Stress and Fear in Immigrant Communities: Implications for Health and Human Development

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Abstract

The experience of immigrant families under growing immigration enforcement policies were explored to better understand the health implications that anti-immigrant policies may have on children, their families, and the wider social fabric of the immigrant community in Tucson, Arizona. A community based participation action research approach helped researchers formulate questions and organize focus groups to capture the nuances of mixed immigration status families—the varied legal status of family members within households—a condition attributed to decades of migration in response to the U.S. demand for labor and progressive impoverishment in less developed nations. Focus group texts were analyzed using qualitative content analysis. Among the most notable results included the remarkably high stress experienced by immigrant families, especially among those headed by women. Implications of fear-invoking stress for immigrants include greater threats to psychological and physical well being important for health and human development.

Introduction

Contemporary news accounts have highlighted the issues of U.S. immigration enforcement as it impacts immigrant families, especially when such actions result in family members being deported or repatriated from the United States. The consequences of trauma associated with immigrant enforcement actions have not gone unnoticed by scholars and public interest groups and systematic examination of what *long-term* effects these policies will bring have begun to develop. For example, recent policy reports such as *"Paying the Price"* by the National Council of La Raza suggest that among these long term effects are trauma due to family separation, the inability of parents to provide for dependents, additional financial burdens placed on supportive extended family members, and disruption in the schooling process among children in households that are faced with the persistent threat— or perceived threat—of immigration enforcement raids (Capps et al., 2007). The study by Yoshikawa (2011) also examines how the cognitive abilities of young children of immigrants are adversely impacted when parents fear being arrested for violations of U.S. laws related to residency and employment without official authorization. Less explored is the potential harmful impact of years of stress—both physiological and psychological—due to the unprecedented number of anti-immigrant policies that impact more than just those singled out for enforcement actions (O'Leary and Sanchez, 2011).

Social Determinants of Health

Addressing the social determinants of health (i.e. economic, social and environmental conditions that influence health) has been at the heart of achieving health equity and social justice. There is a growth of health professionals and institutions that understand the importance of addressing the social determinants of health to provide better

opportunities for healthcare. The Centers for Disease Control has addressed health disparities and their impact on certain groups that have systematically experienced social or economic obstacles to health (Center for Disease Control). Institutions are leading efforts in the betterment of population health by improving social environments in these communities by addressing education, employment, mental health, nutrition and physical activity (Institute for Alternative Futures, 2012).

Recent immigrant arrivals to the U.S. are generally healthier than native-born. However, the risks of developing chronic ailments are related to increase in length of residence in the receiving country (Roshania et al., 2008; Kaplan et al., 2004). Longer periods of residency translate into adoption of the dietary habits of the host country among other acculturation factors. Moreover, Viruell-Fuentes reports that stigmatization in the receiving country creates stress, isolation, and ostracism, which may lead to anxiety and depression as well as lack of personal empowerment in immigrant communities. This continuous and chronic fear may have a negative impact on health outcomes (Viruell-Fuentes and Schulz, 2009). In addition to creating an environment that aggravates health problems, "policies of attrition," (also known as attrition through enforcement policies) have resulted in the reduction of prevention service utilization by immigrants and mixed status households and consequently the reduction of measures for illness prevention (Aponte-Rivera and Dunlop, 2011). The purpose of many of these laws is to make settlement for immigrants problematic to such a degree that they will be opt for returning to their countries of origin (also known as "policies of attrition") (Vaughan, 2006). Although policies of attrition focus on immigrants who are present in the United States without proper residency and employment documents, they also impact non-immigrants, primarily those who share similar physical and cultural traits (e.g. Mexican-Americans and other Latino populations). Particularly affected are children of mixed status families where one or more children are

U.S. citizens and are therefore entitled to public benefits (O'Leary and Sanchez, 2011).

It is due to the environment of fear and hostility that stress levels in these communities have increased and have consequently affected their emotional and physical wellbeing (Carvajal et al., 2012; Hacker et al., 2011). Furthermore the fear and social stigma of immigrants impede their access to healthcare making them even more vulnerable to chronic illnesses (Larchanche, 2012). Due to the risks of being detained and/or deported, many undocumented immigrants forgo needed medical services thus increasing their risk of severe chronic illnesses that could potentially impact other non-immigrant populations (Aponte-Rivera and Dunlop, 2011).

