Exploring Migration Experiences of Undocumented Latinx Youth Through A Qualitative Lens: Implications for Mental Health Providers

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ABSTRACT

Undocumented Latinx youth make up a sizeable group within the United State (U.S.) immigrant population and one that is particularly vulnerable due to their exposure to experiences of trauma, racism, discrimination, and lack of legal protection in their indigenous countries as well as during and after their migration to the U.S. at early developmental stages in their lives. As part of a community-based partnership, we conducted culturally responsive focus groups (CRFG) in a community setting in the Mid-Eastern region of the US to explore the lived experiences of 22 undocumented Latinx students who had recently migrated to the U.S. and were enrolled in local middle and high school settings. We used a grounded theory approach to analyze students' migration experiences and the results revealed that students experience multiple stressors and could benefit from a peer, school, family, and community support to build students' resilience. Implications for research and clinical practice are provided.

KEYWORDS: culturally responsive focus groups, migration, acculturative stressors, undocumented Latinx youth.

According to a recent report released by the U.S Department of Homeland Security, in 2018 there were an estimated 11.4 million unauthorized immigrants living in the U.S., making up about 3.3% of the total population (Baker, 2021). Mexico and Central America continued to account for the largest share of the unauthorized population, with an estimated 7.22 million people representing

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nearly 64 percent of the total unauthorized population. Amongst the unauthorized immigrant population, approximately 2.31 million or 20% were under the age of 24. This is a sizeable group within the U.S. immigrant population, and one that is particularly vulnerable due to their exposure to experiences of trauma, racism, discrimination, and lack of legal protection in their indigenous countries as well as during and after their migration to the United States at early developmental stages in their lives (Bemak & Chung, 2017; Gonzales et al., 2020; Rubio-Hernandez & Ayòn, 2016). With the ongoing COVID-19 pandemic and increased concerns regarding the numbers and safety of unaccompanied migrant youth crossing the US border, the complexity of intersecting oppressive factors impacting this population has become even more visible (Watson et al., 2020).

Despite expectations of greater opportunities in the U.S., the social, legal, educational, and economic challenges that undocumented Latinx youth face prevent their full participation in society (Rodriguez & Dawkins, 2016). To address these challenges, policies, and legislation such as the Deferred Action for Childhood Arrivals (DACA) were created to grant individuals who migrated to the U.S. as children without documentation to temporarily remain and work in the U.S. (Harper et al., 2019). Although the current political administration has voiced some support for migration efforts of undocumented families, continued uncertain border crossing experiences, housing, work, and schooling opportunities have created an unwelcoming environment for many immigrants, particularly for migrant youth who may be too young to understand their experiences (Oishi & Alam, 2020; Watson et al., 2020; Wray-Lake et al., 2018). In addition, the lack of access to, understanding of and quality of healthcare, particularly during a global pandemic, may continue to exert a more significant impact on the lives of migrant youth (Berger et al, 2020; Maani & Galea, 2020).

Given the challenges undocumented youth encounter as they adapt to life in a new country, there is a critical need for school and community mental and medical health providers to understand the experiences of undocumented youth during their initial adjustment phase in the U.S. This transitional time in the postmigration stage requires the use of culturally responsive intervention and support strategies, yet very little is known about this period for recently migrated Latinx youth (Rodriguez & Dawkins, 2016). This qualitative study sought to gain a more comprehensive understanding of the lived experiences of undocumented Latinx youth who had recently migrated to the U.S. including exploring their rationale for leaving their home countries, their journey to the U.S., and the challenges and supports they experienced during their initial adjustment period.

