

American Journal of Orthopsychiatry

Latinx/@ Immigrant Inclusion Trajectories: Individual Agency, Structural Constraints, and the Role of Community-Based Organizations in Immigrant Mobilities

Cirila Estela Vasquez Guzman, Julia Meredith Hess, Norma Casas, Dulce Medina, Margarita Galvis, Diana Anahi Torres, Alexis J. Handal, Annette Carreon-Fuentes, Alexandra Hernandez-Vallant, Mario J. Chavez, Felipe Rodriguez, and Jessica R. Goodkind

Online First Publication, August 27, 2020. <http://dx.doi.org/10.1037/ort0000507>

CITATION

Vasquez Guzman, C. E., Hess, J. M., Casas, N., Medina, D., Galvis, M., Torres, D. A., Handal, A. J., Carreon-Fuentes, A., Hernandez-Vallant, A., Chavez, M. J., Rodriguez, F., & Goodkind, J. R. (2020, August 27). Latinx/@ Immigrant Inclusion Trajectories: Individual Agency, Structural Constraints, and the Role of Community-Based Organizations in Immigrant Mobilities. *American Journal of Orthopsychiatry*. Advance online publication. <http://dx.doi.org/10.1037/ort0000507>

Latinx/@ Immigrant Inclusion Trajectories: Individual Agency, Structural Constraints, and the Role of Community-Based Organizations in Immigrant Mobilities

Cirila Estela Vasquez Guzman

University of New Mexico and New Mexico Voices for Children, Albuquerque, New Mexico

Julia Meredith Hess

University of New Mexico School of Medicine

Norma Casas

Encuentro, Albuquerque, New Mexico

Dulce Medina and Margarita Galvis

Centro Sávila, Albuquerque, New Mexico

Diana Anahi Torres

New Mexico Immigrant Law Center, Albuquerque, New Mexico

Alexis J. Handal

University of Michigan School of Public Health

**Annette Carreon-Fuentes,
Alexandra Hernandez-Vallant, and
Mario J. Chavez**
University of New Mexico

Felipe Rodriguez

New Mexico Dream Team, Albuquerque, New Mexico

Jessica R. Goodkind
University of New Mexico

Immigration is at the forefront of national, state, and local policy struggles in the United States, and Latinx/@ immigrants have experienced increased deportations, detention, and individual threats. A mobilities perspective allows analysis to extend our view of migration beyond frameworks confined to pre- and postmigration, examining trajectories of social inclusion and exclusion that are influenced by multiple factors in the receiving country. The Immigrant Well-being Project, a community-based participatory research project involving university faculty, students, staff, and representatives from 4 community-based organizations (CBOs), was initiated in New Mexico in 2017 to better understand and promote Latinx/@ immigrant mental health and integration by creating change at multiple levels. We began these efforts by conducting an in-depth study of the mental health needs, stressors, current socioeconomic, legal, and political context, and local solutions as experienced by 24 Latinx/@ immigrants and their mixed status families. Five trajectories of immigrant integration emerged: continuous exclusion,

¹ Cirila Estela Vasquez Guzman, Department of Sociology, University of New Mexico, and New Mexico Voices for Children, Albuquerque, New Mexico; ² Julia Meredith Hess, Department of Pediatrics, University of New Mexico School of Medicine; Norma Casas, Encuentro, Albuquerque, New Mexico; ³ Dulce Medina and Margarita Galvis, Centro Sávila, Albuquerque, New Mexico; ⁴ Diana Anahi Torres, New Mexico Immigrant Law Center, Albuquerque, New Mexico; Alexis J. Handal, Department of Epidemiology, University of Michigan School of Public Health; ⁵ Annette Carreon-Fuentes, Department of Sociology, University of New Mexico; Alexandra Hernandez-Vallant, Department of Psychology, University of New Mexico; ⁶ Mario J. Chavez, Department of Sociology, University of New Mexico; Felipe Rodriguez, New Mexico

Dream Team, Albuquerque, New Mexico; ⁷ Jessica R. Goodkind, Department of Sociology, University of New Mexico.

The Immigrant Well-being Project research was conducted at the University of New Mexico in close collaboration with four community organizations. This study was funded by the Transdisciplinary Research, Equity and Engagement Center for Advancing Behavioral Health, one of 12 National Institute on Minority Health and Health Disparities-funded Centers of Excellence supported by the National Institute on Minority Health and Health Disparities (U54MD004811).

Correspondence concerning this article should be addressed to Jessica R. Goodkind, Department of Sociology, University of New Mexico, MSC 05 3080, Albuquerque, NM 87131. E-mail: jgoodkin@unm.edu

simultaneous exclusion and inclusion, continuous inclusion, movement from exclusion to inclusion, and movement from inclusion to exclusion. These diverse mobilities were shaped by participants' social locations, agency, and experiences with CBOs, which played critical roles in creating, maintaining, and/or transforming immigrants' trajectories. However, CBOs could not completely buffer immigrants from the current hostile climate and related stressors that resulted in experiences of exclusion or movement from inclusion to exclusion. These findings add to understandings of immigrant mental health, complex ongoing mobility, and mechanisms of resilience and resistance within the United States and have important implications for policy and practice.

Public Policy Relevance Statement

Latinx/@ immigrants in the United States are facing an increasingly hostile political, social, and economic climate. This study finds that these social-structural conditions have had a negative impact on the mental health of Latinx/@ immigrants from mixed-status families and their integration into U.S. communities. However, interviews with immigrants also highlighted the diversity of their inclusion and exclusion experiences, which were shaped by their legal status, gender, age, violence exposure, and other aspects of their identities, as well as by their interactions with community-based organizations that helped many to cope with and resist unfair policies and practices.

Recent policy changes have contributed to an increasingly hostile political, social, and economic climate for immigrants in the United States, who are thus experiencing heightened precariousness, disconnection from vital resources and services, and a “violence of uncertainty” (Grace, Bais, & Roth, 2018). Examples of the multitude of changes include the Public Charge Act, attempts to eliminate the Deferred Action for Childhood Arrivals (DACA) program, and removal of language access protections for Limited English Proficient patients under the Affordable Care Act. These and many other newly instituted policies represent a systematic attack on migrants, with clear intent to threaten and intimidate people seeking safety and accessing services in the United States. In addition, the inability of the U.S. political system over the past two decades to enact immigration reform has left the country with an inhumane immigration system that is tearing families apart. From 2009 to 2016, the U.S. government deported more than 5 million undocumented people, separating parents from their children and forcing U.S. citizen children to move to countries they have never been to before. This practice has escalated in the last few years under the zero tolerance policy, with increased investments in detention centers for adults and children that are causing irreversible physical and psychological harm to millions of undocumented immigrants (Congressional Research Services, 2019). Anti-immigrant policies at the federal, state, and local levels have been highly detrimental to the mental health of Latinx/@¹ individuals and communities (Arbona et al., 2010; Ayón & Becerra, 2013).

Immigrant distress has been further exacerbated by inflammatory xenophobic and racist rhetoric, which has transformed the tenor of the public debate around immigration in the United States. Immigrants are bombarded with media messages portraying them as potential terrorists, criminals, or “welfare hogs” who receive social and financial benefits in the form of public assistance and emergency care (Kaufhold, 2019). This discourse, combined with new policies that focus on deportation, family separation, and

border militarization, has created a climate of fear for Latinx/@ immigrants and their U.S.-born children (Eskenazi et al., 2019). In this context, marked by trepidation, uncertainty, and hate directed at Latinx/@ immigrants, possibilities for societal inclusion and meaningful community participation have constricted, whereas psychological distress and other negative health outcomes among immigrant individuals, families, and communities have increased (Gemmill et al., 2019).

Within the current hostile climate and structural constraints, it is imperative to investigate the resources immigrant communities are using to survive, cope, and even thrive in their communities. The research for this paper, conducted using a community-based participatory framework, explored how immigrant families are dealing with America's new political landscape. Through within-case and cross-case analysis of in-depth interviews with 24 Latinx/@

¹The use of the term *Latinx/@* in this project is the result of discussion among community and university research team members and feedback from other community members. We discussed terminology early on in the collaboration, and the term “Latinx” was suggested by members of one community partner organization as a gender inclusive term. It was adopted by the team, though some members had never heard the term and others expressed reservations. The word was included as a term of reference in our interview questions. However, at the outset of the interviews, we decided to let participants know why we used this term and then ask them what their preferred terminology was. After a year of data collection, we noted that “Latinx” was not the preferred term for the majority of participants. Thus, in order to be most inclusive in the dissemination of our work, the research team decided to use the term *Latinx/@* because it includes Latino and Latina within the @, which were the terms with which most participants identified. Given the ongoing discussions around this term, we expect the academic and general consensus to change, but we did not want to privilege a predominantly academic term. In light of our community-based participatory research orientation, we will continue to make shared decisions about terminology preferences with academic and community partners.

immigrant adults from mixed-status families in New Mexico, this paper highlights how immigrants experience diverse trajectories of inclusion and exclusion, which are shaped by multiple factors related to their migration experiences, individual characteristics and agency (we use Ortnier's [2006] definition of agency as the capacity to act while enmeshed in structural systems), family support, and involvement with community-based organizations (CBOs). Using a mobilities perspective, which emphasizes movement as well as its opposite, nonmovement, our analysis explores a new concept of "post-migration" mobility and stoppage and how these are influenced by social location, role of CBOs and agency. Five distinct experiences of mobility emerged from the interview data, illuminating factors that make important contributions to immigrant mental health and well-being through processes of inclusion and exclusion.

