TRAUMA-INFORMED BIOETHICS:

AN ETHICAL ANALYSIS OF MENTAL HEALTH CARE IN THE U.S. LATINX IMMIGRANT POPULATION

A Thesis
Submitted to
the Temple University Graduate Board

In Partial Fulfillment
of the Requirements for the Degree
MASTER OF ARTS

---

by
Osasumwen Benjamin
May 2020

Thesis Approvals:

Nicolle Strand, Thesis Advisor, Center for Urban Bioethics

ABSTRACT

Immigration is a highly politicized topic increasingly on the forefront of the nation's consciousness. Though news media and academia have drawn attention to evidence of physical health needs of undocumented immigrants being compromised due to their documentation status, relatively less attention is brought to their mental health needs. The purpose of this paper is to review literature about the mental health care needs of immigrants and refugees to the United States, with a particular focus on recent adult immigrants from Latin America and their youth, who may directly or indirectly suffer trauma related to deportation, violence, family separation and/or loss. This paper serves to provide ethical arguments for increased awareness, education and resources towards trauma-informed, culturally sensitive mental health care for immigrants and refugees to the United States. The ultimate aim of this paper is to provide its readers with essential information regarding the impact of trauma and cultural identity in the mental health care (or lack thereof) of Latinx immigrants.

Key words: trauma-informed care, immigrant mental health, Latinx

This thesis is dedicated to the many immigrants in America who are fighting for their American dream.

ACKNOWLEDGMENTS

I first and foremost acknowledge God for inspiring me to pursue a master's degree in Urban Bioethics, in addition to my medical degree. From the beginning of medical school up until the end, the bioethics program at Temple has been a source of inspiration and renewed strength for me. It has helped me contextualize this massive beast we call health care in America and strive to do better for my patients and their families. I acknowledge Dr. Nora Jones and Dr. Kathleen Reeves for their beautiful introduction to urban bioethics and bridging the gap between the basic sciences and the realities "across the street." I am grateful to Professor Nicolle Strand for being an invaluable resource throughout this thesis process. I am blessed to have learned bioethics from different points of views thanks to my cohort of classmates that included a nephrologist, a lawyer, social workers, nurses, resident physicians, members of the ethics committee at Temple University Hospital, and of course, members of my MD/MA class of 2019 (and 2020).

I want to especially acknowledge my family and friends, who have supported me always. Thank you to the amazing Victoria and Edamwen Benjamin, my parents and biggest cheerleaders. I acknowledge my brothers Uhunoma, Eghosa (RIP), Emmanuel and Victory for inspiring me to chase my dreams, not just for myself, but for the individuals coming up behind me. Among my classmates, I want to especially thank Arianna Ahiagbe and Brijae Chavarria for the much-needed reminder that I am perfectly capable of writing this thesis. Lastly, I want to thank my life partner Michael Blackson for his continuous encouragement and literally being by my side as I finished drafting this thesis.

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION

Over the past several decades, political elections have unceasingly highlighted immigration reform as one of many key areas to address in order to improve the wellbeing of the United States. In reality, many of the policies that were proposed, enacted or even rejected were reflections of the existing fears, anxieties and economic needs of the time. This phenomenon was manifested time and time again throughout the 20th century, but most recently during the 2016 presidential campaign and the subsequent election of the 45th United States president. At the beginning of his campaign, Donald Trump stated:

> When Mexico sends its people, they're not sending their best. They're not sending you. They're not sending you. They're sending people that have lots of problems, and they're bringing those problems with us. They're bringing drugs. They're bringing crime. They're rapists. And some, I assume, are good people. (Washington Post Staff, 2015)

By accusing immigrants from Mexico and other countries of being criminals, Trump preyed upon existing fears and negative attitudes towards immigrant communities. This rhetoric aided in bolstering the enactment of policies that restricted immigration to the United States, increased the number of undocumented immigrants detained in increasingly crowded, unsafe detention centers, and promoted separation of children from their families (Timeline of federal policy on immigration, 2017-2020.).

While assuaging (some of) the fears of proponents of anti-immigration policies, these policy changes are having the opposite effects on the millions of immigrants whose complicated lives have been disrupted socially, economically and psychologically. It is

well documented that the complex stressors immigrants face contribute to increased susceptibilities to anxiety, depression, post-traumatic stress disorder and adverse health outcomes in later life (Walsdorf, Machado Escudero, & Bermúdez, 2019). Given the increasingly challenging and multifaceted nature of immigration in the United States, this thesis serves to examine the current state of mental health care among immigrants to the U.S. and to offer an ethical argument for greater education about the effects of culture and migration-related trauma on the mental health of immigrant communities. This thesis also proposes the promotion of advocacy for trauma-informed care and community-based programming that addresses the biopsychosocial needs of recent immigrants.

As immigration is a broad topic, this thesis will limit its scope by focusing on recent immigrants and refugees from Latin America who have experienced trauma in the process of migration. After addressing common mental health problems that Latin American immigrants and refugees experience, this thesis will discuss the ethical ramifications of neglecting mental health treatment. Because migration-related trauma also has a multitude of effects both individually and generationally, this thesis will also highlight related adverse childhood experiences (referred to as "ACEs") that may contribute to the development of mental illnesses. Immigration affects children and adolescents in similar, yet distinct ways in comparison with adults, and this thesis will highlight these differences, as well as provide approaches that can be used to address mental health in Latinx immigrant youth.

Background, Terms and Definitions

Before delving into the abundant literature on Latin American immigrant mental health, it is necessary to establish some background information in order to clarify terms and definitions used in this thesis and current literature on this subject. As this thesis covers related concepts in immigrant mental health around identity and racism, for example, this will not be an exhaustive list of terms. Any concepts or ideas not mentioned below will be addressed throughout the thesis as need arises.

Latinx: a gender-neutral form of the ethno-identification Latino/a used to refer to persons descending from Latin America living in the United States (Oxford English Dictionary, 2019). In the Spanish language, the masculine ending "o" (or "os") is still officially used as the default referring to both sexes (Schmidt, 2019); however, the gender-neutral form "-x" and/or "-e" is being increasingly used as inclusive language that respects gender non-conforming individuals of Latin American descent. "Latinx" will be used in this thesis except in cases of direct quotations or when "Latino" or "Latina" is used in reference to individuals identifying as male or female, respectively. The term "Hispanic" may also be used as well, though some people who self-identify as "Latinx" may or not identify as "Hispanic" and vice versa.

Hispanics/Latinx, comprising approximately 18% of the U.S. population, are the largest and fastest growing minority (Cillufo & Cohn, 2019). Some demographers estimate that by 2045, the U.S. will become a majority minority country, with Hispanics/Latinx comprising a quarter of the population (Frey, 2018). Perhaps, fear of these demographic shifts lies behind the growing white supremacy movement since the election of Donald Trump.

