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Transmission of Community Trauma in Latinos: Del Monte Raid

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Transmission of Community Trauma in Latinos: Del Monte Raid

Abstract
This paper reviews the literature on transmission of a community trauma from undocumented Latino parents to their children. The focus of the current literature review is on a specific immigration raid and its impact on both immigrant and non-immigrant communities in the Portland, Oregon metropolitan area. The literature reveals the need to understand how the worksite enforcement operations may affect not only the generation that was directly traumatized, but also the subsequent generations. This paper reviews the evidence of intergenerational transmission of trauma associated with undocumented status, and the potential negative effects of raids on the immigrant families’ mental health. This literature also shows the need to provide culturally sensitive interventions to Latino immigrants and the development of community based programs in order to minimize the transmission of the impact of traumatic experiences such as the Del Monte raid across generations. Limitations and directions for future research are discussed.

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TRANSMISSION OF COMMUNITY TRAUMA IN LATINOS: DEL MONTE RAID

A THESIS
SUBMITTED TO THE FACULTY
OF
SCHOOL OF PROFESSIONAL PSYCHOLOGY
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BY
SUSAN STUCCHI-DURAN

IN PARTIAL FULFILLMENT OF THE
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APPROVED:

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Abstract

This paper reviews the literature on transmission of a community trauma from undocumented Latino parents to their children. The focus of the current literature review is on a specific immigration raid and its impact on both immigrant and non-immigrant communities in the Portland, Oregon metropolitan area. The literature reveals the need to understand how the worksite enforcement operations may affect not only the generation that was directly traumatized, but also the subsequent generations. This paper reviews the evidence of intergenerational transmission of trauma associated with undocumented status, and the potential negative effects of raids on the immigrant families’ mental health. This literature also shows the need to provide culturally sensitive interventions to Latino immigrants and the development of community based programs in order to minimize the transmission of the impact of traumatic experiences such as the Del Monte raid across generations. Limitations and directions for future research are discussed.

Keywords: Latinos, Trauma, Immigration
Transmission of Community Trauma in Latinos: Del Monte Raid

“I can remember having to hide when I was a kid… I would come home and my parents would be maybe 20 or 30 minutes late, and I would cry until they got home because I was afraid they had been deported” (Modie, 2001).

Undocumented immigration has been a persistent issue in the history of the United States. Attention is typically focused on the political and socioeconomic factors related to legal and illegal immigration, while the psychological effects are often overlooked. There are multiple reasons for immigration, but most of the time these reasons are based on acting in the best interest of the family’s welfare. The literature review indicates that refugees and undocumented families are those who experience more distress due to their traumatic past and/or their current life situations. Many immigrants have to face several disadvantages or have almost no privileges in their country of origin, including the inability to obtain work permits or other visas to migrate legally to the U.S. As a result, they not only have to experience a dangerous border crossing, but live in continuous fear of deportation and separation from loved ones, cultural traditions and support networks. Recent increases in anti-immigration policies, as well as controversy regarding immigration reform have had a negative effect on undocumented workers and their families.

The U.S. Immigration and Customs Enforcement agency (ICE) was created in 2003 to protect the nation, its people and its borders (ICE, 2010). The ICE raid operations are U.S. enforcement immigration laws methods that identify, detain, and deport undocumented immigrants for violating immigration laws. Capps, Castañeda, Chaudry, and Santos (2007) indicated that the American Psychological Association (APA) acknowledged the psychological impact of ICE raids on the physical and mental health of families, putting undocumented
immigrants at risk of involuntary family separation. The potential implication of these situations may result in psychological trauma, an adverse impact on the family unit, and economic hardship. Between 2002 and 2006, the ICE increased the number of worksite raids; they arrested from 500 to 3,600 undocumented workers. The National Council of La Raza (NCLR) studied three communities where large workplace raids took place. The NCLR’s report showed that after these workplace raids, a total of 500 children, most of them U.S. citizens, were temporarily or permanently separated from at least one of their parents. Other negative consequences for these families included feelings of abandonment, symptoms of trauma, fear, isolation, depression, and family disintegration. Although there are numerous worksite enforcement cases reported by the ICE, this paper focuses on the raid that occurred in the Fresh Del Monte plant in Portland, Oregon.

After the ICE raid at the Del Monte plant in Portland June 12, 2007, the 160 detained and/or deported plant workers and their families described the negative impact on their families and community. The subsequent widespread fear generalized to distrust of the all local authorities throughout both the illegal and legal immigrant population (Rede, 2009).

