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Effects of Latinx Parental Deportation on U.S. Citizen Children: A Literature Review

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Abstract

Since the past presidential elections in 2016, the topic of deportation has become one of the most discussed subject matters by policymakers. Recent reports show that Latinx immigrants make for more than ninety percent of the total number of deportations; making them, without a doubt, a targeted population. Some research on this topic has focused on the effects on family dynamics and economic stability, while others focus on children’s cognitive, behavioral, and emotional changes. Many of these deportees have reported being parents of U.S. citizen children. Therefore, this thesis reviews the literature on the effects of parental deportation in U.S. citizen children across several age groups, from middle childhood to teenage years. As expected, data demonstrated that children develop a variety of internalized and externalized problems after parental deportation.

*Keywords:* deportation, children, Latinx, internalized problems, externalized problems
Effects of Latinx Parental Deportation on U.S. Citizen Children: A Literature Review

Based on data collected by the U.S. Department of Homeland Security (DHS) in 2018, a total of 256,085 immigrants were deported/removed from the United States. Latinx immigrants, especially those from Mexico and the Northern Triangle (Guatemala, Honduras, and El Salvador) comprised 235,774 of that total; making them the largest group of deportees. Overall, 16,579 parents claimed to have U.S.-born children by the time of deportation.

This paper will focus on the effects of deportation in U.S. citizen children from mixed-status families. Mixed-status families consist of members of various citizenship or immigration statuses. Discussing deportation is a common trend among these families. At a very young age (5 and 6 years old) parents already start talking about their immigration status with their children, but the children do not necessarily grasp the meaning of being undocumented until they are older than 9 years of age (Zayas, 2015, p. 62).

Although parents discuss immigration statuses, discussing their options and possible outcomes in case of deportation is not very common among Latinx-immigrant families. Fifty-eight percent of a sample population of undocumented parents had a plan for whom to assign childcare in case of detention, and only 40 percent of those parents had talked about their plan with their children (Suárez-Orozco, Yoshikawa, Teranishi, & Suárez-Orozco, 2011); since deportation has become a bigger threat to immigrant families, it must be considered that under the current political climate parents might have engaged in more deportation-related discussions with their children.

When parents of U.S. citizens undergo the process of deportation, they must decide whether the child will stay in the United States or if the child will leave the country with them. If
the child stays in U.S. territory after parental deportation, the child could either (1) stay with a surrogate caregiver, (2) enter the child-welfare system, or (3) if there is one, stay with the un-deported parent (Zayas, 2015, p.19). It is a tough decision in any case, but either decision can produce many negative impacts on a child’s life.

Using a pyramid analogy, Dreby (2012) discussed 6 categories of effects on children caused by parental deportation. Starting from the bottom of the pyramid, children are commonly confused about the terms “immigrant” and “undocumented” and whether they fall into one or the other. On the second layer, children understand the concept of “deportation threat” and show signs of fear towards it (Dreby, 2012). Yet, this thesis will be focusing on the upper layers of the pyramid: short-term effects, long-term effects, and effects of family dissolution on children of different age groups.

**Understanding the pyramid**

Dreby (2012) refers to this pyramid as “the burden of deportation on children” which is divided into six parts, from the bottom being the most common yet less severe, to the pinnacle of the pyramid being the less common but more severe. Findings emphasize the effects of deportation on children’s relationships with their fathers. As stated by Dreby (2012), older siblings tend to be the most affected by parental-deportation because of the change in family dynamics and the acquisition of more crucial roles within the family.

**Internalized and Externalized problems**

Symptoms that are considered *internalized* are those whose characteristics are not physical, but somatic and psychological. Changes in such manners are very abstract and hard to notice at first glance. Internalized problems include symptoms of depression, anxiety, trauma, and dissociation.
Contrary to internalized problems, *externalized* problems are relatively easier to perceive because they are expressed through behavioral changes. Symptoms include lack of control and attention, conduct problems, defiant, and aggressive behaviors.