Intersectionality: the idea that an individual or group's identity lies at the intersect of multiple identities spanning race, ethnicity, sex, gender, gender identification, class, (dis)ability, age, socioeconomic status and other identifiers. This idea relates to Latinx immigrants and refugees with regards to their mental health risks and needs being affected not only by their ethnic cultural background, but also by several of the above markers of identity.

Racism: "a system of advantage based on race" (Tatum, 1999). In her seminal work, "*Why are all the Black Kids Sitting Together in the Cafeteria?" and Other Conversations About Race*, Beverly Daniel Tatum expounds on the difference between prejudice and racism and how the latter functions more on a systemic and systematic level to benefit white people, whether they are actively or passively engaging in discriminatory, prejudicial behavior towards non-whites. Though Latinx or Hispanic does not refer to a particular race, many individuals belonging to these groups do not identify (or are not identified) as "white" because of their phenotype. Regardless of their identification as "white" or "not white," many Latinx individuals are affected by racism and discrimination.

Immigrant, refugee, and asylum-seeker: though sometimes used interchangeably, the terms "immigrant," "refugee" and "asylum-seeker" carry different legal and political denotations. An immigrant is a person who migrates to another country seeking permanent residence. Under the U.S. immigration system, in order for a person from another country to become a long-term resident of the U.S., they must obtain legal documentation in the form of a green-card or resident alien status (Walsdorf et al., 2019). Refugees and asylum-seekers may fall under the umbrella of "immigrants," but come to

the U.S. or other countries seeking certain legal and/or social protections not afforded to them in their home countries. The difference between a refugee and an asylum-seeker is that the status of the former is determined outside of the U.S., whereas the latter's is decided within the U.S. Hence, there may be a large degree of overlap between the two, as both must "be at risk on account of an enumerated ground and cannot have persecuted others" (Kerwin, 2012). In other words, both refugees and asylum-seekers must have evidence that they will face "persecution, torture, or death if sent back to their country-of-origin" (Walsdorf et al., 2019).

Contrary to what the media suggests, undocumented immigrants – i.e., those without the aforementioned legal documentation – are actually estimated to make up a fraction of all immigrants to the U.S. One 2017 estimate reports about 10.5 million undocumented immigrants, which is a minority of the 44.5 million foreign-born Americans, most of whom are naturalized citizens and legal permanent residents (Kamarck & Stenglein, 2019). This statistic also relates to the demographics of the Hispanic/Latinx population in the U.S. According to Pew Research, just over one third (34.4%) of Latinos are immigrants, with increased immigration from Latin American locales outside of Mexico, such as Puerto Rico, El Salvador and Guatemala (Flores, A., 2017). Clearly, not all Latinx people are undocumented immigrants, let alone immigrants. Because of how "illegal immigration" is represented in the media by certain politicians and anti-immigration groups, many Latinx people across the U.S. are subject to racially motivated hate crimes (Lopez, 2019). Thus, Latinx people, whether they are first-generation, second-generation or tenth generation Americans, are at great risk of discrimination regardless of their documentation status. This, in conjunction with other

social determinants, may predispose Latinx immigrants to mental illness. For the purposes of this thesis, the term "Latinx immigrants" will be used in the broadest sense, with the terms "refugees" and "asylees" (or "asylum-seekers") used as specifiers.

Trauma: a major adverse experience or experiences severely impacting one's ability to cope mentally and emotionally. Clinically, a history of trauma is used to diagnose post-traumatic stress disorder (PTSD) and a group of related disorders, collectively known as "trauma and stressor-related disorders" (*Diagnostic and Statistical Manual of Mental Disorders,* 5th edition). There exists a body of literature that suggest PTSD and related disorders are not the only sequela of trauma; in fact, complex trauma is linked to other forms of behavioral and emotional dysregulation (Briere & Scott, 2015)

Depression: colloquially, depression or "feeling depressed" is used to refer to feelings of sadness, but clinically, depressed mood is a symptom of a major depressive episode and major depressive disorder (*Diagnostic and statistical manual of mental disorders: DSM-5*). In the literature analyzed for this thesis, study subjects' history of low mood was elicited using a variety of language. For the sake of simplicity, this thesis will utilize the definition as represented in the study or article being analyzed.

Anxiety: DSM-5 describes fear as "the emotional response to real or perceived imminent threat, whereas anxiety is anticipation of future threat" (2013). As with depression, anxiety may be a symptom or a sign of a larger disorder such as generalized anxiety disorder.

CHAPTER 2: COMMON MENTAL HEALTH ISSUES IN LATINX IMMIGRANTS & REFUGEES

If people crossed, if people made the journey, if people did everything that it takes to be an immigrant in America, which is a lot, then I felt like they belonged here.

- Karla Conejo Villavicencio in the short film *El Vacio* directed by Deborah S. Esquenazi

In the short documentary film, *El Vacio* and a New York Times article entitled "The Trauma of Sanctuary," filmmaker Deborah Esquenazi showcases the lives of just a few of the millions of undocumented Americans affected by restrictive immigrant policies (Esquenazi, 2019). The film centers around immigration writer Karla Conejo Villavicencio, who tries to recreate "what trauma brain feels like" in her writings. "I don't know whether legal status or mental illness is the most defining element of my life," she confesses in the film. Growing up undocumented in an undocumented family that migrated from Ecuador to the States when she was young, Karla describes never being shielded from the trauma of what it means to be an undocumented immigrant in America. Though she excelled academically, going on to become one of the first undocumented students to graduate from Harvard College, Karla "secretly suffered a lot." Demonstrating a coping strategy that she learned from years of psychotherapy, she writes down her triggers, intrusions, and intensity level, stating, "I have OCD if this is not clear." Elsewhere in the film, Karla describes her involvement with sanctuary families, which are families having at least one undocumented member taking refuge in a church. While her work is cathartic, as she identifies very deeply with the sanctuary family that she became involved with through her activism, she also finds her work very triggering, producing nightmares and flashbacks from her past.

> I became involved in immigrant rights because I started writing about Marco Reyes, who is a man who took sanctuary at a church to avoid being arrested and deported. I started writing about him for my book. Soon it started to happen that when we drove by the church, I started getting migraines. They got so bad that I would end up in urgent care getting IVs. So after my experience with Marco, I was like I can't involve myself with another sanctuary family. (Karla Conejo Villavicencio in *El Vacio* by Deborah S. Esquenazi)

Karla's history of experiencing mental health problems, including post-traumatic stress (PTS) symptoms, in the face of immigration-related trauma, is unfortunately not unique. Many immigrants, particularly refugees and asylum-seekers face numerous challenges related to their migration experiences that affect their mental health. However, there exists data to suggest better mental health among immigrants than that of the general population. According to a landmark review by Kirmayer et al. (2011), population studies have demonstrated that initially, immigrants to Canada tend to have better health and slightly lower rates of mental disorders than the Canadian-born population. This has also been demonstrated in the United States population and referred to as "the healthy immigrant effect" (Hamilton, 2015). Newly arrived first generation immigrants not only have better health outcomes than subsequent generations, but also tend to be healthier than immigrants who have assimilated after years of being in the host country (Alegria, Alvarez, & DiMarzio, 2017). What does this mean for immigrant mental health? Does the evidence of "the healthy immigrant effect" imply that immigrants do not struggle with mental health problems? On the contrary, the evidence is

actually more complicated than the healthy immigrant paradigm suggests and is worthy of further exploration.