The Del Monte raid entailed community trauma. The literature about community trauma refers to a group of people experiencing a traumatic event, and subsequent development of a sense their world or environment has become a dangerous and unstable place. Erikson (1976) described the community trauma as both individual and collective trauma that led to a disintegration of family and community ties. Feelings of grief over the loss of relatives, friends, possessions, and belongings are a common experience. Hernandez (2002) indicated that political violence is a type of violence that might be perpetrated by persons, organizations or governments influenced by political views, and leaves physical and psychological wounds on people and
communities who experience that violence. This description is presented with an understanding that individuals may not necessarily be the direct witnesses of trauma but may still be extremely affected by the consequences of the traumatic experience (vicarious traumatization).

At a personal level, undocumented workers are usually exposed to a range of possible traumatic experiences, including parental separation, discrimination, racism, physical and sexual assault, as well as exploitation during their entry and resettlement. At a community level, the Del Monte raid left many Latino families living in fear of deportation, separation, inability to meet basic life necessities, and persecution by the authorities.

Based on data from the U.S. Census Bureau (2009), Latinos comprised 11.2% of the Oregon population, and 10.9% of the total Multnomah County residents. The Fresh Del Monte Plant located in Portland is a private company categorized under Wholesale Fruits and Vegetables group (Del Monte Foods, 2010). Before the raid, there were approximately 600 employees working in two separate shifts in the food plant located in Portland (Denson & Hunsberger, 2007). The impact of this community trauma has come to the forefront of immigration issues facing local Latinos and has the potential to put stress on an already overworked mental health system.

The literature and research on trauma among Latino immigrants in the U.S. has been sparse and insufficient. Shedlin, Decena, and Oliver-Velez (2005) stated that undocumented people are at higher risk of developing socioemotional problems because they are in constant exposure to stressors. Barriers to access mental health services have been well documented. The U.S. Department of Health and Human Services (HHS) pointed out that some organizations may not provide services to undocumented families, or undocumented immigrants may be hesitant to seek services for fear of deportation, or not knowing that services may be available (HHS, 2001).
This paper focuses on the transmission and the impact of trauma in Latino families. It is essential to learn the short and long term consequences of parental arrest, detention and/or deportation on the Latino children. It is also critical to study and learn how traumatic experiences affect undocumented families’ present and future mental health condition, and also how these could have negative consequences in the U.S. society. The U.S. government has not yet explored the psychosocial impact of ICE actions on Latino children and families. In fact, the ICE has not yet documented what are the regulations or polices related to the treatment of parents during their arrest, detention, and deportation (Capps, et al., 2007).

Despite the increased focus on the conditions faced by Latino immigrants, there is a dearth of information specific to community trauma. This literature compiles the information that is available and provides clinical considerations to begin closing this gap. This is an important step toward ensuring that Latino immigrant families, affected by community trauma in the U.S., have better access to mental health treatment, and resources that will help minimize the transmission of trauma to future generations.

Review of Literature

Latino Community in the United States: Demographics

The U.S. Census Bureau in the 1970 census officially created the term Hispanic to describe individuals of Spanish-speaking origin (National Coalition of Hispanic Health Human Services Organizations, 1986). Falicov (1998) explained that in recognizing the diversity of this ethnic minority group, the word Latino is used to describe people whose culture and heritage have ties to Latin America. The term or label Latino has become preferred because it reaffirms the native pre-Hispanic identity.
According to the U.S. Census Bureau (2009), the Latino population is currently both the largest minority group in terms of number of individuals, and the most rapidly growing community in the U.S. There are currently 48.3 million Latinos living in the U.S., representing 15.8% of the total U.S. population. Most Latinos reside in the western (43%) and southern (33%) parts of the United States. About 50% of all Latinos in the U.S. are concentrated in California and Texas. Other states that evidence a large number of Latinos include Florida, New York, Arizona, Illinois, and New Jersey. In Oregon, there are approximately 428 thousand Latinos, comprising 11.2% of the state’s population. The percentage of Latinos living in Multnomah County, Oregon corresponds to 10.9% of the total county residents.

**Immigration in the United States: Unauthorized Immigrants**

Immigration to America is as old as the nation itself. Immigrants have been considered either as contributing to the nation, or as threatening to the integrity of the U.S. society. The U.S. Census Bureau (2010) reported that 53% of the U.S. foreign-born population were born in Latin America, 28% were born in Asia, 13% were born in Europe, 4% were born in Africa, and 3% were born in other world regions. Guzzetta (2004) indicated that the decision to immigrate to the U.S. is based on economical, political, or social reasons, or any combination of these motives. According to Suarez-Orozco (2007), while many families immigrate to escape from political, religious, racial or ethnic persecution, others come motivated by the promise of better economic opportunities. Some are documented immigrants while others are in a documentation limbo. In the United States, in 2005, 30% of the foreign-born population was undocumented, 28% were legal permanent residents, and 31% were U.S. citizens by naturalization (Passel, 2006). A report by the U.S. Department of Homeland Security (2010) showed that the
Unauthorized population grew by 27% through 2000 and 2009. About 63% of all unauthorized immigrants living in the United States in 2009 entered before 2000, and 62% were from Mexico.