In the sections that follow, I will review research on the effects of immigration across different age groups. Starting with the effects of voluntary and involuntary parental separation, I will then discuss changes in children’s behaviors in middle childhood (ages 6-11 years), young teens (ages 12-14 years), and teenagers (ages 15-17 years). Subsequent sections consider other outcomes of parental deportation such as entering the child welfare system. Finally, I will describe the multiple methods utilized to report behavioral changes in children after parental deportation.

**Parental Separation**

Brabeck and Xu's (2010) research supports their hypothesis on the effects of parents’ legal vulnerability on children’s well-being. According to the data collected from a convenience sample of 132 Latinx immigrants, the child’s well-being and family environment were significantly impacted by parents’ legal vulnerability. These factors were measured through self-reported surveys completed by parents. This research focuses on the consequences of possible deportation, which can be observed through parents’ answers.

The two variables of interest for this thesis, in Brabeck and Xu (2010), were parents’ legal vulnerability and children’s well-being. Childen’s well-being was measured based on the parents’ response to the premise “the existence of deportation affects…” concerning their children. About fifty percent of the parents in the study reported the existence of deportation affecting how their child feels and their performance in school, but not their relationship with
their children. Although the child’s well-being was not measured from children’s responses, this type of research question allows the researchers to understand parents’ views on deportation through their child’s eyes.

Brabeck and Xu’s (2010) research sample (N=132), although not representative of the population, does include a variety of parental legal statuses. About 38% of parents reported being undocumented. While ninety-seven participants reported being parents of a U.S. citizen child. Children’s age, as reported by parents were very balanced. About thirty-two percent were younger than 6 years of age, 31% were 6 to 12 years old, and 37% were 12 to 18 years old. The research found that legal vulnerability did not differ in any of the demographic variables other than age, meaning that the younger the parent, the higher the level of legal vulnerability. In relation to children’s well-being, the most effects on the children are predicted based on parental vulnerability.

Parental separation, whether voluntary (Jones, Sharpe, & Sogren, 2004) or involuntary (Gulbas et al., 2015), increases the level of depression on children. Jones et al. (2004) explore the psychological, emotional, and behavioral effects of voluntary parental migration on children from the islands of Trinidad and Tobago whose parents had migrated to another country. Participants in this study completed the Children’s Depression Inventory (CDI) to measure depressive symptoms. Caregivers, as well as children, completed structured interviews to evaluate behavioral changes. Jones et al. (2004) found that those children who have experienced parental migration had higher levels of depression.

With the focus of this paper, another research by Gulbas et al. (2015) measured symptoms of depression using the CDI on children who experienced involuntary parental separation (deportation). Findings from this research show that 44% of the children affected by
deportation fell into “probable depression” while the other children had no risk of depression. Those children who showed signs of depression also reported with more frequency stressed relations with parent(s), violence, and loss of supportive school network.

**Age-Related Findings**

Research has shown that after experiencing parental detention/deportation children of different age groups report different symptoms of internalized and externalized problems. In this section, I will describe and compare the findings from several studies based on their respective age groups. I will analyze the findings to report which changes are age-specific and which changes are common across all age groups.

**Middle Childhood (6-11 years)**

Children in middle childhood experience higher levels of changes in eating behavior, fear, anxiety, crying, clingingeness, and aggression Chaudry et al. (2010). Most children in this age group, as well as those in young teens and teenagers, experience a decrease in school performance after parental detention or deportation (Lovato, 2019; Brabeck & Xu's, 2010).

Capps, Castaneda, Chaudry, and Santos (2007) conducted extensive interviews with community respondents, parents, caregivers, and social workers after a work-related raid to report the immediate and long-term behavioral and emotional changes in children affected by such events.

