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Anti-Immigration-Related Stressors and Latine Immigrant Well-being: The Role of Family & Community Resilience

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Anti-Immigration-Related Stressors and Latine Immigrant Well-being: The Role of Family & Community Resilience

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by

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Table of Contents

Abstract

Anti-immigrant rhetoric and policies have continued to adversely impact Deferred Action for Childhood Arrivals (DACA) and Temporary Protection Status (TPS) beneficiaries (Arevalo et al., 2015; Cleary, 2017; Li, 2015; Sangalang et al., 2018). There have been numerous attempts to revoke DACA, TPS, and other policies that temporarily protect immigrant families. Although the number of resilience literature has grown, more strength-based approaches are still needed. Additionally, given that *familismo (familism)* and collectivism are key cultural values for Latine families (Campos et al., 2019; Corona et al., 2017), it is imperative to explore family and community resilience among Latine immigrants to gain better understanding of critical processes that families and communities engage in that promotes resilience. This qualitative study sheds light on key factors contributing to family and community resilience during the Trump administration. Four themes emerged regarding how DACA and TPS participants conceptualized how their families and communities demonstrated resilience during high anti-immigrant times. Participants described emotional support from family and family agency as critical to family resilience. Furthermore, participants also expressed community resistance and support, contributing to community resilience during high anti-immigrant times. Results from this study provide implications for practice and supporting resistance.

Keywords: *DACA, TPS, immigration, family resilience, community resilience, Latine*

Anti-Immigration Related Stressors and Latine Immigrant Well-being

The Role of Family & Community Resilience

Latine migration has been an ongoing public discourse for decades. Some perspectives describe the value added by Latine migration to the United States (U.S.) economy, including infrastructures that benefit all Americans (Philbin et al., 2018). Other perspectives voice concerns about Latine migration as a significant threat to national security, employment, and culture (Borjas, 2003; Borjas, 2005). The latter perspective undergirds anti-immigrant policies, attitudes, actions, and sentiments that have significantly impacted the well-being of Latine immigrants (Almeida et al., 2016; Morey, 2018, Rojas Perez, 2023). These not only impact adverse negative health outcomes for Latine immigrants but augment the stressors they regularly face related to pre-migration and migration to the U.S. (Arevalo et al., 2015; Cleary, 2017; Li, 2015; Sangalang et al., 2018). These immigration-related stressors are associated with anxiety, trauma, fear, depression, and confusion (Arevalo et al., 2015; Cleary, 2017; Li, 2015; Sangalang et al., 2018). Most recently, the 45th President of the U.S. used his presidential platform to invoke visible anti-immigrant rhetoric against Latines. This presidential administration used narratives of Latines as "rapists," "bringing guns/violence," and "being a threat to national security." During these times, this administration even made efforts to rescind immigration-related policies such as the Deferred Action for Childhood Arrivals (DACA) Act (Garcini et al., 2022) and the Temporary Protected Status (TPS) Act (Rojas-Flores et al., 2019). This anti-immigrant rhetoric and efforts to rescind policies that have already been in place have impacted the psychological well-being of Latine immigrants (Moreno et al., 2021).

Some studies have shown that despite these stressors, positive outcomes in Latine immigrants' overall well-being remain (Balcazar et al., 2015; Pereira & Ornelas, 2011). The Immigrant Health Paradox perspective supports this notion; it refers to immigrant health that is

better in physical and mental health when compared to U.S.-born Latines (Hernandez et al., 2022; Moreno & Cardemil, 2018; Vega & Scribney, 2011) despite the stressors immigrants face in the U.S. More research, however, is needed to understand the well-being of Latine immigrants as they continue to be confronted with visible and overt anti-immigration-related stressors in the U.S. Most of the Latine psychological literature has examined the risks that anti-immigrant rhetoric has on these communities; yet more efforts are needed from a strengths-based approach. One such approach is the study of resilience, the ability to adapt successfully despite experiencing adverse circumstances (Masten & Powell, 2003). Research highlights how family and community may serve as protective factors for Latine individuals. It has been found that high levels of family support among Latine families serve as a protective factor during crises and from psychological distress (Umana-Taylor et al., 2011). Furthermore, low levels of familism have been linked to poor mental health (Ornelas and Perreira, 2011). Additionally, some key traits determine the strength of communities while facing hardship, such as social connectedness (Berkes & Ross, 2013; Bruneau et al., 2003). When community members consider themselves a part of a greater whole, they participate and feel valued in their community. This can help foster a sense of togetherness, relatability, and connection that can be essential in a time of need. Community support has been key to the continuity of resilience among Latines (Hull et al., 2008).

Little has been explored regarding the anti-immigrant rhetoric and immigration-related stressors; therefore, in the current study, I will examine the role of resilience, particularly family and community resilience, during the presence of anti-immigration-related stressors.

Latine immigration in the United States

In the U.S., Latine immigrants continue to make up most of the foreign-born population (Pew Research Center, 2022), with an estimated 44% of U.S. immigrants currently residing in this country (19.8 million people) (Pew Research Center, 2022). Further, approximately 13% (8 million people) of the 62 million U.S. Latines are undocumented (Pew Research Center, 2022). Of the undocumented immigrants, 67% are from Mexico or Central America, 8% are from South America, and 3% are from the Caribbean. Most recently, Latine migration has been coming from the Northern Triangle countries of El Salvador, Guatemala, and Honduras (Pew Research Center, 2017). Voluntary migration often occurs due to the lack of opportunities within countries of origin and the desire to reunite with family living in the U.S. Other migrants leave their countries of origin to escape war, persecution, violence, and political instability. Migrants who experience difficult pre-migration conditions are more likely to emigrate without proper documentation as they cannot wait to be granted asylum or another mechanism that allows their entry (Hainmueller et al., 2016). Immigrants from Mexico have reported long periods of poverty and violence as two main reasons they emigrate to the U.S. (Pew Research Center, 2017). Migrants from El Salvador, Guatemala, Honduras, Nicaragua, and countries in South America have reported experiencing long periods of political instability (i.e., civil wars and political violence), influencing their migration to the U.S. (Pew Research Center, 2017).

Anti-Immigrant-Rhetoric and Policies

Although their reasons for migration have been consistently documented, the anti-immigrant climate and hostile rhetoric continue to portray Latine immigrants, especially undocumented or those with liminal status, as a threat to economic stability, a drain on society, dangerous, and as "not belonging" (Garcini et al. 2022). Current and past anti-immigrant-related stressors are related to local, state, and national anti-immigrant policies. Anti-immigration

stressors are any events, forces, or conditions related to anti-immigrant policies, actions, or

attitudes that result in physical and emotional tension (Szaflarski & Bauldry, 2019). There is a

long history of anti-immigrant sentiment and action in the U.S. Several policies have been

introduced at the national, state, and local levels. Such policies have created a hostile

environment that stigmatizes immigrants, particularly those who are undocumented (Massey &

Pren, 2012).

Past and Present Immigration Policies. Immigration laws were historically based on

ethnic and racial exclusion. Until the 1920s, the Mexican border was open (Gonzalez, 2009).

During this time, immigration quotas were implemented in 1921 and 1924 to reduce immigration

from southern and eastern Europe radically. At the time, Mexicans were specifically excluded

from these immigration quotas. Convinced that cheap laborers from Mexico were necessary to

southwestern agriculture, Congress did not impose a limit on immigration from the Western

Hemisphere (Gonzalez, 2009; Massey, 2009). However, it did establish a patrol along the

Mexican border and imposed a head tax and visa fee. In 1929, the Federal Government required

Mexicans temporarily working in the U.S. to obtain visas to enter. During the late 1920s, border-

crossing experts and professional labor contractors helped Mexican immigrants cross the border

to avoid paying the head tax, visa fee, and bureaucratic delays. During this time, negative

sentiments toward Mexicans began to emerge. Labor leaders and nativists argued that an

immigration limit for Mexicans needed to be in place as they were "racially inferior." The racial

hostility continued until the 1930s, and the Great Depression only intensified it (Balderrama &

Rodríguez, 1995).

During the Great Depression between 500, 000 and 600,000 Mexicans were repatriated

(Branton, 2011). Although some left voluntarily, others were threatened with physical violence

and were forced to leave their homes and jobs. Local governments carried out the repatriation to create jobs and save welfare money. The legal pretext used was that many Mexicans lacked proof of legal residency (even though no visa was needed before 1929). Some Mexican groups fought the notion of being deported and attempted to demonstrate the racism involved in the actions that were being taken by the government (Branton, 2011).

 In response to the labor shortage that World War II created, the Mexican and U.S. governments established the Bracero Program. The Bracero Program was a system of labor permits for temporary workers that lasted until 1964 and was responsible for the entry of approximately four million Mexican workers into the U.S. (Gonzalez, 2009; Massey, 2009). During the Bracero program, millions of Mexicans and those of Mexican descent were deported back to Mexico (Gonzalez, 2009). This wave of repatriation is known as "Operation Wetback". During this decade, we continue to see negative sentiments around Latines, particularly those from Mexico. Even the operation's name highlights the prejudice and discrimination present at the time. The term "wetback" is an offensive term used (and continues to be used today in society) for Latine immigrants who would cross the Rio Grande to cross the border between Mexico and the United States. This operation led to U.S. citizens of Mexican descent and Mexicans being subjected to illegal searches and street roundups (Gonzalez, 2009; Massey, 2009).

The Immigration Act of 1965 was in response to the civil rights movement. It attempted to eliminate race discrimination in immigration policy. It eliminated the earlier quota system that had been in place based on national origin. Instead, it established a new immigration policy based on reuniting immigrant families and attracting "skilled labor" to the U.S. (Branton et al., 2011). The Immigration Act of 1965 drastically changed the demographic makeup of the U.S. as

immigrants were now coming from Latin America, Asia, and Africa, as opposed to Europe. More than eighteen million legal immigrants entered the U.S., three times the number admitted over the past thirty years. The 1965 act also unexpectedly encouraged undocumented entry into the U.S. (Branton et al., 2011).

Throughout the 1980s and 1990s, undocumented migration was a constant source of political debate, and immigrants continued to enter the U.S. through Mexico and Canada. The U.S. responded to the rise of undocumented migration by implementing even more repressive immigration policies and border policies (Massey, 2009). The Immigration Reform and Control Act of 1986 criminalized hiring undocumented workers and began what would prove to be a twenty-year militarization of the U.S.-Mexico border (Massey, 2007). Rising anti-immigrant sentiments led to the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) in 1996. This act focused on quickly removing undocumented immigrants and increased criminal penalties for immigration-related offenses. The same year, Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). Some scholars believe this act continued to fuel negative sentiments toward Latines (Massey, 2009; Branton, 2011).

Anti-immigrant policies continued through the 2000s. Arizona 2010 State Bill 1070 (SB 1070) was passed in 2010 as an "anti-illegal" immigration measure and became known as one of the broadest and strictest laws when it took effect. SB 1070 required state and local law enforcement to check the immigration status of individuals suspected of being undocumented. Additionally, SB 1070 made it a state crime for non-citizens to fail to carry proper immigration documentation (Luo et al., 2021). While some of the most controversial provisions of SB-1070 were struck down, the portion allowing state police to investigate the immigration status of an individual stopped, detained, or arrested if there is a reasonable suspicion that the individual is in

the country without proper documentation, was upheld (Luo et al., 2021; Toomey et al., 2014). Following Arizona's SB 1070, dozens of states and counties across the U.S. introduced similar bills, most passed to secure communities from undocumented immigrants (Flores, 2017). Even the proposal of such laws has created an environment that legalizes racial profiling of anyone presumed to be "foreign" simply based on their physical appearance or speech (Viruell-Fuentes et al., 2012). Furthermore, although the main target of anti-immigrant policies is undocumented immigrants, in practice, these policies likely construct a hostile social environment for different social groups (Viruell-Fuentes et al., 2012). Additionally, anti-immigrant policies may function as an othering mechanism, in which these policies may marginalize, stigmatize, and exclude those being othered, such as Latines (Viruell-Fuentes et al., 2012). These familiar stereotypes, the history of negative sentiment towards Latines, and government policies during economic difficulties have all set the stage for the ongoing immigration debate today.

Anti-Immigrant Rhetoric During the 45th Presidential Administration Threatened To End DACA and TPS. Emerging literature highlights how the 2016 U.S. presidential campaign and administration used anti-immigrant ideology, as the sentiment centered on immigration policy as a leading national issue (Garcini et al., 2022). The anti-immigrant rhetoric used by the 45th presidential administration ultimately threatened several policies already in place. The 45th presidential administration repeatedly pledged to end two policies: DACA (Deferred Action for Childhood Arrivals) and (Temporary Protection Status) TPS. The possible termination of such programs makes more than one million immigrants eligible for being deported. It could separate more than half a million U.S.-citizen children from their parents protected by these programs. DACA has provided temporary protection from deportation for ten years and has renewed work authorization to over 800,000 young adults. Many young

individuals protected under DACA and TPS have come to the U.S. as children (on average, six years old) and have lived here for an average of twenty years. The 45th presidential administration first tried terminating DACA in September 2017; however, over the past three years, an extended legal battle has kept DACA renewals open for young immigrants who come to the U.S. as children. However, no court has ruled these programs to be unconstitutional. These vital protections have benefited DACA recipients and their families while also strengthening communities across the U.S. and the U.S. economy.

Although DACA has many benefits, its legal future has remained uncertain. In June 2020, the U.S. Supreme Court issued a landmark 5-4 ruling on the future of DACA, stating that the 45th presidential administration acted unlawfully to end the program. The Supreme Court ruling mandated the full restoration of DACA and included accepting and processing new applications and applications for advance parole. Although this was considered a win for DACA recipients and families, six weeks later, the 45th presidential administration issued a defiant new policy memo cutting in half the length of time under which DACA protections are granted and excluding applications from hundreds of thousands of

The ruling ordered the full restoration of DACA, including the acceptance and processing of new applications and applications for advance parole. Six weeks later and without ever fully restoring DACA, the 45th presidential administration issued a defiant new policy memo cutting in half the time under which DACA program protections are granted and rejecting all pending and future initial requests.

