert Wood Johnson Foundation; 2017.
6. Sacchetti M. Still separated: Nearly 500 migrant children taken from their parents remain in U.S. custody. *The Washington Post*. August 31, 2018. <http://www.washingtonpost.com>. Accessed September 14, 2018.
7. Satinsky S, Hu A, Heller J, Farhang L. Family Unity, Family Health: How Family-Focused Immigration Reform Will Mean Better Health for Children and Families. Oakland, CA: Human Impact Partners; June 2013.
8. Passel JS, Cohn D. Number of babies born in U.S. to unauthorized immigrants declines. Pew Research Center website. <http://www.pewresearch.org/fact-tank/2015/09/11/number-of-babies-born-in-u-s-to-unauthorized-immigrants-declines/>. Published September 11, 2015. Accessed August 21, 2018.
9. Rojas-Flores L. Latino US-Citizen Children of Immigrants: A Generation at High Risk. Summary of Selected Young Scholars Program Research. [Working paper]. [https://www.researchgate.net/publication/321161073\\_Latino\\_US-Citizen\\_Children\\_of\\_Immigrants\\_A\\_Generation\\_at\\_High\\_Risk\\_Summary\\_of\\_Selected\\_Young\\_Scholars\\_Program\\_Research](https://www.researchgate.net/publication/321161073_Latino_US-Citizen_Children_of_Immigrants_A_Generation_at_High_Risk_Summary_of_Selected_Young_Scholars_Program_Research). Published October 2017. Accessed August 2, 2018.
10. Vargas ED, Ybarra VD. Citizen Children of Undocumented Parents: The Link Between State Immigration Policy and the Health of Latino Children. *J Immigr Minor Health*. 2017 Aug;19(4):913–920.
11. The 2018 100 Best Places to Retire in the USA. U.S. News & World Report website. <https://realestate.usnews.com/places/rankings/best-places-to-retire>. Accessed July 30, 2018.
12. Allstate America's Best Drivers Report®, 2018. Allstate website. <https://www.allstate.com/tools-and-resources/americas-best-drivers.aspx>. Accessed September 18, 2018.
13. HPSA Find. Bethesda, MD: Health Resources and Services Administration. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>. Accessed September 14, 2018.
14. MUA Find. Bethesda, MD: Health Resources and Services Administration. <https://data.hrsa.gov/tools/shortage-area/mua-find>. Accessed September 14, 2018.
15. Capps R, Koball H, Campetella A, Perreira K, Hooker S, Pedroza JM. Implications of immigration enforcement activities for the well-being of children in immigrant families. Washington, DC: Migration Policy Institute; 2015. <https://www.migrationpolicy.org/research/implications-immigration-enforcement-activities-well-being-children-immigrant-families>. Accessed August 2, 2018.
16. Hill M, Wiehe M. State & Local Tax Contributions of Young Undocumented Immigrants. Washington, DC: The Institute on Taxation & Economic Policy; 2017. <https://itep.org/wp-content/uploads/2017DACA.pdf>. Accessed July 30, 2018.
17. Gee L, Gardner M, Hill M, Wiehe M. Undocumented Immigrants' State and Local Tax Contributions. Washington, DC: Institute on Taxation and Economic Policy; 2017. <https://itep.org/wp-content/uploads/immigration2017.pdf>. Accessed August 7, 2018.
18. "They're taking everybody" — Texas troopers are ripping apart immigrant families during traffic stops. ACLU of Texas website. <https://www.aclutx.org/en/news/theyre-taking-everybody-texas-troopers-are-ripping-apart-immigrant-families-during-traffic>. Published December 11, 2017. Accessed August 3, 2018.
19. Mathema S. Providing Identification to Unauthorized Immigrants. Center for American Progress website. <https://www.americanprogress.org/issues/immigration/reports/2015/11/24/126082/providing-identification-to-unauthorized-immigrants/>. Published November 24, 2015. Accessed August 14, 2018.
20. Egel B. More than a million undocumented immigrants have received California driver's licenses. *The Sacramento Bee*. April 4, 2018. <https://www.sacbee.com/news/politics-government/capitol-alert/article207939584.html>. Accessed August 14, 2018.
21. Mendoza G. States Offering Drivers Licenses to Immigrants. National Conference of State Legislatures website. <http://www.ncsl.org/research/immigration/states-offering-driver-s-licenses-to-immigrants.aspx>. Published November 30, 2016. Accessed August 14, 2018.