One reason for the perceived difference in health among first generation immigrants compared to subsequent generations is selection bias. Immigrants who are able to make the arduous move from their home country to a foreign land may already have a baseline level of health that serves as a protective factor. People who have chronic illnesses tend not to be healthy enough to pick up and move, leaving their support networks behind. The sample that is assessed in population studies of immigrants may have unique personal and cultural characteristics that differentiate it both from the host country's population and their home country's population. Once immigrants have acculturated and assimilated to their host country, their health over time ends up reflecting that of the general population (Kirmayer et al., 2011). Among refugees, however, the rates of psychiatric disorders are actually higher than the general population due to their exposure to "war, violence, torture, forced migration and exile…"(Kirmayer et al., 2011). Given their high levels of trauma exposure, it does not come as surprising that refugees also have high rates of PTSD. But refugees are not the only immigrants who confront traumatic experiences in the process of migration and settlement to a different country than their country of birth.

The literature on immigration identifies migration by three stages of the migration trajectory: premigration, migration and postmigration resettlement (Kirmayer et al., 2011). Each stage comes with a different set of challenges. An immigrant's premigration experiences are determined by their economic, educational and occupational status in their country of origin. That is to say that an immigrant with an elementary

school education who made their living selling fruit will not have the same pre-migration experience as someone with a medical degree in their home country who intends to work in the U.S. as a doctor. Regardless of socioeconomic status, all immigrants face disruption of their social supports, roles and networks in the premigration stage. Other factors related to premigration that affect mental health include trauma and all its related facets (such as the type of trauma exposure and the number of episodes). Children in the premigration stage of their migration journey, in addition to the aforementioned factors, also face disruption of their education, developmental interruptions and separation from extended family and peer networks.

During migration itself, experiences revolving around the trajectory, harsh travel conditions, exposure to violence, and uncertainty about outcome of migration, can affect mental health. In recent years, many migrants from Central America make the dangerous journey to the U.S. through Mexico by climbing on top of freight trains that are headed north. “Many of the immigrants making this journey are robbed or assaulted by gangs who control the train tops, while others fall asleep and tumble down, losing limbs or perishing under the wheels of the trains” (Taylor, 2013). In hopes of better opportunities in the U.S., these migrants are willing to risk their lives, and such danger must take its toll, both physically and mentally. Once they are finally in the U.S., migrants must tackle the thorny beast of immigration policies that do not take into consideration their grueling journeys. Postmigration, immigrants must manage uncertainty around their status, unemployment or underemployment, loss of family and community social supports, concern about family members left behind, and difficulties getting accustomed to a new culture, language and customs (Kirmayer et al., 2011). Children additionally may have

unique challenges related to acculturation in the context of discrimination and social exclusion at school or with peers (Kirmayer et al., 2011).

Latinx immigrants in this divisive political climate face discrimination, are subject to hate crimes and racist public rhetoric. In "Latinos' connections to immigrants: how knowing a deportee impacts Latino health," Vargas' findings suggest that simply knowing a deportee increases the odds of having poor mental health outcomes (Vargas, Juárez, Sanchez, & Livaudais, 2019). This may result from the fact that the mere *threat* of deportation creates anxiety. Deportation does not only create stress on the undocumented immigrants living in the U.S., but also creates stress for their families in their home countries. For fear of deportation, undocumented immigrants do not utilize social services that may mitigate their health risks, which further has negative effects on their physical and mental health outcomes.

Premigration, migration and postmigration factors all relate to mental health and must be taken into consideration when working with immigrant populations in a health care setting. As these migration related factors create stress, immigrants who face numerous challenges related to migration, are at risk for developing trauma and stress-related disorders. Indeed, a 2016 study by Fortuna et al., determined that the more immigrants are exposed to immigration-related stress, the greater is their likelihood of developing a mental health problem, such as suicidal ideation, which is a symptom of major depression (Fortuna et al., 2016). The investigators surveyed 567 Latinx patients from community clinics in Boston, Madrid and Barcelona. They found that higher scores on depression, posttraumatic stress disorder, and trauma exposure had significant

associations with 30-day suicidal ideation. The data suggest that migration-related trauma may be linked to poor mental health outcomes among Latinx immigrants.

In a 2018 study, Sangalang and her colleagues examined the associations between trauma and stress at premigration and postmigration phases among Latinx refugees and immigrants. Using measurement scales that assessed depressive and anxiety disorders in the past twelve months, psychological distress, pre-migration and post-migration trauma exposure, discrimination, acculturative stress, family conflict and neighborhood environment, researchers found that both pre- and post-migration trauma were associated with depressive disorders and psychological distress for Latinx immigrants. They also found that discrimination, acculturative stress and family conflict were associated with higher odds of depressive disorders, anxiety disorders and psychological distress. For Latinx immigrants, the study cites the following pre-migration traumatic events as the top five identified: natural disaster, unexpected death of someone close, witness death or saw a dead body, beaten up by parents, mugged/held up/threatened with weapon (Sangalang et al., 2019). The top cited post-migration traumatic events are: unexpected death of someone close, life-threatening auto accident, mugged/held up/threatened with weapon, natural disaster and child had life-threatening illness or injury (Sangalang et al., 2019). This study demonstrates that Latinx immigrants during all stages of migration are exposed to wide-ranging trauma that puts them at risk for affective, stress and trauma-related disorders.

It is imperative that health care providers that work with Latinx immigrants learn how to properly assess the effects of trauma and culture on their clinical presentation. In a Canadian study, Wylie and his colleagues analyzed data acquired from focus groups and

interviews conducted with health care providers assessing mental health services for immigrants and refugees in London, Ontario (Wylie et al., 2018). They found an inconsistency of practices for transcultural assessment, meaning there was not one standard guideline used to assess the socio-cultural determinants of mental health. As a consequence, several respondents in the study cited discomfort as a barrier to providing culturally informed mental health care:

> "As one social worker noted, a barrier is people's fear of being curious around other people's belief systems, right and not knowing how to ask those questions because of their own kind of discomfort with it…people are uncomfortable asking the questions or even asking people if they identify with a particular culture…" (Participant HC5 quoted in Wylie et al., 2018)

When there is not one practice guideline or common training around culturally sensitive, trauma-informed care, providers, when faced with patients whose experiences do not reflect the majority, may feel as if they are shooting in the dark. Specific guidelines and training give health care providers the knowledge and skills that they need to experience less "discomfort" around immigrant populations. Though Wylie's study was conducted in Canada, the information acquired can certainly be applied to the U.S. population.