Like DACA recipients, TPS recipients have been living in the U.S. under humanitarian protection and have been building their homes, establishing their families, going to school, and actively contributing to the workforce. Congress created TPS in the Immigration Act of 1990 to

protect immigrants who were already in the U.S. and were from countries experiencing armed conflict, environmental disasters, and extreme conditions that prevented their safe return to their country of origin. In 2020, the 45th presidential administration was given the green light to terminate TPS protections. Like DACA, TPS has also faced a long legal battle, and its future has remained uncertain. If TPS were to be terminated, U.S.-born children would be separated from their parents, protected under this policy. Without a permanent legislative solution that provides a path to citizenship, DACA and TPS recipients are constantly under the threat of deportation and being separated from their families and loved ones. The uncertainty of the future of DACA and TPS has been shown to negatively impact Latine immigrants, affecting their health, safety, and psychological well-being (Garcini et a., 2022; Ornelas et al., 2021). Additionally, the negative sentiments against DACA and TPS continue to augment the already psychological risks that Latine immigrants face due to the already daunting migration processes that may impact their psychological well-being.

The Impact of Anti-Immigrant Stress on Latine Immigrants' Well-being

Latine immigrants undergo unique factors that occur pre-migration, during migration, and after shaping their well-being. Before migration, exposure to violence and poverty increases an individual's risk for their psychological and physical health (Arevalo et al., 2015; Cleary, 2017; Li, 2015; Sangalang et al., 2018). During migration, migrants may experience adverse life events (i.e., exposure to violence, being detained at a detention center, being separated from family), which can increase their risk of developing post-traumatic stress disorder, anxiety, and depression (Cleary, 2017; Li, 2015). Once immigrants have migrated to the U.S., chronic financial concerns and remaining in a lower socioeconomic status continue to increase their risk for poor mental health (Cleary, 2017). Everyday experiences for immigrants living in the U.S.

include chronic stress from uncertainty, racism, discrimination, marginalization, stigmatization, constant threats, loss, and social disadvantage. Many undocumented immigrants report living under continuous fear, such as being deported and separated from their families (Garcini et al., 2016). Additionally, immigrants without legal documentation are often paid lower wages, are more prone to wage theft, and are more likely to experience dangerous working conditions, leading to more stress and unhealthy coping behaviors (Ornelas et al., 2020).

Just as pre-migration, during-migration, and post-migration factors may majorly impact Latine immigrants' mental health, laws and policies across federal, state, and local levels may also directly impact their mental health (Ornelas et al., 2020; Ornelas, 2021). Laws and policies that limit immigrants' rights can negatively impact Latine communities by increasing the likelihood of US-born children of Latine immigrants growing up without one or both parents (Amuedo-Dorantes & Arenas-Arroyo, 2019), poverty (Amuedo-Dorantes & Arenas-Arroyo, 2018), lower educational attainment for children (Amuedo-Dorantes & Lopez, 2017), and lower civic participation (Ornelas et al., 2020). On a micro level, restrictive immigrant policies resulted in high fear levels and increased stress. These negative effects are not only experienced by Latine immigrants but also by their children, extended family, and friends (Quiroga et al., 2014).

Past literature has also shown that undocumented immigrants who live in environments where they are constantly experiencing fear of deportation due to restrictive policies are more likely to experience higher levels of anxiety and depressive symptoms (Martinez et al., 2015). Increased police and immigration surveillance can also negatively impact social relationships and increase social isolation (Quiroga et al., 2014). Immigration enforcement can also contribute to immigrants staying in a constant state of fear and anxiety around deportation, thus impacting

their access to health services and experiencing economic uncertainty (Arbona et al., 2010;

Hardy et al., 2012).

Besides negatively impacting psychological well-being, policies also have the potential to

promote health and mitigate stressors. Policies that include sanctuary city protections,

opportunities to obtain a driver's license without needing to present specific documentation (i.e.,

social security number), and policies that offer health insurance regardless of an individual's

legal status (Acevedo & Stone, 2008; Koball et al., 2022) can have opposite, possibly positive,

effects. The Deferred Action for Childhood Arrivals (DACA) program is an example. DACA

allows its recipients to obtain state-issued identification and work permits, which increases an

individual's chances of experiencing upward mobility, educational attainment, and job

advancement (Cebulko & Silver, 2016; Gamez et al., 2017). Additionally, at a community level,

individuals with DACA/TPS and their families have reported developing a stronger sense of

belonging and community engagement (Gonzales et al., 2014; Martinez, 2014).

Resilience As A Protective Factor

Resilience adapts successfully despite experiencing adverse circumstances (Masten &

Powell, 2003). Resilience theory aids in our understanding of how some individuals can bounce

back in life after experiencing an adverse situation from a strengths-based approach (Fergus &

Zimmerman, 2005; Zimmerman & Brenner, 2010). Resilience theory provides the framework for

investigating why some individuals experience less adverse mental and physical health outcomes

(Garmezy, 1991; Masten et al., 2009). Resiliency focuses on positive social, contextual, and

individual variables (promotive factors) that may interfere with and disrupt developmental

trajectories from risk to mental distress and adverse health outcomes (Fergus & Zimmerman,

2005). Promotive factors oppose risk factors and may help individuals overcome the adverse

effects of risk exposure. Fergus and Zimmerman (2005) describe two promotive factors: assets and resources. Assets refer to factors that are within the individuals. Two examples of this are self-efficacy and self-esteem. Resources, which are factors outside individuals, can include parental support, youth programs, friends, mentors, and more. Both assets and resources provide immigrants with attributes on an individual and contextual level that are necessary for healthy development.

Research demonstrates that young adults have reported higher levels of psychological distress since the anti-immigrant rhetoric (Cadenas & Nienhusser, 2021). This proposed study uses family and community resiliency theory to help describe promotive factors that protect Latine immigrants despite experiencing uncertainty around their futures. Additionally, through family and community resilience theory, this proposed study aims at getting a deeper understanding of family and community key processes that are used among Latine immigrants as they navigate anti-immigrant stressors.

Research demonstrates that undocumented Latine immigrants use specific strategies to cope with barriers, hardships, and uncertainty. According to Benuto et al. (2018), undocumented immigrants engage in cognitive reframing as an essential protective factor that helps navigate adversity (Garcini et al., 2016). Although resilience has been documented throughout the Latine and immigrant literature, most studies have been around personal-level resilience. Given family and community play a key role in Latine immigrants, we, therefore, describe family and community resilience as potential resilience types that may play a role during the navigation of anti-immigration stressors.

Family Resilience. Family resilience encompasses "characteristics, dimensions, and properties of families which help families resist disruption in the face of change and adapt in the

face of crises" (McCubbin & McCubbin, 1998; McCubbin & McCubbin, 2013). A more recent

definition of family resilience describes it as the "capacity of the family, as a functional system,

to withstand and rebound from stressful life challenges- emerging strengthened and more

resourceful" (Walsh, 1996; 2003; 2016). Serious crises and persistent adversity can have an

impact on the whole family. These stressors can derail the functioning of a family system, with

ripple effects on all members and their relationships (Patterson, 2002; Walsh, 2003). In turn, key

family processes mediate the recovery of all members and the family unit. These processes

enable the family system to buffer stress, reduce dysfunctional risk, and support optimal

adaptation (Walsh, 2003). According to family resilience theory, family resilience entails more

than managing stressful conditions, shouldering burdens, or surviving an ordeal. It involves the

potential for personal and relational transformation and growth that can arise out of adversity

(Boss, 2001). Tapping into key processes for resilience, families can emerge stronger and more

resourceful in meeting future challenges (Vogel & Pfefferbaum, 2014; Walsh, 2003). According

to family resilience theory, resilient families tend to share similar beliefs and attitudes that

facilitate coping, do their best to maintain routines and rituals but with flexibility, use effective

communication about information and feelings, and show adaptive problem-solving skills

(Walsh, 2003).

In practice, understanding family resilience in Latine immigrants may benefit our

understanding of Latine immigrant health. Consistent psychological and sociological literature

emphasizes how *familismo* is an important and protective cultural value for the Latine culture

(Campos et al., 2019; Corona et al., 2017). Specifically, the associations between high levels of

familismo and improved well-being through supportive family ties have been consistently found

(Corona et al., 2017; Li, 2014). Much of the literature on *familismo* highlights the positive effects

on health outcomes. For example, higher levels of *familismo* have been shown to reduce lower levels of substance use (Horton & Gill, 2008), lower rates of behavioral concerns (German et al., 2009), depression and anxiety (Diaz & Nino, 2019), and overall increased psychological well-being (Umana-Taylor and colleagues (2011). Additionally, *familismo* serves as a buffer when experiencing minority stressors. For example, Orneleas and Pereira (2011) found that a combination of minority stressors (e.g., discrimination and stressful experiences during migration) is associated with more depressive symptoms. Results, however, indicated that participants who reported higher levels of *familismo* were more likely to report reduced depressive symptoms. Furthermore, Latine families share important familial and communal mechanisms and strengthen their psychological well-being (Harker, 2001).

      Community Resilience. For this study, community resilience is defined as the ability of social units (i.e., organizations, and communities) to mitigate stressors when they occur and carry out activities in ways that minimize future social disruption (Chaskin, 2008). Key components of community resilience are identifying and developing strengths on an individual and community level and establishing processes that support promotive factors (Buikstra et al., 2010). Another key component of community resilience is understanding how community members use such strengths to facilitate agency and self-organization, contributing to collectively coming together to overcome challenges and adversity (Berkes & Ross, 2013). Bruneau et al. (2003) developed a framework for assessing community resilience using the four R's, which consist of robustness (i.e. the ability of the system to withstand a given level of stress without the loss of function), redundancy (i.e., the extent to which elements of a system are capable of functioning in the event of a disruption), resourcefulness (i.e., the ability of a system to bring materials, such as monetary, physical, technological, and informational, and human

resources to meet the needs of community members while facing adversity), and rapidity (i.e.,

the capacity to meet community needs and achieve goals promptly to contain losses and avoid

future disruption).

In practice, understanding community resilience in Latine immigrants may benefit our

understanding of Latine immigrant well-being. Latine individuals come from a collectivist

culture where responsibility is shared, accountability is collective, and group activities dominate

(Berkes & Ross, 2013; Buikstra et al., 2010). Since Latine individuals come from a collectivist

background, community-based interventions have been developed to address this community's

needs in a culturally relevant way. An example of this is *Promotores. Promotores* describe

community health workers from the Latine community members and are trained to provide basic

mental health information to Latine communities (Koskan, 2013). In other words, the *promotor*

is a trusted community member who serves as a liaison, link, and intermediary between health

and social services (Ginossar & Nelson, 2010). *Promotores* have been shown to reduce mental

health stigma, increase knowledge and awareness of mental health, and improve the utilization of

mental health services (Ginossar & Nelson, 2010; McCloskey, 2009). The use of *promotores* has

helped bridge the gap between community needs and health resources (Johnson et al., 2013;

Otiniano et al., 2012).

Another community-based effort is the SAFER (Seguridad, Apoyo, Familia, Educación y

Recursos) Latine Project. This intervention includes a multi-level youth participatory to reduce

violence, specifically among Central American immigrants (Edburg et al., 2010). SAFER

includes intervention activities such as (1) having a drop-in center where many services are

provided to youth and adults, (2) *Promotores,* who help families with communication and

connect with schools and neighborhoods, (3) peer advocates, (4) a variety of community events

and media activities that provide information about the drop-in center and other services. These efforts are meant to act as mediating factors to increase knowledge about services and increase utilization, improve school performance, decrease violent beliefs, improve family and community cohesion, and have supervised activities provided for youth to have an impact on the number of youth joining gangs and involvement in violent acts (Edberg et al., 2010). Results from SAFER indicate that implementing a multilevel approach is beneficial for addressing health concerns for Latine immigrant youth.

Working with churches and religious leaders is an additional community-based effort to address the needs of the Latine community. Over 50% of Latine immigrants report being religious (DaSilva et al., 2017; Sanchez et al., 2012). Given the importance of religion in the Latine communities, faith-based organizations may play a major role in community engagement efforts to address various concerns, such as mental health (DaSilva et al., 2017). Moreno and Cardemil (2018) found that Latine participants experiencing financial and documentation stress coped with the social support they received from their religious communities. Other research has found that the use of religious coping among Latines was associated with lower depressive symptoms and lower substance use (Lerman et al., 2018; Sanchez et al., 2012).

Gaps in the Literature

Anti-immigrant rhetoric and anti-immigrant policies have provoked additional stressors to the lived experiences of Latine immigrants in the U.S. This was seen during the administration of the 45th President of the U.S. when the president and his supporters explicitly used narratives that portrayed Latine immigrants as "rapists," "bringing guns/violence," and "being a threat to national security." Additionally, this administration intentionally tried to revoke DACA, TPS, and other policies that temporarily protect immigrant families. These anti-immigrant rhetoric and

policy shift have a detrimental impact on the psychological well-being of Latine immigrants (Moreno et al., 2021). However, gaps in the literature remain. For example, most of the literature examined risks and vulnerabilities associated with anti-immigrant rhetoric, yet more efforts that use strength-based approaches are needed in this type of literature. Second, although resilience has been discussed in the Latine immigrant literature, studies have examined personal traits for resilience and not Latine cultural values necessary to Latine immigrants. One of these is family. Given *familismo* is a key cultural value for Latine families (Campos et al., 2019; Corona et al., 2017), it is imperative to explore family resilience in Latine immigrants. Third, given collectivism and the role of the community are essential Latine values, it is also imperative to explore community resilience in Latine immigrants. Finally, given anti-immigrant policies continue to manifest themselves in the day-to-day lives of all types of Latine immigrants (since Latine immigrants have distinct experiences, processes, etc.), more studies are needed that explore outside of Mexicans specific samples (Benuto, 2018; Garcini et al., 2016). Therefore, more qualitative research is needed. Using a qualitative methodology can help further explore and highlight the influence of anti-immigrant policies among Latine immigrants (Benuto, 2018; Garcini et al., 2016). Furthermore, it can help capture a more intimate understanding of the process of what support that families and communities engage in that promotes resilience.

Current Study

Anti-immigrant rhetoric, policies, and efforts to rescind DACA and TPS have adversely impacted the psychological well-being of Latine immigrants (Moreno et al., 2021). Given that more strength-based approaches are needed when examining undocumented immigrants, this study uses qualitative transcripts to explore the following research questions: (1) how do DACA/TPS recipients describe Latine family resilience during anti-immigrant times? and (2)

how do DACA/TPS recipients describe Latine community resilience during anti-immigrant times? Current literature helps us understand and increase our awareness of the role of resilience in Latine immigrant health and the association between immigration legal status and distress from anti-immigrant rhetoric (Balcazar et al., 2015; Cadenas & Nienhusser, 2021; Pereira & Ornelas, 2011). However, more qualitative explorations in this area are needed to understand further what key family and community processes are contributing to navigating challenges more effectively. Furthermore, I will utilize a thematic analysis, which focuses on the subjective experience of the individual and groups (Cohen et al., 2000; Thomas & Pol1io, 2022). This inquiry will allow me to explore and describe participants' experiences and the related contexts to better understand the phenomenon under the study (Padgett, 2009).