Background to Rationale for Undocumented Latinx Youth Migration

Despite misinformed narratives that portray all undocumented Latinx immigrants as criminal or dangerous (Wray-Lake et al., 2018), most have experienced various premigration traumas (e.g., witnessing or being subjected to torture, killings, atrocities, incarceration, starvation/deprivation, rape, sexual assault, and physical beating) which may be a precursor to psychological trauma and more pronounced mental health problems affecting undocumented immigrants' postmigration adjustment and adaptation (Bemak & Chung, 2017; Goodman et al., 2017; Nickerson et al., 2015). Reasons for migrating to the U.S. vary, including finances, education, economic or political conflict, and family reunification (Rodriquez & Dawkins, 2016). The journey itself is often fraught with danger, threatening assaults and abuse, exploitation, and other traumatic experiences. For example, researchers have found that undocumented Latinx youth are at higher risk for developing more serious mental health problems and trauma, including rape and sexual assault during displacement and premigration as well as postmigration trauma (Bemak & Chung, 2017; Rodriguez & Dawkins, 2016; Thibeault et al., 2017).

Postmigration Adaptive Challenges and Supports

Transitioning to life in the U.S. introduces many additional challenges, including role changes within the family, navigating new and unfamiliar systems, and learning a new language (Ko & Perreira, 2010; Goodman et al, 2017). Anti-immigration policies are associated with a higher likelihood of perceived discrimination and contribute to stress related to the experience of structural racism, and limited access to social institutions such as education and healthcare (Almeida et al., 2016; Philbin et al., 2018). Undocumented youth, many of whom immigrated to the U.S. for greater academic and economic opportunities, must navigate obstacles to education and employment including laws requiring employers to verify legal residence, prohibitions against obtaining a driver's license or other forms of identification, and ineligibility for financial aid or in-state college tuition (Hatzenbuehler et al., 2017).

Undocumented youth also live with the pervasive threat of deportation or separation from family in the United States (Rodriguez & Dawkins, 2016). Laws such as the Illegal Immigration Reform and Responsibility Act of 1996 have expanded the U.S. federal government's ability to deport noncitizens, leading to a dramatic increase in the number of removals since their passing (Acer & Byrne, 2017). In many cases, undocumented parents who are deported to their home countries or separated from family in the U.S. can change the life roles (e.g., work versus school) and responsibilities their children who remain in the U.S. must then undertake to support themselves (Hagan, et al., 2008). That is, youth who live with undocumented family members may anticipate leaving school to support their family in the event of separation (Wray-Lake et al., 2018). These psychological effects have been shown to occur even in authorized immigrants who live in mixed-status (i.e., child born in the U.S.) families (Salas et al., 2013), though they are more prevalent for the undocumented individuals themselves.

Despite these systemic and interpersonal challenges, many undocumented youth do achieve success (e.g., academic achievement) by developing coping strategies such as prioritizing mastery of English, embracing their ethnic identity, and developing support networks (Ko & Perreira, 2010). Moreover, social, emotional, and academic support in school, at home, and in the community has been shown to alleviate the negative effects of postmigration stressors (Potochnick & Perreira, 2010; Tonsing & Vungkhanching, 2020). Nonetheless, research in this area continues to be very limited since undocumented youth and their families may lack accessibility to researchers and/or may have valid concerns about participating in research and being reported when providing consent (Zayas et al., 2017). We employed the use of focus groups to gain access to this undocumented population through an established place of trust in the community and were able to avoid many of these research pitfalls through this access point. With the benefit of a community partnership with county health center staff who were concerned that youth were presenting with mental health concerns that went beyond healthcare assistance, we obtained rich and complex context about the lived migration experiences of 22 recently migrated Latinx youth.

Theoretical Framework

Since limited information regarding the undocumented migration process has been disclosed to the public due to psychological vulnerability and sociopolitical unfriendliness, it is critical to create a safe space for the construction of knowledge through full respect for the authentic experiences, lives, and voices of undocumented immigrants. Thus, in this study, we used Latina/o Critical Theory (LatCrit) as a theoretical framework to interpret the qualitative data we collected in our focus groups. LatCrit was developed from Critical Race Theory (CRT) and is used as a

theoretical tool to focus on "the ways Latina/o experience race, class, gender, and sexuality, while also acknowledging the Latina/o experience with issues of immigration status, language, ethnicity and culture" (Pérez-Huber, 2010, p. 79). In this way, a LatCrit framework is appropriate to use as a lens through which to analyze the experiences of undocumented Latinx youth, especially given the political climate and educational, social, and economic inequities shaping these students' experiences based on issues such as ethnicity, language, immigration, fear of deportation and legal status. We aimed to gain a better understanding of the challenges that undocumented Latinx youth encountered during their migration to the U.S. through the process of knowledge co-creation between the researchers and 22 undocumented Latinx youth who had recently migrated to the U.S. Moreover, with the awareness of the significance of embracing diversity and equity in studying marginalized groups who have been oppressed and disfranchised (Delgado & Stefancic, 2017), this study was constructed on a culturally responsive stance, providing an inclusive and equitable cultural paradigm in which knowledge can be created and understood by research-participant joint efforts (Gay, 2002; Villegas & Lucas, 2002).