Latinx/@ Immigrants in New Mexico

More than half of New Mexico's population identifies as Latinx/@. In 2015, one in 10 New Mexicans was foreign-born, with the majority (76.9%) from Latin America. Of that group, 70% were born in Mexico. Mexican immigrants in New Mexico primarily originate from the northern region of Mexico (Migration Policy, 2020). Consistent with national trends, other Latinx/@ immigrants in New Mexico are primarily from Central America and are often driven to migrate because of conflict and violence in their home countries. In addition to the 10% of the New Mexico population born in another country, another 11% are native-born U.S. citizens with at least one immigrant parent (American Immigration Council, 2017). More than one third of immigrants in New Mexico are naturalized U.S. citizens, whereas over 50,000 children in New Mexico live with at least one family member who is undocumented. At least 6,000 people with Deferred Action for Childhood Arrivals status reside in New Mexico. Foreign-born residents are vital members of New Mexico's labor force, with immigrants accounting for over 37% of the state's fishers, farmers, and foresters, and 18% of employees in the construction industry.

Immigration-Related Stressors and Protective Factors for Mental Health

Immigrants face numerous stressors throughout their lives that impact their mental health, including premigration (e.g., major life events, high poverty), migration (e.g., unsafe and stressful migration experiences), and postmigration (e.g., discrimination, neighborhood factors, family reunification, linguistic isolation) experiences. Scholars have applied this three-phase analysis of immigration processes specifically to Latinx/@ immigrants in the United States (Ko & Perreira, 2010; Ornelas & Perreira, 2011; Perreira & Ornelas, 2013). Each phase involves unique stressors that place individuals at an increased risk for trauma-related psychological symptoms and other mental health problems (Ornelas & Perreira, 2011).

Depending upon immigrants' circumstances, premigration stressors might include exposure to violence, lack of access to adequate food and education, discrimination based on race, ethnicity, language, sexual or gender identity or other aspect of social identity, and loss of and/or displacement from family, friends, and commu-

nity. These experiences are associated with social isolation and communication difficulties for Latinx/@ immigrants (Li, 2016) and predict the degree to which immigrants experience acculturative stress (e.g., feelings of guilt, employment difficulties, and language-based discrimination) once they are in the United States.

The major stressors that Latinx/@ immigrants face during migration may also include physical hardships during the journey, dealing with exploitative individuals ("coyotes"), high expenses that must be paid to coyotes and/or Mexican police, and the fear of detention or family separation by the U.S. border patrol (Guarnaccia, Martinez, & Acosta, 2005; Sabo et al., 2014). Other traumatic events during migration include sexual or physical violence or robbery (DeLuca, McEwen, & Keim, 2010; Moynihan, Gaboury, & Onken, 2008; Ornelas & Perreira, 2011). Undocumented immigrants are at particular risk for hardships during their migration journeys (Perreira & Ornelas, 2013; Sladkova, 2007). Forms of violence experienced by undocumented migrants include those associated with threats, verbal abuse, arbitrary detention based on ethnicity, as well as physical and sexual violence, all of which have been shown to affect migrants during their transit to the United States (Infante, Idrovo, Sánchez-Domínguez, Vinhas, & González-Vázquez, 2012). In addition, family separation and fear of deportation among undocumented immigrants can further compound the effects of trauma (Perreira & Ornelas, 2013; Phipps & Degges-White, 2014).

Upon entering the United States, immigrants are at risk for exposure to several additional hardships, which increase the likelihood they will experience psychological distress. For example, Kim (2016) found postresettlement stressors such as unemployment, everyday discrimination, and limited English ability were significantly associated with negative mental health outcomes for both Latinx/@ and Asian immigrants. Postmigration experiences of living in difficult neighborhood conditions further increase the potential to develop symptoms of posttraumatic stress (Perreira & Ornelas, 2013). As an economically disadvantaged group, Latinx/@ immigrants in the United States often find themselves segregated into more impoverished, high crime neighborhoods and schools (Charles, 2006; Oropesa, 2012). Furthermore, perceived racial-ethnic discrimination acts as a social stressor, making some immigrants and ethnic minorities feel threatened and powerless, which can lead to poor health and mental health outcomes (Flores, Tschann, Dimas, Pasch, & de Groat, 2010). In fact, some have argued that ethnic-based discrimination is another form of chronic trauma faced by immigrants (Bryant-Davis & Ocampo, 2005). Racialization experiences (the process by which others ascribe an individual's racial, ethnic, or social identity) have a negative effect on Latinx/@ health and mental health (López et al., 2018; Guzman & Sanchez, 2019). Latinx/@ racialization patterns have shifted in response to the recent political climate that has linked racial minorities with social problems, resulting in increased distress (Mora, 2014).

Limited English proficiency and linguistic isolation are additional postmigration stressors that are associated with poor mental health among immigrant populations (Ding & Hargraves, 2009; Kim, 2016; Zhang, Hong, Takeuchi, & Mossakowski, 2012). Latinx/@ immigrants may be vulnerable to social isolation when they lack English-language skills (Alegría et al., 2007). Limited English is also a barrier to accessing health care and employment, educational attainment, and navigating through the legal system (Casey

& Dustmann, 2008; Bleakley & Chin, 2008). In addition, recognizing and appropriately addressing mental health among immigrants' poses challenges because of differences in language. Language issues are of particular concern for Latinx/@ immigrants because, according to U.S. Census data, 73% of the Latinx/@ population 5 years of age or older spoke Spanish in the home (U.S. Census Bureau, 2017).

Although Latinx/@ immigrants often face numerous stressors pre-, during, and postmigration, there are important factors at the individual, family, and community levels that are protective against poor mental health outcomes. For example, a growing body of research has found positive associations between familism (i.e., a strong connection and loyalty to family), social support, and mental health (Kuperminic, Wilkins, Roche, & Alvarez-Jimenez, 2009; Alegría et al., 2007; Perreira & Ornelas, 2013). At the community-level, there is increasing attention to CBOs as uniquely positioned to support immigrant mixed-status families because they have a visible and credible presence in the community (i.e., staff share cultural values and speak the language), have partnerships with multiple community resources and other organizations, and provide a form of *de-facto* mental health support by advocating and connecting immigrants to critical agencies and resources (Rusch, Frazier, & Atkins, 2015). CBOs are touted as providing culturally responsive services, while focusing on capacity-building and empowerment (Foster-Fishman, Berkowitz, Lounsbury, Jacobson, & Allen, 2001; Hardina, 2006). In addition, the presence of CBOs can buffer against the effects of migration losses, isolation, and discrimination (Cordero-Guzman, 2005; de Leon, Maronick, De Vita, & Boris, 2009), and scholars have suggested CBOs develop networks across social sectors and ethno-cultural groups to address complex mental health needs among immigrants in the United States (Reitmanova & Gustafson, 2009). For example, Organista and Ngo (2019) found that culturally sensitive community resources help Latinx/@ workers mitigate discrimination related distress.

A Mobilities Approach to Understanding Immigration Trajectories of Latinx/@Latinx Immigrants

Transnationalism, or the social, economic and political linkages between people, places, and institutions crossing nation-state borders and spanning the world (Vertovec, 2009), has influenced migration scholars to problematize linear or dichotomous frameworks such as pre- and postmigration, looking instead at complex mobilities of people influenced by multiple factors in their movement. That focus applies to our analysis, and although we are reporting on research conducted in a "postmigration" context, we want to emphasize the transnational nature of Latinx/@ experiences in the United States, where movement and linkages across borders are both constant and shifting (Boehm, 2012; Smith, 2005).

A focus on mobilities is important in theorizing migratory and settlement experiences of Latinx/@ immigrants in the United States. Attention to mobilities first arose with sociologists in the 1990s (e.g., Castells, 1996; Urry, 2000) but has influenced many fields, including anthropology (Augé, 1995; Clifford, 1997), geography (Cresswell, 2011), environmental studies (Sheller & Urry, 2006), and feminist scholars (Kaplan, 1996). Anthropologists and

others have applied mobilities in transnational frameworks to engage in a "follow-the-people" form of ethnography (Clifford, 1997). However, mobilities can be applied beyond the movement of people to examine the contexts in which they move (and stop), as well as social inclusion and exclusion within particular places and times (Bravo-Moreno, 2009; Cass, Shove, & Urry, 2005).

Our emphasis on mobilities considers both movement and stopping, while at the same time, it avoids privileging notions of boundedness and being sedentary. A mobilities focus is helpful, because while we are interested in exploring the experiences of Latinx/@ immigrants in the U.S. context, we do not want to conceptualize this as a period of stoppage after movement. It is important to use a wider lens that takes into account the contexts that precede, inspire, and constrain movement. We also consider the conditions within the U.S. social context that cause movement (in many possible forms, including both back to country of origin by choice or by force, and the murky area in between). In addition, we recognize not just physical movement of people, but also conceptualize mobilities as pertaining to social inclusions and exclusions.

Resettlement experiences after migration are strongly affected by policies, practices, and opportunities of the new context as well as community organizations that support migrants in legal and social aspects of their adaptations (Beiser, 2009; Palinkas et al., 2003; Pumariega, Rothe, & Pumariega, 2005). Economic policies, climate change, elections and immigration policy, media and health care access all shape migrant decisions related to moving and stopping (movement, especially for undocumented people, is more severely constrained than ever), and various forms of return, both voluntary, so-called voluntary, and forced, have become an integral part of 21st century migration policies (Boehm, 2012). All of these forces impact the degree of inclusion and/or exclusion that immigrants experience within the United States and thus their mental health and well-being.

Current Study

Based on the increasingly hostile U.S. context and its impacts on Latinx/@ immigrant mental health, we wanted to understand well-being and agency among Latinx/@ mixed-status immigrant families. We approached this work using a participatory research framework that included CBOs as central partners in efforts to analyze how the U.S. context, immigrant social location and agency, and the involvement of CBOs impacts inclusion and exclusion trajectories of Latinx/@ immigrants, with particular attention to structural and sociocultural factors.