Methods

Recruitment

The university's institutional board approved this study. Data was collected in 2018 at the peak of anti-immigrant rhetoric, anti-Latine sentiment, and intentional plans to end DACA and TPS by the 45th Presidential Administration. Participants were recruited through snowball sampling among the Latine immigrant and DACAmented (individuals who are DACA recipients) communities. Additionally, the research team recruited participants by distributing flyers on campus and through announcements made in Latine organizations. Semi-structured interviews were conducted in either Spanish or English. Each interview was digitally recorded and conducted by two bilingual Latine research members.

Materials

Demographic Characteristics. Demographic questions of participants were collected before the semi-structured interviews were conducted. Demographic questions in the study

included age, gender identity, country of origin, race, ethnicity, sexual orientation and

employment, socioeconomic status, education level, age of migration, social location, type of

documentation (i.e., DACA), and religious/spiritual identity.

Semi-structured Interview. Semi-structured interviews included 41 questions (see appendix

for complete interview). Interview questions were centered on gaining a more thorough

understanding of participants' experiences with their immigration journey, migration policies,

and reactions to immigration policies. For this study, the following questions were of interest:

1. What role did DACA play in your life?

2. How did you react? [to policy changes]

3. What means have you taken after this political action?

4. What will happen even if you (or someone you know) are not granted DACA again?

5. How did your family support you during these times?

6. How did your community support you during these times?

Study Design

A qualitative methodology was used to understand the lived experiences of DACA and

TPS Latine individuals. A qualitative research design generally allows researchers to better

understand an unexplored topic (Morgan, 1998). Unlike quantitative research, which often uses

survey batteries with predetermined responses that limit the response of participants, qualitative

research allows participants to tell their stories and share their experiences, which allows for a

more accurate representation of participants' experiences within a certain topic (Rumsey &

Marks, 2004; Hughes & DuMont, 1993). A major advantage of the qualitative design is that this

research design allows for the exploration of under-researched populations and topics. Therefore,

a qualitative research design is appropriate for this proposed study, given the lack of strength-

based approaches when examining DACA and TPS individuals. A social constructivist

framework was applied within a qualitative approach. Social constructivism involves individuals seeking to understand their world and develop their particular meanings that correspond to their experience (Creswell, 2013). These meanings are not innate within each individual, instead meanings are formed through interactions with others (Crewell, 2013). As suggested by Crewell (2013), participants were asked open-ended questions to allow participants to describe their own experiences freely. Furthermore, for several reasons, semi-structured interviews were selected as the qualitative method for the current study. Semi-structured interviews are an effective method to collect data when the desire to collect open-ended data, explore participants' thoughts, feelings, and beliefs about a particular topic, and delve deeper into personal and sometimes sensitive issues is present (Morgan, 1998). Semi-structured interviews are appropriate for facilitating culturally sensitive research that aims to capture and represent participants' lived experiences using their language, behaviors, and social cues (Hughes & DuMont, 1993).

Procedures

Recruitment materials directed interested individuals to contact the researcher for participation in the current study. Each participant was compensated with a $20 gift card. Since videotaping may make participants uncomfortable, decrease honesty, and threaten anonymity, this approach was not used, given the sensitive nature of the topic being discussed (i.e., temporary legal status holders) and the population being interviewed (i.e., Latine individuals). To increase comfort and safety, the interviewer used self-disclosure. Employing self-disclosure allowed the researcher to "level the playing field," therefore disrupting power dynamics between the researcher and participants to build rapport and create an open and comfortable environment (Dickson-Swift, James, Kippen, & Liamputtong, 2007). Additionally, to maintain anonymity and confidentiality, participants were asked to refrain from verbalizing any identifying information

during the interview. Semi-structured interviews were employed in this study and were

conducted in person and via telephone. Using semi-structured interviews was useful for this

study, as it helped elicit new ideas and perspectives on areas that remain under-researched (e.g.,

family and community resilience), and for facilitating comparison of the occurrence of particular

themes across individuals. Therefore, using a less structured interview process allows both the

research team and participants to explore topics that are meaningful to both parties (Morgan,

1998b). To begin, interviewers introduced themselves and provided an overview of the study.

Participants were then explained that this study aimed to investigate the role of political action

against DACA, the Dream Act, and other policies, as well as life experiences/stressors, coping

strategies, and protective factors among first-generation young immigrants. It was also explained

that very little empirical and psychological research had investigated the role of policy and life

experiences, coping strategies, and protective factors of first-generation young immigrants.

Lastly, it was explained that this study aimed to understand this population better with the hope

of finding ways to better their lives.

     The interviewer clarified participants' questions and obtained written and oral consent to

participate in the study. Once participants obtained consent, interviewers collected demographic

questions (e.g., age, education, date of migration, acculturation). Afterward, interviewers asked

participants about their experience with immigration and immigration policies, their reaction to

policy changes, and the effects of anti-immigrant rhetoric and policies on their future goals,

coping mechanisms, psychological well-being, and future aspirations despite the limitations of

this anti-immigrant rhetoric and anti-immigrant policies.

     Given the sensitive nature of this topic, interviewers strived to ensure the emotional

safety of participants and minimize the chances of participants feeling triggered during the

interview process. Participants were reminded at the beginning and the middle of the interviews to share information within their comfort levels. Participants were also reminded that they did not need to answer any question/s that made them feel uncomfortable. In addition, participants were reminded that if they needed to take a break during the interview due to feeling triggered, they could do so or stop the interview completely. In addition, interviewers provided mental health referrals from the university and community at the end of the interviews.

Ethics, Trustworthiness, and Rigor

The quality of the proposed study will be ensured by prioritizing ethics, trustworthiness, and rigor. In establishing reliability in qualitative research, Lincoln and Guba (1985) created the following four criteria: credibility, dependability, confirmability, and transferability.

Peer debriefing will address the credibility or the confidence that the results from the participants' perspective are true. A research member who did not participate in the primary analysis will review the data and confirm the findings (Lincoln and Guba, 1986). Dependability, or showing that findings are consistent and could be repeated, will be ensured by having several research members analyze the data independently before the group process (Lincoln and Guba, 1986). An audit trail will be maintained to reduce researcher bias and ensure replicability and confirmability. The audit trail will include decisions made regarding coding and the development of themes during all analysis sessions (Rodgers & Cowles, 1993; Tong et al., 2007). A reflexive journal was kept, therefore increasing conformability. Reflexivity is critical in qualitative research as the primary goal of reflexivity is for the researchers to be aware of their biases and how they influence the study's outcome (Creswell & Poth, 2018). Additionally, this study provides "thick descriptions" of a phenomenon/phenomenon in great detail so that the reader may consider the transferability of findings to other individuals, settings, or times (Cohen et al.,

2000; Lincoln & Guba, 1986). Lastly, this study implemented an iterative and spiral process that embeds constant questioning and reinterpretation to face and minimize personal research team biases (Cohen et al., 2000).

Given that the participants from this study are considered a vulnerable population, a series of steps were taken to ensure ethical rigor and privacy, such as obtaining oral and written consent, asking them to refrain from stating any identifying information during the interview, emphasizing that participating in this study is voluntary. Additionally, participants were informed that they might choose to stop the interview if they felt triggered in any way, shape, or form. At the end of the semi-structured interviews, each participant was given a list of community mental health referrals. Participants were provided Additional help and guidance to connect to a professional mental health provider. All materials collected during this study (e.g., consent forms, audio recordings, transcriptions, and the researcher's field notes) were locked and secured in a folder in the research laboratory. The key research personnel was the only one who had access to all materials. Also, to ensure privacy, interviews, and audio recordings were identified by ID numbers, not names. During the final write-up of codes and themes, de-identified quotes were used. Further, culturally sensitive research practices encourage researchers to include participants in the research process when possible. Member-checking serves the dual purpose of increasing the validity of the researcher's interpretations and ensuring that she captures participants' experiences in the way they intended (Creswell & Miller, 2000; Creswell & Poth, 2018). As such, the principal investigator employed member-checking practices by including a participant on the research coding team and offering a meeting with participants to review the penultimate codebook, themes, and interpretations. This is described in more detail in the Analytic Strategy section.

Research Team

The coding team comprised three graduate research assistants (including the principal investigator) and two faculty members. All team members were trained in best practices in qualitative research and fulfilled requirements for ethical practice (including CITI training) before data analysis. All coders only reviewed de-identified transcripts. The faculty acted as an additional "check" on the coding team to represent the collective views of the sample.

To bolster trustworthiness and rigor, researchers are encouraged to practice reflexivity by explicitly stating their biases and any relevant experiences before data analysis (Creswell & Poth, 2018). As such, it is essential to note that the principal investigator is a Salvadorian female who is a counseling psychology doctoral student. The second graduate student is a Honduran female with prior experience with transcription and qualitative data collection during her undergraduate career. She is currently a doctoral student in the sociology department. The third member is a Peruvian female. She had extensive experience with qualitative studies and acted as a coder for different studies. She is currently completing her undergraduate degree in Sociology. The last team members were two professors with experience conducting qualitative and quantitative methodologies with diverse populations. Two members of the research team identified as children of immigrants, and one research team member identified as a first-generation immigrant. All research team members were first-generation students and came from a Latine background. Team members reflected on their positionality throughout the data analysis, primarily related to the coding phase. Specifically, consistent conversations were held around their positionalities of not having DACA but being an ally, as well as reflections that involved their status and how this may affect potential researcher bias. This ongoing reflection was vital to ensure that the interpretation of the data was not biased nor impacted by the coder's dominant

and non-dominant identities (e.g., gender, immigration status, Latine, and experience with

DACA; Milner, 2007; Moreno & Corona, 2020).

Data Preparation

All semi-structured interviews were audio recorded and stored on a protected research

drive in the principal investigator's laboratory. Only study staff approved by the VCU IRB had

access to the audio recordings and transcripts. Audio files underwent initial transcription by

research assistants trained in ethical practices for research and qualitative methods. Finally,

transcripts were reviewed for a second time (for second-data entry) by the principal investigator

to check for accuracy, contextual issues (e.g., if a participant arrived late, this was marked), and

explanations for culturally-specific, non-English words and concepts.

To bolster both the credibility of qualitative research and the quality of interpretations

made from it, researchers are encouraged to provide precise and comprehensive documentation

of the data collection, analysis, and interpretation process via an audit trail (Creswell & Mitchell,

2000; Rodgers & Cowles, 1993; Wolf, 2003). All materials collected during the study (i.e.,

consent forms, audio recordings of focus group interviews, interview transcriptions, moderator,

process observer, and coding team notes) were organized and stored in a secure folder in the

principal investigator's laboratory space. All notes generated during the thematic coding analysis

were stored in this folder.

Analytic Strategy: Thematic Analysis

More research is needed to investigate communal resilience for Latine individuals;

therefore, I used a qualitative descriptive approach. A descriptive approach uses an individual's

words and ideas to describe a particular phenomenon. This method is not tied to a particular

theoretical or epistemological perspective, which makes it a very flexible approach and allows

the researcher to produce findings closer to the data (data-near) as a means of highlighting important themes and concepts (Coralfi & Evans, 2016; Sandelowski, 2000; Willis, Sullivan-Bolyai, Knafl, & Cohen, 2016).

Thematic analysis is compatible with qualitative descriptive approaches (Braun & Clarke, 206; Willis et al., 2016). Using thematic analysis to facilitate culturally sensitive participatory research is common in mental health research. Thematic analytic approaches aim to identify and describe the central ideas (i.e., "themes") that are salient for a specific group (Pistrang & Baker, 2012). Flexibility is a major strength of thematic analysis (Braun & Clarke, 2006). Like qualitative descriptive approaches (Sandelowski 2000, 2010), researchers do not have to adhere to any epistemological or theoretical approach when conducting their thematic analysis. Instead, researchers can adapt to meet their research needs and the content of the qualitative data (i.e., semi-structured interviews). In this way, a qualitative descriptive approach is particularly applicable for use with thematic analysis, such that themes are entirely data-driven, minimizing undue bias inherent in a particular theoretical orientation or the researcher's personal biases.

Thematic analysis is the process of identifying patterns and themes upon repeatedly reviewing data. It also involves becoming immersed within the dataset and fluidly moving through the different stages of analysis as needed (Patton, 1990). Braun and Clarke (2006) recommend using a six-phase guide as a framework for analyzing data. The current study employed each phase while analyzing the data. In the first phase, the principal investigator became familiar with the dataset by reading and rereading the transcripts. During this stage, notes of early impressions were taken. The next stage involves generating initial codes by organizing data meaningfully and systematically. The current study was concerned with addressing specific research questions and analyzing the data, keeping this in mind. As such, the

research team coded each data segment that was relevant to or captured something interesting about our research questions. Therefore, not every piece of text was coded, and we used open coding. Given that we used open coding, the principal investigator did not have pre-set codes and instead developed and modified the codes as the research team worked through the coding process. During this phase, the research team had initial ideas about codes that were finished in the first stage. The research team discussed some preliminary ideas about codes, and then each research member coded a transcript separately. The research team worked through each transcript, coding every segment relevant to the current study's research questions. After coding each transcript, the research team compared each other's codes discussed them and modified them more before moving on to the rest of the transcripts. New codes were generated and modified as the research team worked through every transcript. Excel codes and tracks themes (Locke et al., 2022). In the third phase, the research team searched for themes. At the end of this stage, codes were organized into broader themes relevant to the current study's research questions. The fourth stage consisted of reviewing, modifying, and developing preliminary themes identified in the previous stage. The research team read the data associated with each theme and considered whether the data supported it. The research team also considered and took time to process whether the themes worked in the context of the entire data. In the fifth stage, the research team defined each theme, which involved formulating what was meant by each theme and figuring out how this helped us understand the data. The final stage involved writing up our findings.

After the principal investigator and her coding team finished analyzing the data, all participants were invited to attend an optional, in-person debriefing meeting to discuss preliminary findings from the trial. This meeting was an opportunity to allow participants to

confirm or deny the researchers' identification and interpretations of the important themes and codes from the semi-structured interviews. One participant attended this meeting. This member-checking process is consistent with culturally sensitive research practices and is a recommended strategy for establishing the validity of qualitative data (Creswell & Miller, 2000; Creswell & Poth, 2018). Lastly, the investigator produced the final list of themes (along with de-identified quotations as examples) and reported on the "story" behind the data (Braun & Clarke, 2006).