Youth (i.e., children and adolescents) are one of the salient groups that traditional inquiry has often either ignored or worked with from deficit orientation (Hall, 2020). These research lenses are heavily influenced by the perspective that position minors as incomplete adults (Danby & Farrell, 2004). In the last two decades, liberal sociological perspectives tend to encourage research *with* or *for* youngsters (Danby & Farrell, 2004) and suggest treating minors as persons complete with values, viewpoints, and agency (Greene & Hogan, 2005). In this sense, a culturally responsive stance is aligned with this recent advocacy, positioning youth as complete persons that are experts of their experiences and thus can co-construct knowledge with researchers (Bokhorst-Heng & Marshall, 2019). As this study focused on understanding the migration experiences of undocumented Latinx youth, the philosophy of cultural responsiveness and its practical techniques penetrated every step of our research.

Method

Culturally Responsive Focus Groups

Our study was designed around the use of Culturally Responsive Focus Groups (CRFGs) to elicit social, academic, mental, and medical health information from a culturally responsive perspective. Focus groups have long been noted as a valuable research method in the social sciences, and over the last two decades, their value has been particularly noted for marginalized populations (Rodriguez et al., 2011). CRFGs primarily intend to create a focus group environment that feels comfortable and affirming, where participants and researchers co-construct knowledge in the inquiry setting (Hall, 2020; Rodriguez et al., 2011). To enhance the quality and validity of inferences, our CRFGs design was referred to the multicultural validity framework proposed by Kirkhart (2010), consisting of four dimensions to assist researchers in applying design components in culturally sensitive ways. These include 1) theoretical, 2) methodological, 3) interpersonal, and 4) consequential validity.

1. Theoretical validity: Our CRFGs design finds theoretical roots in critical race theory grounded in constructivism, acknowledging that social problems are influenced and created more by societal structures and cultural assumptions than solely by individual and psychological factors (Delgado & Stefancic, 2017), and that knowledge is being socially constructed and experience-based (Rodriguez et al., 2011).

2. Methodological validity: One way to ensure methodological validity for CRFGs is to first conduct a pilot focus group (Hall, 2020). Our researchers connected with two undocumented immigrant students enrolled as undergraduates at their home institution, part of a group connected by DACA status. Drafted questions regarding the students' pre, during and post migration experiences were provided for these pilot study participants and their feedback was incorporated to provide validity to our focus group design.

3. Interpersonal validity: Inquirer reflexivity is deemed critical in examining interpersonal validity. Thus, throughout the research process, our research team followed the suggestion made by Hall (2020) and conducted assumption checks and reflexivity. Given the fact that three of the four members in our research team are from immigrant families (see researcher positionality below) might potentially bias some of the research, we actively engaged with reflective check-ins before and after each focus group session to process how our subjectivities might impact the focus group and tracked changes in our thoughts, beliefs, behaviors, and interpretations along the way.

4. Consequential validity: To minimize the harm that inquiry itself might cause on participants, our research team actively undertook critical assessments along with the research process, including the reflexivity on researchers' positionalities and focus-group dynamic. We also attempted to achieve cathartic and therapeutic benefits to participants by providing a safe environment for them to disclose their experiences as undocumented youth, and more generally, shed light on the understanding of the mental and physical health concerns associated with undocumented youth.