Capps et al. (2007) looked at the effects on the school performance of post-raid children (most of them below the age of ten). The study found that children whose parents were detained had an increased number of school absences, had trouble paying attention, and could not stay on
top of academic deadlines. As expected, all of these are factors that decreased students’ academic performance. Other findings from Capps et al. (2007) include changes in psychological health, in which they found that post-raid symptoms experienced by children include behavioral changes such as an increase of nervousness, clinginess, sense of insecurity, restless nights and aggressive behaviors, as well as a loss of appetite and weight. While also showing signs of anxiety, depression, and PTSD.

While parental reports in Capps et al. (2007) showed that children developed more externalized problems overall, other studies focused on children’s development of internalized problems. Rojas-Flores, Clements, Hwang Koo, and London (2017), for example, researched Posttraumatic Stress Disorder (PTSD) symptoms after parental detention or deportation in Latinx U.S.-born children in middle childhood. Researchers conducted interviews with the children, their parents, and teachers, and included clinical evaluation based on the responses given. Children completed surveys to measure their levels of depressive symptoms, in addition to symptoms of PTSD. Parents and teachers, on the other hand, completed different surveys to report child behaviors.

Parents’ reported on trauma-related symptoms and categorized behaviors into either internalizing problems or externalizing problems. Teachers also completed a similar version of the parents’ survey to evaluate children’s behaviors and emotional functioning. Finally, clinicians assessed children’s levels of functioning in various social environments. Having input from three different perspectives: the child, parents, and teacher allows clinicians to make a stronger diagnosis of PTSD symptoms in children. Later, clinicians evaluated the data and indicated whether the child fell into a severe, moderate, or mild PTSD diagnosis.
As expected, Rojas-Flores et al. (2017) found that those children who have experienced a traumatic event such as deportation or detention scored higher levels of psychological distress and trauma than their peers. Also, this group of children had higher internalized problems. Results from parents’ and teachers’ surveys demonstrated that children with more potentially traumatic events scored higher in externalized problems. Meanwhile, results from clinicians indicate that children of detained or deported parents have a higher overall dysfunction than those children with no record of potentially traumatic events.

More specifically, Rojas-Flores et al. (2017) found that lifetime potentially traumatic events were significantly higher in children who have experienced Deportation/Detention (D/D) than those children whose parents are Legal Permanent Residents (LPR). Based on parents’ responses, children who experienced D/D had greater symptoms of post-traumatic stress, anxiety, and depression than children of unauthorized parents with no history of Deportation/Detention (no-D/D) and children of LPR parents. Those children also had higher levels of anger/aggression than children that did not experience D/D. Teacher ratings of children’s internalizing and externalizing problems revealed few differences across groups, except for conduct problems; children who had experience D/D had more conduct problems than other children.

While both studies (Capps et al., 2007; Rojas-Flores et al., 2019) found higher levels of internalized and externalized problems in children of detained or deported parents, it is important to notice that there is a higher risk for children to develop PTSD after parental deportation. Capps et al. (2007) mentioned that, based on interviews, children after work-related raids showed signs of PTSD. Meanwhile, data from Rojas-Flores et al. (2017) demonstrates that children of
parental deportation/detention score higher, although not significantly to other groups, in overall PTSD symptoms.

**Young Teens (12-14 years)**

Giano and colleagues (2019) compared family immigration-related arrests to adolescents’ levels of depressive symptoms in a population sample of 611 seventh-grade Latinx students in the United States. More than half of the participants reported having, at least, one undocumented parent. Also, twenty-nine percent of the sample population reported experiencing a family member’s immigration-related arrests. Students who participated in the study completed a survey to measure depressive symptoms.

Findings from Giano et al. (2019) show that participants who experienced the arrest of a family member (n=180) are at risk of clinical depression, while children who have not experienced any type of immigration-related arrest were not at risk. The findings also show that variables such as age and gender, specifically being female and older in age, are associated with higher levels of depressive symptoms (Giano et al., 2019). Other findings from the study show that after experiencing an immigration-related arrest of a family member, children with U.S. citizen/legal resident parents did not show higher levels of depressive symptoms (Giano et al., 2019); which might be because there is no threat of deportation. On the other hand, children who reported having two undocumented parents scored significantly higher in depressive symptoms after experiencing a family immigration-related arrest.