Mitrani, Santisteban, and Muir (2004) stated that early immigration to the United States showed a pattern of men being the pioneer immigrants. Men usually immigrate first and once established in the U.S. they bring the rest of their family. Each year, thousands of children enter the U.S. illegally, some of them come with their parents, but most come alone (Ehrenreich, 1997).

Zuñiga (2004) highlighted the development of psychological distress and the incidence of adjustment issues among Latino immigrants who come to or stay in this country without legal documentation. Ellaby (2006) provided an explanation of HR 4437, which is a restrictive immigration legislation act passed on December 16, 2005 by the U.S. House of Representatives. Under this federal legislation, it is a felony to reside in the U.S. without a legal status. Moreover, anyone providing assistance and support to undocumented immigrants, even if they are children, could face prosecution. Lee, Ottati and Hussain (2001) analyzed the Proposition 187 ordered in California in 1997 as an example of State law attempting regulation. This proposition intended to deprive “illegal” immigrants of welfare benefits, education, and any other government service except emergency medical care. The proposition also tried to facilitate the deportation of undocumented immigrants. It required that teachers, police officers, and welfare workers report any knowledge of illegal immigrants to the Office of Immigration and Naturalization Services for purposes of deportation. Notably, mental health professionals are not required to report illegal residence status. Nonetheless, based on these requirements, immigrant communities assume the disclosure of personal information to providers or other professionals may result in deportation.
Understanding Trauma

In order to understand the traumatic consequences of the Del Monte raid, it is crucial to review the concept of trauma. The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (2000) defined posttraumatic stress disorder (PTSD) as a disorder that may occur after the exposure to a traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity or that of others. The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behavior). The characteristic symptoms resulting from the exposure to the extreme trauma include: 1) persistent re-experiencing of the traumatic event; 2) persistent avoidance of stimuli associated with the trauma and the numbing of general responsiveness; and 3) persistent symptoms of increased arousal.

Root (1992) used three categories to conceptualize trauma: direct, indirect, and insidious trauma. Direct trauma occurs when a person is the target of the trauma. Indirect trauma involves a person’s response to difficult events sustained by another person with whom the person identifies closely. Insidious trauma occurs when individuals are devalued by those in power, and these experiences usually persist throughout a lifetime and have a cumulative effect. The intergenerational transmission of a parent’s unsolved direct trauma is a type of insidious trauma.

According to Herman (1992) and van der Kolk (1994), the exposure to traumatic stressors from several sources has been referred to as Complex Trauma or Disorders of Extreme Stress Not Otherwise Specified (DESNOS). The diagnosis had shown to be associated with prolonged interpersonal trauma. The most relevant characteristics of complex trauma include: 1) the alterations in the regulation of affect and impulses, including difficulty with modulation of
anger; 2) alterations in the memory, attention and consciousness leading to amnesias and
dissociative episodes and depersonalizations; 3) alterations in self-perception, such as a chronic
sense of guilt and responsibility; 4) alterations in interpersonal relations, such as not being able
to trust people; 5) somatizing the problem; and 6) alterations in systems of meaning. The authors
proposed that complex trauma emerges when trauma is extreme, prolonged, repeated, and
involves direct harm, neglect or abandonment. There are different forms of complex trauma
such as: domestic violence, child abuse, human trafficking, and being a prisoner of war.
Cumulative adversities or harsh conditions faced by many persons and communities of ethno-
cultural, religious, political, and sexual minority groups can also represent forms of complex
trauma (Courtois & Ford, 2009).

Recently, there has been a significant increase in the attention given to the experiences
outside the traditional definition of Posttraumatic Stress Disorder that are also considered
traumatic. Sue and colleagues conceptualized microaggressions as “brief, commonplace daily
verbal, behavioral, or environmental indignities, whether intentional or unintentional, that
communicate hostile, derogatory, or negative slights and insults toward a person or group” (p.
273). These people are often perceived negatively, and treated unequally by society. The
oppression of these groups can occur through imposition or deprivation, which in both cases
results in their exclusion from mainstream society, in unequal treatment, and in social injustice
(Sue et al., 2007). Rivera, Forquer, and Rangel’s (2010) study showed that Latinos feel they are
unwelcome in the United States. The participants of this study cited several instances of hearing
negative remarks regarding immigration, and also noticing comments that all Latinos are illegal.
McClure et al. (2010) studied the association among discrimination stress and disease risk among
Latin American immigrants. Findings suggested a linkage among perceptions of discrimination,
and blood pressure, increased body fat, and higher fasting glucose levels. However, Latinos also reported being the target of outright or suspected employment discrimination and negative treatment by law enforcement. These findings not only showed the potential for psychological harm and barriers to optimal functioning, but also the possibility for actual physical harm (Rivera, Forquer, & Rangel, 2010).

