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**MENTAL HEALTH OUTCOMES OF VARIOUS TYPES OF FEAR AMONG
UNIVERSITY STUDENTS WHO HAVE AN UNDOCUMENTED LEGAL STATUS
DURING
THE DONALD TRUMP PRESIDENCY**

In partial fulfillment of the requirements for the degree of

Doctor of Clinical Psychology

by

Liliana Campos

M.S. Psychology

Dissertation Committee:

Erin Grinshteyn, Ph.D., Chairperson

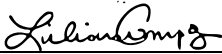
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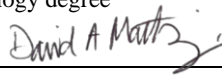
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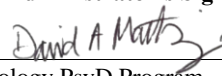
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Abstract

Having an undocumented legal status is a risk factor for mental health conditions such as depression and anxiety among university students. Much of the literature on the experiences of university students who hold an undocumented legal status has primarily focused on better understanding the educational, social, financial, and legal challenges among undergraduate students. The literature has addressed how some of these difficulties impact components of their social and mental health wellness. Yet, there is still a dearth of research focused on further understanding the experiences of students who hold an undocumented legal status from a psychological perspective, and specifically, with respect to the psychological effects of fear. This study focuses on understanding the long-lasting mental health effects of various forms of fear among university students, including undergraduate and graduate students. This parallel convergent mixed-methods study examines mental health outcomes such as anxiety, depression, and trauma related to fear of deportation, fear of detention, fear of microaggressions, fear of hate speech, and fear of crime since the election of Donald Trump among university students who hold an undocumented legal status.

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Dedication

This dissertation is dedicated to the 11.9 million humans living in the U.S. who have an undocumented legal status. This is dedicated to my parents for having risked their lives by crossing the border to give their children an opportunity at a better life. This is dedicated to my brothers who were by my side when we crossed the border as children.

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Acknowledgements

I would first like to thank my supervisor, Dr. Erin Grinshteyn, whose expertise was invaluable in formulating the research questions and methodology. Your insightful feedback and mentorship pushed me to sharpen my thinking and brought my work to a higher level.

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In addition, I would like to thank my family and friends for their wise counsel and sympathetic ear and heart. Thank you for being there for me during a very challenging and growing phase in my life.

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Specific Aims

This is a convergent parallel mixed-methods study that examines how USF students who have an undocumented legal status experience different types of fear in their daily lives as well as how these fears have affected their mental and emotional health. This study aims to integrate social justice values by raising awareness about the impact of fear of deportation/detention, fear of microaggressions, and fear of hate speech on mental health to advocate for access, equity, rights, and safety of those impacted by the current immigration laws under the Trump administration. The quantitative component of this study aims to:

1. Screen for concern with deportation/detention of self/family members using the Deportation Worries measure (Suarez-Orozco et al., 2015) (See Appendix A)
2. Screen for symptoms of anxiety using the Generalized Anxiety Disorder-7 (GAD-7, Spitzer et al., 2006) (See Appendix B)
3. Screen for levels of depression using the Patient Health Questionnaire-9 (PHQ-9, Kroenke, Spitzer, and Williams, 1999) (Appendix C)
4. Screen for levels of trauma using the The Post-Traumatic Checklist-Civilian Version (PCL) (Weathers et al., 1994) (Appendix D)

The qualitative phase will employ semi-structured in-depth interviews to: further understand the daily lived experiences of:

1. Different types of fears since the election of Donald Trump.
2. Changes in mental health changes since the election of Donald Trump.

Overall Aim:

1. Make recommendations on how Jesuit universities can support the psychological safety of university students with undocumented legal status.

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Chapter I

Introduction

University students who have an undocumented legal status face significant educational, economic, health, and social barriers (Eusebio & Mendoza, 2015, p. 2). In addition to facing educational and career related challenges in navigating higher education, university students who have an undocumented legal status often live in constant fear and uncertainty when faced with the possibility of deportation and family separation. University students who have an undocumented legal status are exposed to daily stressful and even traumatic situations when they are forced to disclose their legal status when trying to access education and health care (Gonzales, Suárez-Orozco, & Dedios-Sanguinetti, 2013; Cadenas, Bernstein, & Tracey, 2018). Denying university students who have an undocumented legal status full and equal access to resources due to their legal status is inhumane and a form of oppression, violence, and persecution that can lead to long-term mental health outcomes such as chronic stress, anxiety, and depression (Riley et al., 2017). Young people who have an undocumented legal status are restrained from freely accessing resources, which triggers feelings of frustration due to lack of security and uncertainty about the future (Vaquera, Aranda, & Sousa-Rodriguez, 2017). Feelings of uncertainty may influence anxiety and depression-based symptoms and are especially intensified when navigating violent and hostile environments (Vaquera et al., 2017). The literature on undocumented populations that has focused on health has mainly explored health among Latinx migrant farm workers (Sánchez, 2015).

Even though research on university students who have an undocumented legal status is growing, most of the current research has primarily focused on exploring the student experience and has paid very little attention to the mental health outcomes related to fear of deportation and

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fear of detention (Gonzales, Suárez-Orozco, & Dedios-Sanguinetti, 2013). Additionally, there is a dearth of research on the relationship between unresolved fear and mental health outcomes that understands the psychological and behavioral impacts of these fears on the individual. The existing literature in this area examines fear mainly from a criminology perspective, specifically examining the consequences of exposure to crime on neighborhood crime (Grinshteyn, 2017; Newstead & Frisso, 2013). Some research on the emotional well-being among young adults who have an undocumented legal status has focused on exploring the psychological consequences when undocumented young people come to internalize their legal status due to the marginalization they face (Gonzalez & Chavez, 2012). Among young people who have an undocumented legal status, perceptions of psychological safety and trust are jeopardized when immigration status is internalized (Vaquera et al., 2017). Therefore, a focus on the mental health of university students who have an undocumented legal status that examines immigration status from a mental health perspective will provide useful information about the mental health outcomes of fear of deportation/detention. Moreover, research that aims to understand immigration status as a social determinant of health, specifically how having an undocumented legal status may put individuals at risk for depression and anxiety is necessary to further advocate for interventions and policies that protect the wellbeing of university students who have an undocumented legal status as well as their families (Perez & Fortunate, 2005, PEW, 2016).

Terms

This dissertation will reference the following terms to contextualize the issue and proposed area of study. The definitions included provide a basic understanding of forced migration, ontological security, illegality, undocumented legal status, and Deferred Action for

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Childhood Arrivals (DACA), which are all terms used throughout this dissertation. Forced migration involves the need to escape one's home due to being exposed to threatening situations within or outside the borders of their home countries because of poverty, war, persecution, conflict, marginalization, or a natural disaster (Tuomisto & Roche, 2018). Ontological security refers to a level of certainty that individuals experience when people and material things are predictable and stable in their lives (Vaquera et al., 2017). Illegality refers to an individual's experience in realizing their need for legal status and the daily lived experiences requiring accommodations and adjustments to navigate life and a society when one does not have legal status in a society (Dreby, 2015).

Theories on immigrant illegality suggest the criminalization of individuals who have an undocumented legal status are created in laws and policies that directly impact the structure, organization, and experience in the daily lives of individuals who are targeted by these laws and policies (Deby, 2015; Enriquez, Morales Hernandez, & Ro, 2018; Furman et al., 2015). Moreover, laws that are set-up to maintain oppression exist in the everyday experiences of individuals as they seek to exist and navigate systems that are simply not created with them in mind. The categorization of individuals with an undocumented status is aimed to limit individuals in their everyday lives through the creation, promotion, and enforcements of laws and policies that restrict individuals from freely participating in American society. These laws and policies do not allow access or a path to employment or higher education and are instead designed to put people at risk for deportation, consequently restricting their freedom and ability to exist and navigate American society (Enriquez, Morales Hernandez, & Ro, 2018). Finally, Deferred Action for Childhood Arrivals (DACA) is a program that was introduced by president, Barack Obama in 2012 to allow young adults with an undocumented legal status temporary

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protection from deportation and a renewable, two-year work permit that would allow them to seek employment.

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Chapter II

Literature Review

This literature review will provide contextual information about U.S. immigration policies affecting university students who have an undocumented legal status. Within the context of immigration policy, this review aims to explain undocumented legal status as a risk factor for health outcomes by discussing the consequences of discrimination related to legal status as well as the health benefits of programs geared to support the social and economic mobility of communities who have an undocumented legal status. More specifically, this review explains the relationship between legal status and mental health, looking at the depression and anxiety as possible outcomes. Additionally, from a mental health and social perspective, this review will provide a brief explanation of the function, determinants, and consequences of fear to try to understand the implications of fear of deportation and fear of detention (Abrego, 2011; Ruiz, Gallardo, & Delgado-Romero, 2013) as well as fear of victimization.

Immigration

The immigrant population reached approximately 44.4 million in the United States in 2017 (Pew, 2019). According to Pew research, of the 44.4 million immigrants, it is estimated that 20.2 (44.7%) are naturalized citizens, 12.2 million (27%) hold legal permanent residency, and 10.7 to approximately 11.1 (23.7%) million hold an undocumented legal status (Pew, 2019) since 2016. In 2017, 11.2 million immigrants living in the U.S. were from Mexico, 2.9 million from China, 2.6 million from India, 2.2 million from the Philippines, and 1.4 million from El Salvador (Pew, 2019). It appears that the population of those with an undocumented legal status significantly grew from 1990 to 2006 but since has plateaued (Heimlich, 2009). According to

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the Census Bureau (2016), in 2017, there were 10.5 million immigrants without an undocumented legal status.

Political discourse on immigration often focuses solely on Mexican undocumented communities, but the reality is that great diversity exists within populations who have an undocumented status. Recentstatus. R research states that new immigrant arrivals among Asian communities outnumber Latinx communities (Heimlich, 2009; Pew, 2019). Latinx and Asian ethnic groups, both undocumented and documented, comprise the two largest immigrant groups in the US, contributing to 12.5% and 4.2% of the total U.S. population (Leong, Park, & Kalibatseva, 2013). Additionally, people from Asia (11%), Central America (11%), South America (7%), the Caribbean (4%), and the Middle East (2%) make up the undocumented immigrant population (Gonzales et al., 2013).

The reasons thousands of families and individuals immigrate to the U.S. varies. The vast majority of individuals who immigrate to the U.S..have been forced to leave their home countries because of unfortunate economic conditions, political and religious conflicts, and/or persecution. The decision to leave their home countries is not an easy option or decision for immigrant individuals and families to make, but they do this in many cases in order to survive (Fong & Earner, 2007; Gonzales, Orozco, & Dedios-Sanguinetti, 2013). Many families and young unaccompanied children who flee their home countries to escape violence such as war, domestic abuse, gang and drug violence are also refugees. However, they are not considered as such under current U.S. immigration policies or political relationships with their home countries (Gallardo & Delgado-Romero, 2013). Once individuals and families successfully arrive in the U.S., they continue to escape prosecution and are forced into hiding because of the fear of being deported, criminalized, and dehumanized (Gallardo & Delgado-Romero, 2013).

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Ontological security is described as the certainty that individuals experience when people and material things are predictable and stable in their lives (Vaquera, Aranda, & Sousa-Rodriguez, 2017). Trust is an essential aspect of ontological security, so when people or material things are unpredictable and unstable in the lives of individuals, the loss of trust can significantly impact their psychological well-being (Vaquera, Aranda, & Sousa-Rodriguez, 2017).

Immigration policy that constantly threatens the ontological security and sense of security of people creates constant fear and uncertainty that over time can culminate into serious psychological distress that can lead trauma, depression, and anxiety (Fiddian-Qasmiyeh, 2016; Vaquera, Aranda, & Sousa-Rodriguez, 2017; Kirsten & Boneparth, 2017).

Citizenship is a social construct created by European colonization that resulted in the genocide of native people and the “otherization” and dehumanization of non-European populations who were and continue to be treated as second class despite their nativity in the U.S. (Saraceni & Jacob, 2018). Individuals who have legal status in the U.S., either via birth or a legal process can still be discriminated against despite having legal status. The maltreatment of groups of people despite having legal status are often described as being treated as second class citizens. The continued effects of colonization and current immigration policy can be identified in immigration policies aimed to prevent the social and economic mobility of individuals who have an undocumented legal status by criminalizing their actions (Cadenas, Bernstein, & Tracey, 2018).

For example, Arizona’s SB1070, requires individuals who have an undocumented legal status to have legal identification with them at all times (Toomey et al., 2014). The result of this policy has led to law enforcement officials enforcing federal immigration laws by verifying the immigration status of individuals who are suspected to reside in the U.S. without legal

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documentation. The passing of laws such as Arizona's SB1070 bring forth reasons to study the effects of the political atmosphere on the overall well-being of communities who have an undocumented legal status.