The Research

The present examination builds on research into how immigration enforcement measures "spill over" into the non-immigrant population (O'Leary and Sanchez, 2011; Fix and Zimmermann, 2001). The research, *Family Separation and Child Welfare Protocols in Mixed-Immigration Status Immigrant Households*,[33] had the general objective of understanding how mixed immigration status households are affected by the trend in anti-immigrant legislation in the State of Arizona. A mixed immigration status household refers to that domestic unit in which the legal status of its members—and therefore their relationship to the state—vary (Romero, 2008). Mixed immigration status households have evolved from a long history of immigrant settlement in destination communities (O'Leary and Sanchez, 2011, 2012) and when children are born to immigrants (Fix and Zimmermann, 2001). The specific objectives of the research included:

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[33] Funding for the project came from the Border Health Commission.

1. To document and examine the concerns of mixed immigration status households as assessed by parents and as care-givers and in their day-to-day activities that included the care of youth and children.
2. To explore the gaps in the multi-agency coordination of standards of care and available resources that concern parents in of mixed immigration status households.
3. To include the perceptions and assessment of conditions by immigrant families in Tucson, Arizona, by using a community based participatory action approach.

The Mexican immigrant population has become widely dispersed throughout the United States, especially since the 1990s when the demand for labor encouraged many to move beyond traditional gateway cities in the U.S.-Border states (Crowley, Lichter, and Qian, 2006). In spite of these new opportunities, immigrants are more likely to engage in low-wage and high occupational risk economic sectors. Combined with diminishing access to publically-supported safety net programs, immigrant families—including first generation immigrant children and second generation children of immigrant parents—face critical challenges for overcoming dim prospects for reducing poverty and deprivation.

Background

With an escalation of very public and virulent outspokenness against them, immigrants increasingly find themselves the subject of state-level legislative proposals intended to scrutinize their access to public health care programs, schools, and the work place (O'Leary, 2009; Kilty and Vidal de Haymes, 2000). Not considered by these policies, however, is the far-reaching ripple effect on others when those singled out for restriction belong to a mixed immigration-status households (O'Leary and Sanchez, 2011; Talavera, 2008). Although the immigration status

in question may be any one available to the foreign-born, increasingly so, this falls into the category of that has been the subject of so much contention and scrutiny is that of "undocumented."[34]

Arizona's anti-immigrant policies are due in part to the nation's growing awareness of the presence of undocumented immigrants in the country and the state's border with Mexico as a major migration corridor. From 2009 to 2012, 46 immigration control laws or resolutions were enacted or adopted by the state legislature (National Conference of State Legislatures 2012). Most of these were policies of attrition. However, Arizona is not alone in this endeavor. Almost all 50 U.S. states have developed some form of the attrition through enforcement approach to control immigration. However, the impact of these attrition policies have on non-immigrant populations has not been considered policy makers, in spite of scholarship that has kept abreast of these troubling developments. Anti-immigrant sentiment spills over to non-immigrant family members (Fix and Zimmermann, 2001; Harnett, 2008), and the negative political attention and anti-immigrant backlash against undocumented immigrants is also felt by those who share traits with them (Romero, 2008; Short and Magaña, 2002; O'Leary and Romero, 2011). Such traits include language use, phenotype, and expressed cultural values. This makes such policies also anti-immigrant and anti-Latino (O'Leary and Sanchez, 2011). For example, Michelson (2001) examined major immigration-related political events and found that the political rhetoric that policy measures incited made Latinos—who more often than not are citizens or legal residents—perceive greater discrimination. Greater discrimination has been reported by Latinos as difficulty finding work or housing, difficulty

[34] The term, "undocumented," is legally non-existent. However, it has both real and symbolic consequences for immigrants (Plascencia, 2009). In the United States, where this growing category of immigrants has become the focus of state-level immigration enforcement polices, being undocumented prevents most from legally working and residing in the United States.