According to The National Child Traumatic Stress Network (2008) children may experience traumatic grief or separation due to the death of a parent, primary caretaker, family member, or close friend. Also the unexpected and indefinite separation from loved ones due to divorce, parental incarceration, or traumatic removal from the home, constitutes traumatic experiences for the child.

While studies have examined depression in Latinos presenting for primary care, little is known about PTSD in this population. Despite the fact that rates of PTSD range from 8% in the general population to 10%-30% in primary care populations, Latinos may be at higher risk for both the traumas that lead to PTSD, and for PTSD itself. Recent disasters, the ongoing immigration of Latinos to the U.S., and the identification of inconsistencies in mental health care with this population, have brought greater focus to the importance of accurate recognition and treatment of PTSD in Latinos in the United States (Eisenman et al., 2008).

Pole, Gone, and Kulkarni (2008) indicated that Latinos reported more severe PTSD symptoms than non-Latino European Americans. Exposure to racism was also linked to PTSD in Latinos. Other studies showed that Latinos report more racial discrimination than Caucasians but less than non-Latino African Americans. Perez-Foster (2001) stated that it is important to make the distinction between stressors that are endemic to most immigration experiences versus those stressors related to immigration that precipitate trauma per se.
Van der Kolk, McFarlane, and Weisaeth (1996) highlighted the importance of considering the self, sociocultural, and sociopolitical contexts as factors that may mediate trauma. Martin-Baro (1994) criticized the PTSD label because it blames and pathologizes the victim instead of addressing the social and governmental and systemic aspects that created the trauma in the first place. In addition Clauss-Ehlers (2004) suggested that culture, ethnicity, and environment are important factors in the manifestation of resiliency in individuals and in communities, particularly among people of color.

**Community Trauma**

Root (1992) indicated that community trauma generally affects cultures that include extensive extended family networks. In such cultures, both the people who are close to the victim and the entire community may undergo the traumatic experience. Martin-Baro (1989) utilized the term *social trauma* to describe the way in which some harmful historical process can have a psychological impact on an entire group or population. The author considered these traumas to be socially produced, and maintained in the relationship between the individual and society. Similarly, Welsh (1996) maintained that organized political violence affects the victims, their families, and entire communities.

Erikson (1976) conceptualized community trauma as “a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of communality. The collective trauma works its way slowly and even insidiously into the awareness of those who suffer from it, so it does not have the quality of suddenness normally associated with *trauma*” (p. 154).

The social and psychological context of community trauma and its consequences are complex. Asner-Self and Marotta (2005) considered that people in some countries may
experience organized government-approved violence, while others may experience more formless politically motivated violence. The authors also believed that people who are exposed to unpredictable and uncontrollable situations may develop an impaired capacity to accurately evaluate their own physical or psychological safety.

**Worksite enforcement: Detention and deportation.** In 2008, the ICE detained approximately 792,000 noncitizens, and deported more than 359,000 of them. Most of the deportees were from Mexico (89%), followed by people from Honduras, Guatemala, El Salvador, Cuba, and Brazil (Department of Homeland Security, 2008). A 2006 report showed that 70% of deportees had lived in the United States for more than ten years (TRAC Immigration, 2006). The ICE reported that more than 100,000 parents of U.S. citizen children were deported between 1997 and 2007 (Baum, Jones, & Barry, 2010).

Many undocumented children express a constant feeling of being “hunted”. Because of the fear of deportation, and a persistent fear that their children may be detained at any time, parents commonly severely restrict their children’s activities outside the home. Children with undocumented parents express fear their parents will be caught and deported, and they will never be reunited with them. Many undocumented families feel that police officers, teachers, and nurses may inform the Office of Immigration and Naturalization Services about them. Due to this fear, families may not provide their accurate contact information to schools (Suárez-Orozco, 2001). The 2005 Report of the Vera Institute of Justice stated that immigrant groups often cite fear of their own, family members or friends’ deportation as a major obstacle to building trust and partnerships with police. Even legal immigrants from states with high indices of undocumented immigrants tend to avoid police contact for fear of endangering their undocumented families, friends or community. Immigrants tend to assume the police will
inquire about their immigration status, and they prefer to avoid any contact with the police (Khashu, Busch, Latif, & Levy, 2005).

Cavazos-Rehg, Zayas, and Spitznagel’s (2007) study with Latino immigrants showed that 39% of the participants responded affirmatively to the item, "I have thought that if I went to a social or government agency I would be deported". Subsequent analyses compared this group with the 61% who responded negatively to the item. The authors interpreted a negative response as indicating that contestants were citizens, legal residents or denied being undocumented.