22. Lueders H, Hainmueller J, Lawrence D. Providing driver's licenses to unauthorized immigrants in California improves traffic safety. *PNAS*. 2017 Apr 18;114(16):4111–4116. Epub 2017 Apr 3.
23. Curnutte M. Alternative ID card available Saturday at Woodward HS. *Cincinnati Enquirer*. August 19, 2016. <https://www.cincinnati.com/story/news/2016/08/19/alternative-id-card-available-saturday-woodward-hs/89009154/>. Accessed August 14, 2018.
24. Kalamazoo County Opens Alternative ID Program. U.S. News & World Report website. <https://www.usnews.com/news/best-states/michigan/articles/2018-05-02/kalamazoo-county-opens-alternative-id-program>. Published May 2, 2018. Accessed August 14, 2018. Repost of Associated Press article.
25. Garcia C. Sheriff's Deputies Will Accept International, Alternative IDs at Traffic Stops. *The Rivard Report*. March 3, 2017. <https://therivardreport.com/sheriffs-deputies-will-accept-international-alternative-ids-at-traffic-stops/>. Accessed August 14, 2018.
26. Program started summer 2013. FaithAction ID Program. Greensboro, NC: FaithAction House. <http://faithaction.org/wp-content/uploads/2018/04/2018-FaithAction-ID-Network-Resource.pdf>. Accessed July 31, 2018.
27. Bond M. No driver's license, no photo ID? Philadelphia will issue municipal ID cards starting next year. *Philadelphia Inquirer*. August 5, 2018. <http://www.philly.com/philly/news/pennsylvania/philadelphia/municipal-id-card-philadelphia-immigrant-identification-chicago-20180805.html>. Accessed August 16, 2018.
28. List M. New municipal ID cards will open doors in Providence. *The Providence Journal*. June 26, 2018. <http://www.providencejournal.com/news/20180626/new-municipal-id-cards-will-open-doors-in-providence>. Accessed August 16, 2018.
29. Nelson A. Deportations that come after "routine" DPS traffic stops spreading fear in Rio Grande Valley. *San Antonio Express-News*. June 17, 2018. <https://www.expressnews.com/news/local/article/Deportations-that-come-after-routine-DPS-13001791.php>. Accessed August 3, 2018.
30. Texas Senate Bill 4. 85th Texas Legislature (R). 2017. <https://capitol.texas.gov/BillLookup/Text.aspx?LegSess=85R&Bill=SB4>. Accessed August 21, 2018.
31. Know Your Rights Under SB4. ACLU of Texas website. <https://www.aclutx.org/en/sb4>. Updated March 13, 2018. Accessed August 7, 2018.
32. Dreby J. How today's immigration enforcement policies impact children, families, and communities: a view from the ground. Washington, DC: Center for American Progress; 2012. <http://www.americanprogress.org/wp-content/uploads/2012/08/DrebyImmigrationFamiliesFINAL.pdf>. Accessed March 15, 2013.
33. Wiener J and Kaiser Health News. The Deportation Fears of Immigrants With Disabled Children. *The Atlantic*. May 19, 2017. <https://www.theatlantic.com/health/archive/2017/05/deportation-disability/526986/>. Accessed August 2, 2018.
34. The effect of hostile immigration policies on children's mental health. Los Angeles, CA: The Children's Partnership and California Immigrant Policy Center; March 2017. <http://www.childrenspartnership.org/wp-content/uploads/2017/03/The-Effect-of-Hostile-Immigration-Policies-on-Childrens-Mental-Health.pdf>. Accessed July 1, 2018.
35. Artiga S, Ubri P. Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health. Kaiser Family Foundation website. <https://www.kff.org/disparities-policy/issue-brief/living-in-an-immigrant-family-in-america-how-fear-and-toxic-stress-are-affecting-daily-life-well-being-health/>. Published December 13, 2017. Accessed July 31, 2018.
36. Brabeck K, Xu Q. The impact of detention and deportation on Latino immigrant children and families: a quantitative exploration. *Hisp J Behav Sci*. 2010;32(3):341–361.
37. Gee GC, Walsemann KM, Brondolo E. A Life Course Perspective on How Racism May Be Related to Health Inequities. *Am J Public Health*. 2012 May;102(5):967–974.
38. Bailey ZD, Krieger N, Agénor M, et al. America: Equity and Equality in Health 3: Structural racism and health inequities in the USA: evidence and interventions. *Lancet*. 2017;389:1453–1463.
39. Santhanam L. How the toxic stress of family separation can harm a child. PBS News Hour. <https://www.pbs.org/newshour/health/how-the-toxic-stress-of-family-separation-can-harm-a-child>. Published June 18, 2018. Accessed August 23, 2018.
40. Purewal Boparai SK, Au V, Koita K, et al. Ameliorating the biological impacts of childhood adversity: A review of intervention programs. *Child Abuse Negl*. 2018 Jul;81:82–105.
41. Novak NL, Geronimus AT, Martinez-Cardoso AM. Change in birth outcomes among infants born to Latina mothers after a major immigration raid. *Int J Epidemiol*. 2017 Jun;46(3):839–849.
42. Trisi D, Herrera G. Administration Actions Against Immigrant Families Harming Children Through Increased Fear, Loss of Needed Assistance. Center on Budget and Policy Priorities website. <https://www.cbpp.org/research/poverty-and-inequality/administration-actions-against-immigrant-families-harming-children>. Published May 15, 2018. Accessed July 31, 2018.
43. Currie J. Inequality at Birth: Some Causes and Consequences. *Am Econ Rev*. 2011 May;101(3):1–22. <http://www.nber.org/papers/w16798>.
44. Egarter S, Braveman P, Barclay C. How Social Factors Shape Health: The Role of Stress. San Francisco, CA: Robert Wood Johnson Foundation; 2011:1–13. [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2011/rwjf70441](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70441).
45. Avey H. How US Laws and Social Policies Influence Chronic Stress and Health Disparities. Paper presented at: Ithaca College Politics of Race, Culture, and Health Symposium, November 14, 2002; Ithaca, NY. [https://unnaturalcauses.org/assets/uploads/file/Avey-Chronic\\_Stress\\_and\\_Health\\_Disparities.pdf](https://unnaturalcauses.org/assets/uploads/file/Avey-Chronic_Stress_and_Health_Disparities.pdf).