using government services or traveling abroad, and the increased likelihood of being asked to produce documents to prove their immigration status (Pew, 2007). The implications of health care access restrictions mandated by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 for immigrant families in California is discussed by Marchevsky and Theoharis (2008) who find that because service agents are influenced by the public discourse and prejudices, their decisions result in the denying of *eligible* applicants from applying and receiving much-needed public benefits (See also Inda 1996). Romero (2008) finds that public intimidation exhibited by police during immigration raids in Chandler, Arizona in the form of unwarranted stops and searches of presumed undocumented immigrants serve to normalize disrespect and contempt for all immigrants, regardless of their status, including U.S. citizen family members. Carvajal et al., (2012) found that among the most common stressors among Mexican-origin farmworkers, most of whom are authorized to work in the U.S., come from worry about encountering immigration officials. Finally, research by Goldsmith, Romero, Rubio-Goldsmith, Escobedo, and Khoury (2009) found that policing authorities are more likely to mistreat barrio residents more than their Anglo counterparts because they exhibit more Mexican ethno-racial characteristics, and that citizenship, class, and education level offer them little protection.

Published results from a previous study by O'Leary and Sanchez (2011, 2012) that examines immigrant women's access to reproductive health care programs in the climate created by Arizona's anti-immigrant legislation argues that the application of such measures are sure to have a ripple effect throughout the broader immigrant community. Although the seeds of legislated health care restrictions for immigrants can be traced to 1986 with California's unsuccessful Prop 187 (Chavez et al., 1985; 1986), more recently, similar approaches have sparked alarm about the potentially long-term health effects that might be induced

by chronic stress (Carvajal et al., 2012). Unmitigated and over time, this trend will certainly be debilitate the health and well being of a broad base of residents regardless of status, many of whom are young and represent the nation's future (Kilty and Vidal de Haymes, 2000).

Methods

The research was approved by the University of Arizona Institutional Review Board for the protection of human subjects. It employed a community based participatory action approach (Maiter et al., 2008) by partnering with a local immigrant rights and advocacy organization, The Coalición de Derechos Humanos. Over several weeks, the research team met with the organization's Promotoras de Derechos Humanos to discuss the project, potential outcomes, procedures, and research questions. Partnering with the Promotoras was critical for organizing four focus groups of adult members of immigrant households, primarily parents and other caregivers. Recruiting potential informants who come from low-income or minority ethnic groups is demanding enough (Rabiee, 2004), so recruiting immigrants who had an undocumented family member residing within the household predictably posed additional challenges. These were largely overcome with the help of the Promotoras who had direct knowledge of community members and were able to invite those that were the subject of inquiry to participate in the study (See also O'Leary et. al, 2013). This also followed an established practice for selecting focus group participants, one based on what they may have to contribute to help researchers answer the research question (Rabiee, 2004). They may provide information within the range of topics that they have in common, while illustrating differences between individuals and groups. Therefore, for the research, the participants all came from immigrant households. Following Rabiee (2004), four groups of 6-9 participants

was deemed appropriate for this study. Each participant filled out a short demographic survey sheet but no identifying information was collected. A total of four focus group sessions were organized so that each group was represented by adult members of three different types of households:

Session 1: Immigrant households present in the United States *for 5 years or more.*
Session 2: Households headed by immigrant women.
Session 3: Immigrant households present in the United States *for 5 years or less.*

A fourth group, Session 4, represented households in which the legal status of all household members had been regularized or were U.S. citizen. In this way, focus groups allowed researchers to concentrate on topics related to immigrant household settlement and adaption within the state's anti-immigrant climate, which are in turn related to the health and well being of family members, including children.

For all four groups, a structured interview guide facilitated the discussion about a variety of topics and concerns. These topics were related to routine household organization and adaptation and its inherent processes of transmitting cultural values—all of which have bearing for the well-being of children in the household. All four sessions were conducted in Spanish. This information may elude researchers when potential respondents live in the shadows of society, fearful of being detected or scrutinized by authorities (Cornelius, 1982), or fearful of being shamed and humiliated by police or agency officials (Romero, 2008; Marchevsky and Theoharis, 2008). The information is also often lost to policy analysts when those who might provide information are deported, repatriated or are otherwise displaced. This qualitative approach was viewed as necessary for contextualizing the important socioeconomic factors that affect household migration and settlement (Maiter et al., 2008) and successful

adaptation, as "sociological determinants of health.[35] The sessions were recorded for later transcription. Notes were also taken by each of the research team members. This permitted the person moderating the discussion to focus on that activity while allowing those who were not moderating the opportunity to write notes and to observe a range of behaviors of the group. Notes enabled subsequent discussion of the focus group sessions where salient themes began to emerge. This nurtured an *emergent coding* process, where conceptual categories are developed following some preliminary examination of the data (Stemler, 2001). These categories would be re-examined systematically later, during the content analysis phase of the project.