Additionally, individuals who have an undocumented legal status are not eligible for public benefits, health care, or federal financial aid. In an analysis on the Affordable Care Act (ACA), the National Immigration Law Center (NILC, 2013) suggested that under the existing ACA eligibility requirements, only U.S. Citizens and lawfully present immigrants are able to purchase health insurance. This means that under the ACA, people who are undocumented are not be able eligible to purchase their own health insurance even if they are able to afford it (Marrow, 2012). It is estimated that about one third of the remaining 23 million uninsured Americans are undocumented individuals as of 2019 (Marrow, 2012; Ortega, Rodriguez, & Vargas Bustamante, 2015). Denying health insurance to undocumented immigrants results in the overuse of emergency services and limits people from accessing preventative health care. As a result, individuals are limited to diagnoses of disease at advanced stages which lead to poorer health outcomes (Lee & Matejkowski, 2012). Moreover, excluding them from the ACA is inhumane (NILC, 2013; Hacker et al., 2011).

When people are marginalized, it becomes easier to discriminate and oppress them. (US-Immigration.com, 2018, p.1). When migration is politicized, immigration status is used as a tool to evoke control and power (Ishiwata & Muñoz, 2018). Oppression often results in inhumane practices displayed within existing structural institutions such as in education and labor. Empirical data on racial discrimination and oppression experienced by ethnic and minority groups contribute to mental health problems including depression, anxiety, fear, hopelessness and suicide ideation. (Tummala-Narra, 2014; Takeuchi et. al., 2007; Watkins & Shulman, 2008).

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In order to understand the health effects of oppression and discrimination that exist within institutions and that also occur interpersonally, one must fully understand the environments that bring upon injustice and violence (Heldke & O'Connor, 2004). When spaces and language are not accessible for individuals and communities to discuss their experiences, the effects are seen in psychological and somatic presentations such as depression and anxiety (Watkins & Shulman, 2008).

For example, the term 'undocumented' is directly tied to citizenship as a means of casting and punishing those who do not have it, consequently creating a second class of people (Udah & Singh, 2019). The current literature that examines the experiences of communities impacted by immigration policy describes communities as 'undocumented individuals.' However, this literature review will utilize a person-centered approach to language when referencing legal status and will instead refer to people impacted by U.S. immigration policy as *individuals who have an undocumented legal status*. The contextual information provided in this literature review will help readers gain a better understanding of immigration status and the implications of unresolved fear since the Donald Trump administration (Chadee, Sooknanan, & Williams, 2017) through the lens of health disparities while examining social determinants of health. Studies that have looked at social determinants of health claim that social conditions that reinforce inequity such as class, race, and discrimination lead to psychological diseases (Siemons et al., 2017). Social conditions such as class, race, and discrimination, and immigration status are structured to gain access to resources to prevent diseases and to treat them. Similarly, immigration status is a social condition structured to limit the social and economic mobility of immigrants with an undocumented legal status, which results in a health disparity pathway, where individuals with

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an undocumented legal status are limited or ineligible for health public health benefits to prevent or treat diseases.

Students Who Have An Undocumented Legal Status

Approximately 98,000 high school youth who have an undocumented legal status graduate each year (Mitchell, 2019). There are an estimated 200,000-225,000 (2% of all college students) individuals who have an undocumented legal status enrolled in higher education in the U.S. (Suarez-Orozco et al., 2015). The ruling of the U.S. Supreme Court Case *Plyler v. Doe* (1982) stated that children could not be excluded from K-12 public education because of citizenship status. Only 10% of students who have an undocumented legal status and who are 16-24 years of age go on to college compared to 25-30% of the total population (Lopez, 2014). Policy areas connecting immigration and education have resulted in making it almost impossible for students who have an undocumented legal status to access higher education (Cadenas, Bernstein, & Tracey, 2018).

Despite *Plyler v. Doe* (Gonzalez, 2015, p. 13), public education has failed to provide a gateway toward social mobility for university students who have an undocumented legal status to access and enroll in higher education. Even though *Plyler v. Doe* secured K-12 educational rights of children and youth with an undocumented legal status. Many of those who graduate from high school still face significant barriers enrolling in community college or 4-year universities (Clark-Ibañez, 2015; Locket, 2016). The institutional barriers that university students with an undocumented legal status face create an environment that reinforces isolation and discrimination (Clark-Ibañez, 2015). Students' ineligibility for federal financial aid due to their legal status exemplifies the institutional barriers and discrimination that prevent students from being able to fully integrate into education and society (Clark-Ibañez, 2015). For example,

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students who have an undocumented legal status face similar social and economic experiences to first-generation students who generally come from low-income backgrounds (Terenzini et al., 1996). University students who have an undocumented legal status are not eligible from federal financial aid and are also faced with various uncertainties brought about their immigration status, which may differ from that of their U.S. born, first-generation peers (Terenzini et al., 1996).

Instead, these institutional barriers which are a manifestation of racism and inequities that lie within immigration and educational policies are discriminatory and further reinforce questions of belonging and membership in the educational system and broader U.S. society (Clark-Ibáñez, 2015). State based, piecemeal educational policies (e.g., AB540 and the California Dream Act) make it difficult for university students to matriculate in public universities and complete their degrees despite the estimated 98,000 students who have an undocumented legal status that graduate from high school each year (Mitchell, 2019). Even though *Plyler v. Doe* (1982) permits children and undocumented young people to enroll in K-12 education, this policy is still restrictive as it does not provide a direct pipeline to higher education for all students who are able to graduate from high school. The result perpetuates a second class, making it less possible for youth who have an undocumented legal status to access a path toward higher education and social mobility in the U.S. (Gonzales, Ellis, Rendón-García, & Brant, 2018).

There are an estimated 1.9 million individuals have an undocumented legal status in the U.S. who are between 18-24 years of age (Pew, 2014). There is great diversity among university students who have an undocumented legal status, including a spectrum of immigration journeys, religious backgrounds, birth countries, and spoken languages (Teranishi, Suárez-Orozco, & Suárez-Orozco). Once enrolled in college, this diverse group of university students who have an undocumented legal status experience an array of difficulties in their pursuit of

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higher education, professional and career development, and citizenship attainment (Gonzalez, 2015). University students who have an undocumented legal status are not eligible for federal financial aid. To pay for their education, these students have to rely on grants and scholarships, which are scarce for this population (Suarez-Orozco et al., 2015). Between 2001 and 2013, state-based policies across the U.S. allowed university students with an undocumented legal status in some states to pay non-resident tuition fees that were previously not available to them as they were required to pay out-of-state fees and enroll as international students despite having lived in those states most of their lives (Borjian, 2018). Even though the passing of these policies allows for some university students to be exempted from paying non-resident fees at public colleges in some states in the U.S., not all university students qualify for this exemption. Students who are not eligible for this exemption because that state's specific eligibility requirement continue to pay non-resident fees. Additionally, students who are exempted from paying out-of-state tuition are still ineligible for federal financial aid (Minihan et al., 2018).

In addition to the financial concerns university students who have undocumented legal status face once they are accepted and enrolled in higher education, they are also faced with hostile environments and microaggressions when advocating for resources (Suarez-Orozco et al., 2015). Previous studies that examine the effects of microaggressions on student's college choice highlight the importance of having private spaces for students, having universities publicly endorse their support of undocumented college students, making financial aid and counseling services available to them, having a dedicated counselor or mental health clinicians dedicated to university students who have an undocumented legal status as key factors in supporting the overall wellness and students as well as creating a safe and welcoming campus.

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Once university students who have an undocumented legal status become enrolled in schools, they may be caught at the intersection of two broken systems: the education system and the immigration system (Lopez & Lopez, 2009). The majority of university students who have an undocumented legal status are first-generation college students who are the first in their families to obtain a bachelor's degree (Suarez-Orozco et al., 2015; Garriott & Nisle, 2017). Similar to first-generation college students who are faced with challenges related to social and financial inequalities perpetuated and supported by classism and merit (Garriott & Nisle, 2017), university students who have an undocumented legal status experience stressors including: living away from home, adjusting to the academic culture, building social capital, managing time, having to work multiple jobs to make ends meet, and experiencing uncertainty related to their immigration status and education (Garriott & Nisle, 2017; Suarez-Orozco et al., 2015). Still, despite low acculturation and limited access to high-skilled labor markets, university students who have an undocumented legal status have been able to succeed in school despite the challenges brought about their legal status (Locket, 2016).

Even though the emerging literature related to the experiences of students who have an undocumented legal status in higher education has focused on 4-year university students, we know that students who have an undocumented legal status enroll and attend community colleges as well as Jesuit universities (Negron-Gonzales, 2015). Furthermore, the unique experiences of university students at Jesuit institutions have not been studied (Negron-Gonzales, 2015). Few Jesuit universities have formal programs that support university students who have an undocumented legal status.

There are 28 Jesuit universities in the United States. Themes that resulted from a mixed-methods study at the University of San Francisco (USF) which aligned with data collected from

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the Immigrant Student National Position Paper (ISNPP) that examined the experiences of university students with an undocumented legal status at Jesuit 28 universities in the United States. The exploratory, mixed-methods study conducted at USF sought to (1) investigate the experiences and challenges faced by undocumented college students at USF and (2) examine the influence of institutional practices and policies on the experiences of students who have an undocumented legal status at USF. The emerging themes from the study conducted at USF suggested that (1) social justice is a draw and an anchor for students who have an undocumented legal status , (2) an institutional culture of silence breeds silence as an individual navigational strategy among students who have an undocumented legal status , and (3) unique financial stresses shape feelings of belonging for students who have an undocumented legal status.

According to the findings included in the ISNPP study (Immigrant Student National Position Paper Report on Findings, 2013), there is a general understanding that individuals who have an undocumented legal status attend Jesuit university. However, there is no system in place to monitor the enrollment or number of university students who have an undocumented legal status that apply to Jesuit universities each year. The students that were interviewed in the ISNPP study reported that they felt more comfortable disclosing their status to their peers than faculty and staff of fear of legal repercussions toward them or their family (Immigrant Student National Position Paper Report on Findings, 2013). This level of fear impacts their ability to access resources to meet their needs. The ongoing financial aid stressors, including encountering faculty who are not trained to understand their experiences. For example, students reported that found academic advisors helpful regarding courses recommendations but not at all regarding immigration issues or experiences. The ISNPP (Immigrant Student National Position Paper Report on Findings, 2013) identified continued support once enrolled, social and emotional

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assistance, being safe on campus from law enforcement, help on campus integrating into both academic and extracurricular activities as main themes in their study findings (Immigrant Student National Position Paper Report on Findings, 2013)

Deferred Action for Childhood Arrivals (DACA)

Even though the Federal Dream Act was introduced in 2001 and proposed to provide legal status to undocumented youth who entered the U.S. as children, graduated from U.S. high schools, and plan to attend college or enter the military, the Federal Dream Act has never been passed (Lowell & Suro, 2002). Approximately 1.4 million immigrant youth who currently live in the United States would be eligible for a bill such as the DREAM Act (Lowell & Suro, 2002). Even though the federal Dream Act has never been passed, the student civic engagement and political activism of university students who have an undocumented legal status in education over the last 10 years has strengthened and expanded the immigration narrative (DeAngelo, Schuster, & Stebleton, 2016). The collective pressure that communities who have an undocumented legal status placed on the Obama administration to pass a comprehensive immigration policy during 2012 resulted in a historical executive action made by President Obama in June 15, 2012. Obama introduced Deferred Action for Childhood Arrivals (DACA), a program in which certain undocumented youth are able to request U.S. Immigration Services to exercise prosecutorial discretion to let them stay in the U.S. for two years at a time (Jerabek, 2018). Young people who have an undocumented legal status who are eligible and approved for this program receive a social security number, which makes them eligible for a two-year work permit and a driver's license (DHS, 2013). Approximately 700,000 individuals are registered in the DACA program (ILRC, 2019). About 57 percent of DACA beneficiaries have obtained a driver's license for the first time which means that they are able to get a form of identification

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and are able to drive without fearing deportation if they are pulled over for a traffic violation, which often puts individuals who have an undocumented legal status at risk for detention and deportation (Gonzalez & Chavez, 2014). The undocumented student rhetoric has focused on the idea that university students who have an undocumented legal status are just as American as their U.S. born counterparts despite having immigrated to the U.S. as children and having very little to no memories of their birth countries (Lizacano, 2011). This argument has been used to advocate for undocumented college students' right access to higher education, resulting in programs such as DACA (Lizacano, 2011). However, the underlying message when comparing university students who have an undocumented legal status to their U.S. born counterparts is problematic, as it promotes meritocracy within the bounds of education and immigration, ultimately promoting the "right" immigrant (Saldaña, Chacon, & Garcia-Perdomo, 2018, p. 790). The "right" immigrant are those considered to fit the racial hierarchy with that of "European Americans" (p. 70) as part of the dominant group in the U.S. "Right" (p.70) immigrants are not those that cause a threat to the U.S. and so by criminalizing immigrants that do not mirror the racial hierarchy of the European Americans in the U.S., all individuals who fall outside of that dominant group are depicted as threatening and "wrong" (p.70). The message reinforces deservingness for the purposes of immigration legislation based on a particularly desired acculturation and assimilation process that welcomes immigrants who endorse and reflect cultural practices accepted as the norm in American society (Lizacano, 2011; Dingeman et al., 2016).