In particular, respondents in the study recognize the need for "acquiring kind of thick descriptions of people's lives, thick understanding of what's going [on] – what their history is" (Wylie et al., 2018). This acquisition of "thick descriptions" ideally should be the goal of every clinical encounter. In *The Principles and Practice of Narrative*

Medicine, Rita Charon underscores the necessity that thick descriptions, whether in a narrative medicine piece or in a clinical encounter, revolve around attentiveness to detail (Charon, 2017). The clinician must be familiar with the details of the immigrant's journey – the premigration, migration and postmigration resettlement phases. They also need familiarity around culture and its effects on how an immigrant perceives their mental health (or lack thereof).

Many sources, including Kirmayer's 2011 study, have identified somatization as a phenomenon common to people from non-Western cultures. In certain cultures, mental problems are not interpreted as originating from the "mind," or the "brain;" instead, patients with depression or anxiety, for example, may interpret physical symptoms of chest pain, abdominal pain and fatigue as signs of a physical disease (Kirmayer et al., 2011). When these symptoms do not correlate to supportable clinical signs, a mental health diagnosis may still be difficult for certain patients to accept. Cultural difference in the approach to mental health is actually a major barrier preventing patients from accessing care. When patients anticipate cultural misunderstanding, they are less likely to desire to seek care.

One way to address this gap is through the understanding of "culture-bound syndromes" and their relation to immigrant patient's mental health. According to Levine and Gaw, the term "culture-bound syndrome" is in itself a loaded term as it implies specific disease entities tied to a particular culture (1995). In actuality, many non-Western cultures have similar culturally tied syndromes that are called different names depending on the country. In a study about culture-bound syndromes and mental health among Mexican migrants in the U.S., William Donlan and Junghee Lee discuss the

syndromes *coraje, nervios* and *sustos.* These terms, prevalent among Mexican and other Central American cultures, share both similarities and differences in their connotations and denotations. *Coraje,* meaning anger or rage, is a syndrome describing a range of symptoms whose underlying cause is very strong anger (Donlan & Lee, 2010). Meanwhile, *nervios,* is an idiom used to "express various degrees of psychic distress," and *sustos,* according to the DSM-IV, is 'attributed to a frightening event that causes the soul to leave the body and results in unhappiness and sickness (p. 903, as quoted in (Donlan & Lee, 2010). *Sustos,* literally meaning "fear," may be roughly translated as trauma.

Donlan and Lee discovered that the majority of the participants surveyed (58.7%), reported having experienced at least one of the culture-bound syndromes and roughly one third of the participants reported currently experiencing either *susto, coraje* or *nervios* at the time of the survey. Administering PHQ-9s (a survey used in many primary care settings to assess depression risk and severity), the researchers in this study found an association between the participant's report of experiencing a culture-bound syndrome and depression severity score (Donlan & Lee, 2010). The PHQ-9 scores for the migrant participants who reported currently experiencing a culture-bound syndrome were higher than those of migrants who did not report experiencing one of the syndromes. In other words, *susto, coraje* and *nervios*, may be signifiers of depression. This study suggests the possibility of means of "translating" cultural idioms of mental health in a clinically relevant way.

Another study examining trauma exposure and protective factors in cultural terms postulated that newly arrived Central American immigrants with high self-reported levels

of *familismo* (reverence to family), *simpatia* (interpersonal harmony) and *respeto* (valuing of elder members of the community and those in authority figures) tend to have lower health concerns for themselves and their children (Mercado, Venta, Henderson, & Pimentel, 2019). The study surveyed 97 men and women from Honduras, Guatemala, El Salvador and Mexico. In addition to assessing their cultural values, researchers in this study also measured self-reported physical health and trauma exposure of both the parents and their children. Consistent with previous studies of trauma in recent Latin American immigrants, participants reported high levels of trauma exposure and post-traumatic stress symptoms (Mercado et al., 2019). Due to the fact that post-traumatic stress triggers an inflammatory response anywhere in the body, trauma can result in a variety of negative physical and mental illnesses. The study confirms this, given that researchers did observe an association between high post-traumatic stress symptoms and poorer health measures on each domain assessed (Mercado et al., 2019). Despite previous evidence of *familismo, simpatia* and *respeto* serving as factors promoting sociocultural resilience, this study did not confirm a positive association between these values and good health, except in the case of high PTS symptoms, where the cultural values were found to have a slight buffering effect (Mercado et al., 2019)

Overall, the most common mental health problems among Latinx immigrants and refugees revolve around trauma. Whether it shows up as a clinically diagnosable PTSD, a culture-bound *susto*, or a visit to the emergency room after spending significant amount of time working with the undocumented, trauma plays a real and active force in the lives of those affected by immigration. In the U.S. today, according to 2018 data, more than 44.5 million immigrants live in the U.S (Batalova, Blizzard, & Bolter, 2020). This means

that immigration policies affect not just a few, but a *lot* the U.S. population. Mental health care should reflect the different needs of an increasingly diverse patient population.

CHAPTER 3: IMMIGRATION AND THE MENTAL HEALTH OF OUR YOUTH

In “Enrique’s Journey,” a newspaper series published in 2002, journalist Sonia Nazario depicts one young adolescent’s grueling journey from Tegucigalpa, Honduras, through Mexico, en route to the U.S. to find his mother. A single mom feeling the weight of raising children on next to nothing, Enrique’s mother left him and his sister for the States when Enrique was five years old (Nazario, 2002).

> “Donde esta mi mami?” Enrique cries, over and over. “Where is my mom?” His mother never returns, and that decides Enrique’s fate. As a teenager – indeed, still a child – he will set out for the U.S. on his own to search for her. Virtually unnoticed, he will become one of an estimated 48,000 children who enter the United States from Central America and Mexico each year, illegally and without either of their parents. Roughly two-thirds of them will make it past the U.S. Immigration and Naturalization Service. (Sonia Nazario, “Enrique’s Journey, Chapter One: The Boy Left Behind”)

To make the journey North, Enrique and thousands of other children, had to ride on top of freight trains travelling from Central America to Mexico toward the U.S. Not only was this mode of transportation dangerous in and of itself, the children also faced many other traumatic experiences, such as physical violence and sexual assault.

While some Latinx immigrant children made the journey to the U.S. by themselves, most others travel with their families or are born in the U.S. to foreign born parents. According to demographic data, Latinx children currently make up a quarter of

U.S. children under age 18 and the vast majority, 95%, are U.S. citizens (Mather, 2016). By 2050, Latinx children are projected to account for one-third of the child population (Mather, 2016). Regardless of their country of birth, Latinx youth in immigrant families have a variety of health needs related to their growth and development in a multicultural setting. In order to address the needs of this diverse population, health professionals must understand the unique issues prevalent among Latinx children and adolescents.