Giano et al. (2019) cutoff for “at risk of clinical depression” is a score of ten. Those children who have experienced an immigration-related arrest, disregarding the variable of parental status, overall scored higher at depressive symptoms. More specifically, from those who
experienced an immigration-related arrest (n=180), children with one undocumented parent and children with two undocumented parents, over sixty percent of the sample, scored above the cutoff for “at risk of clinical depression” making them the most vulnerable subgroups within the study.

Signs of depression are commonly seen across all age groups. Yet, findings from Giano et al. (2019) depict the intensity of the effects on children caused by immigration-related arrests. His research shows that these children who experienced such arrests become extremely vulnerable to developing depressive symptoms; some even being at risk of clinical depression.

**Teenagers (15-17 years)**

Lovato (2019) did similar research to that of Rojas-Flores et al. (2017) by taking into account the input of caregivers and teachers to measure changes in Latinx adolescents. The study measured adolescents’ coping techniques in post-parental deportation situations. Eight youth participants, ages 14 to 18, completed semi-structured interviews on the effects of parental deportation. All participants in the study had experienced such an event at an average of two years previous to interview completion. Yet, none of them were present at the moment of parental detention. Besides youth participants, caregivers and teachers also completed sets of interviews. Caregivers (n=8) shared insight on youth coping with parental deportation at home, while teachers/school staff (n=11) focused on coping behaviors in school.

Lovato (2019) described the effects of deportation through the lives of several children. Two of them, in particular, named Marco and Kevin experienced deportation of both parents and, at the time of the interview, were living with their respective aunt/uncle. Marco and Kevin’s
responses to parental deportation include difficulty sleeping, intense nervousness, fear, weight loss, sadness, and depression. The study suggests that after parental deportation, children of this particular sample fear further deportation/arrest of remaining caregivers, as well as police officers and law enforcement.

In general, some behavioral changes reported by mothers were loss of respect, meaning that children were no longer following household rules and acting carelessly. Others reported hypervigilance. One of the girls, specifically, would constantly call her mother to ask her when she was coming back home because she was anxious and scared that something could happen to her on the way back. Another mother reported signs of aggressive behavior towards siblings.

 Academically, children were also affected after parental deportation. Every teenager in the sample, some more than others, missed several days of classes and deadlines because of law enforcement intimidation. Many other youth participants like Kevin, Oscar, and Maritza experienced declines in their academic performance. Yet, teachers reported that almost half of the teenagers eventually returned to baseline.

Such improvement in academic performance might be reflective of a strong support system and guidance from their teachers. Other than the symptoms of depression and their school performance, children in this sample, specifically, reported physical changes and increased levels of fear towards law enforcers.

**Across Age-Groups**

So far, internalized problems such as symptoms of PTSD, depression, and fear have been discussed in research on children in middle childhood, young teens, and teenagers. Equally as important, externalized problems such as a decrease in school performance and hypervigilance
have been expressed in all age groups. In the following study (Chaudry et al., 2010) both externalized and internalized problems are examined through an all-encompassing view of short-term and long-term effects of parental deportation on children.

Chaudry et al. (2010) measured the effects of immigration enforcement laws on children’s behavior and well-being. The researchers analyzed data from two different sets of participants depending on how recent they have experienced parental deportation. Similar to some of the studies mentioned above, data on children’s behavioral changes were collected from parental interviews. The findings from Chaudry et al. (2010) describe two areas of Dreby’s (2012) Deportation Pyramid, long-term and short-term effects.