On September 5, 2017, President Donald Trump briefly rescinded Deferred Action for Childhood Arrivals (DACA), the program for undocumented immigrants who arrived in the U.S. before the age of 16 that provides temporary protection from deportation, eligibility to apply for

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a social security number, and ability to receive a work authorization permit for two years until they are required to re-apply and pay a fee of \$450 (“Deferred Action for Childhood Arrival (DACA/DAPA),” ILRC, 2018). A San Francisco federal judge blocked Donald Trump’s effort to end DACA in 2017 and determined that U.S. Citizenship and Immigration Services must (USCIS) accept DACA renewals across the U.S. (“Deferred Action for Childhood Arrival (DACA/DAPA),” ILRC, 2018). Trump’s efforts to end a program that protects individuals from deportation was targeted and intended to induce fear among a marginalized group in the U.S. (Cadenas, Bernstein, & Tracey, 2018). Current studies about DACA have focused on analyzing the positive benefits of DACA, suggesting that the program has led to their formal economic integration into U.S. society as well as increased the beneficiaries’ participation society (Cadenas, Bernstein, & Tracey, 2018, p. 564). Studies that examine the negative impact of terminating DACA argue that ending DACA would not only put thousands of beneficiaries at risk for deportation, including 241,00 students, but terminating the program would jeopardize their employment, financial security, access to higher education, and overall psychological wellness (Enriquez, Morales Hernandez, & Ro, 2018; Cadenas, Bernstein, & Tracey, 2018; Gonzales et al., 2018). A recent study by Enriquez, Morales Hernandez, & Ro (2018) used a fear of future measure where they asked students with DACA status how worried they were about the possible termination of DACA. The results from this study for level of worry about the threat of terminating DACA demonstrated that 70% of 508 respondents with DACA reported being worried about the future of DACA daily (Enriquez et al., 2018).

Policy Actions In The Trump Administration

The impact of racism on the mental health of minority groups in the U.S. has been long documented in the literature (Sue et al., 2007). Trump’s presidency and his anti-immigrant

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rhetoric has carries out a series of anti-immigrant policy changes that have directly impacted the lives of individuals who have an undocumented legal status in the U.S., including immigrants with legal status (Pierce & Seele, 2017). The consequences of these anti-immigrant policy changes have resulted in fear and confusion among immigrant communities, including community members who have legal status and those who have an undocumented legal status.

Donald Trump tweeted, “Our country needs strong borders and extreme vetting, NOW. Look what is happening all over Europe and, indeed, the world - a horrible mess!” Since January 2017, he has signed a total of seven executive orders related to immigration. Donald Trump’s comments exemplify the xenophobic rhetoric he has carried out personally and legislatively through policy changes by the Department of Homeland Security since being inaugurated into office. For example, Donald Trump signed a public safety executive order that would strip federal grant funding from states protecting community members who have an undocumented legal status. Additionally, Trump redirected funding to increase the militarization of the border, including 5,000 border patrol agents (Washington Post, Zoppo, Santons, & Hudgins, 2017). In January 2017, Trump introduced an executive order banning nationals of Syria, Iran, Iraq, Libya, Sudan, Yemen and Somalia from entering the United States; temporarily rescinded the Deferred Action for Childhood Program; and ended Temporary Protected Status (TPS) for nationals from El Salvador, Haiti, Honduras, Nepal, Nicaragua, Somalia, Sudan, South Sudan, Syria, and Yemen (Pierce & Seele, 2017). According to a policy brief from the Migration Policy Institute, the number of admissions to people seeking refuge has been the lowest since 1980 (Pierce & Seele, 2017). On August 2019, Donald Trump introduced a public charge rule against green card holders receiving public benefits, which would ultimately bar them from citizenship of the U.S. (National Immigration Law Center, 2019).

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Consequences of Discrimination

Negative language and terms used to describe immigrant communities promote hate and violence (Murray & Marx, 2013). Hate speech and microaggressions result in an increase of fear among communities that are targeted (Hendricks, et al., 2007). Sue and Sue's (2009) microaggression framework includes the following categories of microaggressions: microassaults, microinsults, and microinvalidations. Microaggressions are defined as "everyday verbal, nonverbal, and environmental slights, snubs, or insults that regardless of intentionally create violent environments that elicit negative and discriminatory messages" (Nienhusser, Vega, & Carquin, 2016, p. 118). Microaggressions may be enacted intentionally and unintentionally. Microassaults are events that depict clear and overt racism, which can be traced back to the intent of the perpetrator to harm the victim. Microinsults, on the other hand, are not as overt and clear as microassaults, but still carry an intent to harm the victim, especially to attack various aspects of the victim's identity. In relation to one's legal status, microaggressions may result in discrimination, exploitation, and fear of deportation, which can influence depressive symptoms (Cobb et al., 2009). Moreover, studies have found that exposure to hate speech impacts psychological well-being among ethnic/minority communities (Soral, Bilewicz, & Winiewski, 2018).

McDonald and Erez (2007) argued that victimization of crime increases with greater levels of acculturation, suggesting that acculturation is a mediating factor in fear of crime but not a cause. Additionally, they reiterated that immigration status as it relates to victimization of crime is only one contributing factor to the low numbers of reports of hate crimes against immigrants, as some immigrants belong to the same race/ethnic group of the host country and are able to benefit from the same privileges as those of the dominant group in the host country

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(McDonald & Erez, 2007). In other words, hate crimes against immigrant communities in the U.S. may be more related to their racial/ethnic phenotypic characteristics than immigration status (McDonald & Erez, 2007).

Another form of discrimination that university students who have an undocumented legal status face around their status is microaggressions (Nienhusser, Vega, & Carquin, 2016). Microaggressions may be enacted intentionally and unintentionally. Microassaults are events that can occur daily as clear and overt racism (Torres-Harding, 2019). Microinsults, on the other hand, are not as overt and clear as microassaults but still carry an intent to harm the individual, especially to attack various aspects of the individual's identity. Microaggressions, which can be unintentional or unconscious, are acts of discrimination that may be more harmful than overt racism because they can be accumulative and concealed, which makes them much more difficult to identify and confront (Liu et al., 2019). Microaggressions can influence depressive symptoms (Cobb et al., 2009). Racial interactions are situations where someone's race between two individuals or between a person and institution becomes a source of topic or focus, which can be experienced as painful by many students of color. Individuals continue to experience physiological, affective, and cognitive states following an event or interpersonal interaction where someone's race or ethnic identity is used as the basis for discrimination. These states include hyperarousal, rumination, avoidance, anger, or sadness about the situation (Liu et al., 2019; Huber & Cueva, 2012). Repeated exposure to microaggressions activate these physiological, affective, and cognitive states, which may lead to psychological effects such as depressive symptoms. Solorzano (2010) suggests that racial microaggressions can be assessed considering types of microaggressions (based on gender, class, race, language, immigration status), context (how/location of where microaggressions take place), effects of racial

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microaggressions (physical, emotional, psychological impact), and responses to racial microaggressions (how people react to microaggressions that occur relationally and within institutions). For individuals with intersecting identities, the risk or exposure of discrimination may be compounded based on intersectional identities including sex, gender, age, sexual orientation, race, and ability and the various intersecting social systems of inequality they face (Solorzano, 2010). Sex, gender, age, sexual orientation, race, and immigration status are all intersecting identities that impact the experiences of university students who have an undocumented legal status (Clark-Ibañez, 2015).

These frequent behavioral, environmental, and verbal types of racial microaggressions are taxing for students of color and are associated with perceived stress and trauma that when added and experienced daily can lead depressive symptoms (Torres-Harding, 2019). Moreover, students of color that experience microaggressions inside and outside of the classroom have described these experiences have impacted their sense of belonging and abilities in academic spaces (Huber & Cueva, 2012). Studies that have examined the impact of microaggressions among university students who have an undocumented legal status have found that students experience overt forms of discrimination via private, one-on-one interactions with university personnel, especially during their college choice process. These microaggressions include verbal and nonverbal cues when students self-advocate and encounter situations where they are forced to self-disclose their immigration status (Suarez-Orozco et al., 2015; Nienhusser, Vega, & Carquin, 2016). For example, studies suggest that the unsympathetic ways of delivering information related to financial aid policies, limited college choice information, college expectations, and life/college opportunities can reinforce fear of disclosure (Suarez-Orozco et al., 2015). Students who have an undocumented legal status who have experienced

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microaggressions and microinsults related to their immigration status also report that experiencing microaggressions provides insight about the university's preparedness in welcoming and supporting students who have an undocumented legal status, which can significantly impact their college choice process and ultimate college choice (Nienhusser, Vega, & Carquin, 2016). In summary, the psychological effects of microaggressions, which are also experienced as a form of trauma, have been linked to depressive symptoms as a consequence of the way in which these events and messages become internalized because of their subtle, cumulative, and constant occurrence (Huber & Cueva, 2012).

Chronic exposure to hate speech that promotes violence and creates toxic and unsafe environments lead to cognitive and behavioral outcomes that involve physiological and cognitive desensitization to hate speech among those exposed to it (Soral, Bilewicz, & Winiewski, 2018). It is important to note that what Soral et al. (2018) explain as desensitization to hate speech is a survival response that is activated to cope with the aggressive language and threatening content. Studies argue that hate speech increases the expression of prejudice and is one of many forms of prejudice and racism (Boeckmann & Liew, 2002; Soral, Bilewicz, & Winiewski, 2018).

In the U.S., the majority of hate crimes are racially motivated and have historically targeted African American and Latinx communities (Hendricks, et al., 2007). Hate victimization is defined as harm done to a victim by a perpetrator who is mainly persuaded by racial bias of specific characteristics on the victim (Hendricks et al., 2007). The lack of research on the victimization of crime against immigrant communities due to language barriers and fear of deportation have prevented immigrant communities from being able to report their experiences (McDonald & Erez, 2007). Studies that have examined fear among Arab immigrant communities after 9/11 found that graffiti, vandalism, harassment, verbal threats, assaults, and

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physical violence were all used to enact hate crimes. Various studies that look at the impact of fear among communities with an undocumented legal status demonstrate strong evidence that crimes go unreported because of fear of deportation and language barriers (McDonald & Erez, 2007). Research demonstrates that survivors of hate crimes often do not report them because they may fear that their reports will lead to repercussions, fear of deportation/detention, which ultimately place individuals who have an undocumented legal status at a much greater risk for becoming victims of crime or exposed to traumatic events that can lead mental health outcomes such as anxiety and depression (Hendricks, et al., 2007).

Additionally, research on legal consciousness and ontological security argues that racial discrimination may lead to low self-esteem. More specifically, university students who have an undocumented legal status deal with discrimination because of their legal status and intersecting identities (Negrón-Gonzales, 2017; Fong & Earner, 2007; DeAngelo, Schuster, & Stebleton, 2016). Students who have an undocumented legal status may internalize aspects of the experiences around discrimination may negatively impact their self-esteem and internal locus of control, ultimately putting them at risk for depression and anxiety (Schwartz, Montgomery & Briones, 2009). Anti-immigrant climate, poverty, violence, and marginalization against communities that have an undocumented legal status add to high levels of uncertainty and fear of deportation which force individuals to adopt an identity that is expected to be hidden (Vaquera, Aranda, & Sousa-Rodriguez, 2017; Gonzales, Suárez-Orozco, & Dedios-Sanguinetti, 2013). In other words, the marginalization and oppression students face force them hide salient parts of their identity, which adds to stress to their sense of belonging and self-worth, which can lead to clinical levels of anxiety and depression (DeAngelo, Schuster, & Stebleton, 2016). There is currently a dearth of literature in trying to understand how individual identity is situated given

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the political structures set by the social construct of illegality (DeAngelo, Schuster, & Stebleton, 2016).