Participants

Thirty participants took part in this study. Of the 30 participants, 21 (70%) identified as DACA recipients, and 2 (6%) as TPS recipients. Additionally, 7 (23%) held more secure legal statuses yet reported being impacted by these anti-immigrant rhetorics. Of these, 7 (23%) and 4 (13%) reported being U.S. citizens, 2 (6%) reported being permanent residents, and 1 (3%) reported being green card holders. Participants' countries included El Salvador, Honduras, Guatemala, Mexico, Peru, Bolivia, Uruguay, and Venezuela. The average age of participants was 22.35 years of age (SD = 3.59), and the average years of age participants migrated to the U.S. was 6.33 (SD = 3.94). All participants were pursuing higher education at the time of the interview.

<div align="center">

Results

</div>

Four themes emerged regarding how DACA and TPS participants conceptualized how their families and communities demonstrated resilience during high anti-immigrant times. We begin by describing the role that family resilience plays during anti-immigration rhetoric. As noted, the research questions in the current study were : (1) How do DACA/TPS students describe Latine family resilience during anti-immigrant times? and (2) How do DACA/TPS students describe Latine community resilience during anti-immigrant times? Our first two

themes map onto research question 1, in which we describe emotional support from family and family agency as critical to family resilience. Additionally, the latter two themes map onto research question 2, in which we describe community resilience's role during anti-immigration rhetoric. We describe the role of community resistance and community support as critical factors to community resilience. Each is now discussed.

Emotional Support From Family:

Participants highlighted the importance of defining family through frames that matched their values and included those important to them. Some described the family as their nuclear family, while others included their partners, close friends, and others that they identified as being important to them. This highlights their understanding of family through a frame that de-centers biological or legally-bound criteria for a family but rather people that provide support and nourish their psychological and relational values/needs and are vital to them. Fourteen participants (60%) said their families emotionally supported one another during high anti-immigrant times. Many participants described that a significant way their families supported one another was by *creando espacio* (creating space). Many participants reported that after Trump announced the possible termination of DACA and TPS, their families were intentional about *creando espacio* (creating space) for family members to discuss how they felt about the current events. During this time, some participants stated that their families made more of an effort to provide each other with emotional support, something new to their family dynamics. Mario, a DACA participant from Mexico, shared that his family made it a point to sit down together and talk about their feelings and their inner thoughts after each Trump speech,

"As a family, we would gather together to talk about what was going on. When the

Trump speeches were going on, we would gather in the living room. We would watch him

and listen to what he was saying. I would interpret what Trump would say to my parents

and then discuss as a family how we were feeling. After a while, it became a ritual.

Sometimes I would just talk about being scared and nervous, and my parents would listen

and hug me. Other times, my mom and dad had more stuff to say, and I just listened…"

As described by the participant above, their family created a space where they could express

themselves (i.e., verbally and non-verbally) and feel support at a time when verbal and non-

verbal anti-immigrant rhetoric was threatening their family. Participants said *creando espacio*

(creating space) helped their families feel connected and united. Participants also disclosed that

positivismo (maintaining a positive outlook) from their loved ones aided in providing emotional

support during these difficult times. Many participants felt sad, scared, and anxious after Trump's

announcements to rescind DACA and TPS; however, their families consistently maintained a

positive outlook. Participants expressed that their loved ones provided constant reassurance,

indicating that Trump would not successfully end such programs. Participants shared that this

reassurance helped their families feel supported and helped them keep hope. Brenda, a TPS

participant from El Salvador, noted,

"...it was hard at times, but we tried being positivos de la situacion (positive about the

situation). We all tried to focus on the program not being taken away. My mom would

constantly tell us, 'No te preocupes, no van a descontinuar el programa…(Do not worry,

they will not discontinue the program)'. My parents were constantly reassuring all of us

that everything was going to be fine..."

During these moments, many participants expressed that it was hard to keep a positive mindset

about the future of DACA and TPS. Participants noted that hearing their families express no

doubt about the future of these programs helped their family unit feel a bit more at ease.

Maintaining an optimistic outlook helped families feel more balanced and made coping more

manageable.

Overall, participants highlighted that receiving emotional support benefited their families

positively. Their families *creando espacio* (creating space) enabled their families to

communicate their anxieties and fears and receive comfort. Similarly, families creating an

environment with *positivismo* (maintaining a positive outlook) helped their unit feel less

distressed. Additionally, families decided to engage in different courses of action to demonstrate

their support for DACA and TPS.

Family Agency:

The second theme that emerged regarding how families demonstrated resilience was

being proactive during these specific times of high anti-migrant rhetoric. Families decided to

seek legal advice, make additional plans, provide their loved ones with helpful resources, and

engage in advocacy to challenge the system. Nine participants (39%) described their families

engaging in many activities as a means of being proactive. Some participants noted that their

families decided to contact immigration lawyers to review their cases and get informed of their

options for staying in the U.S. if DACA/TPS were to end. Tatiana, a DACA participant from

Uruguay, shared,

> *"My parents went to a lawyer to see what could be done. My boyfriend did too. We all*
>
> *began looking up immigration lawyers in the area and setting up consultations to get*
>
> *more information about what our options would be…"*

As described by Tatiana and other participants, many family members sought professional legal

advice to understand the best path to follow due to the uncertain future of DACA and TPS.

Participants mentioned that this helped their families gain a better understanding of possible

steps to take in the future. Other participants expressed that their families were creating a backup plan regarding what to do if they were deported. These backup plans included making housing and work arrangements. Although it made participants nervous to go back to their country of origin, as many had not been there in years and/or did not speak the language, they also noted that having a plan in place helped their families feel more prepared for the future.

Other participants revealed that their families passed down and spread resources to other family members. Participants mentioned that this was helpful for their families as the resources included a variety of organizations that offered different services to those with DACA and TPS. Participants also shared that many of their family members decided to participate in advocacy to show their support for DACA and TPS. Some family members partook in marches and protests, while others decided to speak publicly and write letters to their representatives. These letters included the benefits of DACA and why it should not be rescinded. Claudia, a DACA participant from Honduras, shared that her mother and sister partook in marches and spoke to representatives,

> *"...my sister goes out, and she actually protests to change things. She speaks to politicians about this and all that…she is part of this group out of school for DACA, and they always go and give their side of having DACA. They want to speak to, they want to open people's eyes, and maybe if someone hears your story, they're going to be touched, or maybe they're going to change their opinion. They're always trying to do anything that will possibly help…also my mom went to a lot of marches in DC…"*

Participants mentioned that seeing their families engage in different forms of advocacy was inspiring and motivating. Overall, participants noted that their families engaged in seeking legal advice, problem-solving, sharing resources, and advocacy as a means to demonstrate that they

were not going to give up so easily. Participants expressed that their families exhibiting

resilience helped them, as a unit, adjust to the emotional challenges they were facing. Just as

families demonstrated their support for DACA and TPS by engaging in different actions, the

community also took a series of actions.

Also, it is interesting to note within the emotional support theme, two participants

expressed that during high anti-immigrant times, they chose to self-isolate. This resulted from

feeling anxious, depressed, and pessimistic about current events. Participants mentioned that this

was their main coping mechanism for excessive worry. In addition, participants reported that

during this time, they had no motivation to interact with other individuals, and talking about

DACA and TPS matters was too draining for them. Participants noted that families and friends

would reach out to them and ask how they were doing; however, they preferred to limit contact

with loved ones and did not accept visits from their social support network.

Community Resistance:

Participants were given the freedom to define community in this study. Some participants

defined community as friends, teachers, and other individuals with similar backgrounds. Ten

participants (43%) highlighted that their community engaged in different actions, such as

organizing informational events, advocacy, using social media, and unity to demonstrate

resistance. Participants indicated that their communities organized many informational events.

These events were organized to keep DACA and TPS recipients up to date with what was

currently occurring, legal information, and resources from local organizations. Mimi, a DACA

participant from Venezuela, stated the following,

> *"A bunch of people [in the community] started hosting events. Like having a DACA*
>
> *night, where we would get informed about what was going on, what benefits we still had,*

and certain things like that. These events were amazing, we all learned important info at

them…some colleges hosted these events, and others were hosted by different places in

the community... "

Participants noted that these events were hosted in various settings, such as high schools, college

campuses, and community organizations. Participants expressed that these DACA and TPS

events were instrumental in obtaining the most up-to-date information about DACA and TPS and

other tips. Some participants noted not knowing where to look for certain information and that

these events guided them in the right direction. Other participants noted that this information

helped them feel safer, as their rights were reviewed and how to navigate police interactions was

discussed. In addition, participants described their communities engaging in different forms of

advocacy, such as joining marches and protests and even taking the time to organize some.

Participants mentioned that their communities attended and organized marches and protests as

their way of challenging the system. Furthermore, participants expressed that social media

played a huge role in how their community voiced their resistance. Participants said social media

was a core pillar in supporting DACA and TPS. Many hashtags, such as #TPS, #DefendDACA,

#DACAmented, #WithDACA, and #HereToStay, centered on calling people to action and asking

recipients to defend both programs. Participants also stated that grassroots campaigns were

promoted on social media, such as those that were #DACAmented to share their

accomplishments as recipients on a variety of social media platforms. Daniel, a DACA

participant from Peru, expressed,

> *"I saw a lot of social media content about DACA. I saw many DACA students make posts*
>
> *with hashtags #HereToStay and also on Facebook. People made posts about the*
>
> *situation, about what was going on…social media helped let it be known [about current*

events with DACA]. Also, we had celebrities advocating for DACA…I feel like social

media helped a lot of us become more politically active, I saw people become more

politically active for the first time and using social media to have their voices heard…All

the support from social media helped us be seen and supported by many…"

Social media was heavily used to bring awareness to DACA and TPS matters. As explained by

the participant above, social media also provided a space for DACA and TPS recipients and

allies to express themselves, advocate, and raise awareness. Participants also mentioned that a

form of resistance as a community was uniting together. Coming together was essential to

demonstrate that in unity, they would "fight for justice and dignity for all immigrants." Some

participants described that their communities had a *"un pueblo unido, jamas sera vencido"* (the

people united will never be defeated) mentality. Many expressed that their communities coming

together was an act of rebellion. They noted that at that time, they saw that it did not matter

whether some people were from North, South, or Central America, what mattered was that

everyone was coming together to unite and show the government that, as a community, they

were going to take a stand.

In general, participants described that their communities came together to disseminate

knowledge to participants, advocate, use social media to spread awareness, and unite as a form of

resistance to the system that wants to end these programs. Additionally, community members

came together to support each other as well.

Community Support:

In addition to community resistance, twelve (54%) participants also described receiving

support from their community through *creando espacio* (creating space), sharing knowledge,

check-ins, and helping with finances. Participants mentioned that community organizations

began hosting spaces where DACA and TPS recipients and allies could come and process their

feelings internally. Participants expressed that these groups helped them they were not alone and

provided them with more community. Beatriz, a DACA participant from Guatemala, expressed,

> *"At first I didn't want to go but my friend, who also has DACA, mentioned that she goes*
>
> *every week and that it helped her talk about what she was feeling. I started going every*
>
> *week with her and it was amazing to hear everyone's stories and hear how so many*
>
> *people felt the way that I did…it was nice to be with people that were going through a*
>
> *similar situation as me…"*

Community members also disseminated specific knowledge regarding different resources to

DACA and TPS recipients. Some resources shared were information about navigating

interactions with cops, local organizations, mental health professionals, and scholarships.

Participants explained they felt supported by their communities as different members took the

initiative to research resources independently and share them with DACA and TPS individuals

who needed them. Participants also divulged that they felt supported by their community as

different community members personally checked in with them via a text message/phone call or

in person. As community members checked in with participants, they asked how they were doing

and listened to their answers. Participants described that having community members check in on

them had a huge impact and made them feel less isolated.

Other means of support were communities meeting the financial needs of recipients.

Community members (i.e., supervisors, church members, and professors) offered participants

and their families financial help if they were to lose their jobs or get deported. Some community

members also offered to pay the application renewal fee for participants. Participants stated that

this was a huge help. Even when they opted not to accept financial assistance from their

community members, they stated that it was nice to feel supported in that way and to know that

if they changed their minds, community members had funds that were specifically designated to

them. Dani, a DACA participant from Bolivia, stated,

> *"My church started a fund for me and for other brothers and sisters who were also*
>
> *DACA. They also did fundraisers and helped raise money for our families. This was a*
>
> *huge relief for us, to know that we counted on financial help during all of this mess…"*

Given the uncertainty of DACA and TPS, recipients were nervous about their work visas being

revoked and unable to work and continue helping their families. Participants described that

receiving financial help from community members was a huge relief. Receiving financial

assistance from community members helped provide a sense of security. Overall, participants

reported feeling supported by their community in various ways during these highly anti-

immigrant times. Although many participants felt supported by their families and communities, a

few participants conveyed that their communities did not play a significant role in the support

they received during this time.

Within the community support theme, two participants described how they could not

provide insight as to how their communities supported them. These participants referred to their

communities as individuals that were near them. They mentioned that, at large, they saw other

communities in other states coming together and going to marches or going to relevant events;

however, did not see their local communities engage in advocacy or any actions that

demonstrated their support for DACA and TPS recipients. Participants highlighted that they

would have liked to see their communities be more vocal about immigrant matters and engage in

activities that would have conveyed their support for immigrants.

Discussion

Anti-immigrant rhetoric and anti-immigrant policies have played a role in the lived experiences of Latine immigrants in the U.S. Although most of the psychological literature examines the risks and vulnerabilities associated with anti-immigrant rhetoric, more strength-based approaches are needed in the psychological literature, particularly those that focus on Latine cultural values (e.g., familismo and collectivism). This study used semi-structured interviews with DACA and TPS Latine recipients to address these issues to identify salient themes.

First, using a family resilience framework, I identified how DACA and TPS individuals describe family resilience during high anti-immigrant rhetoric and sentiment. The family resilience framework serves as a conceptual map to identify and target key family processes that can reduce stress and vulnerability during hardships and empower families to overcome prolonged adversity (Patterson, 2002; Walsh, 2003). Consistent with previous research (Perreira et al., 2006; Philbin & Ayo, 2016), our results revealed that families relied on external resources (i.e., emotional support from family) and internal assets (i.e., family agency) to protect themselves against the negative effects of the oppressive immigration climate. Focusing on the external resources, families in this study took the time to actively engage in consistent, honest, and open communication, which encouraged participants to share their internal experiences and feel universality among their family units. Participants stated that one of the ways they received emotional support from their families was by their families *creando espacio* (creating space), which allowed for emotional expression. These findings on receiving emotional support are consistent with previous studies highlighting resilient families characterized by mutual trust and encouraging different members to share their feelings, practice empathy, and comfort one another (Lietz, 2007; Vogel & Pfefferbaum, 2014). Some participants stated that being

expressive as a family was a new concept that their families adopted during high anti-immigrant times. Incorporating more emotional support in their family dynamic led participants and their families to feel even more bonded, united, and supported by one another. Furthermore, research indicates that family resilience goes beyond families coping with challenging circumstances; it also involves positive transformation and growth that enables families to deal with hard times (Walsh, 2006). As participants described, their families experienced positive changes as they strengthened their communication skills and learned more about how to support one another by being more emotionally expressive and vulnerable.