The first group completed the interviews after no more than six months of parental arrest. This was considered the short-term group, which included 133 children from 52 families. The most common behavioral changes of children in this subgroup were changes in eating behavior, sleeping patterns, crying, and feelings of fear. Changes in eating behaviors were above sixty percent across all age groups, making it the most frequent behavioral change. Besides eating behaviors, children ages 0 to 5 most frequent behavioral change was crying. Independently, children in 6 to 11 scored above sixty percent in changes of sleeping, crying, and feelings of fear, while children of 12 to 17 years of age were reported to show higher behavioral changes in sleeping, fear, and withdrawn. Other behaviors such as anxiousness, clinginess, and aggression scored low (below 50%) across all age groups in short-term effects. Across all behaviors and all age groups, children of 6 to 11 had a frequency of over eighty percent, making them the age group with the highest overall behavioral change. This age group also reported having the most frequency of five or more behavioral changes.
The second group, which is referred to as “long-term” are those who experienced parental arrest more than nine months before the completion of the interview. The most frequent behavioral change in children below the age of twelve was clinginess, while older children, over the age of 12 were more withdrawn. Other behavioral changes like eating, crying, withdrawn and aggression were reported in over fifty percent of children ages six to eleven. Meanwhile, children of twelve to seventeen years of age reported higher changes in sleeping, feelings of fear, and aggression. As in the short-term group, children of ages six to eleven in the long-term also reported the highest frequency of five or more behavioral changes. Yet, there was a decrease of twenty percent of children (from 48% to 28%).

When comparing both short-term and long-term behavioral changes in Chaudry et al. (2010), behaviors such as eating, sleeping, crying, afraid, and anxious decreased in all age groups were less frequently reported by children in the long-term group. On the other hand, behaviors such as withdrawn, clingy and aggressive increased in all age groups in the long-term group, except for children younger than five years of age who were reported 18% lower in long-term changes of aggressive behavior. Although most of the behaviors decreased in long-term reports, children younger than five years of age significantly decreased by 31% feelings of anxiousness, as well as teenagers over the age of 12 who decreased significantly in eating behaviors by thirty-two percent.

Overall, the studies mentioned in this section (Capps et al., 2007; Rojas-Flores et al., 2017; Giano et al., 2019; Lovato, 2019; Chaudry et al., 2010) reported similar changes of internalized and externalized behaviors. While children reported changes in family dynamics and school
performance, the most concurrent behavioral changes across all age groups were clingingness, insecurity/fear, sleep patterns, eating/appetite, aggression, depressive and anxiety symptoms.

**Children in the Welfare System**

After deportation, parents could lose their child’s custody which may result in children entering the welfare system. Few studies have focused on the impact of deportation on children in the welfare system. A recurrent problem among research on this topic is that Immigration and Customs Enforcement (ICE) fails to report instances in which children fall into foster care after parental deportation. The lack of accuracy in the number of such instances has complicated research’s validity. Yet, in 2011 Race Forward, formerly known as Applied Research Center (ARC), estimated about 5,000 children of deported parents in foster care.

One of the most relevant studies on the topic is by Wessler (2011), in which the process of parental-deportation and the possible outcome of children entering foster care are discussed. Wessler (2011) explained that after an instance of domestic violence/maltreatment, Child Protective Services (CPS) might get involved in the case. After CPS gets involved, depending on the situation, the child welfare department plans the child’s future. This department decides whether the child will be reunified with their parents, given to another family member, or adopted by a stranger.

While Wessler (2011) looked at the process of entering the welfare system, MacLean et al. (2019) researched the implications of mental health outcomes of children in detention centers. MacLean et al. (2019) found that emotional symptoms such as feeling unhappy and excessive fear, as reported by mothers, tend to be the highest scored across children in detention centers of ages 4 to 17 and about 32% of the children fall into the abnormal category on such symptoms.
MacLean et al. (2019) also report that children who have been previously separated from their mothers scored higher in abnormal emotional symptoms than those who have not experienced maternal separation in the past.

As mentioned by Wessler (2011), instances in which children enter foster care are very hard on families because parents could lose their child’s custody. Dreby (2012) found that throughout her ninety-one interviews with parents, a recurrent concern was that they could lose custody of their children if they were to be detained/deported.