Grounded Theory

Because we found limited exploration of the lived experiences of Latinx youth who had recently migrated to the U.S. during their adolescence, we selected grounded theory as the research framework for data collection and analysis. A hallmark of grounded theory is the development of a theory based on patterns in data to describe a phenomenon for which limited research exists (Corbin & Strauss, 2014). In grounded theory, researchers use an inductive process deriving their theoretical conclusions from the experiences of participants and avoid the use of previously developed hypotheses or theory (Charmaz, 2014). Furthermore, grounded theory is deemed an appropriate way to study human behavior on a sensitive topic even in a different cultural context (Wolcott, 1980). As this study endeavored to uncover the lived experiences of migration among Latinx youth population, the researchers believed grounded theory would best utilize the data to offer insights and understanding of this distinctive group and its migration process, as well as provide a meaningful guide to school and community mental and medical health providers.

Participants

Beyond the two pilot study participants, our study included 22 undocumented Latinx immigrants who were between the ages of 12 and 22 and self-identified as Latinx immigrants. Of the 22 participants, eight of the participants were female and 14 participants were male. The participants immigrated from El Salvador (n= 14), Honduras (n= 7), and Guatemala (n= 1) and ranged in time in the U.S. from as recent as eight days to 1.5 years. The participants were recruited through a community health center in the Mid-Atlantic region of the United States. This method of recruitment was used due to the substantial amounts of Latinx immigrant students seeking medical services such as vaccinations needed before entering school systems in their local communities.

One of the participants was enrolled in a middle school, and the remaining participants in high school.

Prior to meeting with participants, IRB (Institutional Review Board) approval was obtained from the researchers' home institutions. Participants and their parents using the community health center were briefed on the study and contact information was collected from participants who were interested in the study. A representative from the community health center reached out to the parents of the clients who were interested in participating in the study. Parents were informed of the study via telephone through the representative from the health center. This information includes the description of how the focus groups would be conducted, researchers involved, and financial incentives ($25) for participants. After parents confirmed interest for their children to participate in the study, the health center representative gave an initial informed consent via telephone.

Research Team Positionality

In qualitative research, the researcher influences all aspects of the research process; therefore, it is imperative that researchers address their social/cultural identities and biases (Ganga & Scott, 2006). The research team for this study consisted of a Black first-generation Haitian American female counselor educator, an African American female licensed state pediatrician and Director of School/Community health; a Latina female graduate student pursuing a master's degree in counseling who entered the U.S. as an undocumented child, and a first-generation female Vietnamese American graduate student pursuing a master's degree in counseling. All researchers' interests in this study were related to their identities as one or more of the following: (a) undocumented immigrant youth, (b)2) born in the U.S. with immigrant parents who migrated to the U.S., and (c) school and community mental health and medical providers servicing undocumented Latinx populations. Research team members assumed that participants would describe experiencing many challenges in migrating from their home country to the U.S. based on a review of the literature and personal experiences. There was also an assumption of an experience of reunification and acculturation. In properly placing ourselves in the CRFG methodology, we sought these selected goals for the inquiry setting as outlined by Hall (2020):

1. To reflexively engage with assumptions and actions throughout the research process.
2. To advance a strengths-based approach that sees culture as an asset and not a deficit.
3. To provide opportunities for participants to self-identify.
4. To consider culture and context throughout the research process.
5. To be committed to respectful, rational, and empathetic care for the participants.

Questions

The focus group protocol was developed by the research team to engage participants in discussions about their general experiences immigrating to the United States with a particular focus on the supports and challenges related to their academic and social adjustment, and mental and physical health. As mentioned earlier, pilot study feedback was incorporated to provide validity to the focus group protocol. The questions that the facilitators posed to the participants were to aid in developing conversation and were based on the results of the pilot study (see Appendix A).

Data Analysis

The audio recordings from all four focus groups were transcribed into Spanish first, which was the language spoken during the focus groups, and then translated into English by the moderator. Once the transcripts were transcribed, we conducted member checking, seeking feedback from our participants to ensure that we had correctly interpreted their statements. We did not receive any feedback from our participants which could have been related to how they were recruited (health center) and/or their desire to remain anonymous.