46. Capps R. Paying the price: the impact of immigration raids on America's children. Urban Institute website. <http://www.urban.org/url.cfm?id=411566>. Published October 31, 2007. Accessed October 4, 2018.
47. Zayas LH. Protecting citizen-children safeguards our common future. *J Health Care Poor Underserved*. 2010;21(3):809–814.
48. Allen B, Cisneros EM, Tellez A. The Children Left Behind: The Impact of Parental Deportation on Mental Health. *J Child Fam Stud*. 2015;24:386.
49. Gumbel A. Doctors see a new condition among immigrant children: fear of Trump. *The Guardian*. November 25, 2016. <https://www.theguardian.com/us-news/2016/nov/25/donald-trump-immigration-deportation-children-doctors>. Accessed July 31, 2018.
50. Chaudry A, Capps R, Pedroza JM, Castaneda RM, Santos R, Scott MM. Facing our future: children in the aftermath of immigration enforcement. Washington, DC: Urban Institute; 2010. <https://www.urban.org/sites/default/files/publication/28331/412020-Facing-Our-Future.PDF>. Accessed October 4, 2018.
51. Birmaher B, Brent DA, Chiappetta L, Bridge J, Monga S, Baugher M. Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): A replication study. *J Am Acad Child Adolesc Psychiatry*. 1999;38(10):1230–1236.
52. Lansdale N, Hardie J, Oropesa RS, Hillemeier MM. Behavioral Functioning among Mexican-origin Children: Does Parental Legal Status Matter? *J Health Soc Behav*. 2015 Mar;56(1):2–18.
53. Howard K, Martin A, Berlin LJ, Brooks-Gunn J. Early Mother-Child Separation, Parenting, and Child Well-Being in Early Head Start Families. *Attach Hum Dev*. 2011 Jan;13(1):5–26.
54. Rojas-Flores L, Clements ML, Hwang Koo J, London J. Trauma and psychological distress in Latino citizen children following parental detention and deportation. *Psychol Trauma*. 2017 May;9(3):352–361.
55. Appleyard K, Egeland B, Dulmen MH, Alan Sroufe L. When more is not better: the role of cumulative risk in child behavior outcomes. *J Child Psychol Psychiatry*. 2005;46(3):235–245.
56. Merikangas K, et al. Lifetime prevalence of mental disorders in the U.S. Adolescent Comorbidity Survey Replication-Adolescent Sample. *J Am Acad Child Adolesc Psychiatry*. 2010;49:980–988.
57. Lang JM, Connell CM. Development and Validation of a Brief Trauma Screening Measure for Children: The Child Trauma Screen. *Psychol Trauma*. 2017;9(3):390–398.
58. Philbin MM, Flake M, Hatzenbuehler ML, Hirsch JS. State-level immigration and immigrant-focused policies as drivers of Latino health disparities in the United States. *Soc Sci Med*. 2018;199:29–38.
59. Dreby J. The Burden of deportation on children in Mexican immigrant families. *Journal of Marriage and Family*. 2012 Aug;74:829–845.
60. Gonzales RG, Suárez-Orozco C, Dedios-Sanguinetti M. No Place to Belong: Contextualizing Concepts of Mental Health Among Undocumented Immigrant Youth in the United States. *Am Behav Sci*. 2013;57(8):1174–1199.
61. Cervantes W, Ullrich R, Matthews H. Our Children's Fear Immigration Policy's Effects on Young Children. Washington, DC: CLASP; March 2018. [https://www.clasp.org/sites/default/files/publications/2018/03/2018\\_ourchildrensfears.pdf](https://www.clasp.org/sites/default/files/publications/2018/03/2018_ourchildrensfears.pdf). Accessed August 2, 2018.
62. Gusmano MK. Undocumented Immigrants in the United States: Use of Health Care. Undocumented Patients website, The Hastings Center. February 9, 2012. <http://undocumentedpatients.org/issuebrief/health-care-use/>. Accessed October 3, 2018.
63. Pereira K, Crosnoe R, Fortuny K, et al. ASPE Research Brief: Barriers to immigrants' access to Health and Human Services programs. ASPE website. <https://aspe.hhs.gov/basic-report/barriers-immigrants-access-health-and-human-services-programs>. Published May 2012. Accessed October 4, 2018.
64. Yoshikawa H, Kalil A. The effects of parental undocumented status on the developmental contexts of young children in immigrant families. *Child Dev Perspect*. 2011;5(4):291–297.
65. Karoly LA, Gonzalez GC. Early care and education for children in immigrant families. *Future Child*. 2011;21(1):71–101.
66. Ziol-Guest KM, Kalil A. Health and medical care among the children of immigrants. *Child Development*. 2012;83(5):1494–1500.
67. Ross CE, Wu C. The links between education and health. *Am Sociol Rev*. 1995;60(5):719–745.
68. Cutler DM, Lleras-Muney A. Education and health: evaluating theories and evidence. Cambridge, MA: National Bureau of Economic Research; 2006. <http://www.nber.org/papers/w12352>. Accessed October 4, 2018.
69. Winkleby MA, Jatulis DE, Frank E, Fortmann SP. Socioeconomic status and health: how education, income, and occupation contribute to risk factors for cardiovascular disease. *Am J Public Health*. 1992 Jun;82(6):816–820.
70. 2016 Annual Report: Leaders United to Change Lives. Harlingen, TX: RGV Focus. <https://www.edtx.org/>. Accessed September 18, 2018.
71. Roche KM, Vaquera E, White RMB, Rivera MI. Impacts of Immigration Actions and News and the Psychological Distress of U.S. Latino Parents Raising Adolescents. *J Adolesc Health*. 2018 May;62(5):525–531. doi:10.1016/j.jadohealth.2018.01.00. Epub 2018 Mar 2.
72. Vargas ED, Juárez M, Sanchez GR, Livaudais M. Latinos' connections to immigrants: how knowing a deportee impacts Latino health. *J Ethn Migr Stud*. 2018:1–18.
73. Arbona C, Olvera N, Rodriguez N, Hagan J, Linares A, Wiesner M. Acculturative stress among documented and undocumented Latino immigrants in the United States. *Hisp J Behav Sci*. 2010;32(3):362–384.

74. Hacker K. The Impact of Immigration and Customs Enforcement on Immigrant Health: Perceptions of Immigrants in Everett, Massachusetts, USA. *Soc Sci Med*. 2011 Aug;73(4):586–594.
75. Cavazos-Rehg PA, Zayas LH, Spitznagel EL. Legal status, emotional well-being and subjective health status of Latino immigrants. *J Natl Med Assoc*. 2007;99(10):1126.
76. Idler EL, Benyamini Y. Self-rated health and mortality: a review of twenty-seven community studies. *J Health Soc Behav*. 1997;38(1):21–37
77. State Health Facts: Percent of Adults Reporting Fair or Poor Health Status by Race/Ethnicity. Kaiser Family Foundation website. <https://www.kff.org/other/state-indicator/percent-of-adults-reporting-fair-or-poor-health-status-by-raceethnicity/>. Accessed October 4, 2018.
78. Hardy LJ, Getrich CM, Quezada JC, Guay A, Michalowski RJ, Henley E. A call for further research on the impact of state-level immigration policies on public health. *Am J Public Health*. 2012;102(7):1250–1253.
79. Talavera V, Núñez-Mchiri GG, Heyman J. Deportation in the US-Mexico borderlands: anticipation, experience and memory. In: De Genova N, Peutz N, eds. *The Deportation Regime*. Durham, NC: Duke University Press; 2010:166–195.
80. Koball H, Capps R, Hooker S, et al. Health and Social Service Needs of U.S.-Citizen Children with Detained or Deported Immigrant Parents. Migration Policy Institute website. <https://www.migrationpolicy.org/research/health-and-social-service-needs-us-citizen-children-detained-or-deported-immigrant-parents>. Published September 2015. Accessed July 31, 2018.
81. Pedraza FI, Cruz Nichols V, LeBrón AMW. Cautious Citizenship: The Deterring Effect of Immigration Issue Salience on Health Care Use and Bureaucratic Interactions among Latino US Citizens. *J Health Polit Policy Law*. 2017;42(5):925–960.
82. DeVoe JE, Fryer GE, Phillips R, Green L. Receipt of preventive care among adults: insurance status and usual source of care. *Am J Public Health*. 2003;93(5):786–791.
83. Fact Sheet: Health Coverage of Immigrants. Kaiser Family Foundation website. <http://files.kff.org/attachment/Fact-Sheet-Health-Coverage-for-Immigrants>. Published December 2017. Accessed August 14, 2018.
84. Ortega AN, Fang H, Perez VH, et al. Health care access, use of services, and experiences among undocumented Mexicans and other Latinos. *Arch Intern Med*. 2007;167(21):2354.
85. Immigration Detainers: An Overview. American Immigration Council website. <https://www.americanimmigrationcouncil.org/research/immigration-detainers-overview>. Published March 2017. Accessed September 18, 2018.
86. City of Houston. Transition Committee on Criminal Justice recommendations. City of Houston, Texas website. [https://www.houstontx.gov/mayor/transitionreports/criminal\\_justice.pdf](https://www.houstontx.gov/mayor/transitionreports/criminal_justice.pdf). Accessed October 4, 2018.
87. Society for Community Research and Action: Division 27 of the American Psychological Association. Statement on the Effects of Deportation and Forced Separation on Immigrants, their Families, and Communities. *Am J Community Psychol*. 2018 Sep;62(1–2):3–12. doi:10.1002/ajcp.12256. Epub 2018 Jul 31.
88. Powell D, Dunlap G, Fox L. Prevention and intervention for the challenging behaviors of toddlers and preschoolers. *Infants Young Child*. 2006;19(1):25–35.
89. Forrest CB, Riley AW. Childhood origins of adult health: a basis for life-course health policy. *Health Affairs*. 2004;23(5):155–164.