Many Latinx people and their children live, work and grow along the U.S. and Mexico border. Long before "build a wall" became a catchphrase, the 2,000-mile long stretch of land between the United States and Mexico has been home to hundreds of American, Mexican and Mexican American communities. Because of the multitude of differences between Mexican and American culture, people living in these communities often experience clashes in culture. According to Luis Flores in *Addressing the Mental Health Problems of Border and Immigrant Youth,* "…borderlanders face identity concerns, challenging socioeconomic and environmental conditions, vulnerability to trauma, stress, substance abuse disorders, depression and other psychiatric disorders…" (2009). Due to challenging social determinants, Latinx immigrants living on the border have poorer mental health outcomes and difficulties getting access to adequate treatment.

One of the issues that children and adolescents confront that may be linked to their mental health is acculturation, which is the process of adapting to a new, dominant culture while balancing the knowledge, traditions, and behavioral patterns of the other culture. The process of acculturation can be very stressful and has been linked to "symptoms of depression, anxiety, panic attacks, attention deficit/hyperactivity disorder, conduct disorder and posttraumatic stress disorder (PTSD) in adults and children"

(Caballero et al., 2017). For Latinx people living on the border, they are literally on the border of two different cultures. Latinx immigrants may feel pressure to adapt to a dominant culture that is not always welcoming to them. Children and adolescents, especially, face this pressure when going to schools where they are expected to speak only English and assimilate into mainstream "American" culture. Despite the growing minority populations, mainstream America still refers to the dominant "white" America, and for children growing up under this U.S. racial hegemony, the pressure to assimilate is very tangible. They may face discrimination, both in the form of micro-aggressions, and more systemically, in school, among their peers and out in the workforce.

Substantial evidence in the literature points to a link between discriminatory experiences and poor mental health outcomes in marginalized communities (Flores, L., 2009). When people are discriminated against, they experience stress and distress, which puts them at risk for mental health problems. "Old and recent racial and cultural stereotypes paint people of Mexican ancestry as lazy, oversexed, immature, aggressive, impulsive, dirty and untrustworthy" (Flores, L., 2009). When young people internalize these negative messages from the media and their peer group, they may reject both cultures, resulting in further marginalization. Lacking community and support, adolescents may turn to maladaptive outlets, such as recreational drugs.

Given the border's proximity to high drug trafficking areas, illegal substances like cocaine, heroin and illicit prescription drugs are readily available and thus, a major issue in the border region (Flores, L., 2009). A 2004 study conducted by Texas Department of State Health Services found an increased report of illicit benzodiazepine use among Latinx adolescents attending schools along the border compared to non-border

adolescents (Flores, L., 2009). In addition, related to the extent of drug trafficking, this region of the U.S. is prone to violence. This data suggests that Latinx youth face many problems that are related to their environment, i.e., social determinants.

As in Enrique's story, many Latinx youth experience migration itself as trauma. Flores highlights a case demonstrating the link between family trauma experienced through migration and a child's mental health:

> Such is the case of Hector, a 10-year-old boy whose father died in an accident. A year later, a favorite uncle disappeared, a victim of problems related to drug smuggling. Today, every time Hector's mother plans to go across the Rio Grande river to visit family in Mexico, Hector experiences anxiety and fear and clings to her. This behavior is common among children whose relatives or neighbors have been victims of drug-related kidnappings and murders. (Flores, L., 2009)

From a psychiatric perspective, Hector displays signs of post-traumatic stress. His separation anxiety result from the belief that his mom may suffer the same fate as his father and uncle. If his symptoms worsen and go untreated, he may end up with a full-blown disorder that causes social and occupational dysfunction.

Michelle Porche and her colleagues, in a study published in 2011, actually examined the relationship between childhood trauma and school dropout rates. From their research and prior literature, they gathered that the school dropout crisis among Latinx youth may be partially due to exposure to traumatic events and chronic high-stress environments that adolescents experienced during childhood (Porche, Fortuna, Lin, & Alegria, 2011). In the study, a higher percentage of youth who reported experiencing

childhood trauma dropped out of school in comparison to those who did not report childhood trauma. This study is just one of many studies that implicate traumatic childhood experiences to poor outcomes in social, personal and occupational functioning. Indeed, adverse childhood experiences – commonly known as "ACEs" – have been linked to a whole cadre of physical and mental problems from liver disease to psychotic disorders (LaBrenz et al., 2019). The higher a person's ACE score, the more prone they are to adverse physical and mental health outcomes.

One of the reigning postulations for why a high number of ACEs can wreak havoc later on in life comes from an understanding of stress physiology. Adverse childhood experiences cause stress in the body, which shows up as multi-systemic alterations. High stress environments dysregulate the Hypothalamus-Pituitary-Adrenal (HPA), which not only affect the neurologic system (i.e., the brain), but also the endocrine and immunologic systems (Purewal Boparai et al., 2018). Chronic dysregulation of these systems contributes to chronic inflammatory diseases.

This dysregulation may occur at any stage of the migration process – premigration, migration and/or post-migration. A study by Sean D. Cleary and his colleagues on Latinx adolescents examined the relationship between trauma the youth experienced at various stages of migration and their current mental health status. Researchers found that the majority of survey participants reported experiencing at least one traumatic event, most commonly occurring before arriving to the U.S., i.e., premigration (Cleary, Snead, Dietz-Chavez, Rivera, & Edberg, 2018). Cleary also found that many of the participants reported exposure to natural disaster, serious injury and witnessing violence before coming to the U.S. From the investigation, it seems as if the

more salient traumatic exposures were not the ones the Latinx youth participants experienced after migration, but before migration. This result did not support the hypothesis from previous studies that postmigration stressors occurring after resettlement were more relevant to current mental health (Cleary et al., 2018). Instead, this study highlighted the importance of interventions that address current stressors, while also acknowledging the effect of past traumas. The desire to escape traumatic experiences related to violence and poverty is one of the major contributors to recent immigration from Mexico and Central America. Of course, when immigrants arrive to the United States, they are not blank slates. They carry their past experiences with them, and mental health providers need to recognize this fact.

The premigration and postmigration periods are each associated with their particular risks and adverse events. Often not acknowledged, the migration experience itself may be a source of trauma. According to Arellano et al. in a study published in 2018, one fourth of children in a survey reported in-transit traumatic experiences; “they feared death or serious injury to themselves or loved ones during immigration.” These experiences, by in large, were not captured by the standard trauma assessment and were determined to be predictive of depression and posttraumatic stress disorder symptoms (de Arellano et al., 2018). This means that standard trauma assessments are not asking questions particular to the Latin American immigrant experience. If there is not a specific enough assessment, trauma may go undetected and patients may not get the treatment that they need. When Latinx children and adolescents experience the immigration process as traumatic, this should be interpreted as a sign that they need more clinical attention and community support. PTSD and major depression, when untreated in youth, has

devastating long term consequences to their development into functional adults who can meaningfully contribute to their families and communities.