Health Benefits of DACA Receipt

Recent studies that have examined the wellbeing of DACA beneficiaries two to three years after DACA was implemented compared to individuals without DACA report that individuals who benefited from DACA showed improved outcomes in educational attainment, economic stability, social and community integration, health care access, and mental health consistently among Latinx and Asian Pacific Islander (API) communities (Patler & Pirtle, 2017; Sudhinaraset et al., 2017). For example, having DACA allowed individuals to gain employment and terminate “under the table” jobs (i.e., jobs where payments are made directly in cash) where they were at risk of exploitation. Educational attainment and economic stability were found to be influential factors in DACA beneficiaries’ sense of empowerment and hope for the future (Cadenas et. al., 2018). Related to social and community integration, individuals reported that being able to obtain a driver’s license under DACA also influenced economic stability in being able to travel to and from jobs or school. Additionally, obtaining a driver’s license increased individual’s self-perception, political involvement, and identity (Sudhinaraset,et al., 2017).

Differences between Latinx and API communities were observed in the areas of community and social integration for API groups, where societal benefits of DACA were reported to create divisions within members of the API community with an undocumented legal status (Sudhinaraset, et al., 2017). For example, the protection of deportation granted via DACA encouraged DACA beneficiaries to become involved in their communities through discussions about immigration with their families and friends. Related to healthcare and mental health, DACA beneficiaries reported that before obtaining DACA, they ignored health concerns and

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used alternative ways to treat health conditions (Getrich et. al, 2019). Additionally, DACA beneficiaries have reported that having DACA has allowed them to better cope with daily stressors related to their immigration such as fear of deportation, uncertainty about the future, financial burdens, and family separation (Sudhinaraset, et al., 2017; Siemons et al., 2017).

Even though DACA has proven to positively impact the lives people who have been found to be eligible, many DACA beneficiaries still believe DACA to be a partial solution, as DACA is not a comprehensive legal status that grants beneficiaries or their families a pathway to citizenship (Cadenas et. al, 2018). For example, a separate study that looked at DACA outcomes comparing individuals who have benefited from DACA to individuals who did not receive DACA argued that psychological distress, negative emotions, and worry for deportation of self and family members continue to be present for both individuals who have DACA and individuals who do not have DACA or are not eligible to apply for the program (Petler & Pirtle, 2017). From a social determinants of health perspective, it is clear that the policies that increase the social and economic integration and mobility of individuals who have an undocumented legal status directly impacts health outcomes related to education and economic stability, social and community involvement, and healthcare access and mental health (Sudhinaraset et al., 2017).

Mental Health And Legal status

In general, empirical data examining the mental health of immigrants who have an undocumented legal status is limited (Ortega, Rodriguez, & Vargas Bustamante, 2015; APA Division 27, 2018). Depression among Latinx and Asian immigrant adults, the groups with the largest numbers of immigrant individuals in the U.S., is lower compared to their non-immigrant counterparts. While depression and anxiety are lower among Latinx and Asian immigrant adults, it would behoove us to explore how cultural and legal status mediate true prevalence rates

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(Sullivan & Rehm, 2005). Even though prevalence rates of depression and anxiety are much lower for Latinx and Asian immigrant adults, symptoms of depression and anxiety can still be elevated. For instance, in a mixed status family, an individual may not feel safe accessing mental health and medical health care, thinking that receiving health care services may impact their ability to regularize their status someday (Sullivan & Rehm, 2005). Therefore, it is vital to understand that the anxiety and depression stemming from fear experienced by immigrants who have an undocumented legal status may indeed be a reaction that is appropriate to the situation, and perhaps, the definition of PTSD under the DSM-5 does not accurately represent or explain the reactions of communities whose marginalization and dehumanization is tied to socially made traumas such as racism and oppression (Tummala-Narra, 2014). Research on trauma among immigrant populations with an undocumented legal status suggests that the current criteria for PTSD may not precisely identify symptom presentation (Garcini et al., 2017). Even though racial trauma has not been recognized as an agent to Post-Traumatic Stress Disorder (PTSD) in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), trauma stemming from racial and other forms of oppression do, in fact, impact one's overall wellness (Tummala-Narra, 2014).

These stressful situations reinforce mental health experiences such as frustration, guilt, shame, fear, anxiety, and depression (Suarez-Orozco et al., 2015; Gonzalez & Chavez, 2014). Young people who have an undocumented legal status may develop anxiety-based symptoms as they pursue academic and professional aspirations not only because of the fast-changing policies that reinforce uncertainty in their lives but also due to the pressures of navigating hostile environments that are not inclusive of their various identities, experiences, and particular challenges (Vaquera et al., 2017). Qualitative studies that have looked at the experiences of

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university students who have an undocumented legal status also state that university students who have an undocumented legal status report high levels of stress, worries, and anxiety related to student-based challenges as well as fear of deportation and detention (Spritzer et al., 2006; Suarez-Orozco et al., 2015).

The implication of having an undocumented legal status is a health disparity that puts university students who have an undocumented legal status and their families at risk for health-related complications such as chronic stress, anxiety, and depression (Suárez-Orozco, 2013). For example, Garcini et al. (2017) conducted a cross-sectional study, including 248 Mexican immigrants who had an undocumented legal status, analyzed clinical interviews that assessed Major Depressive Disorder (MDD), Panic Disorder, Generalized Anxiety Disorder (GAD), and Substance Use Disorder. The results found that 14% of the respondents met criteria for MDD, 8% met criteria for Panic Disorder, 7% met criteria for GAD, and 4% met criteria for Substance Use Disorder. The study found that participants (ages 18-25 years) who reported experiencing distress from their post-migration experiences were more likely to meet criteria for Major Depressive Disorder (MDD), Panic Disorder, Generalized Anxiety Disorder (GAD), or Substance Use Disorder (Garcini et al., 2017). The results in this study also showed that distress from perceived discrimination was associated with meeting criteria for a disorder.

Studies prior to the Trump administration suggest documentation status is a general health risk factor (Enriquez, Morales Hernandez, & Ro, 2018). Immigrant adults who have an undocumented legal status face daily stressful situations such as being at risk for deportation when pulled over a traffic violation. Life stressors and social resources influence how people perceive and approach life events, and when societies fail to provide basic human rights, they are denying people their health (Hinojos, 2013). Research on what is known about the difficulties

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that university students who have an undocumented legal status face have looked at some of the psychological effects between legal status and health. More specifically, these studies have focused on understanding stressors related to financial aid, academic stressors, fear of deportation, fear of the future, trust, sense of belonging, and identity. It is clear that university students who have an undocumented legal status were faced with daily, stressful situations that include events and interpersonal interactions on campus and in the classroom that question their sense of belonging even before the election of President Trump. More recently, university students with DACA and students without DACA experienced additional uncertainty about their lives when DACA was temporarily rescinded.

Determinants of Fear

Overall, the literature on fear and its impact on health looks at general fear and specific types of fear (Chadee & Ying, 2013). General fear (GF) is described as a standard level of fear experienced by an individual whose response is based on a threat in their environment. The fear response can occur due to an actual or an anticipated threat that signals danger to the individual (Chadee & Ying, 2013). The relationship between general fear and specific types of fear such as fear of victimization of crime and perceived victimization of crime versus actual victimization of crime, suggest that an individual's general fear (GF) likely informs fear of victimization of crime (FOC).

Past studies that examine fear have primarily focused on adult populations and have studied perceived risk of victimization of crime in neighborhoods, specifically to investigate social behavior (Shippee, 2012). The concept of fear of crime has been critiqued in the literature due to measurement differences given the multidimensionality of fear of crime, especially in how cognitive and emotional processes related to fear-based anxiety are measured and explained

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(Taylor, Eitle, & Russell, 2009). Existing literature that examines the impact of chronic fear on the health of underserved and underrepresented communities has primarily focused on fear of crime and neighborhood safety (Hacker et al., 2011). The literature on fear of crime and fear of victimization aim to understand how underserved communities experience fear of crime and how high levels of fear of crime lead to poorer health outcomes (Shippee, 2012). Due to the various definitions of fear, lack of operationalized term in the literature (Grinshteyn, 2013), and a dearth of research on general fear, this section aims to explain fear in the context of crime and perception of victimization of crime.

Fear is explained as a physiological, psychological, and behavioral response that is activated due to perceived risk of victimization as well as the actual exposure to victimization (Warr & Stafford, 1983). Fear of victimization suggests perceived fear is real for them and true to their experience regardless of whether there is an identifiable environmental stimulus that is reinforcing a fear response (Ackah, 2000). Fear and risk are not analogous, however, both fear and risk can yield similar physiological, cognitive, and emotional responses that can lead to real behavioral and cognitive outcomes (Chadee & Ying, 2013; Grinshteyn et al., 2017). It should be noted that even though there is a difference between actual fear and fear of perceived risk, the fear that is produced is real for individuals whether there is an identifiable environmental stimulus that is reinforcing the fear response. However, when there is a disproportion between the fear response and the risk, the fear that is produced may be still detrimental to the body, unnecessary, and should therefore be prevented (Grinshteyn et al., 2017). Yin's (1985) framework of fear of crime suggests that fear is a function of an individual and their/her/his environment and that there are existing personal and environmental factors that interact with one another to create a fear response, whether there is an actual or perceived threat (Schulz, 2006).

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For example, fear of victimization of crime in a neighborhood also encompasses perceived and actual fear, which often involve personal and environmental evaluations of one's ethnic/racial identity, gender, age, past experience of criminal victimization, access and participation of social activities, and police trust/mistrust (Shippee, 2012). Combined, personal and environmental factors can result in two different fear responses even if the context that is eliciting the fear is the same (Schulz, 2006). Fear and anxiety are often explained interchangeably (Schulz, 2006) though they are not the same. Even though fear is described as an emotional response to real or perceived fear and anxiety is the anticipation of future danger (APA, 2013), both, fear and anxiety are rooted in different sources. In other words, fear and anxiety are not the same (APA, 2013). Furthermore, there is a difference between general levels of anxiety and clinical levels of anxiety. General anxiety involves developmentally appropriate levels of worry that are and congruent to the environment. Clinical levels of anxiety, on the other hand, encompass levels of worry that are disproportionate in length and context (APA, 2013). In other words, general anxiety and clinical anxiety both involve fear, but the difference is the length and context in which they both occur. The existing literature on fear explains that fear of crime is a combination of physical, psychological, and social reactions to possible fear of victimization (Ackah, 2000). However, causal effects are ambiguous despite the known inverse correlation between fear of crime and mental health (Stafford, Chandola, & Marmot, 2007). When fear becomes constant and chronic and becomes integrated into the daily lives of people, physiological, psychological, and behavioral effects induce stress in the body that manifest in survival reactions such as hypervigilance, avoidance, and withdrawal (Goodman et al., 2017; Sullivan & Rehm, 2005).

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Consequences of fear. Fear is an emotional response that is activated when a person is faced with actual or perceived physical or psychological risk (Gray, 1987; Grinshteyn et. al., 2017). Fear has an evolutionary component that is considered to be a learned response that is appropriately activated in specific contexts and situations (Gray, 1987). It is important to note that a fear response is intended to be activated only for a short period of time to deal with the danger at hand. Once the fear is resolved, the body is to return to its baseline homeostasis through the activation of the parasympathetic system. For example, when an individual is exposed to a lion, a biological process is activated. The sympathetic system activates one's fight or flight response, a biological and adaptive process (Chadee, Sooknanan, & Williams, 2017). The parasympathetic system, on the other hand, is activated to allow individuals to return to homeostasis (Marks & Nesse, 1994). When the parasympathetic system is activated, the prefrontal cortex is enabled, allowing for higher, complex cognitive process that include detailed planning and execution. Executive functioning is necessary in order for individuals to carefully organize cognitive information, and thus, be able to respond to their environment in an adequate manner.

Although theories suggest that fear of crime could lead to poorer mental health, it is also possible that existing mental health conditions could increase a person's sense of vulnerability to fear of crime (Stafford, et al., 2007). Even though the literature argues that fear of crime and fear of victimization of crime are linked to poorer behavioral and cognitive health outcomes, causality between fear and mental health outcomes such as depression, and anxiety is variable across the literature (Stafford et al., 2007). For example, Grinshteyn et al. (2017) conducted a study that examined endogeneity bias and the relationship between fear of violent crime and depression-anxiety in an urban neighborhood in Chicago, Illinois among an adolescent

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population. The study revealed a positive effect between fear, depression, and anxiety, suggesting a direct relationship between fear and symptoms of depression and anxiety. Even though the results cannot be generalized because the results are based on one specific population in one city, it is important to understand that while there may be a bidirectional relationship between existing mental health outcomes and long-lasting fear that is unresolved, this study found support for fear being predictive of anxiety/depression (Grinshteyn et al., 2017).