Method

The Immigrant Well-being Project Study

The Immigrant Well-being Project (IWP) is a community-based participatory research effort to (a) develop community-university partnership and capacity; (b) better understand the mental health of Latinx/@ immigrants and how it is impacted by stressors at multiple levels; and (c) improve the mental health and well-being of Latinx/@ immigrants by collectively responding to the increasingly toxic environments they face in the United States. The IWP

includes a multilevel social justice intervention model adapted from the Refugee Well-being Project (RWP), which involves bringing together university students and newcomer families to engage in mutual learning and mobilization of community resources together for six months to reduce newcomers' stressors, increase protective factors (e.g., social support, English proficiency), make communities more responsive to newcomers, and ultimately improve newcomer mental health. The RWP was first developed and implemented in 2000 in Michigan and has been implemented in New Mexico since 2006. Several studies of the RWP intervention model have demonstrated multiple positive outcomes for refugee participants (Goodkind, 2005, 2006; Goodkind et al., 2014; Goodkind et al., 2020; Hess et al., 2014). The study of the adaptation, implementation, and outcomes of the IWP model with Latinx/@ immigrants is a core research project of the Transdisciplinary Research, Equity, and Engagement (TREE) Center for Advancing Behavioral Health at the University of New Mexico. The TREE Center is one of 12 institutions across the United States funded by the National Institute on Minority Health and Health Disparities to address health inequities, nurture community partnerships, and mentor a new generation of underrepresented scholars.

IWP aims to reduce mental health disparities and underlying social inequities experienced by Latinx/@ immigrants using a community-based participatory research (CBPR) approach. Thus, we began the project by establishing a strong partnership with four community organizations working to help Latinx/@ immigrants thrive in New Mexico. Founded in 2011, Centro Sávilá ensures access to linguistically and culturally relevant, quality mental health and preventive services in Albuquerque's South Valley and International District. The clinic provides a range of behavioral and health care services to Spanish-speaking immigrants, regardless of their immigration or socioeconomic status, within a holistic framework to create a healthier, engaged, and equitable community. Their community health worker program is in collaboration with University of New Mexico Pathways and Bernalillo County to connect immigrant families to resources thereby enhancing their well-being. *Encuentro* has been working to strengthen immigrant parents, families, and communities in New Mexico since 2014. They offer adult education, career development, and home health aid classes with a strong focus on leadership development, collective transformation, and community engagement. They aim to build skills for economic and social justice. New Mexico Dream Team (NMDT) is part of the United We Dream national network working in New Mexico to empower multigenerational, undocumented, LGBTQ+, and mixed status families to build power and uplift immigrant, queer, and communities of people of color. They engage, empower, and mobilize youth to advocate for positive policy changes at the local, state, and national levels, thereby dismantling systemic oppression. New Mexico Immigrant Law Center was created in 2010 so that all New Mexicans, regardless of immigration status, can achieve their full potential with respect and dignity. They provide access to legal services, advocacy, and education within a cross-institutional, intersectional, and collaborative approach, increasing civic engagement of the immigrant community. They aim to achieve justice and equity for low-income immigrant communities. The directors of each organization identified key personnel who had interest and fit for this project, given topic and capacity. The community research

team members had a range of organizational roles (reflecting the different organizations' missions), including community health workers/navigators, counselors, attorneys, and community organizers. These key members from all four organizations participated in the design, recruitment, implementation, data collection, analysis, and evaluation processes of this project.

In-Depth Interviews

The first stage of the IWP study was to conduct an in-depth examination of the mental health needs, stressors, current political/economic/social context, and local solutions as experienced by 24 Latinx/@ recent and nonrecent immigrants and their families. Although most people in the study were of Mexican origin, we included Spanish speakers from Central and South America as well. Given our interest in the role of CBOs, the recruitment process began with families who were involved with partner organizations. We used a purposeful sampling strategy to gather information-rich cases based on specific criteria we jointly agreed upon, including age, gender, and involvement in the four IWP partner organizations. Our community partners led in the selection of participants given their close familiarity with families and there was extensive discussion on the selection of families during team meetings. Participants included 15 women and nine men. Twenty-two were from Mexico, one from Central America and one from South America. Participants' socioeconomic status (SES) was not collected directly, but low SES status can be assumed since they were receiving services from community organizations who provide access to services based on income and resources. The research was approved by the University of New Mexico's Office of the Institutional Review Board (Protocol #22217; Study Title: Addressing the Social-Structural Determinants of Mental Health through Adaptation of a Transdisciplinary Ecological Intervention Model for Mexican Immigrants).

Community and academic team members codeveloped the semi-structured interview guide. Participants were asked about their views of health and well-being, experiences with accessing health care on both sides of the border, and ways of coping with stress and trauma, and the use of any services from community organizations in the partnership. For example, we asked "What were your expectations of life in the United States before you arrived? Have those experiences been similar or different to your expectations? Similar, how? Different, how? Why?" Data collection occurred between March and May 2018. Two bilingual graduate research assistants conducted the interviews in Spanish at the organizations where families had been recruited, to facilitate trust and an open honest dialogue. Participants were given the opportunity to do the interview in English or Spanish, but only one chose to complete the interview in English. We furthermore intentionally paired male interviewers with men and female interviewers with women. All interviews were digitally recorded, and each participant received \$25 for their time. The interviews ranged in length from 41 to 99 min, with an average length of 62 min. All 24 were professionally transcribed.

Data Analysis

The research team held a retreat in June 2018 to initiate the process of collaborative data analysis. Our guiding analytic re-

search questions were (a) What individual, family, community, and structural factors have impacted Latinx/@ immigrants' integration experiences in the United States?; (b) How have local, state, and national contexts shaped Latinx/@ immigrants' experiences and how does their impact differ based on individuals' identities and social locations?; and (c) How have Latinx/@ immigrants coped with and resisted the current hostile climate and policies? The team decided to primarily conduct analyses in Spanish; however, 25% of the interviews were translated into English (six transcripts) because two of the research team members could not speak Spanish. Each of the 15 research team members (four university faculty, one research coordinator, two graduate students, and eight community organization staff) was assigned a different transcript to read prior to the retreat. Our team offered a unique lens through which to analyze this data given the inclusion of faculty, staff, and students from the University of New Mexico and our community partners from the four organizations. We are a team with diverse statuses (U.S. citizens, Lawful Permanent Resident (LPR), people with DACA, and undocumented immigrants). A majority of our team are bilingual native Spanish speakers who are immigrants or children of immigrants. This was both an advantage in terms of empathizing and connecting with research participants' narratives, and also a challenge to ensure that all research team members had support and opportunities to process their own experiences.

Based on Hallett et al. (2017), collaborative participatory method, which uses indigenous ways of knowing, we built upon the important component of keeping the transcripts in immigrants' native language, by asking analysts to engage with the feelings evoked from reading interviews that described experiences that were often shared by many research team members. During the retreat, we asked research team members to go around the table and share with the group their answers to the following questions they had received ahead of time: (a) What stood out to you in the person's interview? (b) What touched your heart? (c) If you were to develop a program/intervention for this person to help improve their health and well-being and assist them in their settlement process, what would that look like? Each research team member shared the story of one participant (from the interview transcript they had read), which was very moving as together these narratives built a picture of individuals who make up a community, giving both an individual and collective sense of the adversity they faced and the strengths that they demonstrated in everyday life.

A second data analysis retreat followed in July 2018, where, with interview participants' permission, the team listened to key sections of audio from interviews and discussed how listening versus reading transcripts contributed to the analysis, as well as furthered interpretation of the data. Two interviewees participated in the discussion, and "talked back" to the team's interpretations. Their remarks contributed to the process in important ways. Building on the insights and developing framework that emerged from the retreat, the team implemented a third round of data analyses to ensure thorough examination of all complete transcripts. To accomplish this, academic partners trained all community research team members on qualitative data analysis processes in NVivo 12. Four university members of the coding team coded the full transcripts, finalized the codebook for several weeks, and met weekly to regroup, merge, delete, and define nodes. The codes were largely descriptive and bilingual, beginning with Spanish, fol-

lowed by English translations, for example, "Salud, Health" and "Familia, Family."

Next, community research team members were invited to participate in memo writing. Memo writing allowed the research team to further interrogate and explore thematic nodes. Focused coding and memo writing are two key features of constructivist grounded theory methodologies and are amenable to collaborative processes (Charmaz, 2014). Keeping the data in Spanish enabled community research team members who were Spanish-dominant to fully participate in the processes. Four transcripts were translated into English from Spanish to allow those who preferred to analyze in English that option. Academic partners trained four community research team members on memo writing techniques and led the group in determining priority themes to explore through memo writing. Memos were written on prominent themes and themes the group deemed to be key to the analyses. Memos explored the extent of a theme and the range of meanings, allowing us to further define and explore each theme and how it connected to other themes.

Finally, 10 research team members who helped with memo writing (four faculty, one graduate student, one undergraduate student, and four community organization staff) met for a third data analysis retreat in May 2019. We reviewed the 30 most important memos, which were built on key themes or ideas identified by community and university partners (e.g., metas/goals; barreras/barriers; integración/integration; salud/health). The team selected these 30 memos as being most relevant to our key research question around immigrant integration. The goal was to start to sort our categories. All members were asked (a) What confirms what you already know about this category? What are the core ideas?; and (b) What demonstrates the core idea (including key quotes)? We emphasized words and phrases used by participants to stay close to their perspectives and further our analysis, such as *me da mucho miedo de que me agarre la migra* (very scared that ICE will grab me) and *de que me echen para mexico y me separen de mi familia* (kick me out and separate me from my family). Instead of saying deportation or family separation to describe their experiences, we used their language—*agarre, echen, and separen*—because these phrases are verbs, something is being done to them instead of nouns devoid of emotion and phrased as nonpolitical events. During our in-depth discussion of the memos, we moved even further from descriptive analysis to a shared realization that participants' stories revealed "mobilities," or different trajectories of inclusion and exclusion within their postmigration experiences that were shaped by structural constraints (namely immigration policies and practices), interactions with CBOs, and individual social locations and acts of coping and resistance. The result of this entire multistaged qualitative data analysis process revealed layers of meaning that would not have been uncovered without the genuine participation of all research team members and the recognition of the important role of researchers' affective responses in data analysis (Hallett et al., 2017).

