

CLINICAL PERSPECTIVES

Growing Up With an Undocumented Parent in America: Psychosocial Adversity in Domestically Residing Immigrant Children

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CLINICAL CASE

Enrique is a 6-year-old male child presenting for an evaluation at the request of his school. Both he and his undocumented mother appear tense and worried. He was born in the United States after his parents migrated from El Salvador due to safety concerns, and the police arrested his father in a workplace raid 2 months prior to this visit. Since then Enrique and his mother have been living in cramped quarters without access to a washing machine. Enrique's mother has been looking for work and money is tight. Despite being a United States citizen, Enrique does not have access to health insurance, housing support, school programming, or other services for which he qualifies. He did not attend preschool, and as a first-year Kindergarten student, he is now struggling academically with English. Other students are bullying him because of his speech and appearance. He and his mother do not know where to turn, and the school is concerned about developmental and learning disabilities. Enrique's mother states, "He has not been the same boy since his father got arrested. Before he used to go outside and play with the neighborhood kids, and he used to laugh a lot at home. Now he mostly stays in his room, barely talks, and barely eats. I'm really worried about him." Enrique's mother also relays that she herself has been struggling to adjust to the loss of her spouse, which has resulted in her having far less support. She has been feeling depressed herself, and is worried about her ability to care adequately for her children in her current predicament. On examination, Enrique has his head down throughout most of the interview, defers questions to his mother, and becomes briefly tearful when talking about his father.

According to Pew Research Center, 6 to 7 million children are residing in the United States with at least one undocumented parent. The vast majority of these children were born in the United States themselves, and a small minority were born outside America. Even more noteworthy is the longitudinal data that 7% to 9% of all

children born in the United States between 2003 and 2014 have at least one undocumented parent. Given the numbers, it is highly likely that all child health care providers will encounter this population clinically. In this Clinical Perspectives article, we start by reviewing general and specific vulnerabilities in this population, and then discuss how child and adolescent psychiatrists can effectively help these children and their families. The majority of data presented herein refers to the US-born children of undocumented immigrants, but some may include foreign-born children of undocumented immigrants residing in America.

The children of undocumented parents in America are at risk for several general vulnerabilities. Like the children of many minority groups, they are more likely to suffer from poverty than their peers.^{1,2} Poverty translates to cramped living conditions,^{1,2} decreased access to washers and dryers,¹ food insecurity and malnourishment,^{1,2} difficulties with academic achievement and increased risk for learning disabilities,¹ behavioral issues,¹ community violence,³ parental depression and stress,⁴ and a whole host of adverse childhood experiences.

Yet, the children of undocumented parents are at risk for a number of specific and unique vulnerabilities as well. Unexpected parental arrest and deportation can cause drastic transitions for these families, with little to no notice. Parental arrest and deportation worsen the existing problems of economic hardship, housing and food instability, loss of childcare, reluctance to go to agencies for assistance, and difficulty obtaining basic needs.^{2,3} Caregivers who remain after a parent is detained report difficulties in emotional adjustment, their ability to support their children financially, emotionally, and educationally.^{2,4,5} Remaining caregivers also report increased social isolation, depression, and suicidal ideation following the arrest of a spouse. These sudden and specific traumas also increase the rates of posttraumatic stress disorder,

depression, and anxiety in children born to undocumented parents.^{2,5}

Other vulnerabilities that are specific to this population include eligibility for services, academic difficulties, and acculturation stress. The fact that undocumented parents are ineligible for services such as housing and health insurance increase the risk that their children will not get these services even if they qualify.^{1,2,6} For example, the children of undocumented Mexican parents report lower reading and mathematics skills, and lower rates of preschool enrollment than other ethnic groups matched for poverty, immigrant, and minority status.¹ Finally, the children of undocumented immigrants report acculturation stress in the form of difficulty communicating with friends, negative perceptions of their home country, a lack of supportive school networks, and difficulty in their relationships with their parents.³

Health care providers who work with the children of undocumented immigrants must be aware of the aforementioned vulnerabilities to provide holistic, comprehensive, compassionate, and effective care. There are several clinical considerations when working with this patient population. First, child and adolescent psychiatrists may inquire about immigration status, but should only do so in a careful and thoughtful way, and only if the child and family feel comfortable sharing this information. Providers can explain their rationale in asking this information so that additional referrals for services can be made for the family. Forcing the issue could cause undocumented parents and their children to become even more fearful and reluctant to return. Child and adolescent psychiatrists should explain that immigration status is protected information under the Health Insurance Portability and Accountability Act (HIPAA), and that child and adolescent psychiatrists do not have any legal mandate to report this information. Many child and adolescent psychiatrists who are experienced in this work will not document immigration status, even if disclosed by the patient or family, for fear that this information could be used against the family if subpoenaed by a court.