Amanda C. Venta's and Alfonso Mercado's recent research on children and families migrating from Central America to escape cartel and gang violence corroborate the need for clearer, more precise trauma assessments for Latinx immigrant populations (2019). For one of their studies, they surveyed recently immigrated Latinx adolescents and found high rates of PTSD symptoms on the Child PTSD Symptoms Scale Another study by the same researchers found similarly high rates when the same survey was administered via parental proxy (Venta & Mercado, 2018). Given the high rates of trauma and subsequent post-traumatic symptoms, this study further highlights the need for proper screening of recent Latinx immigrant youth.

All in all, the information from the current literature on mental health in Latinx child and adolescent immigrants suggest that though they may have similar experiences as adult immigrants, there are unique acculturation and developmental stressors. For some youth, immigration itself could be considered an adverse childhood experience. Arguably, the ACE survey made need to be adapted to incorporate immigrant trauma.

CHAPTER 4: ETHICAL CONSIDERATIONS AND TRAUMA-INFORMED APPROACHES TO CARE

Taking into consideration all of the current literature on Latinx immigrant mental health, it is clear that many Latinx immigrants and their families struggle with mental health problems that do not get addressed for a variety of reasons. There are many barriers to getting access to adequate health care, let alone mental health care. Intrinsic barriers to care include the high levels of stigma towards mental disorders. Even though mental health has been getting destigmatized in the United States, among immigrant populations, there still exists high degrees of stigma attached to mental disorders. Even in cases where an immigrant patient's mental health is clearly being compromised, they may be reluctant to attribute their symptoms to a mental disorder. One of the reasons for this may be cultural. In certain Latin American cultures, mental health is not conceptualized in the same way as in Western cultures. As a consequence, Latinx immigrants may lack knowledge about the services available to them (Wylie et al., 2018). Lacking knowledge about the resources that could help them, Latinx immigrants are reluctant to reach out to get care. Other barriers are more extrinsic or external. Difficulties with language and communication also serve as a barrier to accessing care. Without proper interpretation services available in health care settings, Spanish-speaking Latinx immigrants are not getting the care they need.

Much of mental health care revolves around sensitive communication. Mental health practitioners must communicate in a sensitive, non-judgmental manner that makes the patient feel comfortable to reveal delicate subjects. Language, thus, plays an enormous role in the doctor (or practitioner) patient interaction. When patients feel

understood, they are less hesitant to reveal trauma that may be relevant to their presenting symptoms. In order to best serve Spanish-speaking Latinx immigrants, proper language interpretation services must be put in place. Providers also need to allow space for dialogue with patients and to make attempts to understand their perspectives on mental health, instead of blindly following the Western view of mental health. Transcultural understanding would help reduce the stigma and negative extrinsic barriers that keep people from getting the care they need. In order to optimize transcultural understanding, we must increase the number of Spanish-speaking health care providers who are trained in culturally competent care.

From a bioethical standpoint, each of the four major ethical principles – beneficence, non-maleficence, justice and autonomy – is relevant to the discussion of Latinx immigrant mental health care. Increasing access to mental health care is beneficent, i.e. promotes the wellbeing of others, because it improves the livelihoods of more people. Though access to physical health care promotes beneficence by decreasing mortality, access to mental health care does so by also decreasing morbidity. Good mental health means people take better care of themselves, their families and their communities. Mental health treatment, therefore, has a ripple effect not only affecting the individual, but society as a whole.

Non-maleficence, the "do no harm" principle, also relates to this topic and applies to the ethics of immigration, as well as the ethics of immigrant mental health care. Many recent Latinx immigrants came to the United States not solely for better economic opportunities, but to escape violence in their hometowns. They come bearing the burden of trauma. Denying certain immigrants asylum in the U.S. would being doing them harm

because it means sending them back to situations of violence and poverty. Denying Latinx immigrants with mental health issues treatment would also be doing them harm because untreated mental health problems are associated with increased morbidity and suicidality. Immigration and mental health care literally are matters of life and death. Doing harm causes suffering and goes against the right to life, liberty and the pursuit of happiness, which is the most fundamental right of the United States. As human beings, we all have a right to life and by virtue of that right, a right to health and health care.

For the sake of my argument, I am using a version of the term "right" based on Leon Kass' definition in his piece "Is there a right to die?" in which he determines that holding a certain right entails "having a justified claim against others that they act in a fitting manner: either that they refrain from interfering or that they deliver what is justly owed" (Donnelly, 1998). In other words, health care as a right means that the government has an obligation to provide health care for all individuals residing within the country, regardless of their ability to afford said care. In contrast, a privilege is a special entitlement or "justified claim" earned by a select group of people, often by merit. In this scheme, individuals must "earn" health care in the same way they "earn" the ability to afford a meal at a five-star restaurant. Arguably, privileges, unlike rights, can be taken away without too many negative consequences. But taking away one's right to health has many detrimental consequences.

One could argue that in the case of undocumented immigrants, as they are not citizens, they are not subject to the same rights as American citizens. But what is a citizen? A citizen is an inhabitant of a particular space that abides by the laws and regulations of that space. Even though they may not have the proper documentation,

undocumented Latinx immigrants still should be considered citizens, as they, with the exception of their legal status, typically abide by the laws and regulations of the spaces they inhabit in the United States. Extending mental health care to Latinx immigrants in need of it promotes justice. It is unfair that many were born into challenging circumstances in which their basic human needs were not being met. Giving them equal access is the just thing to do as it helps address the social determinants of mental health that drive them to need such care in the first place. Mental health treatment also promotes patient autonomy because when patients are extremely suicidal or severely psychotic, they may lack capacity to make the best health decisions for themselves.

The four classical principles of beneficence, non-maleficence, justice and autonomy also relate to other bioethical principles such as solidarity, agency and social justice. As aforementioned, mental health care for Latinx immigrants manifests the principle of beneficence because of the ripple effect better mental health has on society. When people are able to function, as a result of getting the care they need, they can better contribute to society in whatever roles they play in their community. In other words, they are better agents in their lives and in the lives of others. Mental illness undermines agency by limiting the choices that people can make to improve their circumstances. In the case of a patient with major depressive disorder, for example, they may be having negative thoughts, in addition to somatic symptoms of psychomotor retardation, rendering it impossible to get out of bed and go to work. Without agency, defined by the capacity to act, people lack the capacity to act in their own best interest or in the interest of others.

As inhabitants of a common space, human beings are forever dependent on one another for goods and services. This is the basis of the principle of solidarity, which according to one definition, "comprises manifestations of the willingness to carry costs to assist others with whom a person recognizes sameness or similarity in at least one relevant respect" (Prainsack & Buyx, 2012). Like many physical illnesses, mental illness does not discriminate and can affect anyone. That "sameness" inherent in solidarity, when applied to mental health care, stems from the reality that *everyone* must face challenges and hardships throughout life and may find themselves having a hard time coping. This is where mental health care comes into play.