Coding themes is the analytical process used to identify similarities and reoccurring concepts in data (Chun Tie et al., 2019). This study used the coding strategies of grounded theory and constant comparative analysis to ensure that all instances of variation are captured in the coding process (Strauss & Corbin, 1998). Specifically, we adopted the model of analysis in the qualitative methodology of grounded theory out of the consideration that the structured and systematic approach embedded in grounded theory would be beneficial to CRFG thematic analysis even when the goal of the research is not the traditional grounded theory objective of theory generation (Hall, 2020).

Three members of the research team (a professor and two graduate research assistants) independently coded the transcripts using open coding. Open coding involves breaking down the data into discrete parts, closely examining it, and then comparing it for similarities and differences (Strauss & Corbin, 1998). Before developing a final list of open codes, the three researchers met to discuss their findings and any differences until reaching a consensus which resulted in a finalized list of open codes. After the identification of the open coding categories, the researchers independently began axial coding. Axial coding was used to develop sub-categories, creating connections between the open codes and categories. Researchers met again to compare connections between codes and categories until no new ones emerged from the data. Once a list of connections was created, the fourth member of our research team (licensed pediatrician and health department lead), was consulted to verify the connections and themes. Last, we developed key themes integrating and refining our results using categories and their relationships with subcategories or code.

Results

Seven themes were revealed from our data analysis including (1) rationale for migration, (2) traveling experiences/modalities, (3) detention center experiences, (4) family structure and relationships, (5) politics, (6) acculturation factors, and (7) trauma. These themes provided insight into the experiences of undocumented youth immigrating to the U.S. and the support and challenges they experienced before, during, and after their migration process.

Rationale for Migration

This theme describes the various reasons for the migration of undocumented Latinx youth from their home country to the U.S. The rationale overarching consensus describes a description of a better life for Latinx youth in the U.S. as compared to their home countries. Many of the different rationales included a better opportunity for education, a better future, being reunited with family, and escaping violence in their home country. Many participants expressed that back in their home country there were not as many opportunities for a better life and a better future as was believed to be in the U.S.

Many of the participants expressed violence back in their home country which led to the migration from their home country to the U.S. One participant stated that they came to the U.S. "because gang members want to get you involved and if one doesn't accept they would kill your family or something like that." For many, the rationale of leaving their home country appeared to be the only option for their safety and the safety of their families.

A note of interest we observed was the gender differences within this axial code. Individuals who identified as male overall expressed reasons for migrating to the U.S. due to gang violence and gang membership in their home country as a moderating factor for migrating to the U.S. while those who identified as female did not express reasons for gang member violence and involvement as a reason. The majority of female respondents expressed "better opportunities" as the rationale for coming to the U.S. Only one female respondent referenced violence in her response, and it was expressed not in terms of avoiding gang involvement, rather "the crime level (in her indigenous country) is very bad".

Traveling Experiences/Modalities

The experiences of physical movement of Latinx youth from their home country to the U.S. varied. Several participants described different modes of transportation such as by bus, and walking and one participant reported flying from their home country to the U.S. Many of the participants did not go into too many details about their traveling experiences but many described it as long and hard. Some individuals expressed multiple attempts in traveling to the U.S. as they may not have made it across the border the first or even second time. One participant reported that they tried twice to get to the U.S. because the first time they did not make it. Many participants expressed negative experiences and emotions regarding the traveling experience from their home country to the U.S. There were reports of how bad the memories were, expressing feelings of sadness and fear.

Participants reported varying lengths of time to travel from their home country to the U.S. There was a participant who arrived in the U.S. in a day as they had flown on a plane while others walked or traveled via buses and it took weeks to months to arrive. Here the moderating factor of socioeconomic status is observed. The ability to fly into the U.S. was an outlier experience within the focus groups, but it is important to note that undocumented youth may vary in their socioeconomic status pre-migration, which may impact travel modality.

Detention Center Experience

While there were different modalities of transportation, a common theme that was presented during the analysis of the data was the description of a detention center. The detention center was referred to as "casa hogar" by many of the participants and served as an intermediary location where the undocumented youth were detained for a variety of time periods. Some participants stayed at casa hogares for a few days and some for a few months.