The long-lasting, effects of unresolved, constant, and chronic fear (Castaneda & Segerstrom, 2004; Chadee, Sooknanan, & Williams, 2017) essentially stresses the sympathetic and parasympathetic system, resulting in health outcomes such as a “weaker immune system, ulcers, damage to the brain, fatigue, acute stress, panic, anxiety, depression, and premature death” (Grinshteyn, 2013, p. 26). Behavioral components of an unresolved fear response at the individual level may include avoidance, withdrawal, mistrust in others, and reduction in social and community interaction (Stafford, et al., 2007; Taylor, Eitle, & Russell, 2009; Grinshteyn, 2013). Evidence on the long-lasting effects of fear at the behavioral level shows that individuals who present with greater levels of fear of crime may not want to leave their home. The combined physiological, behavioral, and cognitive factors are risk factors in developing depressive and anxiety-based symptoms (Grinshteyn, 2013).

Fear of deportation. Literature on fear of deportation has primarily focused on Latinx adult populations as well as student populations (Becerra et al., 2017). Research on fear of deportation has examined some of the negative effects of fear of deportation as an ongoing life stressor that impacts help-seeking behaviors, coping strategies, utilization of health care, and perceptions of law enforcement and crime (Tuomisto & Roche, 2018; Becerra et al., 2017). Additional studies have examined health outcomes, examining fear of deportation and

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immigration status as risk factors related to cardiovascular diseases (Torres et al., 2018). Even though existing literature on fear of deportation has examined its impact from a health disparity perspective in trying to understand the relationship between context and wellbeing, there is still much needed research to better understand the relationship immigration status and fear of deportation as risk factors to psychological distress. Hacker et al. (2011) looked at the impact of immigration and customs enforcement on people seeking asylum in Everett, Massachusetts and found that fear of deportation was linked with poorer perceived-health as well as participants' decreased participation in health care services, particularly after ICE raids were conducted.

Significance and proposed impact. Political climate refers to the attitude and reactions of a population about a political issue (Wright & Esses, 2019; Wadhia et al., 2017). The political climate under the Trump administration brought about xenophobic attitudes toward immigrant communities, especially individuals who have an undocumented legal status (Wray-Lake et. al., 2018). Donald Trump's 2016 presidential was prejudiced toward immigrant communities, and since taking office, Donald Trump has continued to target individuals with an undocumented legal status by threatening to enforce stricter deportation efforts by militarizing the borders and terminating programs such as DACA (Crandall, Miller, & White, 2018). In an online survey about the 2016 U.S. presidential election, conducted by the American Psychological Association (APA, 2016), 52% of Americans reported that the presidential election was a source of stress. Therefore, understanding the mental health outcomes of fear of deportation among those with an undocumented legal status since the election of Donald Trump is of significant importance to better advocate for the safety and wellness of communities who have an undocumented legal status (Wray-Lake et. al., 2018). Given the political climate under the Trump administration and the need to address immigration status from a health disparity perspective, the impact of this

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study is expected to provide an opportunity for researchers, educators, allies, mental health providers, and the broader community to better understand how to support university students who have an undocumented legal status so that these disparities can be addressed and prevented. Given the relatively small number of studies that have examined fear among undocumented populations and especially undocumented university populations, this work will also contribute to the knowledge in this area, providing a better understanding of fear among students with an undocumented legal status. Additionally, the impact of this study will expand on the existing literature about the various challenges university students who have an undocumented legal status face so that institutions consider are better able to develop integrative services, including legal, academic, funding, and mental health resources.

This study is in line with the following Jesuit education core values: *cura personalis*, contemplatives in action, and the pursuit of justice and liberation for all people. *Cura personalis* promotes the human dignity of a person by considering the mind, body, and spirit of the person. This study aims to understand the impact of fear of deportation under the Trump administration on the lives of university students who have an undocumented legal status to promote human dignity and right to physical, mental, and spiritual wellness. Additionally, this work will highlight the injustice in threatening to end programs that protect students who have an undocumented legal. Therefore, this study will incorporate values pertaining to liberation psychology to actively understand the psychology and experiences of communities that experience oppression so that socio political structures in which they exist are addressed and challenged. Moreover, this study aims to be proactive by addressing this problem and ensuring that the voices of the students are fully reflected and incorporated when making

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recommendations about support services to better support their psychological, physical, and political safety and wellness.

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Chapter III

Research Aims and Hypotheses

This mixed methods study will examine how USF students who have an undocumented legal status experience fear of detention and fear of deportation in their daily lives as well as how these fears have affected their mental and emotional health. This study will address the following research questions:

Quantitative Research Questions

1. What is the level of concern of deportation/detention of self/family/community members of university students who have an undocumented legal status?

Hypothesis. A majority of university students who have an undocumented legal status will report some of the time or most of the time when assessing concern of deportation/detention of self/family/community.

2. What is the level of symptoms of depression of university students who have an undocumented legal status?

Hypothesis. A majority of university students who have an undocumented legal status will report mild (cut-off scores between 0-4) or moderate (cut-off scores between 10-14) elevations on screener that measure symptoms of depression.

3. What is the level of symptoms of anxiety of university students who have an undocumented legal status?

Hypothesis. A majority of university students who have an undocumented legal status will report mild (cutoff scores between 5-9) or moderate (cutoff scores between 10-14) elevations on screener that measure symptoms of anxiety.

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4. What is the level of symptoms of trauma of university students who have an undocumented legal status?

Hypothesis: A majority of university students who have an undocumented legal status will report moderate elevations or above (cut off scores above 30) on a screener that measures symptoms of PTSD.

Qualitative Research Questions

1. How have university students who have an undocumented legal status at USF experienced fear of deportation/detention, fear of hate speech, and fear of microaggressions since the Donald Trump presidency?

2. What are informal and formal coping strategies that university students who have an undocumented legal status practice daily to manage stressors related to their immigration status, fear of deportation/detention of self/family members/community since the Donald Trump presidency, and their overall mental health and well-being?

3. What type of university support do students who have an undocumented legal status are currently receiving and want to receive to support their emotional health, including financial and legal security

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Chapter III Methods

This study will use a convergent parallel mixed-methods approach to examine how USF students who have an undocumented legal status experience fear of detention, fear of deportation, fear of microaggressions, and fear of hate speech since the Trump administration. A mixed-methods study involves quantitative and qualitative elements. The quantitative component of a mixed methodology includes measures aimed to capture units of an overall understanding of a particular behavior (Passer, 2014). More specifically, a convergent parallel design is a mixed-methods approach that is used to collect and analyze quantitative and qualitative data simultaneously, while equally prioritizing both the qualitative and quantitative components along with the data gathered from each. The two sets of data are analyzed independently until they are merged during the interpretation phase. It is during the interpretation phase that the qualitative and quantitative data are merged to better understand the phenomena being studied. The goal of a convergent parallel design is to gather and analyze the quantitative and qualitative components independently and concurrently while emphasizing their integration during the interpretation phase (Garcia et al., 2017). This design allows for the phenomena of interest to be understood from multiple perspectives. For example, this study aims to understand the presence of depressive and anxiety-based symptoms among university students who have an undocumented legal status.

Quantitative Component

The quantitative component of this study aims to understand the presence of worry of deportation of self/others, depressive, anxiety, and trauma-based symptoms among university

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students who have an undocumented legal status. The instruments that will be utilized will provide an opportunity to measure elevations symptoms of depression, anxiety, and trauma among this university population and make inferences about the relationship between fear due to legal status depression, anxiety, trauma during the Donald Trump presidency. Students will first be asked to complete a series of demographic questions, followed by the Deportation Worries measure (Suarez-Orozco et al., 2015) (See Appendix A), Generalized Anxiety Disorder-7 (GAD-7, Spitzer et al., 2006 (Appendix B), Patient Health Questionnaire-9 (PHQ-9, Kroenke, Spitzer, and Williams, 1999) (Appendix C), and the Post-Traumatic Checklist-Civilian Version (PCL-C) (Weathers et al., 1994) (Appendix D). The purpose of having participants complete the aforementioned questionnaires is to screen for levels of worry related to deportation/detention of self/family members as well as general psychological distress associated with symptoms of anxiety, depression, and trauma.

Qualitative Component

The qualitative component of a convergent parallel design study, which in this case will incorporate in-depth interviews, allows the researcher to identify phenomena that is unknown to better understand and explain why and how phenomena occur. Moreover, the qualitative component of a convergent parallel design study aims to explain as spectrum and various perspectives of the effects of the problem being studied (Creswell and Plano-Clark, 2011). This study will gather qualitative data from 90-minute in-person interviews about the participants' experiences related to the following areas: mental health, immigration status, education, fear (e.g., fear of deportation/detention, fear of victimization, fear of microaggressions, fear of hate speech), and the Trump administration's policies and actions.

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The qualitative component will begin immediately after the participants complete the Deportation measure (Suarez-Orozco et al., 2015), Generalized Anxiety Disorder-7 (GAD-7, Spitzer et al., 2006), the Patient Health Questionnaire-9 (PHQ-9, Kroenke, Spitzer, and Williams, 1999), and the Post-Traumatic Checklist-Civilian Version (PCL) (Weathers et al., 1994). Semi-structured, in-depth, face-to-face interviews will be conducted to better understand how university students who have an undocumented legal status have experienced fear of detention, fear of deportation, fear of victimization of risk of hate crimes, fear of hate speech, fear of microaggressions, anxiety, depression, and trauma under the political structure of the Trump administration (Enriquez, Morales Hernandez, & Ro, 2018). Qualitative studies with university students who have undocumented legal status have been effective using face-to-face interviews to better understand themes from more of a naturalist perspective (Cervantes, Minero, & Brito, 2015). By having a back-and-forth conversation between the interviewer and the interviewee, interviewees are positioned as experts in their narratives and researchers as listeners and students (DeAngelo, Schuster, & Stebleton, 2016). Power dynamics between the interviewer and the interviewee should be acknowledged in this form, not only to address confidentiality and safety, but to value the importance and risk and courage university students who have an undocumented legal status demonstrate in telling their stories (Katsiaficas et al., 2016; Cervantes, Minero, & Brito, 2015). Additionally, face-to-face interviews allow for trust building opportunities when addressing confidentiality and safety about data collection and data analysis (Crowe, Inder, & Porter, 2015). The interviews will follow a semi-structured interview guide (See Appendix D) that will address the participants' overall mental health, coping strategies, impact of fear of deportation on their daily lives, educational experiences, and recommendations

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they believe will improve their experience on campus (Enriquez, Morales Hernandez, & Ro, 2018).

Study sample. This mixed methods study will employ a convenience, purposive sample of self-identified university students who have an undocumented legal status, including current and former DACA holders. Students will be recruited using a convenience target recruitment process by leveraging support from internal sources at USF such as the Diversity Engagement and Community Outreach (DECO) Program and the Immigration Task Force at USF (see appendix E for letters of support). Recruitment flyers (See Appendix F) including details of the study will be provided and disseminated via email, in person, and social media outlets to prospective programs and allies at the university. Given the nature of the study, participants will be informed at the recruitment stage about confidentiality and consent terms (See Appendix G), including who will have access to the data and how the data will be stored.

Inclusion criteria. The inclusion screener (See Appendix H) process will ask the following questions to determine the participant's eligibility: 1) Do you currently have DACA? 2) Are you in the process of applying for DACA and have another legal document that protects you from deportation? 3) Do you self-identify as undocumented? At least 12 interviews will be conducted to reach saturation (Braun & Clarke, 2006). This study will require students to state having an undocumented legal status as defined by currently having DACA, previously had DACA, and/or currently being ineligible to obtain a legal document that permits them to stay in the U.S. that protects them from deportation. Participants must be aged 18 or older, be enrolled at USF, and be able to provide informed consent in English. Participants will include undergraduate and graduate students.

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Exclusion criteria. Exclusion criteria will include students who self-identify as formerly undocumented and/or currently hold any legal status permitting them in the U.S. Students whose preferred language is not English and who do feel they can engage in a conversational English will be excluded because English is the language that will be used to interview participants.