Despite the growing recognition of mental health care needs, there exists many gaps in coverage. The topic of mental health care from the vantage point of bioethics relates very much to social justice, which according to John Rawls, a famous American philosopher, "requires the fair distribution of primary goods…" which are to be allocated "on the basis of 'fair equality of opportunity' due to disadvantages that these individuals have accrued through the 'natural lottery' and the 'social lottery' of life" (Ruger, 2004). Many Latin American immigrants come to the U.S. from a socioeconomically disadvantaged background. Desperate for means of helping their families, they may work jobs under the table, which further disadvantages them. In order to help them help themselves and their families, policymakers, health care providers and other stakeholders in the health system must be willing to allocate resources Latinx immigrants and their families need in order to *thrive* – not just barely survive in contemporary American society.

Given the absolute necessity for mental health treatment to the life of Latinx immigrants who, facing traumatic experiences before, during and after migration, are more prone to developing trauma and stress related disorders, there must be greater provisions for trauma-informed care. “In order to ensure adequate psychological support [for refugees and asylum seekers], it is necessary to be aware of their traumatic experiences and the hardships they are dealing with” (Wylie et al., 2018). What does this awareness look like in the field? According to one source, trauma-informed care involves a shift in approach from asking “what’s wrong with you?” to inquiring “what happened to you?” (Trauma-Informed Care, 2018). Instead of the typical biomedical approach that categorizes symptoms and disease states as the main problems, a trauma-informed approach allows space for a more biopsychosocial view in which the patient’s *context* matters more than their disease *content*.

By virtue, trauma-informed care involves acknowledging and allocating resources towards the social determinants of health. For example, many of the adverse childhood experiences (ACEs) in the well-known survey are in essence traumatic experiences related to an individual’s socioeconomic status. A person’s income level determines where they live, which determines their likelihood of witnessing violence in the community, which is one of the ACEs. Community health settings should require all patients to be screened for ACEs, in addition to other mental health screening tests. Knowledge of a patient’s ACEs would greater promote a trauma-informed approach in mental health care that acknowledge the effects of a patient’s environment to their symptoms of distress. This approach would also promote the creation and implementation of community-based interventions that are culturally responsive. Jamile Tellez Lieberman

et al. details this sort of intervention in "We All Have Strengths: A Retrospective Qualitative Evaluation of a Resilience Training for Latino Immigrants in Philadelphia, PA."

Conducted in collaboration with a local non-profit organization, the resilience training program served over 300 Spanish-speaking Latinx members of the Philadelphia community. The training had participants reflect on the nature of resilience as it relates to their immigrant identities and past traumatic experiences. The participants were taught skills and tools to promote resilience in their lives and in the lives of the people in their communities. Many of the participants reported finding the training to be very empowering in their personal lives and helping them better cope; for instance, one participant said "now, when any situation happens to me, I try to say, 'what am I'm going to do to move ahead?' So that this situation doesn't drag me down. I know I have to pull the good out of it" (Lieberman et al., 2019). Though non-traditional, community-based mental health interventions can be very successful means of increasing access to mental health care. By participating in a group, patients benefit from less stigma because seeing other people engaged in help-seeking behaviors normalizes those same behaviors. They also benefit from people who understand them because they come from a similar culture with similar life experiences. Because of its potential to impact large groups within a community, culturally responsive, community-based approaches to mental health care must be highly considered when it comes to improving immigrant mental health.

CONCLUSION

Immigrant mental health is a bioethical issue because it brings to light questions surrounding resource allocation, social determinants of health and justice. The question of whether immigrants lacking legal documentation "deserve" to be in the United States is beyond the scope of this thesis. Regardless of whether they deserve to live in this country of greater opportunity or not, immigrants should be entitled to the same care and protections as other inhabitants of the United States. This means they are entitled to good health care, which includes mental health care. In light of the high levels of trauma in immigrant and refugee communities, health care providers and stakeholders need to address mental health delicately, utilizing a trauma-informed, culturally responsive approach. Without access to this kind of care, immigrants in need will not be able to heal from trauma-related mental illnesses and lead functional lives that contribute to their families and American society as a whole.

REFERENCES

Alegria, M., Alvarez, K., & DiMarzio, K. (2017). Immigration and mental health. *Current Epidemiology Reports, 4*(2), 145-155. doi:10.1007/s40471-017-0111-2 [doi]

Batalova, J., Blizzard, B. & Bolter, J. (2020). Frequently requested statistics on immigrants and immigration in the united states. Retrieved from https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states

Briere, J., & Scott, C. (2015). Complex trauma in adolescents and adults: Effects and treatment. *The Psychiatric Clinics of North America, 38*(3), 515-527. doi:10.1016/j.psc.2015.05.004 [doi]

Caballero, T. M., DeCamp, L. R., Platt, R. E., Shah, H., Johnson, S. B., Sibinga, E. M. S., & Polk, S. (2017). Addressing the mental health needs of latino children in immigrant families. *Clin Pediatr (Phila), 56*(7), 648-658. doi:10.1177/0009922816679509

Charon, R. (2017). *The principles and practice of narrative medicine*

Cillufo, A., & Cohn, D. (2019, April 11,). 6 demographic trends shaping the U.S. and the world in 2019. Retrieved from https://www.pewresearch.org/fact-tank/2019/04/11/6-demographic-trends-shaping-the-u-s-and-the-world-in-2019/

Cleary, S. D., Snead, R., Dietz-Chavez, D., Rivera, I., & Edberg, M. C. (2018). Immigrant trauma and mental health outcomes among latino youth. *Journal of Immigrant and Minority Health, 20*(5), 1053-1059. doi:10.1007/s10903-017-0673-6 [doi]

de Arellano, M. A., Andrews, A. R., Reid-Quinones, K., Vasquez, D., Silcott Doherty, L., Danielson, C. K., & Rheingold, A. (2018). Immigration trauma among hispanic youth: Missed by trauma assessments and predictive of depression and PTSD symptoms. *Journal of Latina/O Psychology, 6*(3), 159-174. doi:10.1037/lat0000090 [doi]

Diagnostic and statistical manual of mental disorders: DSM-5 (2013). American Psychiatric Publishing.

Donlan, W., & Lee, J. (2010). Coraje, nervios, and susto: Culture-bound syndromes and mental health among mexican migrants in the united states. *Advances in Mental Health, 9*, 288+. Retrieved from https://link.gale.com/apps/doc/A281682595/AONE?u=temple_main&sid=AONE&xid=152adb3d

Donnelly, J. (1998). *Suicide: Right or wrong?* Amherst: Prometheus Books.

Esquenazi, D. (2019). The trauma of sanctuary. Retrieved from https://www.nytimes.com/2019/05/14/opinion/undocumented-immigrants.html

Flores, A. (2017). How the U.S. hispanic population is changing. Retrieved from https://www.pewresearch.org/fact-tank/2017/09/18/how-the-u-s-hispanic-population-is-changing/

Flores, L. (2009). *Addressing the mental health problems of border and immigrant youth: A culture and trauma special report from the national child traumatic stress network* The National Child Traumatic Stress Network.