Some participants described the detention center as a positive place where they were able to meet others in similar situations and felt that they had made friends and sources of support. Some individuals who stayed at the casa hogar for a longer period of time even attended school and were provided with education during their stay. There were others who reported that the detention centers were more like a jail and that it was uncomfortable. One participant reported that the detention center was uncomfortable and that they felt many things, especially missing their family a lot.

Family Structure and Relationships

This theme describes the differing family structures of each of the participants' pre- and post-migration to the U.S. Many of the participants reported that one or both of their parents were in the U.S. and in their home country their family structure was different because their parent or parents were not there. Participants expressed that many of them had been separated from their parent/parents for many years. Some participants had not seen their parents since they were three or six years old and for up to almost ten years of their life.

When the participants were reunited with their family member(s) in the U.S., many reported mixed and complicated feelings. There were expressions that this was a parent that they knew but however they did not have a relationship with. Many participants expressed excitement and happiness about reunification but also sadness regarding the individuals that were left behind such as aunts, uncles, cousins, and grandparents. One participant expressed that they felt "a knot when trying to say [I love you] to their mother because like not because of resentment because she left me but because of the time I was not with her…I didn't share with her…like my whole childhood I spent it with my other family…not with her." Many participants expressed similar complicated emotions regarding the reunification with the parents that they were separated from for a prolonged period.

Politics

This code describes the reports and emotions surrounding the political climate in the U.S. during the participants' recent migration to the U.S. from their home country and served as a moderating factor. Many individuals expressed feelings of fear and concern regarding their recent migration from their home country to the U.S. since all the participants migrated from Latinx countries that have become a target in the anti-immigration sentiment and reported fears of how they would be treated as individuals who migrated and were undocumented. Many of the participants also expressed concerns regarding the political climate and undocumented status after migrating to the U.S. Many participants reported feelings of fear and isolation and expressed the inability to be independent and be outside of their home or school for fear of deportation, based again, on the anti-immigration sentiment they observed.

Acculturation Factors

These coded results are the common factors of acculturation expressed by the participants after migrating to the U.S. from their home country. Many participants expressed differing school experiences (both negative and positive) as acculturation factors. Participants expressed challenges in school at first with getting lost within the school, inability to speak English, communicate and build friendships with others, exposure to many exams and different school schedules compared to their indigenous countries, and feelings of isolation within the school. Participants also expressed much support in school including the availability of school counselors and teachers who were helpful, and friends or peers that had been through similar experiences and were supportive in addressing the challenges of going to a different school in a new country.

Many participants expressed challenges with a change in lifestyle and acculturation within the U.S. Many participants expressed feeling bored in the U.S. and a change in leisure activities. Previously in their home countries, participants expressed their ability to go outside of the house and have more independence, however, in the U.S., individuals had to stay inside during the week,

watching TV, on their cell phones, or watching their siblings as their parents worked outside of the home. One participant reported that "my mom is always working and like I stayed home but always with someone…but, it's the same, I was bored, only on weekends I could finally go out". Another participant stated that "here [in the U.S.] it is like we are all locked in."

Another acculturating factor discussed was the medical treatment experiences of the participants since moving to the U.S. Most participants expressed that arriving in the United States involved vaccinations and blood draws. Participants reported that going to the doctor and receiving medical treatment in the U.S. was vastly different from their experiences in their home country. One participant stated that "for the most part we do not go to the clinic for headaches unless the situation is serious. If you had an upset stomach and diarrhea for days or something like that then that is when we would go to the clinic [back in my home country]. But say here, just pills or just lay down [for medical treatment]".

Many of the participants expressed resiliency as a factor of acculturation. Participants expressed and embodied resiliency as a way of embracing their new experiences within the U.S. There was an overall sense that they as individuals can do it. One participant stated to another participant that you cannot "hold on to 'I cannot do it' [you're] never gonna make it. [You] have to believe in yourself and say, 'I will do this' and then after that 'I will do this and also this'..[you] have to set your own goals and have to accomplish them because we can always accomplish what we propose for ourselves."