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# Appendices

## Appendix A. About the Survey

HIP developed a survey for adults (18+) to gather information on the physical and mental health status of adults and children in immigrant families, and the impact of detention and deportation on their everyday lives. Surveys were available in English and Spanish and in paper and online formats (online was English only). From May 2018 – June 2018, LUPE recruited participants, administered, and collected surveys. Surveys were collected in the Rio Valley communities and colonias that LUPE serves, as well as collected in LUPE offices. We collected a total of 243 surveys, and of these, analyzed 212. We removed 31 surveys from our final analysis due to missing data related to the respondent’s immigration status.

Analysis of survey data was for descriptive purposes. We first ran univariate analysis for all responses for both surveys. Then, we compared results based on the respondent’s legal status – whether citizen, protected, or undocumented.

We created the following categories based on how people reported their own status:

- citizen: person who identified as a US-born citizen or naturalized citizen
- protected: person who identified as lawful permanent resident or has DACA status
- undocumented: person who identified as undocumented

In developing the survey questions, we drew from the following validated survey tools:

1. Generalized Anxiety Disorder Tool GAD-7. This tool is for measuring generalized anxiety disorder symptoms in adults. We used the same scores as developed by the tool authors, of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety, respectively.\*
2. Child Trauma Screen - CTS. This tool is for measuring symptoms of post traumatic stress in youth, CTS stands for Child Trauma Screen (formerly the Connecticut Trauma Screen). We used the same interpretation as the survey authors where a score of 8 or greater from sum of 6 questions indicate a high likelihood that the child may be suffering from clinically significant levels of PTSD symptoms.†
3. Screen for Child Anxiety Related Disorders - SCARED. This tool measures symptoms and different potential diagnoses of anxiety in children. The original tool is 41 questions, so we used 2 subsets of questions from the SCARED tool. We used the same scoring as the survey authors: A score of 3 for items 34, 37, 40, 45 may indicate significant school avoidance. A score of 5 for items 35, 36, 38, 39, 41, 42, 43, 44 may indicate separation anxiety SOC.‡

Some limitations to our survey approach and findings include: 1) we used a convenience sampling method and recruited participants who are members of LUPE and allied organizations; 2) the sample may suffer from selection bias as most participants are active members of community organizations who are most affected by immigration policy, and therefore may have a stake in expressing a particular perspective; and 3) we have a small

\* Spitzer, Kroenke, Williams, Löwe. A brief measure for assessing generalized anxiety disorder: the GAD-7. <https://www.ncbi.nlm.nih.gov/pubmed/16717171>

† Lang, J. M., & Connell, C. M. (2017). Development and Validation of a Brief Trauma Screening Measure for Children: The Child Trauma Screen. *Psychological Trauma: Theory, Research, Practice, and Policy*.

‡ Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): A replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230–6.

sample size that reflects experiences of people who completed the survey.

Given these limitations, there are three important caveats to keep in mind as readers interpret the findings.

First, while we hypothesized that the effects of detention and deportation would be less for documented or protected survey respondents, compared to undocumented respondents, results to some questions on the survey suggest that respondents felt impacted by them, regardless of legal status (see Appendix B for complete survey data findings). Research may explain this seeming contradiction.

For example, in a national survey, a majority of all Latinx people (57%), including those who were native-born and foreign-born, worried some or a lot about deportation of themselves or family members.\* This fear can exacerbate parents' ability to get a job, advance at that job, or earn more money — the stress of which can link to poor physical and emotional health.† So while the undocumented may experience a greater degree of impacts, the broader immigrant community also is affected by an immigration policy that affects their family members, friends and others in their networks. While we cannot be certain that this explains the experiences reported by our documented survey respondents, it provides a plausible hypothesis to understand the findings.

Second, we recognize that it is not feasible to assess the independent effect of legal status or threat of detention and deportation on the health of survey respondents. Our analysis is limited to descriptive statistics and does not have the power to isolate factors that may predict specific outcomes. This is particularly important given that there are many other independent factors that were not assessed in the survey – for example, related to poverty, employment conditions and the physical communities that people live in – that could contribute to respondents' overall health and well-being.

Third, although the protected category included people who identified either as lawful permanent resident (LPR) or having DACA status, the majority of that category is LPRs.

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\* Lopez MH, Minushkin S. 2008 National Survey of Latinos: Hispanics see their situation in US deteriorating. Pew Research Center; 2008. Available at: <http://www.pewhispanic.org/2008/09/18/2008-national-survey-of-latinos-hispanics-see-their-situation-in-us-deteriorating-oppose-key-immigration-enforcement-measures/>. Accessed April 26, 2013.