Recorded focus group sessions were transcribed for qualitative content analysis. The research questions functioned as a guide for the analysis. Team members used traditional coding methods to examine the transcripts, meaning that computer software was not used. Instead, research team members used highlighters and pens to mark up copies of the transcripts. Following Krippendorff (2004) our content analysis sessions involved building a coding rubric and developing and applying a concept dictionary—a fixed vocabulary of terms derived from the textual data for concurring or for statistical computation. Using an emergent analytic coding approach, the rubric and concept dictionary allowed the research team to systematically and consistently code the content along the following eight thematic variables:

1. Discrimination
2. Fear
3. Stress
4. Attrition of Health Programs/Responses
5. Economic Instability
6. Reliance on informal economy
7. Resistance/coping
8. Presence (a) or absence (b) of social support systems

[35] PBS documentary series UNNATURAL CAUSES: Is Inequality Making Us Sick? San Francisco, CA: California Newsreel, (2008) http://www.unnaturalcauses.org

An important step in the analytical process involved the negotiation of these conceptual categories and definitions. Accordingly, team members worked together to exchange ideas and come to a consensus for determining the criteria for defining the variables and to determine the rules for inclusion. Stemler (2001) best captures the process when he describes qualitative content analysis as "a systematic, replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding." Quantitative content analysis in this way transforms observations of found categories into quantitative statistical data, while remaining true to the intentionality of the verbal expressions and their implications. Ultimately, the creation of a coding frame in this manner remains intrinsically related to a contingent logic of the immediate population and social phenomena being studied.

Results

Demographic Summary

A total of 34 households were represented by a total of 32 participants in the focus groups. When household composition for all units is considered for all, households containing both U.S.- born and foreign born members (primarily from Mexico) were remarkably prevalent, a phenomenon referred to by Heyman (1991) as "border balanced households".

Households typically included nuclear family relationships (spouses and children) but also a variety of extended family members such as grandparents, grandchildren, in-laws, and nieces and nephews.

TABLE 1: SUMMARY OF SELECTED DEMOGRAPHIC CHARACTERIST

Focus Group Session	Number of Participants	Number of households represented	Members born in Mexico	Members born in U.S	Average household size	Members < 15 years of age
1	7	10	12 (45%)	10 (55%)	5	12
2	5	5	5 (38%)	8 (62%)	4	7
3	9	9	21 (78%)	6 (22%)	4	14
4	11	10	16 (59%)	9 (33%)	4	9
	32	34	54	33		42

Source: Base on Focus Group Results

Content Analysis

The transcriptions from the testimonials from the four focus groups were examined by the research team using basic content analysis: variables were identified and coded accordingly, to reveal the frequencies listed in Table 2, and patterns illustrated in Figure 1.

TABLE 2: VARIABLE FREQUENCIES BY FOCUS GROUP SESSION

Variable	Focus Group Sessions (4)			
	#1: HHs present in US > 5 yrs	#2: Female Headed HHs	#3: HHs present in US < 5 yrs	#4: HHs with no "undocu- mented"
1. Discrimination	4	10	10	12
2. Fear	6	9	4	2
3. Stress	13	20	15	11
4. Attrition of Health Programs/Responses	3	4	3	7
5. Economic Instability	2	5	0	3
6. Reliance on informal economy	1	4	2	0

