



Nativity and immigration status among Latino families involved in the child welfare system: Characteristics, risk, and maltreatment



Jodi Berger Cardoso ^{a,*}, Alan J. Dettlaff ^b, Megan Finno-Velasquez ^c, Jennifer Scott ^d, Monica Faulkner ^d

^a University of Houston, Graduate College of Social Work, 110 HA Social Work Building, Houston, TX 77204-4013, United States

^b University of Illinois at Chicago, Jane Addams College of Social Work, 1040 W. Harrison (MC 309), Chicago, IL 60607, United States

^c University of Southern California, School of Social Work, Montgomery Ross Fisher Building, Los Angeles, CA 90089-0411, United States

^d University of Texas at Austin, School of Social Work, Child and Family Research Institute, The University of Texas at Austin, 1925 San Jacinto, Austin, TX 78665, United States

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ABSTRACT

The purpose of this study was to estimate the proportion of Latino children with non-citizen parents involved with the child welfare system and to identify how their household, community, and maltreatment characteristics differ from children of U.S. citizens. Data were drawn from the National Survey of Child and Adolescent Well-being – II, a nationally representative sample of children (n = 5872) who were subjects of maltreatment reports to child welfare agencies in 2008 and 2009. This study included Latino children who remained at home with a parent, for whom information was collected on citizenship and legal status (n = 822). Children of unauthorized immigrants represented 5% of all children and 19% of Latino children, reported to child welfare agencies. Additionally, 11% of Latino children had a legal resident parent. While the majority of children were citizens, 20% of children living with an unauthorized parent were also unauthorized. Children with unauthorized and legal resident parents exhibited both risk and protective factors for maltreatment. Non-citizen parents more often reported financial hardship, low educational attainment, and neighborhood disorganization. Despite these risks, children of non-citizen parents did not have higher rates of substantiated maltreatment than children with U.S.-born parents. Protective factors, such as a higher proportion of two-parent families, lower teenage childbearing, and lower active drug and alcohol abuse among noncitizen parents may act as buffers against maltreatment. Understanding the diversity within the Latino population based on factors such as citizenship and legal status is necessary to ensure provision of services that are responsive to the needs of non-citizen families.

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1. Introduction

Latino children represent the fastest growing child population in the United States as a result of several decades of increased migration coupled with decreased out-migration. Between 2000 and 2010 the Latino population increased by 43%, more than four times the growth rate of the total U.S. population (Ennis, Rios-Vargas, & Albert, 2011). In 2010, Latino children represented nearly one-fourth of all children in the United States and 24% of all children under 18 (Motel, 2012). Roughly 72% of the foreign-born population in the United States consists of legal immigrants (Passel & Cohn, 2011). As of 2010, 37% of the foreign-born populations were naturalized citizens, 31% were legal permanent residents, and 4% were legal temporary residents, consisting largely of students and those with temporary work visas, as well as refugees and asylum seekers. Only 28% (11.2 million residents) of the

foreign-born population is considered *unauthorized* or *undocumented*, meaning they either arrived in the United States without a valid immigration document or arrived with a valid document but stayed past the expiration date. Among the unauthorized population, the proportion of undocumented Latino individuals is higher than in other racial and ethnic groups. Nearly 71% of foreign-born Latinos are noncitizens (including legal permanent and temporary residents), and roughly half (48.3%) of noncitizens are undocumented residents (Motel, 2012).

Concurrent with the growth of the Latino population in the United States, the proportion of Latino children involved in the child welfare system has also rapidly increased in recent years. National data indicate that the proportion of children confirmed as victims of maltreatment who are Latino increased from 14.2% in 2000 to 21.4% in 2010 (U.S. Department of Health et al. [USDHHS], 2002, 2011a). Similarly, the proportion of children in foster care who are Latino increased from 15% to 21% over the same period (USDHHS, 2006, 2011b). Yet, while much is known about differences within the general population of Latinos in the United States based on factors such as nativity, citizenship, and legal status, very little is known about these differences among Latino children and families involved in the child welfare system as

* Corresponding author.

E-mail addresses: jcardoso@central.uh.edu (J.B. Cardoso), aland@uic.edu (A.J. Dettlaff), mfinno@usc.edu (M. Finno-Velasquez), jenscott@utexas.edu (J. Scott), mfaulkner@mail.utexas.edu (M. Faulkner).

these data have not been collected by state or national reporting systems. As a result, most research examining Latino children in the child welfare system has treated them as a homogenous population, despite growing awareness of the importance of these differences.

The purpose of this study is to expand on previous research using newly available data from the second version of the National Survey of Child and Adolescent Well-being – II (NSCAW-II), which includes measures of citizenship and legal status for foreign-born parents. Using these data, we identify the proportion of children living in non-citizen Latino families involved in the child welfare system and examine how child, parent, household, community, and maltreatment characteristics differ for children based on the nativity and citizenship status of their parent. These analyses will allow for a more thorough examination of the characteristics of Latino children and families involved with the child welfare system by parent nativity and citizenship.

2. Challenges facing non-citizen children and parents

Immigrant families, particularly those who are non-citizens, tend to experience greater poverty and economic hardship compared to those who are citizens, in large part, to restriction of legal rights, access to services, and entitlement to benefits. Immigrant parents earn significantly less than U.S.-born parents, with Mexican parents having the lowest median hourly wage among all immigrant groups (Chaudry & Fortuny, 2010). The median income of families with immigrant parents is 20% lower than the median income of families with U.S.-born parents; therefore, children of immigrant parents are more likely to be living in poverty than children of U.S.-born parents. Furthermore, children in immigrant families are also significantly more likely than children in U.S.-born families to be at risk of inadequate nutrition and food insecurity (Chaudry & Fortuny, 2010).