Results

Five distinct trajectories of postmigration integration and mobility emerged from our analyses, each one shaped by individuals' social locations, their interactions with community-based organizational agencies, and other decisions and actions they took that

expressed their own agency (including resistance and coping), all within the constraints of the current legal, social, and political context for immigrants. In descending order from most to least common, we found that participants experienced the following trajectories of mobility within the United States: continuous inclusion (8), simultaneous inclusion and exclusion (6), continuous exclusion (5), movement from exclusion to inclusion (3), and movement from inclusion to exclusion (2).

Continuous Inclusion Trajectory

Eight of the 24 participants described trajectories of continuous inclusion, which were characterized by feeling connected to other people and organizations, having a viable job or source of income, participating in community activities, and describing their life in the United States and their well-being as primarily positive. However, it is important to note that immigrants who described trajectories of continuous inclusion were not necessarily immune from experiencing challenges and barriers.

Social location. Most of the participants who had continuous inclusion mobility trajectories came to the United States with legal status and were currently either legal permanent residents or U.S. citizens. This status enabled their initial and continued inclusion in the United States and access to higher education, which was also a common thread among these participants. For example, after coming to the United States, Carlos² obtained his GED, was promoted in his job into a leadership position, and was now able to financially provide for his family. He said, “It was an expectation that I did not even have, but it was something very good for me and for my kids that you can graduate with hard work.” His ability to advance himself in the United States was significant for his inclusion trajectory. Similarly, Franco reported feeling very much a part of his community and fortunate to have received scholarships in the United States that enabled him to pursue higher education.

Role of CBOs. Another key theme that emerged across these eight participants was the ease by which they were able to tap into and use resources through CBOs. Christina, for example, came from Mexico about four years prior to the interview and shared what she would tell other immigrants, “I would tell them that it is a good move, it is safe, it is a safe city, and it is a sanctuary city. There are a lot of resources that one can access.” As a legal permanent resident, she was able to access the health care services her son needed. Another participant, Linda, migrated to the United States with her two daughters, fleeing violence in Mexico. She described how imperative a CBO had been for her and her family’s success in the United States: “Here at Encuentro, they have always supported us, always, always . . . At Encuentro, every time we have a problem, we come to talk to any of the girls.” Linda benefited from taking English classes at Encuentro; she also engaged with and used resources from other CBOs including a community college, which helped her feel included and thrive in the community.

It is undoubtedly the case that documentation facilitated accessing resources, but we found that even among some undocumented participants whose experiences fell within this category, CBOs played a vital role by creating a sense of community and belong-

ing. José described how organizations’ networks made a big difference for himself and his family in his trajectory of inclusion. He arrived in the United States when he was just 8 years old and had a work permit. Until recently, his family would travel back and forth from Mexico. At the time of his interview, he and his family were living in the shadows, but because of his strong connection with two CBOs, he felt a sense of belonging to a larger movement helping to change the current political climate:

With everything that is happening at the national political climate, it all weighs on one, but it has also opened up opportunities meeting people who are fighting against everything that is happening. It has given me the opportunity to find people like the [New Mexico] Dream Team, or the [New] Mexico Immigrant Law Center, who I think are helping me a lot to develop not only professionally, but personally as a person too.

As a result of these two CBOs, José found his voice and a sense of opportunity. He no longer felt as though he had to live in the shadows and be silent, but instead could be an advocate for himself and his community by going to the state capital and being part of policy change.

Agency. Experiencing an inclusion trajectory did not eliminate barriers for these participants. Yet, despite challenges, they worked to resist many aspects of the hostile environments they were experiencing. For example, Christina and Linda both mentioned struggles with their limited English abilities, but they had the means by which to learn English and keep practicing. Further, many participants with continuous inclusion trajectories included individuals who were able to go back and forth between the United States and Mexico because of their legal status. Christina spoke about how she was concerned about leaving the country and not being able to enter again because she had used many health and social services for her son and was not sure if this would be held against her.³ Despite such real concerns, she remained mobile. In addition, Carlos worried about his children’s experiences with racism and discrimination in the school system and felt unable to prevent these or help his children cope, but at the same time, he took an active role in talking with them and trying to get them to remain strong and grounded in their culture. Thus, despite facing difficulties, participants with trajectories of continuous inclusion were persistent, employed active resistance and coping strategies, and remained integrated in their communities.

²All names have been changed to protect participants’ confidentiality.

³This concern was related to President Trump’s Public Charge rule. The U.S. Supreme Court allowed the DHS changes to take into effect nationwide starting February 24th, 2020 that (a) cause immigrant families to fear accessing health care, nutrition, and housing programs and (b) limits legal immigration for those who are not white and wealthy. Public charge now includes several non-cash benefits (e.g. SNAP, Medicare Part D, and Housing vouchers) in addition to cash assistance benefits. There are multiple litigations pending and injections ongoing. The Protecting Immigrant Families campaign generated over 260,000, an unprecedented, number of public comments in opposition with over 300 public and private partner organizations support.

Simultaneous Inclusion and Exclusion Trajectory

Six participants simultaneously experienced inclusion and exclusion in the United States. Three main themes emerged from this group of participants: (a) lack of discrimination experiences, (b) ability to find a community, and (c) having a better life in the United States than in Mexico. The current political climate, however, limited the ability of this group of participants to thrive because of their mixed-status families; thus, they experienced a combination of successes and challenges at the same time.

Social location. All of the participants in this group except one were part of mixed-status families, which led to trajectories of simultaneous inclusion and exclusion. For example, Julia, while undocumented herself, felt a sense of relief that her daughter had legal permanent resident status. Stephanie, on the other hand, had legal status, but her father was in removal proceedings, which had been traumatic for herself and her family. In another case, Joshua was one of four siblings who were all born in the United States. However, Joshua's parents were undocumented and so his experience consisted of simultaneous inclusion and exclusion. He and his siblings were able to access services, but if his mother got sick or his father lost his job, they did not know what they would do. Finally, Jazmin described experiencing this tension within herself because she was a DACA recipient, which brought some relief, but as a temporary status, she remained in a precarious state within the current political climate. Jazmin was constantly worried and felt personally attacked by President Trump.

Role of CBOs. CBOs provided some assistance to participants in this group, but given the significant range of services needed at the family level, there were structural barriers that could not be overcome. For example, when Sara first arrived in the United States, she did not understand the system and struggled with accessing services. Enlace Comunitario, a local CBO that works with families who have experienced domestic violence, was an excellent resource as she learned how to navigate bureaucracy and get the help and resources she needed. However, the organization was unable to find her employment outside of her current precarious contracting work that had no health care or other benefits. The current structural limitations of the kinds of work available for undocumented workers remain a challenge. Stephanie found her voice and power through the NMDT, where she was able to tell her story and obtain a clear path and concrete support to work toward her law degree. However, the NMDT could only do so much to provide support to DACA recipients such as Jazmin, whose dream is to become a lawyer. The precarious nature of DACA remains a structural limitation; the programs' fate (and thus the fate of the more than 660,000 DACA recipients) is currently in the hands of the U.S. Supreme Court.

Agency. Some participants in the mixed group had experienced discrimination, but they felt that living in New Mexico provided a buffer from discrimination compared to other places in the United States, thereby promoting their resiliency and agency. Resiliency involves processes through which people experience positive outcomes despite adversity. On one hand, Julia reported

never experiencing any sort of discrimination or racism in the United States. She felt she had been able to accomplish more in the United States than she ever could have in her home country. Conversely, Stephanie and Joshua both experienced discrimination and racism in other states, but not in New Mexico. Stephanie, for example, lived in Arizona for some time and as a young girl vividly remembered parents of other children telling them not to play with Mexicans. For many, the negative experiences were less severe in the state of New Mexico and therefore they felt welcomed and less frequently "othered" because of their race. Overall, participants with simultaneous inclusion and exclusion experiences described life in New Mexico as better than the lives they experienced in their home countries for a number of reasons, including lack of violence and improved access to medical care.

Agency within this category is complex because the participants experienced a delicate tension between balancing their own needs and that of their family. For example, while Miguel would have liked to pursue his own education and leave the state, he was well aware that his undocumented parents needed him and his sibling to protect them. His mother did not have a driver's license, and if anything prohibited the father from working, the family would quickly enter a financial crisis: "Like right now we have a phone bill that we have to pay soon. And we're just stressing over that because we do not have money. We have money to buy food. Pay some bills to like a portion and that's about it."

Ensuring the basic necessities for survival was a real concern for his mixed-status family. Although Miguel was documented, his dreams and aspirations were shaped by his family's circumstances and lower socioeconomic status. The threatening climate and fears for his family directly influenced his health and mental health. However, a characteristic of many participants with simultaneous inclusion and exclusion trajectories was the strong support systems they had established with family and friends, which helped them cope with stressful circumstances.

Continuous Exclusion Trajectory

Five participants followed a trajectory of continuous exclusion. This was characterized by lack of access to jobs, health, education, and other opportunities, which made it difficult to thrive in a new country. In addition, immigrants with exclusion trajectories were socially isolated and not well-connected to family, friends, or organizations.

Social location. A majority of respondents within this category were undocumented, which was one of the primary drivers of their disconnection from resources and social support. Staying within a state of exclusion also seemed to be related to a high degree of trauma exposure in their home country, including domestic violence, sexual abuse, child abuse, and murder. Although a few people within this category had DACA, they were very aware that this was a temporary and precarious status (particularly after Trump's election) and thus these individuals' experiences continued to reflect a lack of mobility in being able to thrive or integrate in the United States.