Procedures

Participants will be interviewed at a location of their choosing with the following being recommended location options on the university campus: campus conference room, study room at the Gleeson library, office space in Cowell Hall (School of Nursing and Health Professions building), or a room in Multicultural Center. The interviews will be conducted in English and are expected to last approximately 90 minutes. The interviews will be audio recorded and transcribed verbatim (Berk & Schur, 2001). Students will be offered the option of having a pseudonym be used. Careful consideration will be taken on the framework and tone of the questions around immigration status included in the interview guide to ensure the safety and confidentiality of the participants. The informed consent form (See Appendix G) will include information about how the data will be gathered. The informed consent form will include information about confidentiality, privacy, and data protection. Participants will be informed that the author of this dissertation will store the interview recordings in a secure location at in a locked file cabinet in a locked office at the University of San Francisco and will be deleted after they are transcribed. Once participants agree to consent form, the researcher will proceed with the semi-structured interview, (See Appendix D), which will begin with a brief intake (Appendix I) to gather demographic information regarding the participants' age, age of migration, educational level, gender, and ethnic/racial background, preferred language. All of the information collected will exclude any identifying information.

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Quantitative measures. First, the quantitative questionnaires will be used to gather baseline data about the participants level of concerns related to deportation of self/family members as well as general psychological distress measured by the Deportation Worries measure (Suarez-Orozco et al., 2015) (See Appendix A), Generalized Anxiety Disorder-7 (GAD-7, Spitzer et al., 2006) (See Appendix B) to measure symptoms of anxiety, the Patient Health Questionnaire-9 (PHQ-9, Kroenke, Spitzer, and Williams, 1999) (See Appendix C) to measure symptoms of depression, and the Post-Traumatic Checklist-Civilian Version (PCL-C) (Weathers et al., 1994) (See Appendix D) to measure symptoms of trauma.

The Deportation Worries Measure (see Appendix A). The Concerns with Deportation measure (Suarez-Orozco et al., 2015) assesses the level of worry with regard to deportation. The measure was informed by research conducted by the Research on Immigrants in College Project, the Higher Education Research Institute, and the National UnDACAmented Research Project (Suarez-Orozco et al., 2015). Since the development of the measure, a number of studies have utilized this measure on undergraduate university students who have an undocumented legal status attending two-year and four-year public and private institutions of higher education (Suarez-Orozco et al., 2015). Questions about worry of deportation/detention of self, family members, or friends include: “How often are you worried that family members or friends might be detained or deported?” and “How often are you worried that you might be detained or deported.” These questions are rated on a 4-point Likert scale ranging from 0 (never) to 4 (most of the time) and include the following response categories: 1: never; 2: little of the time; 3: some of the time; and 4: most of the time. Questions that ask about previous experiences with detention and deportation of self and other people they know include: “Have you ever been detained because of your immigration status?” and “Do you personally know anyone who has

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been deported?” These questions include “yes” or “no” as response categories (Suarez-Orozco et al., 2015). Psychometric properties and scoring norms were not reported at the time the test was developed. However, the initial sample determined an alpha of .69.

The Generalized Anxiety Disorder-7 Questionnaire (See Appendix B). The Generalized Anxiety Disorder-7 (GAD-7, Spitzer et al., 2006) is a seven-item questionnaire to screen for anxiety symptoms during the last two weeks. The screener is self-report and allows participants to respond from “not at all,” “several days,” “more than half the days,” to “nearly every day.” The norming guidelines (Spitzer et al., 2006) indicate varying levels of anxiety: 0-4 minimal, 5-9 (mild), 10-14 (moderate), 15-21 (severe). A score of 10 or above indicates the clinical cutoff. This measure has good internal reliability with a Cronbach’s alpha of 0.91. This measure has been used with undergraduate college populations with an undocumented legal status and has a high internal reliability in general college populations internal reliability ($\alpha=0.85$) (Suarez-Orozco et al., 2015; Chilcot et al., 2018).

The Patient Health Questionnaire-9 (See Appendix C). The Patient Health Questionnaire-9 (PHQ-9, Kroenke, Spitzer, and Williams, 1999) is a 10-item, 4-point scale questionnaire, ranging from “0” (not at all) to “3” (nearly every day) based on the 9 DSM-IV depression criteria that assesses the presence of symptoms of depression. Meta analyses that have examined clinical cut-off scores for depression on the Patient Health Questionnaire-9 (PHQ-9, Kroenke, Spitzer, and Williams, 1999) are variable. Results from meta analyses do not report any significant differences in sensitivity or specificity at a cut-off score of 10 compared with other cut-off scores within this interval (8– 11) (Manea, Gilbody, & McMillan, 2012). Even though the instrument is short and highly reliable for diagnosing clinical levels of

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depression, studies recommend that that studies include results for all cut-off scores. Therefore, the cut-off scores for minimal depression are 0-4, mild depression 5-9, moderate depression, 10-14, moderately severe depression, 15-19, and severe depression, 20-27. Lastly, the PHQ-9 is a screening tool and it is not a stand-alone measure to diagnose clinical depression. The screening tool have been translated into a number of languages and has been employed in past research examining depression levels across immigrant populations (Kurz, Malcolm, & Cournoyer, 2005).

The Post-Traumatic Checklist-Civilian Version (PCL) (Weathers et al., 1994) (See Appendix D). The PCL is a 17-item, standardized, self-report screener for PTSD symptoms. There are two versions of the PCL, including one to screen PTSD symptoms among civilian populations and a second one that screens for symptoms of PTSD among military populations. The PCL can be modified to specific time frames or events. For example, instead of asking about “the past month,” questions may ask about “the past week” or be modified to focus on events such as deployment. The scoring procedures involve calculating a total severity score based on 3–5 (Moderately or above) as symptomatic and responses 1–2 (below Moderately) as non-symptomatic. The manner in which trauma symptoms present vary across cultural groups (Bressler, Erford, & Dean, 2018). Previous studies have found cross cultural validity of PTSD as a construct. The concept of flashbacks is one time that has been found to be more of a Western experience, which may differ across cultures. The PCL-Civilian Version is the most frequently used self-report among civilian and military populations and has been used among immigrant, refugee, undocumented, and college populations (Bressler, Erford, & Dean, 2018).

Qualitative measures. The interview guide (Appendix F) will include questions influenced by recent studies that have examined the intersection between educational and immigration as well as the impact of immigration status on mental health. The interview guide

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will incorporate the following areas based on themes about fear, immigration status, and health outcomes of fear and health of outcomes of immigration status seen across studies by Grinshteyn et. al. (2013), Clark & Ibanez (215), Enriquez et.al., (2018), Suarez-Orozco & Gonzales (2017): Mental Health and Well-Being, Immigration Status and Fear, Education, Trump Administration and Political Climate, Coping and Resilience, and Resources and Support.

Questions in the Mental Health and Coping and Resilience sections of the guide will draw from content presented in Clark & Ibanez (2015) and Enriquez et.al., (2018). More specifically, questions pertaining to stress and coping strategies were replicated from a study conducted by Enriquez et.al., (2018) that looked at stressors and coping strategies among university students with an undocumented legal status. The rationale for using questions and content area from this study was because the study was conducted soon after the presidential election and measures included in the study focused on fear of deportation as one of the stressors in the lives of university students with an undocumented legal status. Questions from the Immigration Status, Education, Coping and Resilience, and Resources and Support sections were influenced by several studies Clark & Ibanez (215), Suarez-Orozco & Gonzales (2017), and Negrón-Gonzales (2017) who have been leading researchers and immigrant rights advocates. The fear-based questions are influenced from studies by Grinshteyn et al. (2013) that examine social behavior related to fear of crime as well as Enriquez et al. (2018) that examines fear of deportation from a psychological perspective. The fear section is also intended to incorporate questions about risk of victimization, including threatening violence in the form of fear of crime, fear of deportation, fear of hate speech, fear of microaggressions, and fear of the termination of DACA. Finally, the Coping and Resilience and Resources and Support sections are influenced by the studies aforementioned. The questions included are focused on understanding the

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students' healing, empowerment, and sense of community inside and outside of the classroom (Huber & Cueva, 2012). The interview guide will first be piloted and reviewed by a non-USF university student who has an undocumented legal status.

Data Management & Analysis

Quantitative

The quantitative data analysis will gather demographic information pertaining to the participant's age, gender, ethnicity, language, age of immigration, education, and immigration status will be collected during the intake process. Sample means and proportions of the participants' gender, ethnicity, language, county of birth, education, and legal status will be calculated separately. A sample mean and range of the participants' chronological age and age of immigration will be calculated.

Percentages for each level of worry/concern of deportation of self/family members and percentage of respondents for each categorical variable compared to a similar population of university students who hold an undocumented legal status will be reported. A chi-square test will be utilized to compare the proportions of those in each category of the deportation concerns screener to a comparison sample population (Garlow et al., 2008; Martin, Usdan, Cremeens, & Vail-Smith, 2014).

Population means and prevalence rates of anxiety and depression among undocumented populations have only been gathered in one study (Garcini et al., 2017) among immigrants who have an undocumented legal status of Mexican origin residing near the California-Mexico border and the PHQ-9 and GAD-7 scores from the sample used in this research study will be compared to the scores from the published literature to assess differences. Based on results from the National Comorbidity Survey Replication (NCSR), Garcini et al. (2017) found much higher

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estimates for Major Depressive Disorder (MDD) and General Anxiety Disorder (GAD) under the DSM-IV in this undocumented population compared to the U.S. population. The total population sample in the NCSR (n=9,282) estimated prevalence rates for anxiety at 3% and 7% for MDD. Garcini et al. (2017) found prevalence rates of 14% (95% CI = 10.2; 18.6) for MDD and 7% (95% CI = 3.4; 9.8) for GAD in their sample mean of 248 immigrants with an undocumented legal status. This study will compare the sample means to the means in the general population and the undocumented population to determine whether the prevalence of major depressive disorder (MDD) and generalized anxiety disorder (GAD) found in this study are significantly different from either of these means. In addition, the sample means within each category of anxiety and depression will be compared to mean scores on the PHQ-9 found in a university sample (mean: 10.44; SD: 5.7) and prevalence within each category of depression will be compared with this university population (Garlow et al., 2008). This study will compare the sample means for anxiety using the GAD-7 to a university sample (mean: 5.7; SD: 5.2) (Martin, Usdan, Cremeens, & Vail-Smith, 2014). Finally, sample means in this study for trauma will be compared to population means in a general student sample using the PCL-C (Woolman et al., 2015; Weathers et al., 1994;). Mean scores and standard deviations for the overall score for each of the mental health screeners will be calculated using Excel (i.e., GAD-7 anxiety score, PHQ-9 depression score, and PCL-C trauma score). Percentages falling within each category of severity of anxiety (i.e., minimal, moderate, severe), depression (i.e., mild, moderate, moderate-severe, severe), and trauma (i.e., below cut-off, above cut-off) and percentages of participants meeting the clinical cut-off scores for each of the screeners will also be calculated using Excel. A one-sample t-test will be used to compare the means of anxiety, depression, and trauma measured by the GAD-7, PHQ-9, and the PCL-Civilian gathered in this sample to the means of a sample from

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previous studies that have used the GAD-7, PHQ-9, and the PCL-Civilian among university students (Garlow et al., 2008; Martin, Usdan, Cremeens, & Vail-Smith, 2014).

Qualitative

Interviews will be recorded, transcribed, and coded using inductive analysis (Braun & Clarke, 2006). The first phase of the data analysis will use Zoom to audio record each of the interviews (Video Conferencing, Web Conferencing, Webinars, Screen Sharing, 2019). The audio recordings will be set-up, electronically to automatically generate an audio transcription of the audio recording of the interview. Each of the audio transcriptions will be carefully reviewed and compared to the audio recording verbatim for accuracy. The audio recording will be set-up to save to a local computer rather than cloud to ensure confidentiality. During phase two, relevant codes will be generated in a structured manner across the data set (Braun & Clarke, 2006). The qualitative program software, Dedoose (2018) will be utilized to identify groups and categorize patterns.

A thematic analysis method will be used to identify, analyze, and report patterns/themes within the data gathered from the in-depth, semi-structured interviews (Braun & Clarke, 2006). The analysis aims to examine the events, realities, and experiences of the effects of fear of deportation and fear of detention since the presidential election of 2016 using thematic analysis. First, the entire data will be reviewed in depth to begin searching for meaning and patterns. While prevalence of key themes will be considered, the coding process will largely focus on coding for specific research questions. The researcher will become familiar with the data and will begin to explore and highlight possible themes. The data will be organized by generating a code book to reflect topics gathered from the interviews. The codes will help identify patterns in the data and will be interpreted at the latent level, where underlying ideas, assumptions, and

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conceptualizations will be summarized and examined to better explain the research questions.