Yet despite higher rates of poverty and economic hardship, immigrant parents have lower rates of public benefits use than U.S.-born parents (Fortuny & Chaudry, 2011). This is largely due to eligibility restrictions set in place through the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). In addition to denying access to most public benefits to unauthorized immigrants, PRWORA restricted documented immigrants' access to most means-tested benefits including TANF, SNAP, Medicaid, and SSI. Patterns of low benefit use are also true for U.S.-born citizen children of immigrant parents, despite the fact that they are eligible for certain benefits (Fix & Passel, 1999; Fix & Passel, 2002). For example, eligible U.S. citizen children with immigrant parents are less likely to participate in Medicaid and the Children's Health Insurance Program (CHIP) than children with U.S.-born parents (Kenney, Lynch, Cook, & Phong, 2010). Thus, restrictions based on eligibility rules do not fully explain differing degrees of utilization. Additional barriers include lack of awareness of the programs or of eligibility requirements, fear of immigration consequences for undocumented family members, or concerns that accessing benefits would limit one's ability to naturalize or to sponsor a relative (Fix & Passel, 2002; Shields & Behrman, 2004).

In addition to economic challenges, immigrant children and families experience a variety of challenges resulting from their experiences with migration and acculturation. Beginning with the migration experience, many immigrants experience violence, robbery, and sexual assault during the process of entering the country (Solis, 2003). When families migrate, children are often separated from parents and other siblings for extended periods (Partida, 1996). The stress associated with this initial transition can result in depression and anxiety, while individuals experiencing significant trauma during migration may develop symptoms of post-traumatic stress disorder (Smart & Smart, 1995). Once in the new country, pressures resulting from acculturation often lead to a variety of strains and difficulties on immigrant children and families. Language barriers, loss of social support, inadequate financial resources, and discrimination are all factors typically associated with, or defined as, acculturative stress (Padilla & Perez, 2003). High levels of acculturative

stress have been found to be significantly associated with depression (Hovey, 2000; Thoman & Suris, 2004) and increased risk for family conflict and domestic violence (Cunradi, Caetano, & Schafer, 2002).

Legal status is another significant stressor for noncitizen families. Undocumented parents may experience considerable fear regarding the potential for discovery and deportation, which could result in permanent separation from their children. These fears of deportation are warranted, as immigration enforcement activities conducted by U.S. Immigration and Customs Enforcement (ICE) have increased significantly over the past decade. In 2011, nearly 400,000 immigrants – the majority of whom were from Mexico, Guatemala, Honduras and El Salvador – were removed from the United States. Data on the numbers of families separated as a result of immigration enforcement are elusive; however, statistics from ICE show that over 200,000 parents of U.S. citizen children were removed from the United States between 2010 and 2012 (Colorlines, 2013; U.S. Immigration Customs Enforcement, 2012).

Despite significant socioeconomic disadvantage and limited access to health care, research has consistently documented a number of social and cultural protective factors that contribute to a pattern of health advantage in children of immigrants – especially among Latino children of immigrants in the second generation. Known as the epidemiological paradox (Markides & Coreil, 1986), Latino children of immigrants are born with better health than their U.S.-born Latino and non-Hispanic White counterparts (Hamilton, Berger Cardoso, Hummer, & Padilla, 2011; Padilla, Boardman, Hummer, & Espitia, 2002; Padilla, Hamilton, & Hummer, 2009). However, recent studies provide conflicting evidence, whereby advantages exist for some health outcomes, such as lower chronic health problems, asthma, and learning disabilities (Hamilton, Teitler, & Reichman, 2011), but not for others, like childhood obesity (Hamilton, Teitler, & Reichman, 2011) and maternal-rated child health status (Schmeer, 2012).

While the paradox has typically been documented using epidemiological data on morbidity, mortality and early childhood health outcomes, recent studies have applied this framework within the context of child maltreatment (Dettlaff, Earner, & Phillips, 2009; Johnson-Motoyama, Dettlaff, & Finno, 2012; Osterling & Han, 2011; Putman-Hornstein, Needell, King, & Johnson-Motoyama, 2013; Putman-Hornstein & Needell, 2011). For example, in a study using the full population of children born in California in 2002, Putman-Hornstein et al. (2013) found that Latino children with an immigrant mother were significantly less likely to be referred for maltreatment, substantiated as a victim of maltreatment, or enter an out of home foster care placement than were Latino children with a U.S.-born mother. These findings were consistent even after controlling for demographic (gender, established paternity, maternal age at birth), socioeconomic (maternal education) and health (birth weight, birth abnormalities, prenatal care) indicators.

Other research has found higher rates of family reunification among children in out-of-home care among children with a Mexican immigrant compared to children with non-immigrant caregivers (Osterling & Han, 2011). However, examining racial and ethnic disparities by parental nativity is an emerging area of research within child welfare, and like in the general population, documenting a consistent pattern of advantage among Latino immigrant families has been challenging. For example, while the studies above suggest a consistent pattern of advantage among Latino immigrant families, other research has found that foreign-born Latino families experience greater challenges in providing adequate health care, safe supervision, and food security (Johnson-Motoyama, 2013), and report worse child health outcomes at age five (Schmeer, 2012) than did non-Hispanic White mothers. Several potential reasons for these inconsistencies have been suggested, including differential surveillance and tracking of migration patterns of undocumented families (Putman-Hornstein et al., 2013), the use of cross-sectional data, which may underestimate the effects of cumulative disadvantage and persistent deprivation on later childhood health

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