In addition, participants felt emotionally supported as their families engaged in *positivismo* (maintaining a positive outlook). Family resilience research demonstrates that *positivismo* (maintaining a positive outlook) is integral in adjusting to hardships (Lansford et al., 2001; McGoldrick, 2008). Participants noted that their families engaging in *positivismo* (maintaining a positive outlook) alleviated stress and assisted their families in maintaining hope the programs would not be shut down. Participants mentioned that it was easy for different family members to think about the worst possible outcomes; however, other family members who maintained a positive outlook provided them with balance. Maintaining a positive outlook is a crucial factor in family resilience (Walsh, 2003; Walsh, 2006; Walsh, 2016). Congruent with literature, *positivismo* (maintaining a positive outlook) is a critical process that families in this study engaged in, resulting in less distress during high anti-immigrant times. By maintaining an optimistic view of DACA and TPS programs, families encouraged and reinforced confidence within their unit. Through *positivismo* (maintaining a positive outlook), participants and their families could hold on to hope and focus on less severe and more positive outcomes.

Furthermore, focusing on internal assets, another theme that emerged from participants describing family resilience during anti-immigration times was family agency. Participants disclosed that when the 45th Presidential Administration announced its plans to terminate DACA and TPS, their families decided to take action in various manners. Some families sought legal advice from immigration lawyers to gain a better understanding and information on the next possible steps. Other families made plans and arrangements in their country of origin in case they were deported. Other families decided to share resources attend and organize marches, and speak with representatives. Using collaborative problem-solving is essential to family resilience (Walsh, 2003). Consistent with family resilience literature, participants described their families using collaborative problem-solving to drive how they would navigate high anti-immigrant times. These families demonstrated resilience by using creative brainstorming and resourcefulness to open new possibilities for overcoming threats of ending DACA and TPS. In addition, during difficult times, individuals and their families become more resourceful when they can shift from a crisis-reactive mode to a proactive stance (Criss et al., 2015; Diestelberg et al., 2015). This was evident in this study as almost half of the participants' families concluded that doing nothing about the anti-immigrant climate was not an option for them. Taking the time to get additional information from immigration lawyers, sharing information, and making additional plans allowed families to strive toward a better future. Engaging in collaborative problem-solving also allowed families to prepare for upcoming challenges, which has been demonstrated to be crucial to family resilience (Falicov, 2007). Another critical component that contributed to family resilience was taking a political stance. Participants stated that some family members felt more comfortable going to marches. In contrast, others felt more confident speaking to different representatives and more comfortable contributing on a smaller scale. A

critical component of family resilience is respecting differences among family members and accommodating one another (Falicov, 2007; Falicov, 2012). Family members engaged in different actions within their comfort level that contributed to challenging the system. Through this process, families learned skills that helped them become more proactive and make space for growth.

A family resilience perspective allows us to shift in seeing what deficits a family has to what challenges a family is facing. Such a framework gives us insight into what key processes families engage in that increase their chances of meeting future challenges more efficiently. As stated by Walsh (2003) and shown in these results, families that demonstrate resilience use effective communication, are adaptive in problem-solving, and share beliefs and attitudes that facilitate coping. Walsh's (2003) framework offers a solid foundation for adapting this clinical framework to Latine families and incorporating important cultural values and nuances unique to each family.

The second aim of this study was to identify how DACA and TPS individuals describe community resilience during anti-immigration times. The effects of traumatic experiences can be mitigated if a community understands its members' vulnerabilities and, if addressed, are believed to build resilience within a community (Berkes & Ross, 2013). For example, Kennedy and colleagues (2013) emphasized the importance of a community assessing and understanding their vulnerabilities. This study sheds light on how communities understood the adversity of having a liminal status. As a community, many efforts were made for DACA and TPS recipients, such as organizing informational events and talking circles. Both actions were taken to address the needs of DACA and TPS individuals. Informational events helped empower community members through knowledge, and talking circles allowed different individuals to share their experiences

with other DACA and TPS individuals and allies. Future studies would benefit from different community members (i.e., organizations leaders) shedding light on how they assessed community needs and how action plans were created to meet those needs of individuals and families within the community.

Furthermore, one of the most essential characteristics of a resilient community is social connectedness (Magis, 2010). When community members consider themselves a part of a greater whole, they participate and feel valued by their community. This fosters a sense of togetherness, relatability, and connection that can be essential in a time of need (Berkes & Ross, 2013; Magis, 2010). As participants described in this study, their community offered various opportunities where they could receive the support they needed and come together as a form of resistance. In doing so, they were able to gain universality and feel connected to other individuals and families within their community.

Additionally, communities must be emotionally and tangibly supported (Paton & Fohnston, 2001). Community members, such as church organizations, provided emotional and financial assistance to different participants. Given the expenses to apply and reapply to these programs and the uncertainty of whether recipients would revoke their work visas, the financial assistance provided helped alleviate the financial burden for some participants and their families. Furthermore, the civic engagement that participants and other community members participated in allowed for the dissemination of knowledge, support of one another, and advocacy. Using social media as a platform helped inspire other DACA and TPS students to share their stories and motivated others to become allies and show their support. Extended community support and networks are vital for the continuity and resilience of Latine communities (Magis, 2010; Paton & Fohnston, 2001). The use of social media became a core pillar of supporting DACA and TPS

and, therefore, allowed participants to expand their community and have the opportunity to learn

about other recipients' stories. From a community resilience perspective, this framework makes it

possible to recognize the key processes that led to community support and resistance,

contributing to community resilience. These communities demonstrated their commitment

through communication, advocacy, making space, and civic engagement, all of which

contributed to community resilience (Berkes & Ross, 2013; Buikstra et al., 2010), which, in turn,

made navigating stressful high anti-immigrant times smoother.

　　　　The family and the community can be seen as nested contexts for nurturing and

encouraging resilience (McCubbin & McCubbin, 2013; Walsh, 2006). Interestingly, resistance

was a contributing factor to resilience for both families and communities. Although research

around resilience continues to grow, much of the immigrant literature focuses on how forced

family separation, deportation, and other oppressive immigration-related policies harm

individuals, families, and communities (Bucholtz et al., 2016; Cruz, 2016). Less is documented

about how immigrants, their families, and communities resist. This study shows how families

and communities resisted the possible termination of DACA and TPS. Participants highlighted

their families and communities engaging in active, passive, organized, unorganized, overt, and

covert forms of resistance ranging from social movements to everyday resistance, consistent with

prior literature on resistance (Raby, 2006). Furthermore, these results demonstrate how resistance

can be a form of coping and are critical in navigating oppressive systems. Given the continued

battle with DACA and TPS, more literature is needed to examine this resistance, emphasizing

how settings can facilitate resistance. Numerous settings are well-positioned to facilitate

resistance. Many settings vary in size, focus, and are situated at multiple ecological levels

(Seidman & Tseng, 2011; Tseng & Seidman, 2007). Settings may provide a safe, empowering,

and brave space in which DACA and TPS individuals, families, and communities can gain

tangible and intangible resources needed to resist oppressive policies and systems. These settings

can foster individual and collective growth, a sense of community, and healing through

education, information sharing, mentorship, legal services, and social support groups (Hardina,

2005; Hardina, 2006; Zimmerman, 2000). Additionally, different settings can work toward

dismantling oppressive systems by using their positionality and power to speak out, call for

change, organize and participate in rallies, and refuse to comply with oppressive policies and

narratives (Bucholtz et al., 2016; Cruz, 2016). There is no singular way for individuals, families,

communities, and settings to support immigrant resistance to oppression and injustice. There are

multiple ways to focus, act, and reflect. As we continue to build on research focusing on DACA

and TPS individuals, families, and communities, we must also focus on the myriad ways to

support and facilitate immigrant resistance on different ecological levels.

Future Implications

DACA and TPS recipients are unique because they trust the government with their

identifying information in exchange for protection. As DACA and TPS continue to face

uncertainty (Garcini et al., 2022), there are heightened concerns among recipients about their

future and the possibility of stricter immigration enforcement (Garcini, 2022; Abrego, 2006;

Alegria et al., 2013). Although this community continues to demonstrate immense strengths,

there is also several adverse health and mental health outcomes that DACA and TPS individuals

may experience due to their liminal status (Garcini et al., 2016); the current study echoes the

ongoing call for and efforts to pass legislation with the goals of a more permanent solution (i.e.,

permanent legal status and citizenship). Additionally, DACA and TPS individuals must navigate

many exclusionary federal, state, local, and institutional policies as they navigate and continue

higher education (Galvan et al., 2022; Garcini et al., 2022). This calls attention to the need for

higher education institutions to enact practices and policies that embed a more undocufriendly

campus environment (Cadenas et al., 2022). Cadenas (2022) proposed a solution to create an

undocumented resource center. This resource center would offer holistic support to individuals

with a liminal status as they navigate institutional challenges. As this current study illuminates, a

space to process their emotions and to receive helpful information was fostered, which led to

families and communities feeling a sense of support. Therefore, it is important that such centers

also create space to process the internal lived experiences of individuals. It may also be

beneficial to have such centers in the community to meet the specific needs of individuals and

families. This would also benefit community members who are not associated with an

educational institution and who also have a liminal status.

Lastly, settings at all levels can play a critical role in facilitating resistance to oppression,

regardless of the specific focus of their settings. Settings can support DACA and TPS

individuals, families, and communities by creating material, psychological, and temporal

resources (Buckingham et al., 2021). Additionally, settings can foster a sense of community and

assist DACA and TPS families in continuing to heal, grow, and pursue justice by addressing

structural systems of oppression and fighting for political solutions alongside these families

(Chavez-Diaz & Lee, 2015; Gemignani & Hernandez-Albujar, 2019; Ginwright, 2015; Horowitz

& Maceo Vega-Frey, 2006).

Clinical Implications

Mental health providers may benefit from adopting a family resilience framework when

working with undocumented immigrants. Families often come for help in a crisis, but often they

do not initially connect presenting concerns with relevant stressful events (Walsh, 2003; Walsh,

2006, Walsh, 2016). Adopting this framework can serve as a valuable conceptual map to guide

intervention efforts to target and strengthen key processes as immediate problems are addressed.

Similarly, adopting a community resilience framework may provide the necessary insight to

providers and different settings regarding how communities are meeting the needs of their

members and brainstorming how they can further support them. Furthermore, providers working

with immigrants impacted by the stressors of navigating a liminal status would benefit from

improving their cultural responsiveness and clinical knowledge on supporting DACA and TPS

recipients and their families. Mental health providers may benefit from becoming familiar with

real-life stories of DACA and TPS recipients as portrayed in videos, documentaries, blogs,

articles, literature, and media (Garcini et al., 2022). In doing so, providers can gain a deeper

understanding of the positive impact that DACA and TPS have had on its recipients. These

stories can also aid in giving additional context for the anguish that undocumented immigrants

may experience if these programs were to be discontinued. Listening to these stories may help

mental health professionals feel more prepared for the complexities of physiological experiences

that may arise during sessions. Furthermore, given its sensitive nature, many immigrants may not

feel comfortable disclosing their status; therefore, mental health providers should proceed with

caution when assessing for immigration status and avoid demanding this information (Mercado

et al., 2022). Instead, providers should focus on building trust and creating a safe space where

individuals may choose to disclose their immigration status if they feel comfortable enough to do

so. Mental health providers may also benefit from identifying and challenging their biases and

misconceptions about immigrants (Bermudez & Mancini, 2013). Literature highlights many false

narratives about immigrants (Galvan et al., 2022; Garcini et al., 2022). Addressing their own

biases may help in reducing accidental microaggressions and increasing positive attitudes

towards individuals who are undocumented and are DACA and TPS beneficiaries. Furthermore, implementing collaborative and egalitarian approaches of story therapy and liberation psychology can foster opportunities for DACA and TPS individuals to examine their identities and values, enhancing their resilience (Galvan et al., 2022; Garcini et al., 2022). Finally, given the various obstacles that undocumented immigrants encounter in the United States, it could be advantageous for DACA and TPS individuals to have access to resources related to legal matters, education, health, finances, and advocacy (Alegria et al., 2013). Providers may be quite helpful in providing care for DACA and TPS holders, who may be concerned about the safety and health of their family members who are also undocumented. Providers may be beneficial in informing DACA and TPS recipients and their family members about their options and fighting for their access, as recipients may be concerned about the safety and health of their undocumented relatives. Working with Latinos under TPS and DACA requires additional strategies, such as offering assistance through churches. According to Jaramillo et al. (2022), churches offer a comfortable setting for getting support and can lessen the stigma attached to seeking mental health care. Therefore, mental health providers may benefit from learning more about what additional resources local church organizations have for undocumented individuals, such as DACA and TPS recipients.

Limitations, Strengths, and Future Research

The current study utilized a qualitative methodology to enhance understanding of how DACA and TPS individuals conceptualize family and community resilience during high anti-immigrant times. Although the current investigation had many strengths, findings should be interpreted within the context of certain limitations. Given that most participants in this study lived in the southern part of the United States, our findings may specifically speak to the

experiences of DACA and TPS individuals from that region. Also, although binary gender differences were not observed, future research would benefit from incorporating a bigger sample size that includes the representation of multiple genders to shed further light on gender differences exist. Another limitation is that the voices of family and community members are missing. Future research would benefit from asking individuals about their personal experiences and interviewing different family members and community members to get a deeper insight into the familial and community dynamics leading to resilience among DACA and TPS individuals. This study also needs more representation of TPS individuals. Out of twenty-three participants, only two identified as TPS recipients. Although the literature indicates that DACA and TPS individuals face similar challenges (Arce et al., 2020; Galvan et al., 2022; Garcini et al., 2022), future research should capture the voices of a broader range of TPS individuals and become more knowledgeable about the differences they may experience to and meet their needs. Another future research suggestion involves continually exploring family and community resilience within the Latine community. Current family and community strengths measures have not been designed with diversity in mind (Bermudez & Mancini, 2013). Therefore, many resilience measures, scales, and indicators may be poorly aligned with Latine family characteristics, dynamics, and processes and unable to capture functional dimensions of community life among Latines.