† Lang, J. M., & Connell, C. M. (2017). Development and Validation of a Brief Trauma Screening Measure for Children: The Child Trauma Screen. *Psychological Trauma: Theory, Research, Practice, and Policy*.

† Cavazos-Rehg PA, Zayas LH, Spitznagel EL. Legal status, emotional well-being and subjective health status of Latino immigrants. *Journal of the National Medical Association*. 2007;99(10):1126.

## Appendix B. Survey and Survey Findings

### Survey Tool



#### ABOUT YOU AND YOUR HEALTH

1. In general, my health is: **(circle one)**

Excellent    Very good    Good    Fair    Poor

2. In the last 12 months, I delayed or did not get medical care I needed:  Yes     No

If YES, please explain?: \_\_\_\_\_

3. Because of my immigration status, I experience: (check all that apply)

- Poor housing conditions
- Difficulty paying rent or utilities
- Fear of deportation
- Worry that my family will be separated
- Anxiety about my family's health
- Difficulty getting health insurance (ex. Medicaid, SHIP)
- Difficulty getting medical care
- Difficulty buying food
- Difficulty enrolling in child care
- Difficulty exercising
- Missed days of work
- Abuse by my employer
- Loss of wages
- Trouble getting a job
- Difficulty getting a fair wage
- Fear of driving
- Fear of reporting a crime
- Fear of taking my child to school
- Unfair targeting by law enforcement
- Unfair traffic stops
- Feelings of racial profiling
- Stress
- Discrimination
- Human rights abuses
- Difficulty using public assistance (e.g. WIC)

4. Someone I know has been detained, received a deportation order, or has been deported:  Yes     No

→ It was a: **(check all that apply)**

- Family member                       Friend
- Someone I live with (not related to you)

5. After I was arrested for a traffic stop, because of my immigration status, I was: (check all that apply)

- Detained
- Deported
- Neither

6. After I was arrested for a reason other than a traffic stop, because of my immigration status, I was: (check all that apply)

- Detained
- Deported
- Neither

7. I became seriously ill as a result of being detained/deported:  Yes     No

8. My age: I am \_\_\_\_\_ years old (write age)

9. My gender is:

- Male                                       Female                                       Other: \_\_\_\_\_

10. I am:

- A US-born citizen                       A Naturalized citizen
- A Lawful permanent resident       DACA
- Undocumented                               Other: \_\_\_\_\_

11. I have lived in the United States for:

- 0-4 yrs                       5-9 yrs                       10-14 yrs                       15+ yrs

12. I was born in: \_\_\_\_\_ (country)

13. My ethnicity is: \_\_\_\_\_

14. My immediate family is: (check all that apply)

- US-born or naturalized citizens
- Legal Permanent Residents
- Undocumented immigrants

15. My highest completed level of education is:

- Elementary/middle school               Some college
- Some high school                               Undergraduate degree
- High school diploma/GED                       Masters or PhD

16. My annual household income: (include yearly wages of everyone you live with)

- \$0 – \$5,000                                       \$20,001 – \$30,000
- \$5,001 – \$10,000                               \$30,001 – \$50,000
- \$10,001 – \$15,000                               \$50,001+
- \$15,001 – \$20,000

17a. The city I currently live in: \_\_\_\_\_

17b. The colonia I currently live in: \_\_\_\_\_

18. I currently live with my children

- Yes     No                                      If yes, how many? \_\_\_\_\_

19. Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying too much about different things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble relaxing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being so restless that it is hard to sit still.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming easily annoyed or irritable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling afraid as if something awful might happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**YOUR CHILD'S HEALTH**

The following questions are about the health of ONE OF YOUR CHILDREN UNDER THE AGE OF 18. Please pick one of your children and answer the questions below about him or her.

20. How old is YOUR CHILD? (write age) \_\_\_\_\_

21. What is your CHILD'S immigration status?

- US-born citizen                       Naturalized citizen
- Lawful permanent resident       DACA
- Undocumented                         Other: \_\_\_\_\_

22. In general, MY CHILD'S HEALTH is: (circle one)

Excellent    Very good    Good    Fair    Poor

23. MY CHILD has health insurance (ex. Medicaid, CHIP):

- Yes     No

24. I have a usual place to go when MY CHILD is sick or needs health advice:  Yes     No

25. In the last 12 months, I delayed or did not get medical care MY CHILD needed, such as seeing a health provider (doctor, specialist, etc.):

- Yes     No

If YES, please explain: \_\_\_\_\_

26. Because of my immigration status, MY CHILD has experienced or has: (check all that apply)

- Fear about her/his parents getting deported
- Missed days of school
- Trouble keeping up grades
- Trouble focusing on schoolwork
- Fear about going to school
- Not eaten well
- Missed outdoor physical activity
- Strained relationships with friends
- Become caregiver for my other children
- Stress
- Anxiety
- Discrimination

27. EVENTS: Sometimes, scary or very upsetting things happen to people. These things can sometimes affect what we think, how we feel, and what we do. Has anything very upsetting or scary happened to your child (parent or family member deported, someone they know detained, loved one died, separated from loved one, been left alone for a long time, not had enough food to eat)?

- Yes     No

What was it? \_\_\_\_\_

REACTIONS: Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how your child has been feeling and thinking recently. How often did each of these happen in the last 30 DAYS?

	Never/ Rarely	1-2 times per month	1-2 times per week	3+ times per week
28. He/she has strong feelings in his/her body when they remember something that happened (sweating, heart beats fast, feel sick).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. He/she tries to stay away from people, places, or things that remind them about something that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. He/she has trouble feeling happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. He/she has trouble sleeping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. It's hard for him/her to concentrate or pay attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. He/she feels alone and not close to people around him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the last 3 MONTHS MY CHILD experienced or mentioned the following:

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
34. My child gets headaches when he/she is at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. My child gets scared if he/she sleeps away from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. My child follows me wherever I go.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. My child gets stomachaches at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. My child worries about sleeping alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. My child has nightmares about something bad happening to his/her parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. My child worries about going to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. My child has nightmares about something bad happening to him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. My child is afraid to be alone in the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. My child doesn't like to be away from his/her family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. My child worries that something bad might happen to his/her parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. My child is scared to go to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Survey Findings

Notes about tables below:

- Percentages in columns may not total 100% due to rounding.
- Sample sizes change for each question because we excluded missing responses from the analysis.