Immigrant children experience psychological distress when face with policies and practices that threatens the deportation of an undocumented parent. In some cases, the entire family may leave the country, including the children who may be U.S. citizens, abandoning their familiar environment. In other situations, the undocumented parent may leave, leaving the child with the mother or father, or with other caregivers. It is also possible that the whole family remains in the U.S. but with the constant risk and fear of being caught and deported (Brabeck & Xu, 2010).

According to ICE (2010), the number of people deported in the fiscal year 2010 exceeded by 3,000 the number of people deported in the fiscal year 2009. The ICE reported that from 400,000 people deported, about 195,000 had prior criminal charges.

The Fresh Del Monte raid. The Fresh Del Monte is a $3.7 billion-a-year corporation that produces, and distributes fresh-cut fruit and vegetables (Del Monte Foods, 2010). In 2006, this company had approximately 37,000 employees around the world, and employed about 3,000 temporary workers. The American Staffing agency hired most of those temporary workers, and many of them were in the Portland plant (Manning, 2007).

On June 12, 2007, federal agents raided the Fresh Del Monte plant and arrested approximately 160 employees. Some workers were sent to detention facilities in Tacoma,
Washington, while others, like some mothers with children were placed under house arrest and fitted with monitoring bracelets (Rede, 2009). This was the result of a six-month criminal investigation in which ICE accused the Del Monte Company of hiring and employing undocumented workers. An informant applied for work at Fresh Del Monte's plant in Portland. The informant told a produce manager that he was Mexican and had no legal documentation to work in the United States. The government stated the manager told the informant where he could find a fake identification, but eventually one of the managers sold the informant a Social Security card. This investigation found that only 48 of the 596 employees of American Staffing Resources had valid Social Security numbers. Federal authorities claimed that 9 out of 10 employees were using fictitious Social Security numbers or numbers that belonged to other people (Denson and Hunsberger, 2007). It appears that no criminal charges were filled against the Fresh Del Monte management. The Del Monte Corporation stated that the company was not involved in staffing the plant and indicated that the company has not been a target for investigations (SourceWatch, 2008).

Rede, an online newspaper columnist pointed out that raids like the Del Monte have had negative impacts beyond just the people detained. In Portland, teachers reported having a difficult time trying to explain to children why their friends or classmates had abruptly disappeared. Teachers additionally indicated even many American citizen children expressed fears they would also be taken away. The journalist believed the Del Monte raid consequences have resulted in a great expenditure of energy and money. After two years, not only the children are still separated from their parents, but also the emotional and financial costs to the Portland area are still unknown (Rede, 2009).
On the afternoon of June 12, over one hundred people congregated at Saint Andrew Catholic Church in Portland offering housing and transportation to court dates, accurate legal advice, moral support and organizational help. Although, some organizations such as Catholic Charities, Oregon New Sanctuary Movement, the American Friends Service Committee, Witness for Peace, and other members of faith communities have been trying to provide support to the affected families, they continue to struggle with giving support to detained immigrants who are still waiting for a decision about their immigration cases (Schauffler, 2009).

**Transmission of Parents’ Traumatic Experience to Their Children**

Research on trauma revealed that experiences could continue and pass their effects to the future generations. Dekel and Goldblatt (2008) indicated that several studies have shown the impact of traumatic events affects people who were directly exposed to the event, and also their families, friends, and coworkers. Danieli (1998) considered the exposure to trauma causes a rupture in the individual’s life routine, and the person feels that he/she is in a “stuck” stage. The author also considered the time, duration, extent, and meaning of the trauma for the individual. The demanding coping skills, adaptation, and the post-victimization responses are also considered as they may determine later vulnerability or resilience. The impact of a trauma, in terms of behavior patterns, symptoms or values that appeared in one generation, will affect not only the one that was traumatized but also the subsequent generations. The author suggested the trauma would be passed down from generation to generation, whether or not parents talked or kept silent. According to Janoff-Bulman (1992) parents’ experiences of violence lead to the destruction of an essential way of relating to the world and the self. This destruction may lead to their children developing a belief the world is not safe.
Different terms have been used to explain this phenomenon, such as “secondary traumatization”, “co-victimization”, and “vicarious traumatization”. Baranowsky, Young, Johnson, Williams, and McCarrey (1998) mentioned that terms such as vicarious, and secondary traumatization have been used to describe intergenerational trauma transmission. Galovksy and Lyons (2004) have used the term “secondary traumatization” in two ways. In the first context, children who have not been directly exposed to their parents’ trauma develop similar trauma symptoms such as nightmares, intrusive thoughts, or flashbacks through closeness with their parents who have experienced trauma. The second context refers not only to the transmission of trauma symptoms, but also to the transmission of different expressions of distress from people who have directly experienced trauma to others in their community. Rosenheck and Fontana (1998) suggested that children could be directly traumatized 1) through the parents’ behavior, or 2) through the children’s identification with their parents, or 3) as a result of the nonspecific dysfunction within the family.