Furthermore, there are also a few strengths that are worth noting. First, using a qualitative research design facilitated culturally relevant research. Through a qualitative methodology, this study captured the experiences and voices of DACA and TPS individuals (Hughes & DuMont, 1993) regarding important cultural factors during stressful times. Another strength is that the primary investigator was bilingual (i.e., Spanish and English) and could interview participants in

the language of their choice. Also, member checking was incorporated to increase

trustworthiness and rigor. This was key in increasing the credibility and validity of the study and

ensuring that the participants' experience was genuinely understood. Also, even though the

sample size of the study was small (*N*=23), there was representation from different countries in

Latin America, such as El Salvador, Honduras, Guatemala, Venezuela, Peru, Bolivia, Uruguay,

and the Dominican Republic.

CONCLUSION

In sum, the current study aimed to contribute to the literature by enhancing the

understanding of critical processes in family and community resilience during high anti-

immigrant times. Considering the limited data on this topic, qualitative investigations are crucial

to informing culturally sensitive practices and treatment efforts with undocumented immigrants.

Using family and community resilience frameworks accounts for significant family strengths

among Latine individuals, families, and communities. Such frameworks may help strengthen our

capacity as scholars, researchers, and clinicians to understand and promote family and

community resilience among undocumented Latine immigrants. In addition, results from this

study continue to highlight the importance of supporting resistance among immigrant

communities as a means of resilience. In doing so, we may be contributing to empowering

immigrant communities and enhancing the quality of life of such communities as well.

References

A brief statistical portrait of U.S. Hispanics. Pew Research Center, Washington,

D.C. (2022). Retrieved from: https://www.pewresearch.org/science/2022/06/14/a-brief-

statistical-portrait-of-u-s-hispanics/

Abrego, L. J. (2006). "I can't go to college because I don't have papers": Incorporation patterns

of Latino undocumented youth. Latino Studies, 4(3), 212–231.

https://doi.org/10.1057/palgrave.lst.8600200

Acevedo-Garcia, D., & Stone, L. C. (2008). State variation in health insurance coverage for U.S.

citizen children of immigrants. *Health Affairs (Project Hope)*, *27*(2), 434–446.

https://doi.org/10.1377/hlthaff.27.2.434

Almedom, A. M., & Glandon, D. (2007). Resilience is not the absence of PTSD any more than

health is the absence of disease. *Journal of Loss and Trauma*, *12*(2), 127–143.

https://doi-org.proxy.library.vcu.edu/10.1080/15325020600945962

Amuedo-Dorantes, C. and Lopez, M.J. (2017), The Hidden Educational Costs of Intensified

Immigration Enforcement. *Southern Economic Journal, 84*: 120-154.

https://doi.org/10.1002/soej.12207

Amuedo-Dorantes, C., Arenas-Arroyo, E., & Sevilla, A. (2018). Immigration enforcement and

economic resources of children with likely unauthorized parents. *Journal of Public*

Economics, 158, 63-78.

https://doi.org/10.1002/pam.22106.

Amuedo-Dorantes, C. and Arenas-Arroyo, E. (2019), Immigration Enforcement and Children's

Living Arrangements. *J. Pol. Anal. Manage.,* 38: 11-40.

https://doi.org/10.1002/pam.22106

Alegría, M., Fortuna, L. R., Lin, J. Y., Norris, F. H., Gao, S., Takeuchi, D. T., Jackson, J. S.,

Shrout, P. E., & Valentine, A. (2013). Prevalence, risk, and correlates of posttraumatic

stress disorder across ethnic and racial minority groups in the United States. *Medical*

Care, 51(12), 1114–1123. https://doi.org/10.1097/MLR.0000000000000007

Almeida, J., Biello, K. B., Pedraza, F., Wintner, S., & Viruell-Fuentes, E. (2016). The

association

between anti-immigrant policies and perceived discrimination among Latinos in the US:

A multilevel analysis. *SSM - population health*, *2*, 897–903.

https://doi.org/10.1016/j.ssmph.2016.11.003

Andrade, L. M., & Lundberg, C. A. (2022). Benevolent intentions, dangerous ideologies: A

critical discourse analysis of presidents' letters after the threat of the repeal of deferred

action for childhood arrivals. *Journal of Diversity in Higher Education, 15*(2), 254–266.

https://doi.org/10.1037/dhe0000223

Arbona, C., Olvera, N., Rodriguez, N., Hagan, J., Linares, A., & Wiesner, M. (2010).

    Acculturative stress among documented and undocumented Latino immigrants in the

    United States. *Hispanic Journal of Behavioral Sciences*, *32*(3), 362–384.

    https://doi.org/10.1177/0739986310373210

Arévalo, S. P., Tucker, K. L., & Falcón, L. M. (2015). Beyond cultural factors to understand

    immigrant mental health: Neighborhood ethnic density and the moderating role of

    pre-migration and post-migration factors. *Social Science & Medicine, 138*, 91–100.

    doi: 10.1016/j.socscimed.2015.05.040

Ayón, C., Valencia-Garcia, D., & Kim, S. H. (2017). Latino immigrant families and restrictive

    immigration climate: Perceived experiences with discrimination, threat to family, social

    exclusion, children's vulnerability, and related factors. *Race and Social Problems*, *9*(4),

    300–312.

    https://doi.org/10.1007/s12552-017-9215-z

Balcazar, A. J., Grineski, S. E., & Collins, T. W. (2015). The Hispanic health paradox across

    generations: the relationship of child generational status and citizenship with health

    outcomes. *Public Health*, *129*(6), 691–697.

    https://doi.org/10.1016/j.puhe.2015.04.007

Balderrama, F.E. & Rodríguez, R. (1995). *Decade of Betrayal: Mexican Repatriation in the

    1930s*. Albuquerque: University of New Mexico Press.

Benuto, L. T., Casas, J. B., Cummings, C., & Newlands, R. (2018). Undocumented, to

    DACAmented, to DACAlimited: Narratives of Latino Students With DACA Status.

    Hispanic Journal of Behavioral Sciences, *40*(3), 259–278.

Berkes, F., & Ross, H. (2013). Community Resilience: Toward an Integrated Approach. *Society*

& Natural Resources, *26*(1), 5-20.

Bermudez, J. M., & Mancini, J. A. (2013). Familias fuertes: Family resilience among Latinos. In

D. S. Becvar (Ed.), *Handbook of family resilience.* (pp. 215–227). Springer Science +

Business Media.

https://doi-org.proxy.library.vcu.edu/10.1007/978-1-4614-3917-2_13

Berry, J. W. (1997). *Immigration, Acculturation, and Adaptation*. In Applied Psychology (Vol.

46, Issue 1, pp. 5–34).

https://doi.org/10.1111/j.1464-0597.1997.tb01087.x

Borjas, G. J. (2003). The Labor Demand Curve Is Downward Sloping: Reexamining the

Impact of Immigration on the Labor Market. *The Quarterly Journal of Economics*,

118(4), 1335–1374.

http://www.jstor.org/stable/25053941

Borjas, G. J. (2005). The Labor-Market Impact of High-Skill Immigration. *The American*

Economic Review, *95*(2), 56–60.

http://www.jstor.org/stable/4132790

Bucholtz, M., Casillas, D.I. & Lee, J.S. (2016). *Beyond empowerment: Accompaniment and*

sociolinguistic justice in a youth research program. In: Lawson, R. and Sayers, D. (Eds.)

Sociolinguistic research: Application and impact. New York: Rout- ledge, pp. 25–44.

Buikstra, E., Ross, H., King, C. A., Baker, P. G., Hegney, D., McLachlan, K., & Rogers-Clark,

C.

(2010). The components of resilience—Perceptions of an Australian rural community.

Journal of Community Psychology, *38*(8), 975–991.

https://doi-org.proxy.library.vcu.edu/10.1002/jcop.20409

Cadenas, G. A., Nienhusser, K., Sosa, R., & Moreno, O. (2022). Immigrant students' mental

    health and intent to persist in college: The role of undocufriendly campus climate.

    Cultural Diversity and Ethnic Minority Psychology. Advance online publication.

    https://doi.org/10.1037/cdp0000564

Cruz, C. (2016) When does resistance begin? *Queer immigrant and U.S. born Latina/o youth,*

    identity, and the infrapolitics of the street. In: Conchas, G.Q. and Hinga, B.M. (Eds.)

    Cracks in the schoolyard: Confronting Latino educational inequality. New York:

    Teachers College Press, pp. 131–143.

Garcini, L.M., Daly, R., Chen, N., Mehl., J., Pham, T., Phan, T., Hansen, B., Kothare, A. (2016).

    Mental health of undocumented immigrant adults in the United States: A systematic

    review of methodology and findings. *Journal of Immigrant & Refugee Studies*, 14 (1).

    https://doi.org/10.1080/15562948.2014.998849

Garcini, L. M., Domenech Rodríguez, M. M., Mercado, A., Silva, M., Cadenas, G., Galvan, T.,

    & Paris, M. (2022). Anti-immigration policy and mental health: Risk of distress and

    trauma among deferred action for childhood arrivals recipients in the United States.

    Psychological Trauma: Theory, Research, Practice, and Policy.

    https://doi.org/10.1037/tra0001228

George J. Borjas, The Labor Demand Curve *is* Downward Sloping: Reexamining the Impact of

    Immigration on the Labor Market, *The Quarterly Journal of Economics*, Volume 118,

    Issue 4, November 2003, Pages 1335–1374,

    https://doi.org/10.1162/003355303322552810

Gonzalez, M. G. (2009). Mexicanos, *S*econd Edition: A History of Mexicans in the United States

    (2nd ed.). Indiana University Press.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in*

Psychology, 3, 77-101.

https://doi: 10.1191/1478088706qp063oa

Branton, R., Cassese, E. C., Jones, B. S., & Westerland, C. (2011). All along the watchtower:

Acculturation fear, anti-Latino affect, and immigration. *The Journal of Politics*, *73*(3),

664–679.

https://doi-org.proxy.library.vcu.edu/10.1017/S0022381611000375

Cadenas, G. A., & Nienhusser, H. K. (2021). Immigration status and college students'

psychosocial well-being. *Educational Researcher*, *50*(3), 197–200.

https://doi.org/10.3102/0013189X20962470

Campos, B., Roesch, S. C., Gonzalez, P., Hooker, E. D., Castañeda, S. F., Giachello, A. L.,

Perreira, K. M., & Gallo, L. C. (2019). Measurement properties of Sabogal's Familism

Scale: Findings from the Hispanic Community Health Study/Study of Latinos

(HCHS/SOL) sociocultural ancillary study. *Journal of Latinx Psychology, 7*(4), 257–272.

https://doi.org/10.1037/lat0000126

Cebulko, K., & Silver, A. (2016). Navigating DACA in hospitable and hostile states: State

responses and access to membership in the wake of deferred action for childhood arrivals.

American Behavioral Scientist, *60*(13), 1553–1574.

https://doi-org.proxy.library.vcu.edu/10.1177/0002764216664942

Chaskin, R. J. (2008). Resilience, community, and resilient communities: Conditioning contexts

and collective action. *Child Care in Practice*, *14*(1), 65–74.

https://doi-org.proxy.library.vcu.edu/10.1080/13575270701733724

Cleary, S., Snead, R., Dietz-Chavez, D., Rivera, I. and Edberg, M. (2017). Immigrant Trauma

and Mental Health Outcomes Among Latino Youth. *Journal of Immigrant and Minority Health*, 20(5), pp.1053-1059.

Cohen, M. Z., Kahn, D. L., & Steeves, R. H. (2000). *Hermeneutic phenomenological research: A practical guide for nurse researchers*. Thousand Oaks, Calif: Sage Publications.

Corona, K., Campos, B., & Chen, C. (2017). Familism is associated with psychological well-being and physical health: Main effects and stress-buffering effects. *Hispanic Journal of Behavioral Sciences*, *39*(1), 46–65. https://doi-org.proxy.library.vcu.edu/10.1177/0739986316671297

Criss, M. M., Henry, C. S., Harrist, A. W., & Larzelere, R. E. (2015). Interdisciplinary and innovative approaches to strengthening family and individual resilience: An introduction to the special issue. *Family Relations*, *64*(1), 1–4. doi:10.1111/fare.12109

Diaz, C. J., & Niño, M. (2019). Familism and the Hispanic health advantage: The role of immigrant status. *Journal of Health and Social Behavior*, *60*(3), 274–290. https://doi-org.proxy.library.vcu.edu/10.1177/0022146519869027

Da Silva, N., Dillon, F. R., Verdejo, T. R., Sanchez, M., & De La Rosa, M. (2017). Acculturative stress, psychological distress, and religious coping among Latina young adult immigrants. *The Counseling Psychologist*, *45*(2), 213–236. https://doi-org.proxy.library.vcu.edu/10.1177/0011000017692111

Distelberg, B. J., Martin, A. S., Borieux, M., & Oloo, W. A. (2015). Multidimensional family resilience assessment: The Individual, Family, and Community Resilience (IFCR) profile. *Journal of Human Behavior in the Social Environment*, *25*(6), 1–19. doi:10.1080/10911359.2014.988320

Edberg, Mark & Cleary, Sean & Collins, Elizabeth & Klevens, Joanne & Leiva, Rodrigo &

    Bazurto, Martha & Rivera, Ivonne & Taylor del Cid, Alex & Montero, Luisa & Calderon,

    Melba. (2010). The SAFER Latinos project: Addressing a community ecology underlying

    Latino youth violence. *The Journal of Primary Prevention*. 31. 247-57. 10.1007/s10935-

    010-0219-3.

Elo, S. & Kyngas, H. (2008). The qualitative content analysis process. Journal of Advanced

Nursing, 62(1), 107-115. https://doi: 10.1111/j.1365-2648.2007.04569.x

Falicov, C. J. (2007). Working with transnational immigrants: Expanding meanings of family,

    community, and culture. *Family Process*, *46*(2), 157–172.

    doi:10.1111/j.1545-5300.2007.00201.x

Falicov, C. J. (2012). Immigrant family processes: A multidimensional framework. In F. Walsh

    (Ed.), *Normal Family Processes* (4th ed., pp. 297–323). New York, NY: Guilford Press.