**Table I: Adult Survey Demographics**

	All	Citizen	Protected	Undocumented
Gender	N = 211	N = 57	N = 62	N = 92
Female	69%	68%	69%	69%
Male	22%	25%	24%	20%
Unspecified	9%	7%	7%	12%
Average age	N = 192	N = 52	N = 55	N = 85
Years	42	40	46	41
Place of birth	N = 193	N = 52	N = 55	N = 85
United States	20%	73%	0%	0%
Mexico	2%	27%	96%	99%
Other Latin American country	20%	0%	4%	1%
Ethnicity	N = 169	N = 48	N = 49	N = 72
Hispanic or Latino	65%	75%	69%	56%
Mexican or Mexican American	25%	10%	20%	39%
Other	9.4%	15%	10%	6%
Number of years lived in the US	N = 194	N = 45	N = 60	N = 89
0 -4 years	3%	0%	3%	3%
5-9 years	8%	7%	2%	14%
10-14 years	15%	2%	17%	20%

Highest level of education	N = 199	N = 53	N = 59	N = 87
Elementary/middle school	28%	11%	24%	41%
Some high school	24%	6%	22%	36%
High school	19%	21%	22%	16%
Some college	15%	28%	19%	5%
Undergraduate degree	11%	25%	12%	2%
Masters or PhD	3%	9%	2%	0%
Annual household income	N = 187	N = 54	N = 58	N = 75
\$0 - \$5,000	25%	13%	10%	44%
\$5,001 - \$10,000	15%	7%	12%	23%
\$10,001 - \$15,000	15%	11%	14%	19%
\$15,001 - \$20,000	13%	9%	22%	9%
\$20,001 - \$30,000	18%	24%	29%	5%
\$30,001 - \$50,000	8%	20%	7%	0%
\$50,000 +	6%	15%	5%	0%
Residence (city or a colonia within Rio Grande Valley)	N = 187	N = 49	N = 55	N = 83
City	42%	47%	38%	42%
Colonia	58%	53%	62%	58%
Immigration status	N = 211	N = 57	N = 62	N = 92
US-born citizen	23%	84%	0%	0%
Naturalized citizen	4%	16%	0%	0%
Lawful Permanent Resident (LPR)	22%	0%	76%	0%
DACA	7%	0%	24%	0%
Undocumented	44%	0%	0%	100%

Immediate family compensation	N = 193	N = 55	N = 57	N = 81
All US-born or naturalized citizens	40%	55%	37%	32%
All LPR	10%	7%	19%	5%
All undocumented immigrants	22%	9%	18%	33%
Citizens and LPR	10%	16%	12%	5%
Citizens and undocumented immigrants	8%	6%	2%	15%
LPR and undocumented immigrants	2%	2%	0%	4%
Full mix of status (citizen, LPR, undocumented)	8%	6%	12%	6%
Lives with children	N = 182	N = 49	N = 54	N = 79
Yes	70%	55%	61%	84%
Average number of children in household	3	3	2	3

**Table II: Adult Social Determinants of Health by Immigration Status**

	Citizen	Protected	Undocumented
Because of my immigration status, I experience:	N = 57	N = 62	N = 92
Poor housing conditions	11%	19%	36%
Difficulty paying rent or utilities	19%	31%	39%
Fear of deportation	23%	31%	87%
Worry that my family will be separated	28%	32%	77%
Anxiety about my family's health	21%	29%	50%
Difficulty getting health insurance	25%	34%	74%
Difficulty getting medical care	12%	31%	58%
Difficulty enrolling in child care	5.3%	11.3%	10.9%

Difficulty buying food	16%	24%	27%
Difficulty exercising	14%	23%	28%
Missed days of work	9%	27%	29%
Abuse by my employer	9%	18%	28%
Loss of wages	11%	19%	26%
Trouble getting a job	25%	26%	61%
Difficulty getting a fair wage	12%	19%	45%
Fear of driving	16%	26%	63%
Fear of reporting a crime	16%	26%	39%
Fear of taking my child to school	12%	8%	30%
Unfair targeting by law enforcement	14%	19%	50%
Unfair traffic stops	12%	24%	47%
Feelings of racial profiling	21%	21%	42%
Stress	30%	34%	60%
Discrimination	26%	27%	48%
Human rights abuses	14%	18%	45%
Difficulty using public assistance	7%	16%	19%

**Table III: Adult Health and Well-being Outcomes by Immigration Status**

	Citizen	Protected	Undocumented
Self-reported health status	N = 53	N = 54	N = 86
Excellent	8%	7%	4%
Very good	23%	9%	5%
Good	38%	43%	37%

Fair	30%	39%	44%
Poor	2%	2%	11%
Delayed seeking medical care	N = 53	N = 50	N = 80
Yes	28%	32%	29%
No	72%	68%	71%
Symptoms of Generalized Anxiety Disorder	N = 54	N = 60	N = 92
None	48%	58%	40%
Mild	30%	23%	27%
Moderate	15%	8%	19%
Severe	7%	10%	14%

**Table IV: Adult Experiences with Detention and Deportation by Immigration Status**

	Citizen	Protected	Undocumented
Connection to people who have been detained, received a deportation order, or been deported:	N = 46	N = 44	N = 71
Someone I know	44%	50%	63%
A family member	22%	30%	35%
A friend	26%	23%	28%
Someone I live with not related to me	4%	7%	7%
After being arrested for a traffic stop, because of immigration status, I was:	N = 37	N = 40	N = 72
Detained	0%	8%	7%
Deported	3%	5%	6%
Detained and deported	0%	3%	10%
I became seriously ill as a result of being detained/deported	N = 40	N = 44	N = 70
Yes	3%	5%	17%

**Table V: Child Demographics by Parent Immigration Status**

	Citizen Parent	Protected Parent	Undocumented Parent
Age of child	N = 17	N = 19	N = 44
0 - 4 years old	24%	32%	16%
5 - 9 years old	24%	16%	25%
10 - 14 years old	29%	21%	27%
15 - 18 years old	24%	32%	32%
Child's immigration status	N = 25	N = 21	N = 52
US-born citizen	88%	81%	79%
Naturalized citizen	12%	10%	8%
Lawful Permanent Resident (LPR)	0%	10%	0%
DACA	0%	0%	0%
Undocumented	0%	0%	10%