As it has been disused in the previous section, children who experience parental deportation score higher in both externalized and internalized problems. Children in detention centers, on the other hand, reported much higher scores of borderline emotional symptoms than externalized problems such as hyperactivity and conduct problems. While I am only comparing scores from one study, this section’s purpose is to raise awareness of children who enter the welfare system after parental deportation. Although some research has shown the effects of children in foster care, future research should focus on the effects of such cases in which children of deported parent(s) end up being adopted by a stranger.

**Methodology**

As has been discussed throughout this paper, researchers use a variety of instruments to assess children’s symptoms of internalized and externalized changes after parental deportation (see Table 1). Yet, some of these studies tend to use the same methods to report their findings. The purpose of this section is to classify and describe the recurrent methodology utilized in some of the studies previously mentioned in this paper. By doing so, I expect a more holistic analysis of the effects of parental deportation, such as depression, trauma, and emotional/behavioral
changes, under the scope of the CES-D, the CDI-2, the UCLA PTSD-RI, the CBCL, and the BASC-2.

**Center for Epidemiologic Studies-Depression Scale (CES-D)**

The CES-D is a commonly used test in which children report whether they have or have not recently experienced symptoms of depression. Researchers who employ this test look at participant’s levels of depressed mood and psychomotor changes, while also focusing on appetite and sleep changes as well as feelings of guilt, hopelessness, and helplessness.

Both Rojas-Flores, Clements, Hwang Koo, and London (2017) and Giano et al. (2019) utilized the Center for Epidemiologic Studies-Depression Scale (CES-D) to report changes on their respective age group. Data from both studies show that those participants who had experienced an immigration-related arrest or deportation scored higher in depressive symptoms than participants who have not experienced an arrest or deportation of a family member.

Giano et al. (2019) reported that seventh graders who experienced an immigration-related arrest are at a significantly higher chance of developing depressive symptoms, as well as at a higher risk of developing clinical depression than those who have not experienced any parental arrests. Meanwhile, Rojas-Flores et al. (2017) participants who experienced parental immigration-arrest or deportation, ages 6 to 12, were not significantly higher than those participants in the other groups, but they were the ones who had the highest score across all three groups.

While both studies found that CES-D scores of participants who have experienced parental arrest were higher than those participants who had no parental arrest experience, only
Giano et al. (2019) found a statistically significant difference concerning the parental arrest and developed symptoms of depression.

*Children's Depression Inventory (CDI) and CDI- 2nd Edition (CDI-2)*

The CDI is commonly used to measure the level of depressive symptoms in children and adolescents. Participants in Zayas, Aguilar-Gaxiola, Yoon, and Rey (2015) and Gulbas et al. (2015), ages 8 to 15 years, reported their depressive symptoms on the CDI-2, while participants of Jones, Sharpe, and Sogren (2004), ages 13 to 16 years, completed an outdated version of the test, the CDI.

Findings across all three studies were congruent. Jones et al. (2004) studied the effects of voluntary parental migration in children and found that almost forty percent of the children in the study scored higher in their report of negative mood. In relation to the topic of deportation, similar findings were reported by Gulbas et al. (2015), in which thirty percent of children in the study reported a larger number of symptoms for probable depression.

While Zayas et al. (2015) also found that most of their sample reported higher levels of depression, they also found that levels of functional problems (ineffectiveness and interpersonal) were higher in children who accompanied their parents back to their home country after deportation; but higher levels of emotional problems (negative mood and self-esteem) were highly reported by children who remained in the U.S. after parental deportation.

Overall, children who experienced parental deportation scored higher in functional problems such as effectiveness and interpersonal problems than those children not affected by deportation (Zayas et al., 2015). While all three studies reported similar findings from the CDI and CDI-2, children who experienced parental separation, whether voluntary or involuntary, are
more prone to develop changes in mood (Jones et al., 2004; Zayas et al., 2015). Specifically, children directly affected by deportation are more likely to score higher in the CDI-2 (Gulbas et al., 2015; Zayas et al., 2015).