The child and adolescent psychiatrists who provide clinical care to this population are not doing so in a forensic role with immigration authorities, and thus families can be reassured that their information is as safe as possible. Second, the knowledge of a family's immigration status can be incredibly helpful in treatment planning. Child and adolescent psychiatrists can listen empathically and normalize the experiences of the family, while providing psychoeducation on migration stress and trauma. The ease of efficient communication is critical to forming a therapeutic alliance with families, and bilingual mental health providers and/or easy access to high-quality interpreter services can help to facilitate communication with families.

Children should not translate for their parents, as this could cause undue stress and could violate confidentiality laws. Undocumented families, especially those with US-born children, may qualify for a number of services. US-born children should be eligible for special school programming where available, health care, and potentially even housing. In such cases, child and adolescent psychiatrists should advocate for the child directly and should avoid situations in which children feel pressured to secure services for their parents. These families may also require assistance in the form of case management, transportation, and language/translation services. Moreover, undocumented families may benefit from connections to nonprofit grassroots organizations, immigrant law centers, and churches, and being tied into their local immigrant communities. Third, a family-centered, trauma-informed, and culturally sensitive approach should be applied to the clinical care of this population.⁷ The trauma experienced by the children of undocumented parents is transgenerational and historical in nature. Thus, a family-centered approach, which could include components of family therapy, allows the entire family unit to heal simultaneously while enhancing the family's ability communicate with one another and support one another through difficult transitions. Similarly, trauma-informed systems of care anticipate the potential for trauma in patients and create clinical environments that are safe and healing for patients and families who are suffering. Trauma-informed systems of care include calm, patient, and welcoming staff at the reception desk, a soothing "look and feel" of clinical environments, and efforts to avoid potential re-traumatization and/or triggering of patients. Finally, many children of undocumented parents may have experienced discrimination at school or in the community. Thus, a culturally sensitive approach in which cultural norms are understood and respected, rather than judged and questioned, will likely enhance the quality of the therapeutic relationship and effectiveness in patient engagement. Fourth, it is a great advantage for clinics to be located in areas with high concentrations of undocumented immigrants. This can help to facilitate community relationships between child and adolescent psychiatrists and other local providers, stakeholders, and families. It also improves trust in and visibility of mental health services. Similarly, flyers can be placed in community mental health center offices where there are high concentrations of undocumented patients, informing them that they are safe to receive care. Finally, physicians can play an effective role in advocating for policies that promote the mental health and wellness of children residing with undocumented parents in America.⁸ Many undocumented parents and their children may refrain from speaking out for fear of retaliation, and

therefore their voices may not be heard at a local and national level. This may especially be the case in areas where immigration raids, arrests, detention, and deportation are more prevalent. The American Academy of Child and Adolescent Psychiatry released policy statements against immigration executive orders and the separation of immigrant children from their families in 2017 and 2018, respectively. We must continue joining with other medical organizations in this advocacy effort to address the vulnerabilities discussed in this article.

Accepted May 28, 2019.

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Presentation Information: The contents of this article have not been presented by Dr. Sidhu or Dr. Song to date, nor have they been published elsewhere. Both Dr. Sidhu and Dr. Song have given multiple American Academy of Child and Adolescent Psychiatry (AACAP) Annual Meeting presentations on special

immigrant populations, including immigrant youth fleeing torture and persecution as well as domestically-residing immigrant youth. Both Dr. Sidhu and Dr. Song have written multiple articles on this topic as well.

Disclosure: Dr. Sidhu has received grant funding from the 2018 AACAP Advocacy and Collaboration Grant. He has received honoraria as the 2018 AACAP Hansen Review Course Co-Chair and from Tulane University Department of Psychiatry Grand Rounds. He has received travel expenses from the University of New Mexico Health Sciences Center and AACAP. Dr. Song has served as consultant to the International Rescue Committee, the Office of Refugee Resettlement, the United Nations High Commissioner for Refugees, and the TriCity Health Center. She has received honoraria from the Penn State Medical Center Department of Psychiatry Spring Symposium and Grand Rounds and the Department of Behavioral Health of Virginia Grand Rounds. She has received book royalties from Springer Nature. She has received travel expenses from the George Washington Medical Center.

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0890-8567/\$36.00/©2019 American Academy of Child and Adolescent Psychiatry

<https://doi.org/10.1016/j.jaac.2019.05.032>

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