**Table VI: Child Health and Well-being Outcomes by Parental Immigration Status**

	Citizen	Protected	Undocumented
Child health status	N = 25	N = 22	N = 51
Excellent	36%	18%	16%
Very good	24%	32%	28%
Good	24%	46%	38%
Fair	16%	5%	18%
Poor	0%	0%	2%
Child has health insurance	N = 25	N = 20	N = 51
No	24%	20%	24%
Yes	76%	80%	77%

I have an unusual place to go when my child is sick or needs health advice	N = 24	N = 21	N = 51
Yes	88%	71%	86%
In the last 12 months, I delayed or did not get medical care my child needed	N = 24	N = 18	N = 47
Yes	0%	17%	30%
Symptoms of School Avoidance Anxiety in Children (parent-report)	N = 53	N = 10	N = 32
Yes	20%	30%	41%
Symptoms of Separation Anxiety in Children (parent-report)	N = 10	N = 10	N = 32
Yes	20%	30%	50%
Symptoms of Post-Traumatic Stress Disorder (parent-report)	N = 12	N = 11	N = 35
Yes	17%	18%	20%

**Table VII: Child Behavioral and Mental Health Outcomes by Parent Immigration Status**

	Citizen Parent	Protected Parent	Undocumented Parent
Because of my immigration status, my child has experienced or has:	N = 27	N = 28	N = 63
Fear of her/his parents getting deported	11%	21%	57%
Missed days of school	4%	0%	19%
Trouble keeping up grades	0%	4%	22%
Trouble focusing on schoolwork	4%	11%	18%
Not eaten well	0%	7%	14%
Missed outdoor activity	0%	0%	14%
Strained relationships with friends	4%	0%	19%
Become caregiver for my other children	0%	4%	18%
Stress	7%	11%	29%
Discrimination	4%	4%	14%

## Appendix C. About the Focus Groups

### Focus Group Methods

Human Impact Partners held 3 focus groups to explore the experiences of people in mixed-status families and the impact of immigration policy on their and their family's health.

After each focus group, participants were asked to be photographed.

La Unión Del Pueblo Entero (LUPE) hosted and recruited participants for all focus groups. A fluent Spanish speaker with Mexican-American roots on staff at Human Impact Partners facilitated the groups, at times along with LUPE staff. All focus groups lasted approximately 1.5 hours and were audio recorded. Participants received \$20 gift cards for their participation.

The Spanish-language focus groups were translated and transcribed into English, and Human Impact Partners' staff summarized key quotes and themes from all focus groups.

	Focus Group 1	Focus Group 2	Focus Group 3
Date & Time Held	May 15, 2018 10am - 12pm	May 15, 2018 6 - 8pm	May 16, 2018 10am - 12pm
Language	Spanish	English	Spanish
Number of Participants	10	10	11
Ages of Participants	18+	17 - 24	18+

## Focus Group Questions

Adult Groups	Youth Group
<p>1. Let's go around and get to know one another. Please think of 3 things that you want people to know about you—it can be anything! Feel free to write them down on a piece of paper.</p> <p>2. What do you rate your health from 1-5, 1 being poor health and 5 being excellent health. If you would like, tell us your reason in a few sentences.</p> <p>3. How does the possibility of detention and deportation of you or someone you love affect your physical, emotional, and mental health?</p> <p>4. Often people become detained/deported after being pulled over for a minor traffic stop - how has this issue impacted your life?</p> <p>We want to hear more about how detention and deportation affects children, especially those under age 18. For the next few questions, please think of a child under 18 living in your household. If there aren't any, you can reflect on a friend or neighbor's household with children. It may be helpful to focus on one child for a point of reference.</p> <p>5. If someone in the family has been detained or deported, how did that affect this child's health?</p> <p>a. What was it about their physical, emotional, or mental health that changed?</p> <p>6. If someone in your community has been detained or deported, how did that affect this child's health?</p> <p>7. When someone they knew was detained/deported, this child feel any differently about going to school? Did it affect their grades or how well they were doing in school? (Additional prompt: did it affect other school activities?).</p> <p>8. What are 2 things about immigration policy that could change in the Rio Grande Valley that would help you be healthier?</p> <p>a. What would you change for you and your family if those 2 things happened?</p> <p>These are all the questions that we have for you now in this group discussion setting. We would love to hear if you have any questions for us.</p>	<p>1. Let's go around and get to know one another. Please think of 3 things that you want people to know about you—it can be anything! Feel free to write them down on a piece of paper.</p> <p>2. What do you rate your health from 1-5, 1 being poor health and 5 being excellent health. If you would like, tell us your reason in a few sentences.</p> <p>3. How does the possibility of detention and deportation of you or someone you love affect your physical, emotional, and mental health?</p> <p>4. Often people become detained/deported after being pulled over for a minor traffic stop - how has this issue impacted your life?</p> <p>5. If someone in your family has been detained or deported, how did that affect you and your family's health?</p> <p>a. What was it about your physical, emotional, or mental health that changed?</p> <p>6. If someone in your community has been detained or deported, how did that affect you and your family's health?</p> <p>7. When someone you knew was detained/deported, did it make you feel any differently about going to school? Did it affect your grades or how well you were doing in school? (Additional prompt: did it affect other school activities?).</p> <p>8. What are 2 things about immigration policy that could change in the Rio Grande Valley that would help you be healthier?</p> <p>9. What would you change for you and your family if those 2 things happened?</p> <p>a. What would change for you and your family if those 2 things happened?</p> <p>These are all the questions that we have for you now in this group discussion setting. We would love to hear if you have any questions for us.</p>

## Appendix D. Notes & Background on Calculations

### 1. Children in Rio Grande Valley with an Undocumented Parent

834,000	x	9%	=	75,000
Number of children in Texas living with 1 or more undocumented parent(s)		Percent of undocumented immigrants in Texas living in Cameron and Hidalgo counties		Estimated number of children in Cameron and Hidalgo Counties living with one or more undocumented parent

#### Sources Used:

- Center for Public Policy Priorities. Texas Children in Immigrant Families. March 2017. Available at: [https://forabettertexas.org/images/2017\\_TXkids\\_ImmigrantFamilies.pdf](https://forabettertexas.org/images/2017_TXkids_ImmigrantFamilies.pdf). Accessed August 3, 2018.
- Migration Policy Institute. Unauthorized immigrant population profiles. Available at: <https://www.migrationpolicy.org/programs/us-immigration-policy-program-data-hub/unauthorized-immigrant-population-profiles>. Accessed August 3, 2018.