7. Resistance/coping	13	22	11	10
8.a. Presence of Social Support	5	7	4	1
8.b. Absence of Social Support	4	5	0	0

Source: Base on Focus Group Results

FIGURE 1. COMPARATIVE VARIABLE FREQUENCIES BY FOCUS GROUP SESSION
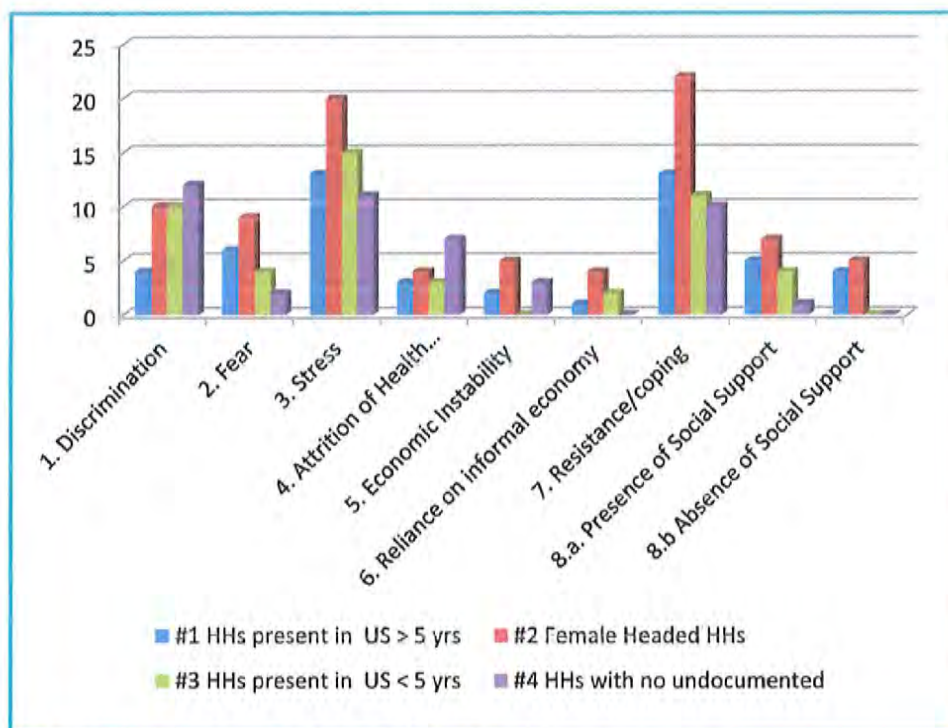
Source: Base on Focus Group Results

Discussion

Stress and coping strategies

Most notable in the results of the content analysis a remarkable high frequency of the stress variable for all groups, paralleled by a remarkably high frequency of resistance and coping among all four groups. Equally

notable is the higher frequencies of these same variables in the group representing female-headed households compared to the other three groups.

The prevalence of stress is consistent with what other Latinos in the United States today are feeling with the increased negative public attention on immigration. As if settlement and adaptation processes to the life in the United States were not difficult enough, political events that shift public attention to immigration issues in a negative way succeed in altering the national mood towards immigrants (Michelson, 2001). Anti-immigrant policy trends, epitomized by Arizona's Senate Bill 1070 signed into law in April 2010 (Chin et al., 2012) and Alabama's HB 56 in 2011, produce climates that are rife with tension. The high level of stress, as articulated by the focus groups and evidenced by the high frequency of this variable is therefore consistent with what one might expect in light hostile political climates.

The high frequency of resistance and coping strategies among all four groups also conforms to expectations of how a stressful environment might be mitigated. Protective, coping strategies are commonly present in Mexican immigrant families to help members adjust to their new environments after migration (Vidal de Haymes et al., 2011). This process involves changes in values, cognitions, and attitudes that family members may undergo, and necessarily involve understanding conflicts and difficult-to-reconcile differences that emerge from inter-group relations. These are both learning and emotional processes that rely heavily on family cohesion: family connectedness that can provide important resources, care, affection, and psychological support to family members (Vidal de Haymes et al., 2011).

Theories of household composition and organization complemented our understanding of the importance of family cohesion, especially for operationalizing the different stress and coping strategies. As strategic social groupings of individuals, households are organized to benefit its individual members (Netting et. al., 1984).

Anglo counterparts. In such situations, citizenship status offers them little protection, as Romero (2008) has also shown. This heightened awareness is also logical with the extensive news coverage of Arizona's SB1070 and public criticisms (nationally and international) for its potential to encourage racial profiling and discrimination. More to the point, although there are legal differences among immigrants, focus groups participants seem to grasp that the public and the media are unable to make a distinction between who is present legally and who is not (Plascencia, 2009). This makes all Latinos—because they share many phenotypic and cultural traits with immigrants—fearful and sensitive to the consequences of being racially discriminated (Short and Magaña, 2002; Goldsmith et. al., 2009; Romero, 2008; Marchevsky and Theoharis, 2008). Session Four participants, whose status protects them and their households from being deported or repatriated, also expressed stress and dismay for the torment experienced by neighbors and friends due to greater immigration enforcement. In sum, past and present discrimination that is being aggravated by anti-immigrant measures means that all Latinos—not just those singled out as undocumented—are more likely to be barred from equitable treatment by authorities which will undermine their access to housing, jobs and education. These sociological determinants of health do more than to lock Latinos into the lower rungs of the social economic status ladder. Like many other low income and discriminated populations in the United States, these sociological factors also predispose them to long-term health burdens.