**UCLA Post-traumatic Stress Disorder Reaction Index (UCLA PTSD-RI):**

The UCLA PTSD-RI is commonly used to classify symptoms of trauma in children and adolescents after a traumatic event. Based on their reports, children might fall into any of the four categories of trauma: Criterion A refers to whether the child has or has not experienced a traumatic event, criterion B is based on intrusion, criterion C is related to symptoms of avoidance, and finally, criterion D is based on levels of arousal.


In these studies, the data collected on the UCLA PTSD-RI was based on parental reports (Allen et al., 2015) or child-reports (Rojas-Flores et al., 2017; MacLean et al., 2019). The findings from all three studies were very similar. Eight out of 23 deported parents reported that their children had a traumatic experience (Allen et al., 2015), while less than thirty percent of children reported enough trauma-related symptoms to meet the criteria for PTSD (Rojas-Flores et al., 2017). However, seventeen percent of children in detention centers met the criteria for PTSD (MacLean et al., 2019).

More than half of the children in detention centers met the criteria for criterion B and C (MacLean et al., 2019). When comparing UCLA PTSD-RI from Rojas-Flores et al. (2017) and
MacLean et al. (2019), children in detention centers scored slightly higher than children of deportees and detainees.

**Child Behavior Checklist (CBCL)**

The CBCL is a survey based on parental reports on children’s behavioral and emotional changes. Studies that used the CBCL are Zayas, Aguilar-Gaxiola, Yoon, and Rey (2015) and Allen, Cisneros, and Tellez (2015). In Zayas et al. (2015) children under the age of 11 had their parents complete the CBCL, while children over the age of eleven completed the Youth Self-Report (YSR). In Allen et al. (2015) parents/primary caregivers also completed the CBCL but divided the findings into internalized or externalized problems. Children who participated in these studies were between ages 8 to 15 (Zayas et al., 2015) and 6 to 12 (Allen et al., 2015).

Findings show that children who stayed in the U.S. after parental deportation scored significantly higher in levels of attention-deficit/hyperactivity problems than children of parents with no deportation history (Zayas et al., 2015). Other findings, although not statistically significant, were that children who experienced parental deportation scored higher in all levels of problems such as affective, anxiety, somatic, attention-deficit/hyperactivity, oppositional defiant, and conduct, than those with no history of parental deportation.

Similar results were found in Allen et al. (2015). Children who had experienced parental deportation scored significantly higher in both areas of externalized (i.e. conduct problems) and internalized (i.e. anxiety) problems than those children who have not experienced parental arrest/deportation. Reports of the CBCL from both studies (Zayas et al., 2015; Allen et al., 2015), conclude that parents and children tend to report higher levels of externalized/internalized and behavioral/emotional changes in children’s behavior after parental deportation.
Behavior Assessment System for Children- 2nd Edition (BASC-2)

Similar to the CBCL, the BASC-2 is used to report children’s levels of externalized and internalized problems from a third person’s point of view, usually a parent. Two studies that used different, yet similar, versions of the BASC-2 are Rojas-Flores, Clements, Hwang Koo, and London (2017) and Brabeck and Sibley (2016).

Rojas-Flores et al. (2017) employed two versions of the BASC, the BASC-2 Parent Rating Scales-Child (BASC-2 PRS-C) and the BASC-2 Teacher Rating Scales-Child (BASC-2 TRS-C). As reported on the BASC-2 PRS-C, children of deportees and detainees score significantly higher internalized problems (depressive and somatic) than children of U.S. legal permanent residents. Other findings, although not statistically significant to parental immigration status, children of deportees and detainees scored higher in all areas of externalized problems such as hyperactivity, aggressive behaviors, and conduct problems. The BASC-2 TRS-C reports show no significant difference between parental immigration status and internalized or externalized problems, except for conduct problems being significantly higher in children of deportees and detainees.