Stress related to immigration status emerged as a common theme among this group of participants, particularly pertaining to discrimination because of socioeconomic status and being undocumented. Rena spoke about how her partner experienced discrim-

ination within the hospital setting because he did not have a social security number, and therefore, the hospital did not want to treat him. Life for Rena had been difficult; she described needing to work on her mental health. She said, "I am in the process of trying to change because my family and I have a lot of feelings such as frustration, anger, and sadness." Her aspirations of having a career in the United States were unrealized and her well-being was jeopardized by her socioeconomic and immigration status. In another similar case, Luis described how when he was diagnosed with cancer, he lost his home, car, family, and job. Because of his undocumented status, employment had already been a challenge for him, having experienced both wage theft and discrimination. Luis said, "You realize that any accident that you have, they only kick you and fire you like a dog or worse." The bills to be paid were overwhelming for him, and at times he felt worse off in the United States. Another example of the continuous exclusion trajectory was described by Fernando, who talked about expressions of hate he experienced related to race, culture, immigration status, and religion in the United States. His experiences with racism and discrimination in the workplace were related to his undocumented status and made it difficult for him to find stability to be able to survive in his new home country.

Role of CBOs. Interestingly, CBOs played an active role in these participants' lives too, but CBOs were not able to surmount the larger structural constraints faced by many undocumented or mixed-status families. For example, Susan noted that in Mexico, she had access to health care, unlike in the United States. Although, Centro Sávila helped her access cancer treatment and provided support to address her depression, her encounters with the health care system during her treatment were rife with discrimination experiences due to her immigration status. Fernando's undocumented status as a child led him to quickly learn that answering the door was not safe, which had a negative effect on his mental health with feelings of fear and uncertainty - an experience he felt no one else could relate to. Documentation status and finances were important factors in having access to health care. Although NMDT had been a major support for him, he continued to struggle with work and his well-being. Immigration status was not only a barrier to accessing resources that negatively affected participants' mental and physical health but was also a barrier to receiving CBO support because organizations faced structural barriers when offering support to undocumented people, thereby limiting inclusionary experiences of many immigrants.

Agency. Within this group of participants, lack of health care access due to undocumented immigration status was a major driver of exclusionary trajectories. Despite such challenges, this group of participants developed coping mechanisms to survive but not thrive—meaning that they were persisting but not able to prosper and flourish in the United States. Agency among members of this group was further limited because of lack of institutional knowledge around rights as an undocumented immigrant to even begin to combat discrimination or racism. For example, shortly after arriving in the United States, Claudia fell into a depression when her boyfriend died in a car crash. In her interactions with the medical system, she experienced a lack of cultural competency (she could not find anyone with whom she felt comfortable, who could speak Spanish, or who was able to understand her experi-

ences). Furthermore, though she was highly educated in her home country, she was unable to use her knowledge or experience in the United States. Her lack of institutional knowledge or social-cultural capital to navigate in the United States led to more feelings of depression, which she ascribed to the high degree of uncertainty and lack of autonomy she faced. She stated, "When I resolve my immigration status. . . I do not care about the salary or other things but I do care about getting medical access." She remained hopeful that someday there would be a pathway to citizenship or legal permanent residency, which would help her to gain access to health care and enhance her well-being overall. In another example, Eduardo wanted to know more about the laws and his rights in the United States but was inhibited from exercising agency to learn these and perhaps resist unfair treatment by the fear and real dangers of being undocumented that led him to remain quiet and uninformed. His experience highlights one of the ways in which an individual's agency during this current climate of deportation and demonization was further limited.

Movement From Exclusion to Inclusion Trajectory

Three participants described movement from exclusion to inclusion during their time in the United States. In these cases, CBOs aided their mobility through helping them gain skills, know their rights, and self-advocate for a better life. However, it is important to note that the political climate affected the degree of inclusion experienced by each of these participants. All reported stress when they thought about their immigration status but their relationship with CBOs kept them resilient.

Social location. It is notable that these participants were all women, specifically women who arrived in the United States in a partnership or household affected by domestic violence. All were able to leave these relationships after coming to the United States. While this change was not immediate, after some time in the United States, they came to understand that: (a) all immigrants have rights, (b) there is support for people experiencing intimate partner violence in the United States, and (c) their children would be safer if they were not living with perpetrators of violence. Even though one participant, Mariana, had legal permanent residency, all three had fears and concerns about their immigration status.

Role of CBOs. The role of CBOs in these women's trajectories from exclusion to inclusion is illustrated in the paths they took to end domestic violence in their lives. Mariana shared that when she first arrived in the United States, she did not have a good understanding of how things functioned, and she felt alone when the father of her children would threaten her with deportation. As a woman, she felt as though she has failed in her marriage, but after accessing resources through her child's school, a psychologist helped her see she had the agency to leave the abusive relationship and had rights in this county. Through her time with Enlace Comunitario, she not only learned about resources, but also gained information-seeking skills for self-advocacy.

In another example, Lilly was sexually abused and experienced domestic violence in her home country. After coming to the United States, she was able to buy her own home and enroll in English classes with the assistance of several CBOs. She felt she was

treated better in the United States and had the ability to thrive as compared to when she lived in Mexico, where she saw no opportunities. Her fears as an undocumented women were overshadowed by the success she had thus far achieved in part because of her close positive relationship with her employer. Suzie shared a similar journey, stating that the first five years in the United States were the most difficult, but over time, she was able to access resources through involvement with several CBOs, which enabled her to become established. Suzie explained, “Well after that year, God gave me the opportunity to learn about programs, workshops, classes, adequate information that one by one formed like grains of sand to help me establish myself.” For Suzie, gaining the knowledge of where to go and developing strong relationships with key organizations was critical in her mobility trajectory.

Agency. For each of these participants, although they transitioned from exclusion to inclusion, their stress and worries about the political climate remained and, in some cases, had heightened. However, instead of feeling powerless, they focused on skills and resources they had gained that helped them to persist, resist, and cope. Having access and support from CBOs led all three participants to develop coping strategies to deal with the uncertainties they faced and use their power to help others. Mariana’s new confidence and ability to use what she learned from CBOs impacted other aspects of her life positively. For example, when her children had problems, she was ready to get involved and seek the help they needed, ultimately becoming a strong advocate for other children in her school system. She felt she owed a great deal to a CBO for empowering her, her family, and her larger community. Suzie, at the time of the interview, was actively informing other new arrivals of available resources and organizations in order to smooth the challenging initial period they were facing. She was passionate about sharing the help she had received with others. For these women, their families also kept them going and were the motivation for their agency to improve their lives.

Movement From Inclusion to Exclusion Trajectory

Only two participants experienced negative mobility from inclusion to exclusion. They both attributed their mobility in this direction to the worsening political climate. In particular, although they both had initially attained inclusion in the United States through their documented status, their movement to exclusion was characterized by increasing discrimination and racism as a result of the changed social and political environment following Trump’s election.

Social location. It is interesting to note that both people who moved from inclusion to exclusion were men. As male Latinos in the United States, their experiences of racism and discrimination heightened post-Trump due to rhetoric about dangerous Mexicans. Having documentation did not protect them from racism and discrimination. For example, Rick, despite having U.S. citizenship, felt excluded for a number of reasons, and these feelings increased over time. He felt as though he never experienced racism in Mexico because of his skin color. However, he had experienced discrimination in the United States based on race and his inability to speak English. Felipe had permanent residency

status but found the last few years very difficult. When he first came to the United States, he achieved the “American dream” in terms of opening his own business, but with time, he realized he did not have the preparation necessary to sustain the business, and his store had to close. As time passed, he experienced ageism. He had a hard time getting employment and had little to no savings, so retirement was not an option. Lastly, as an older Latino male with health concerns, he had a difficult time accessing care and getting medical services through Medicare.

Role of CBOs. Neither of the participants experiencing this trajectory had strong relationships with CBOs, but they did have access and were getting limited help. For example, through Centro Sávila, Felipe received assistance with filling out employment applications. They both mentioned other organizations that assisted them, including the university hospital system and Medicare and Medicaid. Since they both had legal permanent status, they were able to use a range of assistance with little trouble. However, they both talked about how, in recent years, accessing services has become more difficult and they used them less frequently. In addition, these participants had multiple jobs and cared for their families, which left little to no time to spend being involved in the community.

Agency. The participants who moved from inclusion to exclusion seemed to be discouraged by setbacks that had resulted from structural constraints, and thus were no longer as engaged in trying to create positive change for themselves or in resisting unfair policies and practices. Felipe was grateful that he arrived in the United States at a very young age, which allowed him to get his residency status and work for over 20 years, establishing a successful career. Although, the later part of his life had not been easy, he was glad that he came when he did because, in his view, current conditions made it harder for recent arrivals of all ages. For him, New Mexico was where he was able to buy a home and open a business, thereby fulfilling his desire to provide for his family. However, his agency was now limited because he was older and experienced ageism. Rick was similar, in that he too had been in the United States for over 20 years, during which time he was also able to obtain residency status via an amnesty period and then open his own business. Unfortunately, later in life, he experienced divorce, declining economic status, and poor health, which resulted in his marginalization in multiple aspects of his life and diminished attempts to change his circumstances.

Taken together, the 24 interviews with immigrants from mixed status families revealed complex and wide-ranging integration processes in the United States, which were shaped by individuals’ social locations, interactions with CBOs, and degree of individual agency in building connections, coping with adversity, and resisting constraining social conditions. One of the key aspects of participants’ social locations that impacted their mobility was their legal status. However, gender, marital status, education level, employment, socioeconomic status, health, and experiences of past violence were also central determinants of immigrants’ trajectories. CBOs figured prominently in participants’ experiences of inclusion and exclusion, although it was evident that CBOs’ ability to support immigrants was also limited by structural factors. Immigrants’ decisions and actions clearly contributed to their mobilities, but the interviews also highlighted the role of discrimination,

marginalization, and fear in inhibiting some immigrants' abilities and/or willingness to confront unfair policies and practices.