Trauma

During our focus groups, experiences of trauma came to light for some participants discussing their migration from their home country to the U.S. One participant described the migration journey and stated that "the memories still kill". Many of the participants alluded to experiences of trauma during the migration from their home country to the U.S. however did not express or report specifics. One participant expressed "I still cannot believe how I got here [to the U.S.]". The exact experiences of trauma may not be fully identified because all the axial codes identified in this research (e.g., stay in detention centers) contain within them the potential for traumatic associations.

Summary

The focus groups revealed dominant themes about the migration experiences of undocumented Latinx youth. The first of these themes, or axial codes, involved the motivation for leaving their home country and migrating to the United States. Every focus group participant expressed purposeful determination and rationale for their migration. The theme that followed in their migration journey was the traveling modalities: not every participant traveled here in the same way, and their unique modality is a notable part of their story. For many, the next experience involved a detention center. While some reported their detention center stays as supportive, others held on to traumatic feelings or experiences associated with this stay. Once released, participants shared themes around their current life in the United States: acculturation factors, family structures and relationships, and the political climate that they were unable to ignore.

Discussion

This qualitative study represented a unique opportunity to learn more about the lived experiences of undocumented youth recently entering the U.S. by breaking through the barriers that often exist between undocumented Latinx youth and researchers. Participants were recruited from a community health center which represented a trusted place of care for many of these youth, and the participants' willingness to share their migration journeys aids the literature in framing the recent migration experiences of undocumented Latinx youth, an area that is lacking in the immigration literature (Rodriguez & Dawkins, 2016; Thibeault et al., 2017). Each of the generated themes previously discussed should be considered when working with this population, knowing that the experiences within each theme can vary greatly for every youth who has recently immigrated to the U.S. Regardless of how they immigrated to the U.S., all participants noted the reasons for their migration as a vital part of their story and their experience. Many of the expressed reasons for immigration surrounded the notion of parents/caregivers wanting "better" for that young person including access to better education, better economic status, less gang violence, less exposure to war, and more opportunities for a better future.

Although the hope is for a better future, many migration experiences are fraught with traumatic experiences (i.e., rape of young girls during the migration journey, poor treatment in detention centers) that can exacerbate youth's mental health status (e.g., Bemak & Chung, 2017; Thibeault, et al., 2017). School and community mental and medical health providers need to recognize that undocumented Latinx youth may be overwhelmed with trauma during this initial transitional period which can potentially affect their ability to effectively navigate new systems in the U.S. (Thibeault et al., 2017). Therefore, these providers should assess for trauma when working with immigrant youth who may be experiencing mental health concerns and engage in trauma-informed care with this population.

Study participants also frequently noted the duality of the immigration experience, where simultaneously they may have feelings of loss and grief for their home country and positive feelings for the reunification they have in various forms here in the U.S. Most participants missed their sense of home and family in their indigenous country but looked forward to reunifying with their "new" families and a better life. However, the focus groups revealed that not all participants were aware of the challenges embedded in the reunification process. That process can include not having been in direct contact with the U.S.-based family for some time or the shifting of family dynamics (encountering new spouses or even new siblings when they arrive). Mental health providers should be aware that this is a bittersweet process for immigrant youth—that there is a loss but also gain involved; however, they may not have fully processed what that will look like, mean, or the amount of time it may take to cope with their new "normal." Given the challenges embedded in family reunification, mental health providers should consider using reunification family therapy as a way to cope with this transitional period in the family (Smith, 2016) as well as exploring issues of loss and grief.

Participants were able to list the challenges and supports they experienced after their migration process. Some challenges beyond the family reunification process included experiences of social isolation, language barriers, lack of understanding of school system/grading/schedule, and lack of understanding of health systems in the U.S. which coincides with what has been found in previous research (e.g., Li, 2016; Perreira et al., 2012; Thibeault et al., 2017). Some support they described included school support, peer support and an internal sense of resilience to cope with these new and difficult changes (e.g., Jaffe-Walter & Lee, 2018; Kumi-Yeboah et al., 2020; Motti-Stefanidi, 2018). For example, research indicates that having a positive ethnic and/or racial identity

may serve as a protective factor for psychological well-being in undocumented youth (Cobb et al., 2019). Moreover, social, emotional, academic, and institutional support in school, at home, and in the community has been shown to alleviate the negative effects of postmigration stressors (Potochnick & Perreira, 2010). Mental and medical health providers should assess these concerns and take an interdisciplinary approach when working with undocumented Latinx youth to ensure their understanding of and access to school systems, medical and mental health resources, work opportunities, and legal rights and resources.