Flores, R. D. (2017). Do anti-immigrant laws shape public sentiment? A study of Arizona's SB

    1070 using Twitter data. *American Journal of Sociology*, *123*(2), 333–384.

    https://doi.org/10.1086/692983

Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding

    healthy development in the face of risk. *Annual Review of Public Health*, *26*, 399–419.

    https://doi.org/10.1146/annurev.publhealth.26.021304.144357

Gámez, R., Lopez, W., & Overton, B. (2017). Mentors, resiliency, and ganas: Factors

influencing

    the success of DACAmented, undocumented, and immigrant students in higher

    education. *Journal of Hispanic Higher Education*, *16*(2), 144–161.

    https://doi-org.proxy.library.vcu.edu/10.1177/1538192717697755

Garmezy, N. (1991). Resilience and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist*, *34*(4), 416–430. https://doi.org/10.1177/0002764291034004003

Germán, M., Gonzales, N. A., & Dumka, L. (2009). Familism values as a protective factor for Mexican-origin adolescents exposed to deviant peers. *The Journal of Early Adolescence*, *29*(1), 16–42. https://doi-org.proxy.library.vcu.edu/10.1177/0272431608324475

Ginossar, T., & Nelson, S. (2010). Reducing the health and digital divides: A model for using community-based participatory research approach to e-health interventions in low-income Hispanic communities. *Journal of Computer-Mediated Communication*, *15*(4), 530–551. https://doi-org.proxy.library.vcu.edu/10.1111/j.1083-6101.2009.01513.x

Gonzales, R. G., Terriquez, V., & Ruszczyk, S. P. (2014). Becoming DACAmented: Assessing the short-term benefits of Deferred Action for Childhood Arrivals (DACA). *American Behavioral Scientist*, *58*(14), 1852–1872. https://doi-org.proxy.library.vcu.edu/10.1177/0002764214550288

Foster, R. P. (2001). When immigration is trauma: Guidelines for the individual and family clinician. *American Journal of Orthopsychiatry*, *71*(2), 153–170. https://doi.org/10.1037/0002-9432.71.2.153

Hainmueller, J., Hangartner, D., & Lawrence, D. (2016). When lives are put on hold: Lengthy asylum processes decrease employment among refugees. *Science advances*, *2*(8), e1600432. https://doi.org/10.1126/sciadv.1600432).

Hardy, L. J., Getrich, C. M., Quezada, J. C., Guay, A., Michalowski, R. J., & Henley, E. (2012).

A call for further research on the impact of state-level immigration policies on public

health. *American journal of public health*, *102*(7), 1250–1254.

https://doi.org/10.2105/AJPH.2011.300541

Hardina, D. (2005) Ten characteristics of empowerment-oriented social service organizations.

Administration in Social Work, 29 (3), 23–42.

https://doi.org/10.1300/J147v29n03_03.

Hardina, D. (2006) Strategies for citizen participation and empower- ment in non-profit,

community-based organizations. Community Development, 37(4), 4–17.

https://doi.org/10.1080/155753306 09490192.

Hernandez, C., Moreno, O., Garcia-Rodriguez, I., Fuentes, L., & Nelson, T. (2022). The

Hispanic paradox: A moderated mediation analysis of health conditions, self-rated health,

and mental health among Mexicans and Mexican Americans. *Health Psychology &

Behavioral Medicine, 10*(1), 180-198. https://doi.org/10.1080/21642850.2022.2032714

Horton, E. G., & Gil, A. (2008). Longitudinal effects of family factors on alcohol use among

African American and White non-Hispanic males during middle school. *Journal of Child

& Adolescent Substance Abuse*, *17*(4), 57–73. https://doi-

org.proxy.library.vcu.edu/10.1080/15470650802292780

Hull, P., Kilbourne, B., Reece, M., & Husaini, B. (2008). Community involvement and

adolescent mental health: Moderating effects of race/ethnicity and neighborhood

disadvantage. *Journal of Community Psychology*, *36*(4), 534–551.

https://doi.org/10.1002/jcop.20253

Jaramillo, Y., DeVito, E. E., Frankforter, T., Silva, M., Añez, L., Kiluk, B., Carroll, K. M., &

Paris, M. (2022). Religiosity and spirituality in Latinx individuals with substance use

disorders: Association with treatment outcomes in a randomized clinical trial. *Journal of

Religion and Health, 61*(5), 4139-4154.

doi:10.1007/s10943-022-01544-2

Johnson, C. M., Sharkey, J. R., Dean, W. R., St John, J. A., & Castillo, M. (2013). Promotoras as

research partners to engage health disparity communities. *Journal of the Academy of

Nutrition and Dietetics*, *113*(5), 638–642.

https://doi.org/10.1016/j.jand.2012.11.014

Kennedy, G., Richards, M., Chicarelli, M., Ernst, A., Harrell, A., & Stites, D. (2013). Disaster

mitigation: initial response. *Southern medical journal*, *106*(1), 13–16.

https://doi.org/10.1097/SMJ.0b013e31827cb037

Koball, H., Kirby, J. & Hartig, S. (2022). The Relationship Between States' Immigrant-Related

Policies and Access to Health Care Among Children of Immigrants. *J Immigrant

Minority Health* 24, 834–84.

https://doi.org/10.1007/s10903-021-01282-9

Lansford, J. E., Ceballo, R., Abby, A., & Stewart, A. J. (2001). Does family structure matter? A

comparison of adoptive, two-parent biological, single-mother, stepfather, and stepmother

households. *Journal of Marriage and Family*, *63*(3), 840–851.

doi:10.1111/j.1741-3737.2001.00840.x

Lerman, S., Jung, M., Arredondo, E. M., Barnhart, J. M., Cai, J., Castañeda, S. F., Daviglus, M.

L., Espinoza, R. A., Giachello, A. L., Molina, K. M., Perreira, K., Salgado, H.,

Wassertheil-Smoller, S., & Kaplan, R. C. (2018). Religiosity prevalence and its

association with depression and anxiety symptoms among Hispanic/Latino adults. *PloS*

one, *13*(2), e0185661.

https://doi.org/10.1371/journal.pone.0185661

Li, Y. (2014). Intergenerational conflict, attitudinal familism, and depressive symptoms among

Asian and Hispanic adolescents in immigrant families: A latent variable interaction

analysis. Journal of Social Service Research, 40(1), 80–96.

https://doi.org/10.1080/01488376.2013.845128

Li, M. (2016). Pre-migration trauma and post-migration stressors for Asian and Latino American

immigrants: Transnational stress proliferation. *Social Indicators Research, 129*(1), 47–

59. https://doi.org/10.1007/s11205-015-1090-7

Lietz, C. A. (2007). Uncovering stories of family resilience: A mixed methods study of resilient

families, Part 2. *Families in Society*, *88*(1), 147–155. https://doi-

org.proxy.library.vcu.edu/10.1606/1044-3894.3602

Lincoln, Y.S., & Guba, E.G. (1985). But is it rigorous? Trustworthiness and authenticity in

naturalistic evaluation. *New Directions for Program Evaluation, 1986*, 73-84.

Locke, K., Feldman, M., & Golden-Biddle, K. (2022). Coding practices and iterativity: Beyond

templates for analyzing qualitative data. *Organizational Research Methods*, *25*(2),

262–284. https://doi-org.proxy.library.vcu.edu/10.1177/1094428120948600

Luo, T., & Escalante, C. L. (2021). Stringent immigration enforcement and the mental health and

health-risk behaviors of Hispanic adolescent students in Arizona. *Health Economics*,

30(1), 86–103.

https://doi.org/10.1002/hec.4178

Magis, K. (2010). Community resilience: An indicator of social sustainability. *Society & natural

resources, 23*, 401-416.

doi: 10.1080/08941920903305674

Martinez, L. M. (2014). Dreams deferred: The impact of legal reforms on undocumented Latino

youth. *American Behavioral Scientist*, *58*(14), 1873–1890.

https://doi-org.proxy.library.vcu.edu/10.1177/0002764214550289

Martinez, O., Wu, E., Sandfort, T., Dodge, B., Carballo-Dieguez, A., Pinto, R., et al. (2015).

Evaluating the impact of immigration policies on health status among undocumented

immigrants: A systematic review. Journal of Immigrant and Minority Health, 17(3),

947–970.

https://doi:10.1007/s10903-013-9968-4.

Massey, D. S. (2007). Understanding America's Immigration "Crisis." *Proceedings of the

American Philosophical Society*, *151*(3), 309–327.

http://www.jstor.org/stable/4599074

Massey, D. S., & Pren, K. A. (2012). Unintended consequences of US immigration policy:

explaining the post-1965 surge from Latin America. *Population and development review*,

38(1), 1–29.

https://doi.org/10.1111/j.1728-4457.2012.00470.x

Masten, A. S., & Powell, J. L. (2003). A resilience framework for research, policy, and practice.

In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood

adversities* (pp. 1–25). Cambridge University Press.

https://doi.org/10.1017/CBO9780511615788.003

Masten, A. S., Cutuli, J. J., Herbers, J. E., & Reed, M.-G. J. (2009). Resilience in development.

In S. J. Lopez & C. R. Snyder (Eds.), *Oxford handbook of positive psychology., 2nd ed.*

(pp. 117–131). Oxford University Press.

Mercado, A., Antuña, C. S., Bailey, C., Garcini, L., Hass, G. A., Henderson, C., Koslofsky, S.,

    Morales, F., & Venta, A. (2022). Professional guidelines for psychological evaluations in

    immigration proceedings. *Journal of Latinx Psychology*.

    https://doi.org/10.1037/lat0000209

McCloskey J. (2009). Promotores as partners in a community-based diabetes intervention

    program targeting Hispanics. *Family & community health*, *32*(1), 48–57.

    https://doi.org/10.1097/01.FCH.0000342816.87767.e6

McCubbin, H. I., & McCubbin, M. A. (1988). Typologies or resilient families: Emerging roles of

    social class and ethnicity. Family Relations, 37, 247-254.

McCubbin, L. D., & McCubbin, H. I. (2013). Resilience in ethnic family systems: A relational

    theory for research and practice. In D. S. Becvar (Ed.), *Handbook of family resilience*

    (pp. 175–195). Springer Science + Business Media.

    https://doi.org/10.1007/978-1-4614-3917-2_11

McGoldrick, M., Gerson, R., & Petry, S. (2008). *Genograms: Assessment and intervention* (3rd

    ed.). New York, NY: Norton.

Moreno, O., Fuentes, L., Garcia-Rodriguez, I., Corona, R., & Cadenas, G. A. (2021).

    Psychological impact, strengths, and handling the uncertainty among Latinx DACA

    recipients. *The Counseling Psychologist*, *49*(5), 728–753.

    https://doi.org/10.1177/00110000211006198

Moreno, O., & Cardemil, E. (2018). Religiosity and well-being among Mexican-born and

    US-born Mexicans: A qualitative investigation. *Journal of Latina/o Psychology*, *6*(3),

    235–247. https://doi-org.proxy.library.vcu.edu/10.1037/lat0000099

Moreno, O., & Cardemil, E. (2018). The role of religious attendance on mental health among

    Mexican populations: A contribution toward the discussion of the immigrant health

    paradox. *American Journal of Orthopsychiatry, 88*(1), 10–15.

    https://doi.org/10.1037/ort0000214

Moreno, O., Corona, R. Considerations to youth's psychopathology and mental healthcare

    disparities research through the intersections of dominant and non-dominant identities.

    Research on Child Adolescent Psychopatholym 49, 19–23 (2021).

    https://doi.org/10.1007/s10802-020-00716-6

Morey B. N. (2018). Mechanisms by Which Anti-Immigrant Stigma Exacerbates Racial/Ethnic

    Health Disparities. *American journal of public health*, *108*(4), 460–463.

    https://doi.org/10.2105/AJPH.2017.304266

Ornelas, I. J., & Perreira, K. M. (2011). The role of migration in the development of depressive

    symptoms among Latino immigrant parents in the USA. *Social Science & Medicine*,

    73(8), 1169–1177.

    https://doi.org/10.1016/j.socscimed.2011.07.002

Ornelas, I. J., Yamanis, T. J., & Ruiz, R. A. (2020). The Health of Undocumented Latinx

    Immigrants: What We Know and Future Directions. *Annual review of public health*, *41*,

    289–308.

    https://doi.org/10.1146/annurev-publhealth-040119-094211

Otiniano, A. D., Carroll-Scott, A., Toy, P., & Wallace, S. P. (2012). Supporting Latino

    communities' natural helpers: A case study of promotoras in a research capacity building

    course. *Journal of Immigrant and Minority Health*, *14*(4), 657–663.

    https://doi-org.proxy.library.vcu.edu/10.1007/s10903-011-9519-9

Ornelas, C., Torres, J. M., Torres, J. R., Alter, H., Taira, B. R., & Rodriguez, R. M. (2021).

Anti-immigrant Rhetoric and the Experiences of Latino Immigrants in the Emergency

Department. *The western journal of emergency medicine*, *22*(3), 660–666.

https://doi.org/10.5811/westjem.2021.2.50189

Patterson, J. (2002). Integrating family resilience and family stress theory. *Journal of Marriage

and Family,* 64, 349-360.

Paton, D. and Fohnston, D. (2001) Disasters and Communities: Vulnerability, Resilience and

Preparedness. *Disaster Prevention and Management,* 10, 270-277.

http://dx.doi.org/10.1108/EUM0000000005930

Perreira, K. M., & Ornelas, I. J. (2011). The physical and psychological well-being of immigrant

children. *The Future of children*, *21*(1), 195–218.

https://doi.org/10.1353/foc.2011.0002

Philbin, M. M., Flake, M., Hatzenbuehler, M. L., & Hirsch, J. S. (2018). State-level immigration

and immigrant-focused policies as drivers of Latino health disparities in the United

States. *Social science & medicine (1982)*, *199*, 29–38.

https://doi.org/10.1016/j.socscimed.2017.04.007

Quiroga, S. S., Medina, D. M., & Glick, J. (2014). In the belly of the beast: Effects of

anti-immigration policy on Latino community members. *American Behavioral Scientist*,

58(13), 1723–1742.

https://doi.org/10.1177/0002764214537270

Raby, R. (2005). What is Resistance? *Journal of Youth Studies*, *8*(2), 151–171.

https://doi-org.proxy.library.vcu.edu/10.1080/13676260500149246

Rise in U.S. Immigrants From El Salvador, Guatemala and Honduras Outpaces Growth From

Elsewhere. Pew Research Center, Washington, D.C. (2017). Retrieved from:

https://www.pewresearch.org/hispanic/2017/12/07/rise-in-u-s-immigrants-from-el-salvad

or-guatemala-and-honduras-outpaces-growth-from-elsewhere/

Rodgers, B. L., & Cowles, K. V. (1993). The qualitative research audit trail: A complex

collection of documentation. *Research in Nursing & Health*, *16*(3), 219–226.

https://doi.org/10.1002/nur.4770160309

Rojas-Flores, L., Hwang Koo, J., & Vaughn, J. M. (2019). Protecting US-citizen children whose

Central American parents have temporary protected status. *International Perspectives in

Psychology: Research, Practice, Consultation*, *8*(1), 14–19.

https://doi.org/10.1037/ipp0000100

Rojas Perez, O. F., Silva, M. A., Galvan, T., Moreno, O., Venta, A., Garcini, L., & Paris, M.