Discussion

The U.S. political context of increased uncertainty, discrimination, stigma, lack of access to resources, and fear of deportation and family separation have had a negative impact on Latinx/@ immigrants' mental health and well-being. By taking a mobilities perspective that emphasizes movement (and constraints on movement) within and across places, this study reveals the importance of social location, CBOs, and individual agency in shaping immigrants' experiences. Five trajectories of immigrant integration emerged from interviews with 24 Latinx/@ immigrants: continuous inclusion, simultaneous exclusion and inclusion, continuous exclusion, movement from exclusion to inclusion, and movement from inclusion to exclusion. Our findings highlight the way mobility occurs within the nation-state through phases of inclusion and exclusion shaped by external processes and structural constraints. In this way, we seek to illustrate the ways movement and transition are shaped by immigrants and CBOs, even in contexts of extreme constraint and the "violence of uncertainty" (Grace et al., 2018).

Social Location

Legal status emerged as a key aspect of social location and a determinant of inclusion and/or exclusion. Previous research has focused on legal status among Latinx/@ immigrants in terms of limited/restricted social mobility and increased experiences of discrimination/unfair treatment (Becerra, Androff, Cimino, Wagaman, & Blanchard, 2013; Cobb, Meca, Xie, Schwartz, & Moise, 2017). Our study confirms these findings and extends them by also demonstrating how legal status impacts immigrants' ability to access resources such as education, including scholarships, and medical care, which in turn affects economic stability (employment, income, housing) and community engagement. For those who were undocumented, being disconnected from resources (health, education, and other resources) and social support was a critical aspect of not feeling integrated into the broader community and society. However, the experiences of mixed status families were more complex because of the differential access to resources among family members. Yet, at the same time, stress related to precariousness and lack of access to resources was distributed across whole families.

In addition, even for those with legal status, discrimination and racism had a negative impact on inclusion and integration. Nearly all of the participants in this study reported some form of discrimination related to their race and/or immigration status. Our findings are consistent with previous research that has shown that experiences of discrimination are relevant (and in fact equal) for all Latinx/@ immigrants, regardless of documentation status (Lan-dale, Oropesa, & Noah, 2017). Immigrants who are "visible minorities" (not visibly part of the majority race) are more likely to have integration experiences (Reitmanova & Gustafson, 2009; Vasquez Guzman & Sanchez, 2019). This is because, historically, racial categorization has been rooted in racism and racial classification schemes that had an implicit or explicit relative ranking of various racial groups. Experiences of racial discrimination and

racism across domains (e.g., employment, housing) have significant negative impacts on both physical and mental health and have been noted to be of particular relevance for Latinx/@ immigrant populations. Prior research has documented that perceived discrimination is associated with adverse mental health outcomes among Latinx/@ (Alegría, Molina, & Chen, 2014; Torres & Wallace, 2013).

The trajectories of immigrants in our study also show the importance of examining multiple aspects of identity when considering processes of inclusion and exclusion. Intersectionality is a theoretical perspective that insists that identity cannot be reduced to one salient aspect or category; instead it recognizes that different aspects of a person's identity intersect and have different degrees of prominence and relevance in different social spheres (Crenshaw, 1991). We found that the intersection of gender, violence, and legal status was important in shaping immigrants' trajectories and their interactions with CBOs. Domestic violence, violence from the police, institutional violence, and lack of respect or inability to communicate in health care settings are all forms of violence.

Violence is intertwined with gendered migration experiences. It not only compels people to leave, but, as we have seen in this study, it often shapes life experience once in the United States. We found that Latinx/@ immigrants experience violence and trauma that contribute to exclusion at many different points throughout their lives. Many Latina women in our study found support for leaving domestic violence situations once they were in the United States, which enabled them to escape these situations and reconstruct their lives for themselves and their children. Another way in which CBOs were able to protect women from violence was through helping them obtain U-visas, which provide a work permit and temporary resident status for victims of domestic violence and trafficking, and ultimately a pathway to legal residency. This opportunity is made possible through the Violence Against Women Act.

Conversely, men in this study tended to be impacted by policy changes in very different ways. For example, most immigrants who described negative mobility or static exclusion (inclusion to exclusion and exclusion only trajectories) were men. Consistent with previous research, we found that changing notions of masculine social roles, combined with racist rhetoric that heightens fear of Latino men, contributed to increased discrimination and exclusion in the United States (DeLuca et al., 2010). These findings highlight the importance of supporting and engaging immigrant men in active efforts to resist these vilifying discourses (in partnership with CBOs) in order to positively influence their trajectories and improve their mental health. For many, the United States was a hoped-for refuge from violence in their home country. However, some immigrants continued to experience violence in the United States. Importantly, the intercession of CBOs was critical for reducing or ending violence in the lives of immigrants.

CBOs

Consistent with previous research, we found CBOs to be integral to immigrants' integration. CBOs play a critical role during all parts of the immigration process, impacting the social, cultural, political, and economic adaptation and incorporation of immigrants (Cordero-Guzman, 2005; de Leon et al., 2009). They have

also been found to provide culturally responsive services, focus on capacity-building and empowerment, and have visible and credible presence in communities (Foster-Fishman et al., 2001; Hardina, 2006). Our research supported these findings and revealed the critical role CBO's play in immigrants' social inclusion trajectories in the United States. Movement from exclusion to inclusion was often due to organizations' help; conversely, the absence of organizational support was evident among participants moving from inclusion to exclusion and those experiencing continuous exclusion. One of the striking roles of CBOs described in this study was their engagement in reframing broader hostile societal narratives to welcome immigrants, which in turn helped participants reframe their own integration through an understanding and insistence that rights are universal, and regardless of status, immigrants have basic human rights. This promoted immigrants' abilities to exercise their rights. Another notable finding of our research was that currently CBOs are operating within a sociopolitical context created by the harsh policies and racist rhetoric of the Trump administration and, at times, are not able to overcome these structural constraints to impact some immigrants' inclusion trajectories. The public charge rule implemented by the Trump administration has been a particular obstacle. Despite these challenges, CBOs were prominent in immigrants' descriptions of how they were able to become active agents in promoting their own well-being and integration in their communities.

Immigrant Agency and Resistance

Finally, we found that the majority of the participants in our study exercised agency and some were even resilient, but they did so within an ever-tightening environment of policy, economic and structural constraints, including inflammatory rhetoric and structural violence that limited agency in every aspect of daily life. Resiliency is a dynamic and multidimensional process through which people experience positive outcomes despite exposure to significant adversity. Strategies and processes among immigrants that increase social relationships, social capital, and social networks are all key adaptation strategies that reduce the negative mental health impact of immigration stressors (Alegría Alvarez & DiMarzio, 2017). A consideration of agency, or the ability of people to act within systems and structures that both facilitate and constrain action, (Ortner, 2006, 134), is essential when discussing immigrant mobilities. One way that immigrants express agency is through movement across borders; however, we found that there is also mobility postmigration within the United States, which involves the confluence of individual agency and structural constraints. Previous research has shown that many Mexican immigrants have coping mechanisms (e.g., extended family networks that are easier to maintain across borders) that reduce the prevalence of anxiety and depression (Alegría et al., 2008). However, with increased border enforcement, deportation, and other policies that limit transnational mobility, these social networks are compromised. Findings from this study suggest that rates of mental health problems will likely rise as the political climate around immigration continues to contribute to increased uncertainty and precariousness. Furthermore, low service utilization rates among immigrants will probably continue to worsen given the context around deportation, racial profiling, and experiences of discrimination in health care settings. Thus, our research highlights the importance of supporting mental health service models within

nonspecialty settings that build upon natural resources of individuals, families, and communities to reduce risk factors and improve outcomes for Latinx/@ immigrant families.

Implications for Policy and Practice

Scholars have demonstrated that policies that best protect migrants are those that address the multiple phases of the migratory process, including predeparture, travel, destination, interception, and return, with health and mental health intervention opportunities at every stage (Zimmerman, Kiss, & Hossain, 2011). Social support was a key driver of inclusion trajectories, especially for mixed-status families where there were differing needs, aspirations, and level of agency that could be either a negative or a positive force on long-term outcomes. Thus, innovative programs and processes that increase social support for immigrants within the contexts of fear and uncertainty they are experiencing are essential. Our findings also suggest the importance of increasing support for CBOs because of the important roles they play to help immigrants access resources, build social support, and facilitate communities to cohere in the face of toxic politics and policies. However, it is also important to consider the dangers inherent in the deterioration of civil society to such an extent that CBOs are the only or main way certain categories of people can participate. Although our research demonstrates the critical functions of CBOs, it is also essential to focus efforts on political, legal, and social processes that will ebb the tide of the increasing disenfranchisement of immigrants

Limitations and Future Research

Although our analysis of the experiences of 24 Latinx/@ immigrants as described by them through in-depth interviews revealed important insights about their inclusion and exclusion trajectories and well-being in the United States, further exploration of immigrants' perceptions of their own mobility trajectories is needed. Some research has been conducted in this area, such as Alcántara, Chen, and Alegría's (2013) study that found that postmigration perceptions of social mobility among Latinx/@ immigrants mattered for their ultimate integration trajectory; those who perceived downward social mobility had worse self-rated physical health with more inclusion challenges. Furthermore, our findings are likely relevant to immigrant mental health throughout the United States but must be understood within the specific geographic and temporal context in which participants were living. Comparative research that includes immigrants in different states is also important, as our findings demonstrated that this might affect their migration experiences and perceptions (e.g., participants described less discrimination in New Mexico than in Arizona). More research is needed to better understand how these comparative experiences affect inclusion and exclusion trajectories in the United States. Another important limitation to note is that we conducted the analyses for this paper in Spanish, but ultimately translated our findings into English. Despite careful efforts to maintain the integrity of participants' language and meanings, some nuances may have been lost. In addition, although we documented agency and resistance, future research should include a more systematic analysis of power and voice during the current political times.

Conclusion

Latinx/@ immigrants in our study described movement from social inclusion to exclusion, and vice versa, as well as stasis in inclusion or exclusion or simultaneous inclusion and exclusion, all of which were contextualized in current policies that criminalize and narrow the possibilities of immigrants, especially those who are unauthorized or from mixed status families. Importantly, we found that many immigrants are thriving and contributing to the United States, in spite of the hostile sociopolitical context. It is remarkable that so many immigrants had managed to create community and feel included, despite the many challenges and barriers they described. Although this study highlights the importance of CBOs in promoting individual agency and resistance, severe constraints were also evident, underscoring the need for broader social change around immigrant rights.