Dekel and Goldblatt (2008) stated the studies of intergenerational transmission of trauma revealed that children of traumatized fathers suffer from greater distress than a comparison group. Daud, Skoglund, and Rydelius’ (2005) study showed that children of parents who have experienced violence had more symptoms of anxiety, depression, posttraumatic stress, attention deficits, and behavioral disorders. The study of Ruscio, Weathers, King, and King (2002) researched the effect of PTSD symptoms on father–child relationship using a sample of 66 male Vietnam veterans. This sample was mostly Caucasian (83%) and African American (12%). Most of them had at least a high school education (86%). The results found that numbing symptoms of PTSD had the strongest negative impact on the parent-child relationship. The authors suggested that emotional numbing, detachment, and avoidance may affect the parenting
capacity by reducing the ability to interact with the child and impeding the development of a meaningful relationship. The effect of trauma on children is influenced by the functioning, boundaries and the nature of the relationships between the members of the family. In a replication and extension of Ruscio and collaborators’ study, Samper, Taft, King and King (2004) examined relationships between PTSD symptoms and parenting satisfaction. The sample for this study comprised 250 male Vietnam veterans who had biological children. About 22% of the veterans were African American, 46% were Caucasian/other, and 32% identified themselves as Latino. Their average education was 13.5 years. The results suggested that higher levels of PTSD symptoms and avoidance and emotional numbing symptoms might have a harmful effect on parent-child relationship satisfaction. Although, the Samper study included a substantial number of Latino participants, the impact on Latino families is still unidentified. However, considering the Latino’s values such as *familismo*, which is defined as the centrality of the family unit, including closeness and interconnectedness among relatives or extended families (Fontes, 2002), it could be assumed that the effects would be the same or stronger.

The communication styles that survivors used with their families are central mechanism in the transmission of trauma. Patterns of communication can range from silence to overdisclosure. Topics that remind the traumatic event are avoided to prevent the parents’ distress. Communication might become indirect, and confusing. Children may be able to notice the parent’s depressed mood, and sometimes functioning problems, but they are not able to understand the meaning of these behaviors (Danieli, 1998). In other cases, traumatized parents only disclose to the child partial details of the traumatic experience. Lack of disclosure or partial disclosure may lead children to use their imagination to complete the missing details. Unfortunately, in many cases the made-up stories are even more terrifying than the real one. To
the other extreme, children may be exposed to large amount of information that for
developmental or cognitive factors they are not capable to process (Dekel & Goldblatt, 2008).

**Mental Health Implications**

This literature review showed that parents’ undocumented status has negative emotional, cognitive, behavioral and financial consequences for Latino immigrant families. Mitrani et al. (2004) recommended that therapists working with immigrant families should explore the theme of migration, which includes acculturation issues, changes in socioeconomic status, and ethnic identity. Brabeck and Xu (2010) suggested that therapists should also explore parents’ legal status, history of detention and deportation, and the emotional and financial effects in each of the members of the family and in the family as a whole. Providers should also explore how the children understand detention, deportation, and legal status and facilitate a space to explore and analyze their fears, worries, and anger. However, even though it may be important to facilitate the parent-child communication, therapists should understand and respect the parents’ reasons for not communicating with their children about legal status and policies that threaten the family. Psychoeducation to teachers about how parents’ legal status affects the children’s academic performance and emotional well being should also be considered.

Fontes (2002) suggested that counselors may consider not only the use of their traditional counseling role, but also to become political activists in order to petition civil authorities for better legal protection for immigrant. Counselors may also need to consider advocacy and counseling on immigration issues, helping families to understand how immigration issues and acculturation levels affect them.

There are some factors to consider when assessing for PTSD in Latinos. Clients may prefer Spanish as their primary language, the tests or assessment instruments may have different
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psychometric properties with Latino groups, and some Latinos may report somatic complaints instead of emotional distress complains (Pole, Gone, & Kulkarni, 2008).