The codes are generated after the data is transcribed and the researcher becomes familiar with the data by listing initial ideas about what is included in the data and what is interesting, which can be semantic and latent content (Braun & Clarke, 2006). Semantic content refers to the process of simply identifying what the participants has shared. The data is organized to identify patterns and then later interpreted in a summary format where the researcher develops a theory about the pattern that is usually supported or linked to previous literature (Braun & Clarke, 2006). Latent content refers to the process of forming a conceptualization of underlying sources that provide meaning to the understanding of the phenomenon studied (Braun & Clarke, 2006). The initial coding for these initial themes will be data driven and the codes that are identified will be grouped. During phase two, the analysis will aim to code the content of the entire data set which will be completed using Dedoose. Notes will be written about the content that is being analyzed in order to group and categorize final codes from identifying patterns in the data (Braun & Clarke, 2006).

Phase three of the data analysis will focus on searching for themes by collating all of the identified codes into potential themes. A thematic map will be created to organize the codes and possible themes and sub-themes. The thematic map will be developed by listing the name of each code and a brief description of the code separately. Then, the codes will be organized into theme-piles to form main themes and sub-themes, which will also help to eliminate themes that do not fit into the main themes. This phase is important, as it will allow the researcher to establish relationships between all themes and sub-themes. Finally, this information will be translated and organized in a diagram that can visually demonstrate and explain the themes and their relationships, which will be the thematic analysis map (Braun & Clarke, 2006).

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Phase four of the analysis will require reviewing each of the themes to accurately define and name of the themes. This phase will involve further analysis of the interview, where the student researcher will review the extracts for each theme to identify patterns. For validity purposes, patterns within the selected themes will be compared across the entire data set. Once the final themes are approved to fit in the thematic map, the final stage of the analysis will highlight specific extract examples (Braun & Clarke, 2006). The final analysis will present extracts within the major themes with interpretations drawing from the literature and research questions. Further interpretations will be discussed, highlighting the major findings. After the qualitative and quantitative data are analyzed separately, the data will be merged together for the researcher to interpret and discuss the findings. The examiner will summarize and interpret the results from the quantitative and qualitative data separately. For example, the results gathered from the anxiety and depressive-based measures will explain outcomes, represented in threshold levels of moderate, severe, and clinical levels of anxious and depression as well as worry of deportation of self/others per participants' reports. Once the qualitative data is analyzed and main themes are gathered, both sets of data will be merged for comparison. The examiner will look for look for convergence, divergence, contradictions, or relationships across the quantitative and qualitative sources of data (Wittink, 2006). More specifically, the examiner will compare anxiety and depressive based symptoms to possible themes that may rise on the participants' experiences pertaining to various types of fear, including fear of deportation, fear of hate speech, and fear of microaggressions. Additionally, any differences or relationships between depressive and anxiety-based symptoms will be noted. Finally, qualitative gathered from the semi-structured interviews will help better contextualize and understand reports of worry of

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deportation, anxiety, and depression among students who have an undocumented legal status since the Trump presidency.

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Results

Quantitative Results

Demographics (Table 1). The average age of participants during the time of the study was 26.75, with a median age of 26 years. The participant's ages ranged from 20 years to 36 years of age. The majority (83%) of the participants reported their gender identity as cis-gender females while 16% reported their gender as cis-gender males. Half (50%) identified as Hispanic or Latino, 16.6% identified as White Hispanic or Latino, and 33.3% as Other. Graduate students in a variety of disciplines made up 66% of the sample. Fifty percent of participants reported Mexico as their country of origin. The rest of the participants were from Central America, Asia, South America, and Africa. The average age when participants first immigrated to the U.S. was 6.3 years while the median age was 4.5 years of age. At the time of the interview 17% of the participants reported they did not have DACA nor any other legal document that protected them from deportation. The majority (83%) reported they were DACA beneficiaries and had renewed their DACA during 2019-2020. Over half (66%) of the participants reported they were not in the process of applying for another form of legal document to protect them from deportation. The same participants (66%) reported having met with an immigration attorney at least once to either process their DACA application or explore their eligibility for a permanent immigration remedy. One third (33%) indicated they were exploring permanent immigration remedies via adjustment of status through marriage and family petition. The entire sample (100%) reported English as one of their preferred language though all were bilingual with 66% reporting fluency in Spanish and the remaining 25% reporting fluency in Arabic, Tagalog, Chinese, Bemba, or French.

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Bivariate Statistics. One sample t-tests were conducted to assess the quantitative hypotheses by examining group differences for continuous variables on screening scores for anxiety (GAD-7), depression (PHQ-9), and trauma (PCL-C) screeners.

H1: A majority of university students who have an undocumented legal status will report some of the time or most of the time when assessing concern of deportation/detention of self/family/community. The proportion of the sample who reported worry about themselves being deported on the Deportation worries scale in this sample was 100%. The proportion of the sample who reported worry about family/friends being deported on the Deportation worries scale in this sample was also 100%. Therefore, there is support for this hypothesis as the majority (100%) of students in this sample having reported concern of deportation and detention of self, family, and community.

Other results related to deportation concerns. Chi-square tests were conducted to check group differences for categorical variables in the deportation concerns screener (Suarez-Orozco, et al., 2015). A statistically significant difference was found between students in this sample and published estimates from another sample of students with an undocumented legal status for possible deportation and detention for themselves ($p=0.85$) as well as that of their family or friends (0.58) (Table 4). An overwhelming majority, 66% of the participants, reported knowing someone who was deported.

H2: A majority of university students who have an undocumented legal status will report mild (cut-off scores between 0-4) or moderate (cut-off scores between 10-14) elevations on screener that measures symptoms of depression. Half (50%) of the participants endorsed symptoms within the minimal range, 25% in the mild levels, 16.6% in the moderate, and 8.33% in the moderately severe range of symptoms (Table 2). Thus, there is no support for

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this hypothesis as 41.7% of the students in this sample were in the mild/moderate range of depression symptoms.

Other results related to depression scores. Using a one-sample t-test, analyses indicated a statistically significant difference between this sample and a general sample of college students for depression ($p=0.002$) (Table 3). The mean depression score on the PHQ-9 in this sample was 7.33 (SD: 6.05) whereas the mean depression score among a general sample of college students was 10.2 (SD: 18.6) (Table 3). When compared to a sample of individuals who hold an undocumented legal status of Mexican origin, mean depression scores were significantly lower in this sample than among college students. More than one-third of the participants (33%) endorsed symptoms of depression at the clinical cut-off level (Table 5).

H3: A majority of university students who have an undocumented legal status will report mild (cutoff scores between 5-9) or moderate (cutoff scores between 10-14) elevations on screener that measure symptoms of anxiety. Overall, 25% of participants endorsed symptoms of anxiety within both minimal and mild ranges. One third (33.3%) met criteria for moderate levels anxiety. The remaining 16.7% fell within the severe range of anxiety symptoms (Table 2). There is support for this hypothesis as 58% of the participants fell within the mild and moderate levels of symptoms of anxiety.

Other results related to anxiety scores. The mean anxiety score on the GAD-7 was 8.92 (SD: 6.09) (Table 2). Analysis using a one-sample t-test indicated a statistically significant difference between this sample and a similar sample of individuals who hold an undocumented legal status of Mexican origin ($p<0.0001$) (Table 3) (Garcini et al., 2017). Mean anxiety scores in this sample were significantly higher (8.92) than scores among a sample of individuals who hold

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an undocumented legal status of Mexican origin (3.4) (Table 3). Symptoms of anxiety at the clinical level were prevalent among 66% of the sample.

H4: A majority of university students who have an undocumented legal status will report moderate elevations or above (cut off scores above 30) on a screener that measures symptoms of PTSD. The mean trauma score on the PCL-C was 37.41 (SD: 13.71) with more than half (66%) of participants endorsing elevated trauma symptoms (Table 2), which provides support for the hypothesis that a majority of students who have an undocumented would report moderately or above scores on the PCL-C (Table 4).

Other results related to trauma scores. Trauma symptoms as measured by the PCL-C across this sample compared to a general college student population were not statistically significant for this study ($p > 0.42$) (Table 3). Mean PCL-C scores in this sample (Mean: 37.41, SD: 13.71) were higher than PCL-C scores in the general college student population (Mean: 30.08, SD: 10.17) though these differences were not statistically significant.

Qualitative Results

Phase I. A convenience sample was constructed by recruiting participants with the support of university faculty and staff from the University Ministry, Diversity Engagement and Community Outreach (DECO), and the School of Nursing and Health Professions (SONHP). Faculty, staff, and leaders within these programs were asked to recommend participants for the study. A snowball sampling method was also a part of the recruitment technique as participants began recommending potential, additional interviewees. Data saturation was met with twelve completed 90-minute individual interviews. The community sample included self-identified Latinx, Latinx/White, Asian, Middle Eastern, and Black/African participants. Female students were overrepresented in this sample (83%). Similarly, individuals of Mexican origin made up

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half of the sample. All of the students were enrolled at the university (See Table 1). The interviews were transcribed manually, verbatim and then uploaded to Dedoose to implement the coding process.

Phase I. During this phase I familiarized myself with the data by listening to the interviews and transcribing each interview with the use of Zoom automated transcribed function. I cleaned the data by transcribing the interviews manually to ensure that all the content was being reflected accurately.

Phase II. After generating an initial list of main ideas and findings about what is in the data, initial codes from the research questions were developed using key words on a semantic and latent level. For example, key words such as *deportation, detention, immigration status, Donald Trump, political climate, fear, coping, and resources* were used to identify semantic information in the data. The latent coding process involved generating codes more broadly by examining the underlying meaning found in the data. For instance, participants may have described a situation or an experience that reflected a specific or emerging phenomenon or pattern. A code book was then developed from the raw data to best collapse similar codes. Once the codes were categorized and finalized, main themes and emerging themes were identified.

Phase III. This phase involved a deep search and analysis of themes. This process began by analysis all of the collated codes and consideration of differences between varying codes to sort them into themes. By sorting the codes into the identified themes, relationships between the codes, themes, levels of themes were identified, as well as extracts of data coded in relation to the themes (See Table 6). The following four main themes emerged: (1) Fear of Newly Sanctioned and Overt Racism because of Donald Trump, the Donald Trump Administration, and Overall Political Climate, (2) Psychological Responses that explain and describe Fear and

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Anger-based Responses to Chronic Fear, (3) Informal, Formal, Individual, and Collective Coping & Healing Strategies, and (4) Student Experiences in Education Informing recommendations for Student Support and Resources Serving Students who hold an Undocumented Legal Status.

Phase IV. The final phase involved identifying and defining all of the themes and sub-themes. Each of the main themes included between 4-5 sub-themes. Table 6 highlights a list of the themes and sub-themes along with their description and an excerpt reflective of that particular theme. This section will provide a detailed summary of the results found in the data.

Main findings. I will conceptualize my main findings using the framework of oppression and liberation psychology and will situate sociopolitical structures and racial trauma experiences as triggers of physical, psychological, and behavioral responses of fear, anger, anxiety, and trauma. I will refer to intrapsychic experiences such as thoughts, emotions, attitudes, behavioral responses as an attempt to better contextualize the psychology of individuals surviving systems of oppression that shed light into specific coping and healing strategies. I will explain the main findings of this dissertation from a decolonial perspective to challenge the Eurocentric research, science, and practice that often does not properly explain the experiences of people who face oppression. By incorporating the experiences of the community members in this study, I will integrate their overall experiences to analyze the relationships between emerging themes that arose during the interviews (Figure 1) and will suggest recommendations for an interdisciplinary approach to explain the mental health experiences of this community sample.

In this study, I found that anger is an emotion within the multidimensional spectrum of fear and that the combination of fear of microaggressions, fear of hate speech, and fear of crime contributes to fear of ethnoviolence, characterized as existing racism and newly sanctioned and

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overt racism because of Donald Trump, the Donald Trump administration, and the overall political climate. The findings in this study identify ways in which fear manifests physiologically, psychologically, and behaviorally as well as how individuals cope to address various types of fear. Additionally, the findings highlight specific challenges and experiences of students who hold an undocumented legal status in education that are referenced by the participants to further trauma-informed, culturally inclusive, and integrative/holistic services and programming for students who hold an undocumented legal status.

The findings in this study support my research questions, which sought out to answer: (1) How have university students who have an undocumented legal status at USF experienced fear of deportation/detention, fear of hate speech, and fear of microaggressions since the Donald Trump presidency? (Figure 2), (2) What are informal and formal coping strategies that university students who have an undocumented legal status practice daily to manage their overall mental health and well-being as well as stressors related to their immigration status, fear of deportation/detention of self/family members/community since the Donald Trump presidency? (Figure 3), and (3) What type of university support do students who have an undocumented legal status are currently receiving and want to receive to support their emotional health, including financial and legal security? (Figure 4). The support of my research questions using these findings is explained in detail in the next section.

Research Question One (Figure 1): How have university students who have an undocumented legal status at USF experienced fear of deportation/detention, fear of hate speech, and fear of microaggressions since the Donald Trump presidency?