Migration is a global phenomenon that influences the health and mental health of individuals and populations. Our use of a mobilities perspective widens the lens beyond the movement of people to other entities and forms of movement (e.g., transport, the movement of ideas, capital, and media). We have applied it here to mobility postmigration, to examine social inclusion and exclusion, and our research suggests that increased restrictions on transnational movement for immigrants (including policies that induce fear and stoppage), decrease social mobility as well. These kinds of constraints and exclusions have profound effects on individual well-being, but also limit potential, as well as societal progress and change. Overall, our findings broaden conceptualizations of immigrant mobility to include a myriad of inclusion and exclusion experiences within countries of resettlement (in addition to across borders), which may contribute to efforts to develop new immigration narratives, bold and innovative ideas, and a determination to create safer and more inclusive communities for all immigrants in the United States.

Keywords: Latinx immigrants; mental health; mixed-status; community-based organizations; mobilities

References

- Alcántara, C., Chen, C. N., & Alegría, M. (2014). Do post-migration perceptions of social mobility matter for Latino immigrant health? *Social Science & Medicine*, *101*, 94–106. <http://dx.doi.org/10.1016/j.socscimed.2013.11.024>
- Alegría, M., Álvarez, K., & DiMarzio, K. (2017). Immigration and mental health. *Current Epidemiology Reports*, *4*, 145–155. <http://dx.doi.org/10.1007/s40471-017-0111-2>
- Alegría, M., Canino, G., Shrout, P. E., Woo, M., Duan, N., Vila, D., . . . Meng, X. (2008). Prevalence of Mental Illness in Immigrant and Non-Immigrant U.S. Latino Groups. *The American Journal of Psychiatry*, *165*, 359–369. <http://dx.doi.org/10.1176/appi.ajp.2007.07040704>
- Alegría, M., Molina, K. M., & Chen, C. N. (2014). Neighborhood characteristics and differential risk for depressive and anxiety disorders across racial/ethnic groups in the United States. *Depression and Anxiety*, *31*, 27–37. <http://dx.doi.org/10.1002/da.22197>
- Alegría, M., Shrout, P. E., Woo, M., Guarnaccia, P., Sribney, W., Vila, D., . . . Canino, G. (2007). Understanding differences in past year psychiatric disorders for Latinos living in the US. *Social Science & Medicine*, *65*, 214–230. <http://dx.doi.org/10.1016/j.socscimed.2007.03.026>
- American Immigration Council. (2017). *Immigrants in New Mexico*. Retrieved from https://www.americanimmigrationcouncil.org/sites/default/files/research/immigrants_in_new_mexico.pdf
- Arbona, C., Olvera, N., Rodriguez, N., Hagan, J., Linares, A., & Wiesner, M. (2010). Acculturative stress among documented and undocumented Latino immigrants in the United States. *Hispanic Journal of Behavioral Sciences*, *32*, 362–384. <http://dx.doi.org/10.1177/0739986310373210>
- Augé, M. (1995). *Non-places: Introduction to an Anthropology of super-modernity*. London, UK: Verso.
- Ayón, C., & Becerra, D. (2013). Mexican immigrant families under siege: The impact of anti-immigrant policies, discrimination, and the economic crisis. *Advances in Social Work*, *14*, 206–228. <http://dx.doi.org/10.18060/2692>
- Becerra, D., Androff, D., Cimino, A., Wagaman, M. A., & Blanchard, K. N. (2013). The impact of perceived discrimination and immigration policies upon perceptions of life among Latinos in the United States. *Race and Social Problems*, *5*, 65–78. <http://dx.doi.org/10.1007/s12552-012-9084-4>
- Beiser, M. (2009). Resettling refugees and safeguarding their mental health: Lessons learned from the Canadian Refugee Resettlement Project. *Transcultural Psychiatry*, *46*, 539–583. <http://dx.doi.org/10.1177/1363461509351373>
- Bleakley, H., & Chin, A. (2008). What holds back the second generation? The intergenerational transmission of language human capital among immigrants. *The Journal of Human Resources*, *43*, 267–298. <http://dx.doi.org/10.3368/jhr.43.2.267>
- Boehm, D. A. (2012). *Intimate migrations: Gender, family and illegality among transnational Mexicans*. New York: NYU Press. <http://dx.doi.org/10.18574/nyu/9780814789834.001.0001>
- Bravo-Moreno, A. (2009). Transnational mobilities: Migrants and education. *Comparative Education*, *45*, 413–433. <http://dx.doi.org/10.1080/03050060903184981>
- Bryant-Davis, T., & Ocampo, C. (2005). Racist incident-based trauma. *The Counseling Psychologist*, *33*, 479–500. <http://dx.doi.org/10.1177/0011000005276465>
- Casey, T., & Dustmann, C. (2008). Intergenerational transmission of language capital and economic outcomes. *The Journal of Human Resources*, *43*, 660–687. <http://dx.doi.org/10.3368/jhr.43.3.660>
- Castells, M. (1996). *The rise of the network society*. Malden, MA: Blackwell.
- Cass, N., Shove, E., & Urry, J. (2005). Social Exclusion, Mobility, and Access. *The Sociological Review*, *53*, 539–555. <http://dx.doi.org/10.1111/j.1467-954X.2005.00565.x>
- Charles, C. Z. (2006). *Won't you be my neighbor?* New York, NY: Russell Sage Foundation.
- Charmaz, K. (2014). *Constructing grounded theory: A practical guide through qualitative analysis* (2nd ed.). Thousand Oaks, CA: Sage.
- Clifford, J. (1997). *Routes: Travel and translation in the late twentieth century*. Cambridge, MA: Harvard University Press.
- Cobb, C. L., Meca, A., Xie, D., Schwartz, S. J., & Moise, R. K. (2017). Perceptions of legal status: Associations with psychosocial experiences among undocumented Latino/a immigrants. *Journal of Counseling Psychology*, *64*, 167–178. <http://dx.doi.org/10.1037/cou0000189>
- Congressional Research Services. (2019). *The Trump Administration's "zero tolerance" immigration enforcement policy*. Retrieved from <https://fas.org/sgp/crs/homesecc/R45266.pdf>
- Cordero-Guzman, H. R. (2005). Community-based organizations and migration in New York City. *Journal of Ethnic and Migration Studies*, *31*, 889–909. <http://dx.doi.org/10.1080/13691830500177743>
- Crenshaw, K. W. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43*, 1241–1299. <http://dx.doi.org/10.2307/1229039>
- Cresswell, T. (2011). Mobilities I: Catching up. *Progress in Human Geography*, *35*, 550–558. <http://dx.doi.org/10.1177/0309132510383348>
- de Leon, E., Maronick, M., De Vita, C. J., & Boris, E. T. (2009). *Community-based organizations and immigrant integration in the*