In psychotherapy for PTSD with Latinos, it is important to identify some potentially relevant factors. Empirical evidence suggested that clients who speak Spanish may engage into deeper emotions when they speak in Spanish. Another critical aspect in working with Latinos is to consider their cultural values, such as familismo, Machismo, Marianismo, simpatia, respeto, personalismo, and fatalismo. Fontes (2002) indicated that Latinos tend to value familismo, which includes closeness and interconnectedness among relatives or extended families family. Conradi, Hendricks, and Merino (2007) stated that the cultural values of Marianismo and Machismo affect the way a Latino family deals with traumas. Personalismo is another value to consider when engaging Latino families. Latino families usually need to connect through simple everyday matters, in order to perceive the therapist as someone reachable and therefore trustworthy. Simpatia is the avoidance of conflict in favor of pleasant social interactions. Respeto means respect for social hierarchies and clear boundaries in relationships. Fatalismo is another value that is related to the way that Latinos explain why a trauma happened. This fatalistic view incorporates an external locus of control: God decides our fate and we are powerless to change it. These values have a strong impact on the therapist-client relationship and intergenerational family dynamics.

To the extent that familismo is an important value to some Latino clients, a systemic perspective may be a good therapeutic approach to consider. Latino clients who present respeto as a personal value may be more compliant with their therapists’ requests, and Latinos who endorse personalismo may prefer emotional warmth therapeutic relationships (Fraga, Atkinson, & Wampold, 2004).
Baptiste (1993) also stated that therapists must consider issues that can negatively affect the therapeutic process and its outcomes. First, it is important to evaluate the differences between the basic cultural positions of the therapist and the family. Second, it is crucial to assess the issues of credibility between client and therapist due to cultural differences. Third, it is necessary to evaluate the issue of gender differences between the parties. It is also important for a successful therapy to examine personal attitudes, feelings and beliefs about immigration. The interventions should be direct, active, and focused. Hovey (2000) mentioned that it is important to evaluate and treat immigrants who are experiencing acculturative stress and symptoms of depression and suicidal ideation within their cultural context. The author also stated that coping strategies that involve religion, family, and social support help immigrants to deal better with the stress of immigration and the acculturation process. Perilla, Norris, and Lavizzo (2002) indicated that some Latinos include religious or fatalistic beliefs into their trauma coping strategies, such as responding to trauma with belief in miracles, faith, or luck, or criticizing themselves. Conradi et al. (2007) also considered that the treatment may include themes such as guilt, punishment, self-sacrifice, and suffering with both the parents and their children. It is also crucial to consider that some families may seek outside support in the form of a curandero (folk healer) or from an espiritista (spiritual medium), santero (Santeria’s priest and healer) after trauma.

Berk and Schur (2001) developed the Project HOPE Undocumented Immigrant Health Care Access Survey. The representative in-person surveys of undocumented Latinos were conducted in Houston, El Paso, Fresno, and Los Angeles. Results indicated 39% of undocumented Latino immigrants communicated fear about receiving medical services because of their undocumented status. The authors concluded that concern about immigration status
decreases the possibility of receiving healthcare. Reardon, Capps, and Fix (2002) mentioned that foreign-born people are more likely to have limited access to health benefits. This situation becomes tougher when factors beyond income contribute to public health access, such as language barriers, lack of outreach, parental concerns about the immigration consequences of applying for benefits, and restriction on noncitizen eligibility for insurance. Guendelman, Angulo, Wier, and Oman (2005) stated it is vital to recognize that insurance does not guarantee equitable health care access for undocumented children. The findings of their study suggested that among immigrant children without health insurance, use of community agencies helps to counteract cultural barriers.

Van der Kolk (2005) considered that the current diagnostic criteria of PTSD should include the developmental effects of childhood trauma. A new diagnosis should be organized around the notion that multiple exposures to interpersonal trauma lead to complex disruptions of affect. Therefore, the treatment of traumatized children must focus on establishing safety and developing the competences, dealing with traumatic reenactments, and developing a sense of body and mind mastery.

The Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) is a group intervention program aimed to help children traumatized by violence. The program consists of 10 group sessions designed for inner-city schools with a multicultural population. The sessions include relaxation training, dealing with negative thoughts, solving real problems, approaching anxiety-provoking situations and coping with the violent event through talking, drawing pictures, and writing. The program is also designed to build both peer and parental support. The program includes at least one session with each child, four group-parenting meetings, and educational presentations for teachers. The results of this study demonstrated the program significantly
helped students cope with the distressing effects of violence. This program was applied by Kataoka et al. (2003) to children who presented trauma-related to depression or post-traumatic stress disorder symptoms. This population was split, and one group received an intervention and the other one was placed on a wait list. The intervention group received a group trauma-focused cognitive-behavioral therapy (CBT) and parents and teachers received psychoeducation and were in support groups. The results of the program indicated the students in the intervention group had significantly greater improvement in post-traumatic stress disorder and depressive symptoms compared to those on the wait list. The authors concluded that CBITS was effectively implemented with a wide range of multiculturally diverse children. This program is currently available in Spanish, but the manual is available only in English.