#### Assumptions, Limitations, and Notes:

This calculation is likely an underestimate for Rio Grande Valley overall – the percent of undocumented immigrants includes the two most populous counties in the Rio Grande Valley, but excludes two other counties based on available data. The information here also is based on estimates from 2010–2014, and demographics have likely shifted since then.

### 2. Children in Rio Grande Valley with a Parent who was Deported in Fiscal Year 2017

2,807	x	31%	x	2.1	=	1,800
Number of ICE interior deportations from Rio Grande Valley in fiscal year 2017		Percent of undocumented people deported in 2017 who were parents with at least 1 US born child under 18		Average number of children in undocumented households		Estimated number of US-born children in the Rio Grande Valley with a parent who was deported in fiscal year 2017

#### Sources Used:

Our calculation of the number of ICE interior deportations from Rio Grande Valley in fiscal year 2017 used information from these sources:

- TRAC immigration. Latest Data: Immigration and Customs Enforcement Detainers ICE Data through November 2017. Syracuse University. Available at: <http://trac.syr.edu/phptools/immigration/detain/>. Accessed July 17, 2018
- US Citizenship and Immigration Services (USCIS). Texas - San Antonio Field Office. Available at: <https://www.uscis.gov/about-us/find-uscis-office/field-offices/texas-san-antonio-field-office>. Accessed July 17, 2018.

- Pew Research Center. ICE arrests went up in 2017, with biggest increases in Florida, northern Texas, Oklahoma. February 18, 2018. Available at: <http://www.pewresearch.org/fact-tank/2018/02/08/ice-arrests-went-up-in-2017-with-biggest-increases-in-florida-northern-texas-oklahoma/>. Accessed July 17, 2018.
- ICE. FY2017 Enforcement and Removal Statistics. Available at: <https://www.ice.gov/removal-statistics/2017>. Accessed July 17, 2018
- ICE. FY2017 ICE ERO Administrative Arrests. Available at: <https://www.ice.gov/removal-statistics/2017>. Accessed July 17, 2018

**Additional sources used in this calculation include:**

- US Immigration and Customs Enforcements. Deportation of Aliens Claiming U.S.-Born Children: First Half, Calendar Year 2017. October 12, 2017. Available at: <https://www.dhs.gov/sites/default/files/publications/ICE%20-%20Deportation%20of%20Aliens%20Claiming%20U.S.%20-Born%20Children%20-%20First%20Half%20CY%202017.pdf>. Accessed July 17, 2018.
- Migration Policy Institute. Analysis of 2008 U.S. Current Population Survey data with assignments of legal status by Jeffrey A. Passel at the Pew Hispanic Center.

**Assumptions, Limitations, and Notes:**

We calculated the number of ICE interior deportations from Rio Grande Valley in fiscal year 2017 based on various data sources.

This assumes that undocumented parents in the Rio Grande Valley have about the same number of children, on average, as people in undocumented households nationwide. It also does not include some removals, such as those that originate from the Texas Department of Public Safety transferring people directly to Border Patrol without going through ICE.

**3. Child health status**

1,800	x	91%	x	33%	=	500
Estimated number of U.S.-born children in the RGV with a parent who was deported in FY2017		Estimated proportion of removals who are male nationwide, FY2003-2013		Proportion of kids who report health status not excellent or very good with income <100% federal poverty line		Estimated number of US-born children in RGV annually with health status that is not excellent or very good after change in household income associated with absence of primary earner

**Sources Used:**

- Rosenblum MR, McCabe K. Deportation and Discretion: Reviewing the Record and Options for Change. Migration Policy Institute. October 2014. Available at: <https://www.migrationpolicy.org/sites/default/files/publications/Deportation-Discretion-Report.pdf>. Accessed July 20, 2018.
- Larson K, Halfon N. Family income gradients in the health and health care access of US children. Maternal and Child Health Journal. 2010;14(3):332–342.

### Assumptions, Limitations, and Notes:

In the absence of data about removals by both gender and parents' status, the calculations use a statistic that 91% of removals during fiscal years 2003-2013 were male.\* When used in calculations about the number of parents who report at least 1 U.S.-citizen child, it gives an estimate of the proportion of deportees that were fathers. We use the statistic as a proxy for the proportion of households that will lose a primary earner. Inherent to our using it in this way is an assumption that primary earners are male.

Households impacted by absence of a primary earner are used as proxy for the share of households under 100% federal poverty line after the absence of a primary earner. In the US, the median income for undocumented immigrant households is \$36,000 per year. With the detention and deportation of a primary earner, median household income for undocumented immigrant households **drops to an estimated \$15,400, putting them below the poverty line.**† Given that we have data available on median income, but not the distribution of households around that median, we are working under the assumption that all households fall into poverty, which is likely to be an overestimate.

## 4. Child behavioral outcomes

1,800	x	43%	=	800
Number of U.S.-born children in the RGV with a household member who was deported from July 2016 - June 2017		Proportion of children who showed signs of withdrawal after deportation of parent, at 6 months after immigration-related arrest		Estimated number of U.S.-born children in RGV who will demonstrate signs of withdrawal annually, if deportations remain at same levels

### Sources Used:

Chaudry A, Capps R, Pedroza JM, Castaneda RM, Santos R, Scott MM. Facing our future: children in the aftermath of immigration enforcement. The Urban Institute; 2010. Available at: <http://www.eric.ed.gov/ERICWebPortal/recordDetail?accno=ED508226>. Accessed March 15, 2013.

### Assumptions, Limitations, and Notes:

There was a small sample size in the study of children who showed signs of withdrawal after deportation of a parent, at 6 months after the parent's immigration-related arrest.

\* Rosenblum MR, McCabe K. Deportation and Discretion: Reviewing the Record and Options for Change. Migration Policy Institute. October 2014. Available at: <https://www.migrationpolicy.org/sites/default/files/publications/Deportation-Discretion-Report.pdf>. Accessed July 20, 2018.

† Human Impact Partners. June 2013. Family Unity, Family Health: How Family-Focused Immigration Reform Will Mean Better Health for Children and Families. Oakland, CA.

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