Brabeck and Sibley (2016) utilized a different set of surveys, the BASC-2 Behavioral and Emotional Screening System (BESS) and the BASC-2 Parenting Relationship Questionnaire (PRQ). Data from the BESS show that unauthorized parents and their children reported significantly higher levels of anxiety. Authorized parents, on the other hand, reported significantly higher levels of hyperactivity than unauthorized parents. Concurrently, parents’ reports on the PRQ were not statistically significant. Nonetheless, unauthorized parents reported higher levels of relationship involvement, communication, and school satisfaction. Although
Brabeck and Sibley (2016) did not study children who have experienced parental deportation, they provide insight into the internalized and externalized effects of parental immigration status on U.S. citizen children.

Concerning anxiety levels, reports in the PRS-C, the TRS-C, and the BESS express an increase of anxiety symptoms on children of unauthorized parents and detained/deported parents than those children of authorized parents. In terms of externalized symptoms, children of unauthorized/deported and detained parents were more frequently reported in the BASC-2 PRS-C and TRS-C to have symptoms of hyperactivity. Contrary to Rojas-Flores et al. (2017), unauthorized parents in the BESS reported lower levels of hyperactivity than authorized parents.

While all the methods mentioned above comprehensively measure their respective symptoms, some of them, like the CES-D and the varieties of BASC-2, showed different reports when compared to other studies’ findings. Differences in such findings reflect the importance of comparing commonly used methodologies.
Table 1
How to Measure Effects on Children

<table>
<thead>
<tr>
<th>Variables</th>
<th>Depression</th>
<th>Trauma</th>
<th>Anxiety</th>
<th>Emotional/Behavioral</th>
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<tbody>
<tr>
<td></td>
<td>- Center for Epidemiologic Studies Depression Scale (<em>CES-D</em>)</td>
<td>- University of California at Los Angeles Post-Traumatic Stress Disorder Reaction Index (<em>UCLA PTSD-RI</em>)</td>
<td>- Kessler Psychological Distress Scale (<em>K6</em>)</td>
<td>- The Child Behavior Checklist (<em>CBCL</em>)</td>
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<td>- Child and Adolescent Functional Assessment Scale (<em>CAFAS</em>)</td>
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<td>- Youth Self-Report (<em>YSR</em>)</td>
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Notes: This table is a list of all the meaningful surveys, tests, and measuring techniques used in the multiple articles cited in this thesis. Each evaluated variable (depression, emotional/behavioral changes, trauma, and anxiety) has listed all the measures that fall into their category.

Conclusions and Future Research

Based on the studies mentioned throughout the paper, children of deported parents tend to perform poorly in school-related aspects such as concentration and grades. Children of younger years develop several changes in conduct behaviors and signs of eating disorders, they were also reported with higher levels of crying spells. Older children were more at risk of developing clinical depression and showed increased levels of fear towards authority and increased levels of deviant behavior. All children in the studies show signs of anxiety, nervousness, and sadness.

Although “not wanting to worry children” is one of the reasons parents give when asked why they do not talk to their children about deportation (Lykes, Brabeck, & Hunter, 2013), it might also be one way to ease-off feelings of abandonment children are commonly left with after
deportation. As some parents stated in Capps et al. (2007), their children would say things such as “So papi doesn’t want to spend time with us?” or would describe their dad as “loving money more than me” after being told that their parents had to leave the country to work or to visit family members. Children create these false beliefs because of what is told and because they do not understand the situation. The lack of comprehension from their part might happen because the parent(s) do not talk about their situation with their children.

Even though not all undocumented-immigrant parents will be deported at some point in their life, it is still a very real and possible outcome, which is why it is encouraged to talk about it with other family members. By not discussing topics such as legal status and deportation threats, parents are making the deportation process harder on their children. The uncertainty of the situation, especially not knowing what happened to their parents, is one factor that might contribute to some of the psychological traumas. Therefore, future research should focus on the effects on children who have experienced parental deportation based on their previous understanding of deportation and compare their levels of depression, anxiety, and trauma among other effects.
References