(2023). Buscando la calma dentro de la tormenta: A brief review of the recent literature on the

impact of anti-immigrant rhetoric and policies on stress among Latinx immigrants. *Chronic

Stress*. https://doi.org/10.1177/24705470231182475

Rush, S. C. (2014). Transana: Qualitative analysis software for video and audio. Educational

Psychology in Practice, 30(2), 213–214.

https://doi.org/10.1080/0 2667363.2014.903587

Sanchez, M., Dillon, F., Ruffin, B., & De La Rosa, M. (2012). The influence of religious coping

on the acculturative stress of recent Latino immigrants. *Journal of Ethnic & Cultural

Diversity in Social Work: Innovation in Theory, Research & Practice*, *21*(3), 171–194.

https://doi-org.proxy.library.vcu.edu/10.1080/15313204.2012.700443

Sangalang, C. C., Becerra, D., Mitchell, F. M., Lechuga-Peña, S., Lopez, K., & Kim, I. (2018).

Trauma, Post-Migration Stress, and Mental Health: A Comparative Analysis of Refugees

and Immigrants in the United States. *Journal of Immigrant and Minority Health*, *21*(5), 909–919. doi: 10.1007/s10903-018-0826-2.

Seidman, E., & Tseng, V. (2011). Changing social settings: A framework for action. In M. S. Aber, K. I. Maton, & E. Seidman (Eds.), *Empowering settings and voices for social change.* (pp. 12–37). Oxford University Press.

Szaflarski, M., & Bauldry, S. (2019). The Effects of Perceived Discrimination on Immigrant and Refugee Physical and Mental Health. *Advances in medical sociology*, *19*, 173–204. https://doi.org/10.1108/S1057-629020190000019009

Thomas, S, Pollio, H. (2002). Listening to Patients: A Phenomenological Approach to Nursing Research and Practice. New York, NY: Springer.

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International journal for quality in health care : journal of the International Society for Quality in Health Care*, *19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

Toomey, R. B., Umaña-Taylor, A. J., Williams, D. R., Harvey-Mendoza, E., Jahromi, L. B., & Updegraff, K. A. (2014). Impact of Arizona's SB 1070 immigration law on utilization of health care and public assistance among Mexican-origin adolescent mothers and their mother figures. *American Journal of Public Health*, *104*(Suppl 1), S28–S34. https://doi.org/10.2105/AJPH.2013.301655

Tseng, V. & Seidman, E. (2007) A systems framework for under- standing social settings. American Journal of Community Psy- chology, 39(3–4), 217–228. https://doi.org/10.1007/s10464-007- 9101-8.

Umaña-Taylor, A. J., Updegraff, K. A., & Gonzales-Backen, M. A. (2011). Mexican-origin adolescent mothers' stressors and psychosocial functioning: Examining ethnic identity affirmation and familism as moderators. *Journal of Youth and Adolescence*, *40*(2), 140–157.

https://doi.org/10.1007/s10964-010-9511-z

Vega, W. A., & Sribney, W. M. (2011). Understanding the Hispanic health paradox through a multi-generation lens: A focus on behaviour disorders. In G. Carlo, L. J. Crockett, & M. A. Carranza (Eds.), *Health disparities in youth and families: Research and applications.* (Vol. 57, pp. 151–168). Springer Science + Business Media.

https://doi.org/10.1007/978-1-4419-7092-3_7

Viruell-Fuentes, E. A., Miranda, P. Y., & Abdulrahim, S. (2012). More than culture: Structural racism, intersectionality theory, and immigrant health. *Social Science & Medicine*, *75*(12), 2099–2106.

https://doi.org/10.1016/j.socscimed.2011.12.037

Vogel, J. M., & Pfefferbaum, B. (2014). Family resilience after disasters and terrorism: Examining the concept. In R. Pat-Horenczyk, D. Brom, & J. M. Vogel (Eds.), *Helping children cope with trauma: Individual, family and community perspectives.* (pp. 81–100). Routledge/Taylor & Francis Group.

Walsh, F. (1996). The concept of family resilience: Crisis and challenge. *Family Process*, *35*(3), 261–281.

https://doi-org.proxy.library.vcu.edu/10.1111/j.1545-5300.1996.00261.x

Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, *42*(1), 1–18.

https://doi-org.proxy.library.vcu.edu/10.1111/j.1545-5300.2003.00001.x

Walsh, F. (2006). Traumatic Loss and Major Disasters: Strengthening Family and Community

Resilience. *Family Process*, *46*(2), 207–227. https://doi-

org.proxy.library.vcu.edu/10.1111/j.1545-5300.2007.00205.x

Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community

resilience. *Family Process*, *46*(2), 207–227.

doi:10.1111/j.1545-5300.2007.00205.x

Walsh, F. (2016b). *Strengthening family resilience* (3rd ed.). New York, NY: Guilford Press

Zimmerman, M.A. (2000) Empowerment theory: Psychological, organizational, and community

levels of analysis. In: Rappaport, J. and Seidman, E. (Eds.) Handbook of community

psy- chology. New York: Kluwer Academic Publishers, pp. 43–63.

https://doi.org/10.1007/978-1-4615-4193-6_2.

Zimmerman, M. A., & Brenner, A. B. (2010). Resilience in adolescence: Overcoming

neighborhood disadvantage. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook*

of

adult resilience. (pp. 283–308). The Guilford Press.

Appendix

RESEARCH SUBJECT INFORMATION AND CONSENT FORM

TITLE: Early Immigration, Policy and Psychological Impact

VCU IRB NO.: HM20011714

INVESTIGATOR: Oswaldo A. Moreno, Ph.D.

You are being asked to take part in a research study conducted by Dr. Oswaldo Moreno (assistant professor of psychology at Virginia Commonwealth University). The researcher will first explain the purpose of the study. S/he will explain how the study will be carried out and what you will be expected to do. The researcher will also explain the possible risks and possible benefits of being in the study. You should ask the researcher any questions you have about any of these things before you decide whether you wish to take part in the study. This process is called informed consent.

This form also explains the research study. Please read the form and talk to the researcher about any questions you may have. You will be given a copy of this form to keep. If any information contained in this consent form is not clear, please ask the study staff to explain any information that you do not fully understand. You may take home a copy of this consent form to think about or discuss with family or friends before making your decision.

PURPOSE OF THE STUDY
The purpose of this study is to investigate the role on political action against DACA, Dream Act, and other policies, as well as life experiences/stressors, coping strategies, and protective factors among first-generation young immigrants. Very little empirical and psychological research has investigated the role of policy and life experiences, coping strategies, and protective factors of first-generation young immigrants. This study therefore aims to have a better understanding of this population and hope to find ways to better their lives.

You are being asked to participate in this study because you have identified as a first-generation young immigrant.

DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT
If you decide to participate in this study, you will participate in the following procedures:
   a. You will complete this Interview Consent, which will take approximately 5 minutes.
   b. You will complete one interview and some questionnaires. These will take approximately one hour to complete. The interview will be audio taped.
   c. If you have any questions about the above procedures, please contact Dr. Oswaldo Moreno at (804) 828-6624 or e-mail at oamoreno@vcu.edu.

Approved by the VCU IRB on 3/13/2018

We will be audio taping the interviews. The purpose of the audio taping is to allow us to carefully review all interviews and understand what each participant is saying. No identifying information will be present on any of the audiotapes, and all tapes will be restricted to personnel working on the study. All audiotapes will be kept in a locked cabinet separate from questionnaires and participant's information. Audiotapes will be erased and/or destroyed upon completion of the study.

RISKS AND DISCOMFORTS
Since we will be collecting information about you, a possible risk is loss of privacy. However, we will minimize this risk by keeping all information you give us strictly confidential and available only to our research staff. Your name will never be used in publications from this study, and all video/audiotapes will be erased/destroyed upon completion of the study.

It is possible that you may feel uncomfortable during the interview or when completing the questionnaire. However, you may choose not to answer any question you wish to not answer. Further, if you do experience discomfort at any questions, the investigator will be available to discuss your concerns.

BENEFITS TO YOU AND OTHERS
Although your participation in this study will not directly benefit you, the larger benefits of the study may be important. This study may benefit the Latinx community by increasing our understanding of the life experiences and psychological wellbeing of first generation young immigrants.

COSTS
There are no costs for participating in this study other than the time you will spend in this interview and filling out questionnaires. All interviews will be conducted on campus.

PAYMENT FOR PARTICIPATION
You will receive a $20.00 Starbucks gift certificate for your participation in this study. The $20.00 gift certificate will be given at the end of each interview.

CONFIDENTIALITY
Potentially identifiable information about you will consist of survey questionnaires, interview notes and recordings, and audiotapes of interviews. Data is being collected only for research purposes.

Your data will be identified by ID numbers, not names, and stored separately from research data in a locked research area. All personal identifying information will be kept in password protected files and these files will be will be destroyed 5 years after the completion of the study. Hard copy of records will be kept in a locked file cabinet until the study ends and will be destroyed at that time. Access to all data will be limited to study personnel.

The semi structured interviews will be audio taped, but no names will be recorded. At the beginning of the session, all members will be asked to use initials only so that no names are recorded. The tapes and the notes will be stored in a locked cabinet. After the information from the tapes is typed up, the tapes will be destroyed.

If, as part of this research, we learn about real or suspected child or elder abuse, the law says that we have to let people in authority know so they can protect the person(s) at risk. If something we learn through this research indicates that you may intend to harm yourself or others, we are obligated to report that to the appropriate authorities.

VOLUNTARY PARTICIPATION AND WITHDRAWAL
Your participation in this study is voluntary. You may decide to not participate in this study. Your decision not to take part will involve no penalty or loss of benefits to which you are otherwise entitled. If you do participate, you may freely withdraw from the study at any time. Your decision to withdraw will involve no penalty or loss of benefits to which you are otherwise entitled.

Your participation in this study may be stopped at any time by the study staff without your consent. The reasons might include:
- the study staff thinks it necessary for your health or safety;
- you have not followed study instructions; or
- administrative reasons require your withdrawal.

QUESTIONS
If you have any questions, complaints, or concerns about your participation in this research, contact:

Dr. Oswaldo Moreno
Assistant Professor
Department of Psychology
Virginia Commonwealth University (VCU)

Office: Williams House - 800 W Franklin St., Room 101, Richmond, VA 23284
Phone: (804) 828-6624 * Fax: (804) 828-2237 * Email: oamoreno@vcu.edu

The researcher/study staff named above is the best person(s) to call for questions about your participation in this study.

If you have any general questions about your rights as a participant in this or any other research, you may contact:

Office of Research
Virginia Commonwealth University

800 East Leigh Street, Suite 3000
Box 980568
Richmond, VA 23298
Telephone: (804) 827-2157

Contact this number to ask general questions, to obtain information or offer input, and to express concerns or complaints about research. You may also call this number if you cannot reach the research team or if you wish to talk with someone else. General information about participation in research studies can also be found at http://www.research.vcu.edu/human_research/volunteers.htm.

Approved by the VCU IRB on 3/13/2018

1

EARLY IMMIGRATION, POLICIES, AND PSYCHOLOGICAL WELL BEING STUDY

Subject ID #:_____

Date: _____
 Qualitative Interview: Semi-structured Interview.

Hello, thank you for coming in and volunteering your time for this study. Today, I want to talk to you about a variety of different topics related to early immigration, policy, experiences living in the United States, coping strategies, risks, and protective factors.

[Ask demographics questions and BAS questions]

I. Experiences of Immigration

Now, I'd like to talk to you about your experiences with your family's immigration to the United States.

1. When did your family immigrate to the United States?
1. What were the reasons that your family immigrated to the United States?
2. Tell me about your family's experience of immigrating to the U.S.?
3. Were there any challenges that your family experienced when immigrating to the United States?
4. Were there any benefits that your family experienced when immigrating to the United States?
5. How has it been living in the United States as a first-generation immigrant?
6. Have your religious and/or spiritual practices played a role in some of these challenges or benefits? If so, how?"

I. Experiences with immigration policies

Now, tell me about your experiences with recent policies that have impacted the immigrating communities (such as DACA, Dream Act, etc).

8. Why did you apply to DACA?
9. What role did DACA play in your life?
10. When did you realize DACA was important?
11. Did DACA make you feel more American?
12. What have the challenges been (if any) on these policies experienced in the United States?
13. What have the benefits been of these policies to the United States?
14. How have you handled the challenges in difficult times?
15. What are things that you can do as a first-generation young immigrant?
16. What are things that you are limited to do as a first-generation young immigrant?

2

EARLY IMMIGRATION, POLICIES, AND PSYCHOLOGICAL WELL BEING STUDY

Subject ID #:_____

Date: _____

   17. What are skills that you have gained as a first-generation young immigrant?

   18. Are you proud to be a first-generation immigrant?

19. How have your living conditions been affected your immigration status?

20. How has your overall well-being been affected by this?

21. How do you cope with everything that is happening at the policy level?

22. Tell me how your Hispanic heritage helped with this experience?

23. What role does culture play in these experiences?

24. What role does your family play in these experiences?

25. What role does your native country play in these experiences?

26. What role does your gender play in these experiences?

IV. Descriptions and Reactions after policy actions

  Now, I'd like to talk to you about the last political actions against DACA (Describe DACA and Dream Act).

27. How did you react?

28. What were you thinking?

29. What were you feeling?

30. How did you behave?

31. Who was there to assist you during this time?

32. How did you seek support?

33. What did your community/support do about this?

34. What means have you taken after this political action?

35. How have you protected yourself from risky behaviors (or laws)?

36. What will happen even if you (or someone you know) are not granted DACA again?

37. How do seek professional care (such as going to a PCP, mental health?)

38. What are the barriers (if any) to seeking care as a result of this policy change?

39. Why do you think Latina/o college students (like yourself) underutilize health services?

V. Conclusion:

40. What do you strive to be in life?

41. What legacy do you want to leave behind?

41. How do you want society to see you?

 Those are all the questions I have. I want to thank you for taking the time to share your thoughts with me. Is there anything important about your views that we didn't talk about?