**Method**

The goal of this study was to review the existing literature on intergenerational transmission of community trauma in undocumented Latino immigrants. A broad search strategy covering several separate electronic databases, including, PsycINFO, ERIC (EBSCOhost), and Social Sciences (WilsonWeb) were used in the search of the following terms: Latinos, Posttraumatic Stress Disorder, Intergenerational Transmission of Trauma, Immigration AND Trauma, Deportation, and Community Trauma. Most of the articles were acquired online from Pacific University’s library catalog. Additionally, the advice from experts in the field, and the information from the Oregonian and U.S. government websites, enhanced the search tremendously.

The review entailed a systematic search of databases of the literature. Quantitative and qualitative studies, theoretical articles, and dissertation abstracts were considered for inclusion in this review. Although, the present study includes a broader literature relevant to
intergenerational transmission of community trauma in undocumented Latino immigrants, there
are other studies related to this topic that have not been included here.

**Discussion**

This review explores the current literature related to the psychological impact of legal
vulnerability, and worksite enforcement operations on Latino immigrants and the transmission of
such traumatic experience to their children. Although, raids are aimed to identify and arrest
undocumented adults who are working illegally in the U.S., several studies have documented the
negative impact of raids on the mental health of both undocumented immigrants and their U.S.
born children (Dekel & Goldblatt, 2008).

This paper presents an important area to be considered in the treatment of Latino
immigrants. Both documented and undocumented immigrants may experience trauma, but the
literature indicated that refugees and undocumented families present higher levels of distress due
to their traumatic past and/or their current life situation. This discussion focuses on trauma in
undocumented Latino immigrants because it is critical to understand how traumatic experiences
related to the legal status such as raid, detention, and deportation not only affect the immigrants’
present and future mental health condition, but also have long-term negative consequences in
their families, community and in the U.S. society. This literature reviews the immigration and
documentation issues on Latinos because these issues often involve traumatic experiences and
families’ fragmentation. Recent immigrants may not be aware of the community resources that
provide services for trauma and separation. Agencies may not provide services to undocumented
families, or these families may be ambivalent about seeking services for fear of deportation.

Cultural values and beliefs associated with mental health may impact the immigrants’
decision of seeking services, and the outcome of the intervention. In addition, many of the
services needed may not have been available at all in their countries of origin. It is crucial to be aware of the risk factors that have been linked to trauma exposure and which are more prevalent among Latino immigrants in the United States, such as low socioeconomic status, stress related to acculturation and discrimination, lower levels of education, and immigration experience (Rivera, Forquer, & Rangel, 2010).

The challenge remains for the field of psychology, and the legal system to create the needed valid and substantiated research about the relationship between immigrants' legislation, policy, and the level of trauma associated with it. The literature reviewed indicates one of the sources for intergenerational and vicarious trauma could be attributed to the consequences of the stress produced by the undocumented status of immigrants. There is a potential link of the experience of ongoing fears and repetitive exposure to reminders of traumatic past experiences that resulted in psychological wounds perceived and labeled as psychological trauma by this group. Further research focusing on the specific needs, reasons and predicted outcomes based on the few years of documented service delivery will help support changes to increase the knowledge for best recommendations. Changes in health public policy are essential in improving the mental health status of Latinos, particularly in the context of trauma treatment services. All of the above factors will need to be considered in order for Latino families to engage in services and stay in treatment long enough to experience beneficial outcomes.

The incorporation of cultural competencies should enable psychotherapists to be sensitive to the needs of their immigrant clients. It is also indispensable that therapists receive constant training and updating in the systemic theories and techniques in order to understand their clients’ problems and to provide them proper intervention. The literature reviewed makes a good effort to highlight the possible connection between undocumented status and the mental health
outcomes for untreated trauma and ongoing stresses. There is also the need for better understanding of protective factors against trauma. It is crucial to use culturally relevant interventions for building or increasing both individual and collective resilience such as, strengthening ethnic identity, increasing community ties, and promoting spirituality. Furthermore, the existing literature available demonstrates the need for more in depth research in order to strengthen and increase community evidence based services. It is critical to propose programs, test and document their outcomes that will inform mental health professionals about the most appropriate practices to be recommended before a system can endorse best practices for specific communities.

Conclusions

In general, the literature showed that immigration laws and raids may have detrimental impact on the mental health of undocumented Latino families. This review included citations of recent raids, where it was documented that Latino immigrants experienced trauma as individuals and as a community. The Del Monte raid showed undocumented immigrants as the targeted audience, and its traumatic effects on these individuals and their children. The efforts to review and include specific literature regarding the impact of detention and deportation as community trauma among immigrant families, and the intergenerational transmission of this kind of traumatic experience found no evidence of current literature available to create possible solutions for such a particular community and its needs.

Recommendations for implementing interventions with traumatized undocumented immigrants and their families have been described. Further research on the intergenerational transmission of community trauma in undocumented Latino immigrants is clearly needed.
References


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