Limitations and Implications for Future Research

Although the results of our research are consistent with the extant literature that emphasizes the detrimental effects of the migration process for undocumented Latinx populations, we acknowledge several limitations that restrict the generalizability of our findings. Recruiting via community sources can result in a self-selection process and a narrow band of individuals. Additionally, some participants in our focus groups dominated the conversation which meant we may not have heard from all participants. There was also one focus group which was a female majority (with one male) and a male-dominant focus group (with one female present) therefore gender imbalance may have silenced some participation for non-dominant group members. Considering the nature of sensitivity characterizing our discussion topics, a mix-gendered group design might have hindered both female and male youth from full participation (Hall, 2020). Also, we cannot make claims about the causality of mental and physical health outcomes given the cross-sectional nature of our data. This limitation underscores the critical need for longitudinal research that can ascertain mechanisms of causality and developmental effects. Nonetheless, the use of culturally responsive focus groups (CRFG) allowed a group of "feared" participants to enter a safe space, share similar (and dissimilar) experiences, and support one another to build resilience. Future research implications could include longitudinal studies to better understand acculturation processes beyond the initial immigration period (e.g., conducting focus groups with students who have been in the U.S. for over 2 years), as well as follow-up examinations on the systemic barriers and corresponding social, emotional and medical needs facing undocumented youth in the postmigration stage. Additionally, broadening the ethnicity of participants (e.g., undocumented immigrants from South America, Asia, Africa, and the Caribbean) would strengthen the validity and generalization of our research findings.

Conclusion

This qualitative study allowed us to hear the voices of a diverse (geographic region, gender, age) group of Latinx middle and high school students who had recently migrated to the U.S., a group that is vulnerable yet understudied. By partnering with a community health center, conducting small focus groups, and creating safe and brave spaces for recently migrated secondary school students, we were able to hear about their experiences in their indigenous countries, migration journey, challenges with reuniting with family in the U.S., fear of the political climate in the U.S., and initial experiences with new academic systems, home life, and health care in the U.S. Overall, it is clear from the data collected and current conflictual beliefs within our country regarding immigration status as well as an ongoing COVID-19 global pandemic, that continuous work is needed to better understand, support, and provide culturally responsive mental health services to undocumented Latinx marginalized youth/student populations, a group that is largely understudied in undocumented immigrant research. Our study also underscores the need for interdisciplinary approaches to working with this population, since we observed multiple

challenges in their lives including academic, family, interpersonal, trauma exposure, mistrust of medical systems, and safety concerns. Thus, school and community mental and medical health providers need to partner with various community agencies (e.g., community resource centers, legal agencies) in order to fully address, assist, and advocate for undocumented immigrant youth who are adjusting to new life in the U.S. Finally, addressing these concerns could potentially assist in decreasing mental and physical health disparities in marginalized communities.

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Appendix A

Focus Group Interview Protocol

1. Are you aware of the reasons you immigrated to the US? If so, what are/were they?
2. Who are you living with now?
3. What are some of the challenges (e.g., fights, language, school, family) you have experienced since immigrating to the United States?
4. What are some of the supports (e.g., family, school, etc.) you have experienced since immigrating to the US?
5. How different has your typical day been from your typical day back in your home country?
6. What feelings have you experienced during this transition? (e.g, sad? Happy? Lonely? Angry)?
7. How would you describe your time at home? At school?
8. What are some of the challenges (if any) you have experienced in school? At home?
9. What has helped you with these challenges (e.g., family, school administrators, community)
10. Have you visited a doctor since coming to the United States? If yes, why did you go to a doctor and where did you go?
11. Where do you go or where do you plan to go if you become sick again and need health care?
12. Is there anything else you would like to share with us?