Implications for Attrition Trends in Public Health Program Utilization

A low frequency of the variable, "Attrition of Health Programs and Responses" indicates that more research

in this area is needed. Focus group participants reported few responses to historically diminished access to health care resources. Previous research by O'Leary and Sanchez (2011) has demonstrated that for immigrant women who live in households where at least one household member is undocumented may engage in household, decisions to seek health care are made difficult due to fear that their application to programs invite additional scrutiny by authorities. As such, their reluctance to apply to health care programs may result in *de facto* restrictions for those who might be eligible to receive them, including children. Conventional wisdom holds that the lack of healthcare and healthcare access has a negative impact on all facets of life: from economic productivity and educational attainment to the prevention of crime and the spread of disease. Moreover, healthcare and healthcare access is a particular problem for Latino populations, and contributes to the nation's health care disparities as Latinos are more likely to be engaged in high-risk occupations, such as construction and farm labor, which produces a great need for health care (Brown and Yu, 2002). Focus group conversations indicate that many households are making use of prescription medications being brought from Mexico and sold over the counter at local stores. Unaffordable insurance plans and lack of access to healthcare programs have opened up an unregulated market for dentists and medical doctors that come from Mexico to provide much needed services at affordable prices to the immigrant community in Tucson. Self prescribing and sharing of medication (such as antibiotics) also seems to be common.

The higher frequencies of the stress variable in the group representing female-headed households compared to the other groups in both of these categories when all groups are compared signals the need for additional research in this area also. For undocumented women especially, conditions are doubly precarious as both immigrants and females (O'Leary and Sanchez, 2012). After they have settled in the United States, they face greater uncertainties because gendered prescriptions pressure them into negotiating on

a daily basis an array of household activities, and social inequities. Previous research by O'Leary (2006) shows that cultural prescriptions may discourage women from seeking the support of others, even if they themselves are expected to be supportive. Understanding how women have come to be increasingly impacted by anti-immigrant policies will necessarily need to include an understanding of how survival is negotiated at the level of the household, as well as the macro-level, where policies are designed. To be sure, neoliberal economic philosophies that have worked to callously disrupt subsistence economies in immigrant-sending communities in Mexico also work to destabilize immigrant communities in the United States (O'Leary and Sanchez, 2012).

Kilty and Vidal de Haymes (2000) have argued that public policies can help exploited and oppressed groups achieve their legal rights and rightful positions; but history shows that instead, policies tend to sustain an unequal distribution of the valued resources, including wealth, status, privilege based on race and ethnicity. The ideological positions and agendas of powerful interests have assured that the purposeful implementation of policies that aim to create stress on already marginalized populations—known as policies of attrition—have proliferated. With less equitable distribution of resources, chronic poverty, greater exclusion from public health benefits, immigrants' full integration in their new destinations—and therefore prospects for economic and human development for themselves and their children is gravely undermined. With much of the nation's growth due to the Latino population and decades of immigration several dismal prognostications must be considered. Vidal de Haymes et al., (2011) note some of the risks that come with a breakdown of migrant adaptation processes. Among them is the impairment of decision-making and occupational functioning, because these reduce necessary effectiveness and job performance. Stress contributes to the breakdown of trust between individuals seeking help and those who are in a position to give it. Overwhelmed by the injustices

clients report, health professionals may feel that they are unable to help. Discrimination may entrap immigrants in stereotypes and expectation imposed by the dominant group, resulting in greater exploitation and greater stress. (See also Gomberg-Muñoz, 2010). This prevents many from attaining a social status that can be help provide role models for others. Stress may be externalized by domestic violence and substance abuse. In this way, libertarian beliefs that governments should not run large economic deficits to maintain "wasteful" government-subsidized entitlement programs such as services for the poor, primary education, public transportation, and publically funded health care programs should be challenged by way of health impact studies that can prove that such policies will only impose greater health burdens on everyone.

Acknowledgements

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