Fortuna, L. R., Álvarez, K., Ramos Ortiz, Z., Wang, Y., Mozo Alegría, X., Cook, B. L., & Alegría, M. (2016). *Mental health, migration stressors and suicidal ideation among latino immigrants in spain and the united states* doi:https://doi.org/10.1016/j.eurpsy.2016.03.001

Frey, W. H. (2018, -03-14T17:34:06+00:00). The US will become 'minority white' in 2045, census projects. *Brookings* Retrieved from https://www.brookings.edu/blog/the-avenue/2018/03/14/the-us-will-become-minority-white-in-2045-census-projects/

Hamilton, T. G. (2015). The healthy immigrant (migrant) effect: In search of a better native-born comparison group. *Social Science Research, 54*, 353-365. doi:10.1016/j.ssresearch.2015.08.008 [doi]

Kamarck, E., & Stenglein, C. (2019, -11-12T19:28:06+00:00). How many undocumented immigrants are in the united states and who are they? Retrieved from

https://www.brookings.edu/policy2020/votervital/how-many-undocumented-immigrants-are-in-the-united-states-and-who-are-they/

Kerwin, D. (2012). The faltering US refugee protection system: Legal and policy responses to refugees, asylum-seekers, and others in need of protection. *Refugee Survey Quarterly, 31*(1), 1-33. doi:10.1093/rsq/hdr019

Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., . . . Pottie, K. (2011, Common mental health problems in immigrants and refugees: General approach in primary care: Canadian guidelines for immigrant health.*183*, E959+. Retrieved from https://link.gale.com/apps/doc/A267609653/AONE?u=temple_main&sid=AONE&xid=5929bb16

LaBrenz, C., Panisch, L., Lawson, J., Borcyk, A., Gerlach, B., Tennant, P., . . . Faulkner, M. (2019). Adverse childhood experiences and outcomes among at-risk spanish-speaking latino families. *Journal of Child and Family Studies,* Retrieved from https://link.springer.com/article/10.1007/s10826-019-01589-0#citeas

Levine, R. E., & Gaw, A. C. (1995). Culture-bound syndromes. *The Psychiatric Clinics of North America, 18*(3), 523-536.

Lieberman, J. T., Lobban, K., Flores, Z., Giordano, K., Nolasco-Barrientos, E., Yamasaki, Y., & Martinez-Donate, A. P. (2019). "We all have strengths": A retrospective qualitative evaluation of a resilience training for latino immigrants in

philadelphia .*3*(1) Retrieved from https://www.liebertpub.com/doi/full/10.1089/heq.2019.0070

Lopez, R. (2019). The shocking rise in anti-latino hate crimes . Retrieved from https://salud-america.org/the-shocking-rise-in-anti-latino-hate-crimes/

Mather, M. (2016). Trends and challenges facing america's latino children. Retrieved from https://www.prb.org/trends-and-challenges-facing-americas-latino-children/

Mercado, A., Venta, A., Henderson, C., & Pimentel, N. (2019). Trauma and cultural values in the health of recently immigrated families. *J Health Psychol,* , 1359105319842935. doi:10.1177/1359105319842935

Nazario, S. (2002). Enrique's journey chapter one: The boy left behind. Retrieved from https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states

Oxford English Dictionary. (2019). Latinx, n. and adj. Retrieved from https://www.oed.com/view/Entry/79123233

Porche, M. V., Fortuna, L. R., Lin, J., & Alegria, M. (2011). Childhood trauma and psychiatric disorders as correlates of school dropout in a national sample of young adults. *Child Development, 82*(3), 982-998. doi:10.1111/j.1467-8624.2010.01534.x [doi]

Prainsack, B., & Buyx, A. (2012). Solidarity in contemporary bioethics – towards a new approach. *Bioethics, 26*(7), 343-350. doi:10.1111/j.1467-8519.2012.01987.x

Purewal Boparai, S. K., Au, V., Koita, K., Oh, D. L., Briner, S., Burke Harris, N., & Bucci, M. (2018). *Ameliorating the biological impacts of childhood adversity: A review of intervention programs* doi:https://doi.org/10.1016/j.chiabu.2018.04.014

Ruger, J. P. (2004). *Ethics of the social determinants of health* doi:https://doi-org.libproxy.temple.edu/10.1016/S0140-6736(04)17067-0 "

Sangalang, C. C., Becerra, D., Mitchell, F. M., Lechuga-Pena, S., Lopez, K., & Kim, I. (2019). 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 [doi]

Schmidt, S. (2019, 12/5/). Teens in argentina are leading the charge for a gender-neutral language. *Washington Post* Retrieved from https://www.washingtonpost.com/dc-md-va/2019/12/05/teens-argentina-are-leading-charge-gender-neutral-language/

Tatum, B. D. (1999). *"Why are all the black kids sitting together in the cafeteria?": And other conversations about race*. New York: BasicBooks. Retrieved from http://www.loc.gov/catdir/enhancements/fy0833/00266926-d.html

Taylor, A. (2013, August 13,). An immigrant's journey. *The Atlantic* Retrieved from https://www.theatlantic.com/photo/2013/08/an-immigrants-journey/100573/

Timeline of federal policy on immigration, 2017-2020. Retrieved from https://ballotpedia.org/Timeline_of_federal_policy_on_immigration,_2017-2020

Trauma-Informed Care. (2018). Trauma-informed care implementation resource center. Retrieved from https://www.traumainformedcare.chcs.org/

Vargas, E. D., Juárez, M., Sanchez, G. R., & Livaudais, M. (2019). Latinos' connections to immigrants: How knowing a deportee impacts latino health. *Journal of Ethnic and Migration Studies, 45*(15), 2971-2988. doi:10.1080/1369183X.2018.1447365

Venta, A., & Mercado, A. (2018). Trauma screening in recently immigrated youth: Data from two spanish-speaking samples. *Journal of Child and Family Studies,* Retrieved from https://link.springer.com/article/10.1007/s10826-018-1252-8#citeas

Walsdorf, A. A., Machado Escudero, Y., & Bermúdez, J. M. (2019). Undocumented and mixed-status latinx families: Sociopolitical considerations for systemic practice. *Journal of Family Psychotherapy, 30*(4), 245-271. doi:10.1080/08975353.2019.1679607

Washington Post Staff. (2015). Full text: Donald trump announces a presidential bid. Retrieved from https://www.washingtonpost.com/news/post-politics/wp/2015/06/16/full-text-donald-trump-announces-a-presidential-bid/

Wylie, L., Rita Van Meyel, Harder, H., Sukhera, J., Luc, C., Ganjavi, H., . . . Wardrop, N. (2018). Assessing trauma in a transcultural context: Challenges in mental health care

with immigrants and refugees. *Public Health Reviews, 39*, n/a.

doi:http://dx.doi.org/10.1186/s40985-018-0102-y