- Washington D. C., Metropolitan area. Washington, DC: The Urban Institute. <http://dx.doi.org/10.1037/e726282011-001>
- DeLuca, L. A., McEwen, M. M., & Keim, S. M. (2010). United States–Mexico border crossing: Experiences and risk perceptions of undocumented male immigrants. *Journal of Immigrant and Minority Health, 12*, 113–123. <http://dx.doi.org/10.1007/s10903-008-9197-4>
- Ding, H., & Hargraves, L. (2009). Stress-associated poor health among adult immigrants with a language barrier in the United States. *Journal of Immigrant and Minority Health, 11*, 446–452. <http://dx.doi.org/10.1007/s10903-008-9200-0>
- Eskenazi, B., Fahey, C. A., Kogut, K., Gunier, R., Torres, J., Gonzales, N. A., . . . Deardorff, J. (2019). Association of perceived immigration policy vulnerability with mental and physical health among U. S.-Born Latino adolescents in California. *Journal of the American Medical Association Pediatrics, 173*, 744–753. <http://dx.doi.org/10.1001/jamapediatrics.2019.1475>
- Flores, E., Tschann, J. M., Dimas, J. M., Pasch, L. A., & de Groat, C. L. (2010). Perceived racial/ethnic discrimination, posttraumatic stress symptoms, and health risk behaviors among Mexican American adolescents. *Journal of Counseling Psychology, 57*, 264–273. <http://dx.doi.org/10.1037/a0020026>
- Foster-Fishman, P. G., Berkowitz, S. L., Lounsbury, D. W., Jacobson, S., & Allen, N. A. (2001). Building collaborative capacity in community coalitions: A review and integrative framework. *American Journal of Community Psychology, 29*, 241–261. <http://dx.doi.org/10.1023/A:1010378613583>
- Gemmill, A., Catalano, R., Casey, J. A., Karasek, D., Alcalá, H. E., Elser, H., & Torres, J. M. (2019). Association of preterm births among United States Latina women with the 2016 presidential election. *Journal of the American Medical Association Network Open, 2*(7), e197084. <http://dx.doi.org/10.1001/jamanetworkopen.2019.7084>
- Goodkind, J. R. (2005). Effectiveness of a community-based advocacy and learning program for hmong refugees. *American Journal of Community Psychology, 36*, 387–408. <http://dx.doi.org/10.1007/s10464-005-8633-z>
- Goodkind, J. R. (2006). Promoting Hmong refugees' well-being through mutual learning: Valuing knowledge, culture, and experience. *American Journal of Community Psychology, 37*, 77–93. <http://dx.doi.org/10.1007/s10464-005-9003-6>
- Goodkind, J. R., Bybee, D., Hess, J. M., Armer, S., Ndayisenga, M., Greene, R. N., . . . Pannah, M. (2020). Randomized controlled trial of a multilevel intervention to address social determinants of refugee mental health. *Community Psychology*. Advance online publication. <http://dx.doi.org/10.1002/ajcp.12418>
- Goodkind, J. R., Hess, J. M., Isakson, B., LaNoue, M., Githinji, A., Roche, N., . . . Parker, D. P. (2014). Reducing refugee mental health disparities: A community-based intervention to address postmigration stressors with African adults. *Psychological Services, 11*, 333–346. <http://dx.doi.org/10.1037/a0035081>
- Grace, B. L., Bais, R., & Roth, B. J. (2018). The violence of uncertainty—undermining immigrant and refugee health. *New England Journal of Medicine, 379*, 904–905. <http://dx.doi.org/10.1056/NEJMp1807424>
- Guarnaccia, P. J., Martinez, I., & Acosta, H. (2005). Mental health in the Hispanic immigrant community: An overview. *Journal of Immigrant & Refugee Services, 3*. Retrieved from https://www.researchgate.net/deref/https://doi.org/10.1300%2F191v3n01_02
- Hallett, J., Held, S., McCormick, A. K., Simonds, V., Bird, S., Martin, C., . . . Trotter, C. (2017). What Touched Your Heart? Collaborative Story Analysis Emerging From an Apsaalooke Cultural Context. *Qualitative Health Research, 27*, 1267–1277. <http://dx.doi.org/10.1177/1049732316669340>
- Hardina, D. (2006). Strategies for citizen participation and empowerment in non-profit, community-based organizations. *Community Development, 37*, 4–17. <http://dx.doi.org/10.1080/15575330609490192>
- Hess, J. M., Isakson, B., Githinji, A., Roche, N., Vadnais, K., Parker, D. P., & Goodkind, J. R. (2014). Reducing mental health disparities through transformative learning: A social change model with refugees and students. *Psychological Services, 11*, 347–356. <http://dx.doi.org/10.1037/a0035334>
- Infante, C., Idrovo, A. J., Sánchez-Domínguez, M. S., Vinhas, S., & González-Vázquez, T. (2012). Violence committed against migrants in transit: Experiences on the Northern Mexican border. *Journal of Immigrant and Minority Health, 14*, 449–459. <http://dx.doi.org/10.1007/s10903-011-9489-y>
- Kaplan, C. (1996). *Questions of travel: Postmodern discourses of displacement*. Durham, NC: Duke University Press. <http://dx.doi.org/10.1215/9780822382041>
- Kaufhold, K. (2019). Mediating empathy: The role of news consumption in mitigating attitudes about race and immigration. *Newspaper Research Journal, 40*, 222–238. <http://dx.doi.org/10.1177/0739532919835001>
- Kim, I. (2016). Beyond trauma: Post-resettlement factors and mental health outcomes among Latino and Asian refugees in the United States. *Journal of Immigrant and Minority Health, 18*, 740–748. <http://dx.doi.org/10.1007/s10903-015-0251-8>
- Ko, L. K., & Perreira, K. M. (2010). “It turned my world upside down”: Latino youths’ perspective on immigration. *Journal of Adolescent Research, 25*, 465–493. <http://dx.doi.org/10.1177/0743558410361372>
- Kuperminic, G. P., Wilkins, N. J., Roche, C., & Alvarez-Jimenez, A. (2009). Risk, resilience, and positive development among Latino Youth. In F. Villarruel, G. Carlo, J. M. Grau, M. Azmitia, N. J. Cabrera, & T. J. Chahin (Eds.), *Handbook of U.S. Latino psychology* (pp. 213–233). London, UK: Sage Publications.
- Landale, N. S., Oropesa, R. S., & Noah, A. J. (2017). Experiencing discrimination in Los Angeles: Latinos at the intersection of legal status and socioeconomic status. *Social Science Research, 67*, 34–48. <http://dx.doi.org/10.1016/j.ssresearch.2017.05.003>
- Li, M. (2016). The pre-migration trauma and post-migration stressors for Asian and Latino American Immigrants: Transnational stress proliferation. *Social Indicators Research, 129*, 47–59. <http://dx.doi.org/10.1007/s11205-015-1090-7>
- López, N., Vargas, E. D., Juárez, M., Cacari-Stone, L., & Bettez, S. (2018). What’s your “street race”? Leveraging multidimensional measures of race and intersectionality for examining physical and mental health status among Latinxs. *Sociology of Race and Ethnicity, 4*, 49–66. <http://dx.doi.org/10.1177/2332649217708798>
- Migration Policy. (2020). *Frequently requested statistics on immigrants and immigration in the United States*. Washington, DC: Migration Policy Institute. Retrieved from <https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states>
- Mora, G. C. (2014). *Making Hispanics: How activists, bureaucrats, and media constructed a New American*. Chicago, IL: University of Chicago Press. <http://dx.doi.org/10.7208/chicago/9780226033976.001.0001>
- Moynihan, B., Gaboury, M. T., & Onken, K. J. (2008). Undocumented and unprotected immigrant women and children in harm’s way. *Journal of Forensic Nursing, 4*, 123–129. <http://dx.doi.org/10.1111/j.1939-3938.2008.00020.x>
- Organista, K. C., & Ngo, S. (2019). Cultural and community resources protect Latino migrant day laborers from discrimination-related distress. *Cultural Diversity and Ethnic Minority Psychology, 25*, 232–241. <http://dx.doi.org/10.1037/cdp0000211>
- Ornelas, I. J., & Perreira, K. M. (2011). The role of migration in the development of depressive symptoms among Latino immigrant parents in the USA. *Social Science & Medicine, 73*, 1169–1177. <http://dx.doi.org/10.1016/j.socscimed.2011.07.002>
- Oropesa, R. S. (2012). Neighbourhood disorder and social cohesiveness among immigrants in a new destination: Dominicans in Reading, PA.

- Urban Studies*, 49, 115–132. <http://dx.doi.org/10.1177/0042098011403014>
- Ortner, S. B. (2006). *Anthropology and social theory: Culture, power, and the acting subject*. Durham, NC: Duke University Press. <http://dx.doi.org/10.1215/9780822388456>
- Palinkas, L. A., Pickwell, S. M., Brandstein, K., Clark, T. J., Hill, L. L., Moser, R. J., & Osman, A. (2003). The journey to wellness: Stages of refugee health promotion and disease prevention. *Journal of Immigrant Health*, 5, 19–28. <http://dx.doi.org/10.1023/A:1021048112073>
- Perreira, K. M., & Ornelas, I. (2013). Painful passages: Traumatic experiences and post-traumatic stress among U.S. immigrant Latino adolescents and their primary caregivers. *The International Migration Review*, 47, 976. <http://dx.doi.org/10.1111/imre.12050>
- Phipps, R. M., & Degges-White, S. (2014). A new look at transgenerational trauma transmission: Second-generation Latino immigrant youth. *Journal of Multicultural Counseling and Development*, 42, 174–187. <http://dx.doi.org/10.1002/j.2161-1912.2014.00053.x>
- Pumariega, A. J., Rothe, E., & Pumariega, J. B. (2005). Mental health of immigrants and refugees. *Community Mental Health Journal*, 41, 581–597. <http://dx.doi.org/10.1007/s10597-005-6363-1>
- Reitmanova, S., & Gustafson, D. L. (2009). Mental health needs of visible minority immigrants in a small urban center: Recommendations for policy makers and service providers. *Journal of Immigrant and Minority Health*, 11, 46–56. <http://dx.doi.org/10.1007/s10903-008-9122-x>
- Rusch, D., Frazier, S. L., & Atkins, M. (2015). Building capacity within community-based organizations: New directions for mental health promotion for Latino immigrant families in urban poverty. *Administration and Policy in Mental Health and Mental Health Services Research*, 42, 1–5. <http://dx.doi.org/10.1007/s10488-014-0549-1>
- Sabo, S., Shaw, S., Ingram, M., Teufel-Shone, N., Carvajal, S., de Zapien, J. G., . . . Rubio-Goldsmith, R. (2014). Everyday violence, structural racism and mistreatment at the U. S.-Mexico border. *Social Science & Medicine*, 109, 66–74. <http://dx.doi.org/10.1016/j.socscimed.2014.02.005>
- Sheller, M., & Urry, J. (2006). The new mobilities paradigm. *Environmental and Planning A: Economy and Space*, 38, 207–226. <http://dx.doi.org/10.1068/a37268>
- Sladkova, J. (2007). Expectations and motivations of Hondurans migrating to the United States. *Journal of Community & Applied Social Psychology*, 17, 187–202. <http://dx.doi.org/10.1002/casp.886>
- Smith, R. C. (2005). *Mexican New York: Transnational lives of new immigrants*. Oakland: University of California Press.
- Torres, J. M., & Wallace, S. P. (2013). Migration circumstances, psychological distress, and self-rated physical health for Latino immigrants in the United States. *American Journal of Public Health*, 103, 1619–1627. <http://dx.doi.org/10.2105/AJPH.2012.301195>
- Urry, J. (2000). *Sociology beyond societies: Mobilities for the twenty-first century*. London, UK: Routledge.
- U.S. Census Bureau. (2017). *Facts and Features: Hispanic Heritage Month 2017*. Washington DC: Author. Retrieved from <https://www.census.gov/newsroom/facts-for-features/2017/hispanic-heritage.html>
- Vasquez Guzman, C. E., & Sanchez, G. R. (2019). The impact of acculturation and racialization on self-rated health status among U.S. Latinos. *Journal of Immigrant and Minority Health*, 21, 129–135. <http://dx.doi.org/10.1007/s10903-018-0696-7>
- Vertovec, S. (2009). *Transnationalism*. London, UK: Routledge.
- Zhang, W., Hong, S., Takeuchi, D. T., & Mossakowski, K. N. (2012). Limited English proficiency and psychological distress among Latinos and Asian Americans. *Social Science & Medicine*, 75, 1006–1014. <http://dx.doi.org/10.1016/j.socscimed.2012.05.012>
- Zimmerman, C., Kiss, L., & Hossain, M. (2011). Migration and health: A framework for 21st century policy-making. *PLoS Medicine*, 8(5), e1001034. <http://dx.doi.org/10.1371/journal.pmed.1001034>