Fear of existing and newly sanctioned and overt racism, discrimination, and ethnoviolence because of Donald Trump, the Donald Trump administration, and the overall

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political climate reflected in various types of fears is the overarching and primary finding in this study.

Fear of existing, newly sanctioned, and overt racism because of Donald Trump, the Donald Trump administration, and overall political climate (Table 6). I define ethnoviolence as the existing interpersonal and structural discrimination, threats of harm, violence, and intimidation that individuals who hold an undocumented legal status experience and witness. I found various types of fear related to ethnoviolence that are heightened when mediated by intersecting demographic factors such as race, ethnicity, gender expression, sexual orientation, civic engagement, and immigration status. I contextualize specific types of fear under and because of the Donald Trump and his administration, specifically fear of existing and newly sanctioned, overt ethnoviolence, including fear of self-actualization, mass shootings, immigration status/deportation, sexual assault, law enforcement/ICE because of Donald Trump, the Donald Trump administration, and overall political climate. Additionally, I argue there is a strong comorbidity between fear, anger, trauma, and anxiety and stress from ethnoviolence, which is a form of psychological weapon used by Donald Trump and his administration to induce fear.

Ethnoviolence, fear, and mental health. Moreover, I situate ethnoviolence as a trauma trigger to psychological distress that can manifest as fear and anger and argue that immigration status, ethnicity, and race exacerbate mental health outcomes of fear. I claim that anger is a proportionate response against or of fear. Furthermore, I argue that the constant and ongoing racism, discrimination, and ethnoviolence that individuals who hold an undocumented legal status face lead to psychological distress, including mental health effects of unresolved fear that could lead to trauma and anxiety-based symptoms. More specifically, I highlight anxiety and

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trauma as mental health implications of ethnoviolence and explain the consequences ethnoviolence as externalized fear of self-actualization, mass shootings, immigration status/deportation, sexual assault, law enforcement/ICE because of Donald Trump, the Donald Trump administration, and overall political climate. For example, a 20-year-old, female student from Mexico explains how her experience related to fear has compounded since and because of the Donald Trump and his administration:

Definitely with the Trump era like I see the isolation or maybe I don't want to go out much. Yeah, kind of like physically isolate myself, right? During the Ice raids or whatever. I think isolation also comes to like to protect myself. Trying to stay in one place, whether it's at work, you know, even the little things like I don't go out to get a drink because I'm in the area that I heard the ICE was coming, you know, and so even trying to stay in one area as much as possible.

Another student shares:

This is my experience so when I was in high school, and I feel that like immigration at that time wasn't like as intense but Bush was in office when I was in high school, which was still very Republican very anti-immigrant sort of centered government, and I remember this bus like was parked outside of my apartment complex and I couldn't see anything like except the tail end but the tail end had like a United States logo, and I don't know what it said but like I think it said something like transportation or whatever, but I couldn't see any of the stuff except the tail end and I remember the panic that I got thinking it looked like Immigration coming with the bus and coming to take me, take my family, my neighbors because pretty much the community that I lived was predominantly undocumented and like just I remember hiding like in my kitchen so I think back to that

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and like the fear that is always there. It's always there, whether I see a bus or not. You get news to be careful because ICE is around, and I panic, you know, and like I mentioned earlier, like I have DACA and I feel like that may protect me but hearing that Latino US citizens are getting locked up and not being listened to that there are U.S. citizens, like what is DACA gonna do for me if that happens, you know? I have DACA and you're even more likely to be in this versus like someone who is a U.S. citizen you know what I mean?

As seen in these two quotes, isolation is a fight, flight, freeze response and a form of protection from immediate threat. The need to stay in one place can be interpreted as a freeze response that allows individuals to survive a threat. Panic, on the other hand, is a trauma response that is also caused by the activation of the fight, flight, freeze response (Marks & Nesse, 1994). In the excerpts above we can see the escalation from isolation as a form of the fight flight freeze response to panic resulting from trauma triggers. The trauma triggers are depicted as symbols or government related as government related samples or government related entities such as a bus with the words United States, which are associated with ICE or anti-immigration authority figures. When someone has been exposed to trauma, trauma responses also carry a fight or flight or freeze feeling however trauma responses can feel more compounded and warm exhausting to the sympathetic because they are connected to a neurological, hippocampal, memory connection. In other words, trauma-based fear is more compounded because the body remembers trauma and survival. The body can recall the experience of threat and lack of safety. Therefore, establishing physical, psychological, and spiritual safety differs across fear in trauma responses. Because of the differences between fear and trauma responses, trauma informed interventions must take into account panic and isolation

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as a form of protection rather than a pathologized fear-behavioral response. That being said, it is urgent that we remove trauma triggers, which in this case include violence against individuals who hold an undocumented legal status. More specifically, the end of violence in the form of anti-immigration rhetoric and ICE could significantly reduce the activation of fear to further prevent the exposure of trauma so that individuals can navigate their surroundings safely.

Fear related to immigration status and deportation (Table 6). I argue that fear of deportation and detention of family, friends, and others was pronounced for participants who identified as Latinx, Asian, and Arab because, they, too felt that being deported was a violent act, in it of itself. Additionally, Latinx, Asian, and Arab students' heightened level of fear of deportation was also associated with the leadership roles they played in their families and in the broader community. Fear related to immigration status and deportation is mediated by race, gender, and skin color depending on context and may be more pronounced for specific sub-communities also according to the pulse of the political climate. Some sub-communities might experience more racism and discrimination because of the focus on xenophobia in the media or because of a specific immigration policy. As a result, other undocumented communities might feel a certain level of "privilege" or partial protection because the racial or ethnic group they belong to is not at the center of xenophobic political climate or the target under a specific immigration policy. Fear of deportation cannot be separated from deportation of family and others and should be looked as multilayered within the lens of collective and familial lens. Below, are a few examples of the ways in which individuals experienced fear related to immigration status and fear of deportation in the context of the collective, whether that be their community, overall undocumented population, or family unit:

Respondent 1:

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I empathize with Latinx, brothers or sisters that are still going through the same struggle being a undocumented or even having DACA as well. It's like we are all still at risk immigration wise, like, you know, I still have the exact same struggle but on the privilege side of it's like, people will look at me as African American and so most times they will think that I am so they won't question my immigration status unless I talk about it and so that is a thing. A lot of the times because of the narrative that's also portrayed throughout media and like just everywhere is that it's usually something that's Latinx and then it's also really hard to because when I am in like undocumented like spaces or spaces for immigrants or even undocuweek I don't feel welcomed.

Respondent 2:

There's been a lot of fear about myself, and as you asked me, I noted when you were asking the questions, I was fearful of me being deported, and I scored lower for others, and so when I think of others, I think of family or friends, but I'm most fearful about what matters to me because I hold a lot of responsibility as the eldest daughter. And my family, and to family, friends. I also kind of hold a lot of responsibility because I am known and that that is a big that is one of the biggest fears that I may run into.”

Respondent 3:

I think it's kind of the fact that after deportation. It's like, and it's not that we haven't thought about what we might do in the event that we were deported. You know, we have thought about it, but it's the fact that that's so scary to think about is the fact that I grew up here and it's like, I can't imagine not being in the United States. It's like the home that you grew up and it's like to go somewhere else that's insane. You know, but that deportation is a very real thing, you know, especially with my parents, you know, it's

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scary. Not only that, but it's also the process for deportation is also scary. You know, these check-ins, the process, you know, you don't know if you're going to be able to get out of it, you don't know the legal ramifications of what happens when you're being detained when you're in the process of being deported. All that is a scary.

As evidenced by the participants' lived experiences above, the participants report a heightened level of fear of deportation and detention. Members' overall fear of deportation of self may be combined with fear of deportation of family members and. In other words, level of fear of self is not solely processed and explained on an individual level, but rather, interconnected with fear of deportation of others, including members of a family or community. Based on the excerpts above and the overall findings on fear in this study, I argue that fear of deportation of self is better explained from a collectivistic and communal perspective. When immigrants reflect on the fear of deportation that they experience individually, they are not thinking about the impact of their deportation from an egocentric lens. Instead, immigrants that especially come from collectivistic cultures, process and think about fear of deportation of self in the context of a family system. More specifically, their fear is best described as how their removal from a country, or a family unity could disrupt the entire safety and wellness of the community. Therefore, the findings in this study support the argument that fear of deportation of self and fear of deportation of others including family members inform one another and do not stand alone. The fear of being deported is associated with having a deep concern of the effects of one deportation on an entire system, whether that be a family or a community. The intensity of fear of deportation, in general, stems from fear of being displaced from another home, a home that is unknown to many. Lastly, the violent and traumatic process of deportation adds to the fear deportation individuals experience.

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Fear of police enforcement and ICE (Table 6). I argue that students of color reported heightened levels of fear when coming into contact with law enforcement and ICE or while being in social situations in the community and with peers where they may be exposed to police and ICE. I argue that this level of fear was especially heightened for Black immigrant students as well as for students who lived near detention centers or who previously lived outside of California. Black immigrant students felt their racial identity was more salient and more targeted than their immigration status and that surviving violence and death at the hands of police enforcement was more dire than facing possible deportation. In this study, immigrants people of color reported heightened levels of fear of coming into contact with law enforcement and ICE or being in social situations in the community and with peers where they may be exposed to police, ICE, or where spaces where they could be racially profiled and be victims of mass shootings. Here are two excerpts that demonstrate the impact of fear of police enforcement and ICE:

I think for me it's there's two layers to that: Being black it's like crap you know like if anything happens with the police, first it's going to be like, 'oh, fuck, let me try to stay alive first.' Yeah and then it goes oh shit I can be deported or something or they could look for something that could have happened. Excuse my language but like dumb fuck shit my friends want to do so like being super hyper alert of like who I am around or when like certain things are happening that could put me at risk. Just staying out of that. That's always been my first fear is staying alive and then it's my immigration status given the multiple layers and intersection of my identity.

When there's talk of like rallies that are going on or like when there's like ICE. Like over the summer and they'd be like, oh, ICE is going to major cities and like they're just

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getting me in general or like I'm just fearful of like when just the word deportation like oh, that could be me. Sometimes it's like a little thing in the back of my heard that I have. I'm just thinking like that could be me but it's like it washes away because I'm like okay what is the next issue and, like, like, I will say, like, it is very prevalent, but it's also like kind of like puts into perspective that like the fact that undocumented people were fearful of going out because there was a time I know that when a lot of us were scared of going out including myself, especially in Arizona and stuff and people were moving from Arizona the fact that we continue puts into perspective honestly the fact that a lot of people who don't fear is because they have to respond to their family.

The findings in the study demonstrate that fear of police enforcement and ICE not only predicts fear of criminalization but fear of violence against immigrants of color who hold an undocumented legal status. Further, the findings suggest that race is a primary predictor to fear of crime over immigration status for Black individuals who hold an undocumented legal status. Moreover, Black immigrants who hold an undocumented legal status are targeted more violently than non-Black immigrants who hold an undocumented legal status and the experiences of Black undocumented immigrants in America are tied to the historical and institutionalized discriminatory and racist laws against Black human beings in America. In this study, Black immigrant students experienced fear of deportation secondary to fear of being killed and criminalized by the police because they were Black. The high level of hypervigilance they enacted to assess risk and protect themselves from being criminalized by or killed by the police was also described as being dependent on the decisions of others in situations where the actions of others could exponentially which was directly associated with risk of criminalization for being Black. For non-Black immigrants of color who hold an undocumented legal status, experiencing

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violence and being criminalized is associated with ICE which is often also linked to local police enforcement especially in anti-immigrant cities like Arizona that are known for their police profiling and the police collaboration with ICE. Even though hypervigilance, avoidance, and isolation are all protective responses to the activation of the fight, flight, and freeze response, especially as a trauma response, it is important to recognize that this constant on and off activation of the sympathetic and parasympathetic require a great amount of physical, psychological, and behavioral energy described as hypervigilance, isolation, and avoidance. These physical, psychological, and behavioral responses do not occur in isolation and for many it feels like an ongoing survival way of being that exhausts the body.

Fear of mass shootings (Table 6). Similarly, non-Black individuals of color who identified with the LGBTQ+ community felt that their sexual orientation and gender identity were equally targeted compared to their immigration status. It is possible that non-Black individuals of color who represented the LGBTQ+ community experienced and perceived their sexual orientation to be mainly targeted over their skin color because they were non-Black, which might differ from someone who might experience additional layers of racism and discrimination because they are Black and also identify with the LGBTQ+ community. They perceived higher levels of fear when engaging in public spaces where they perceived risk of mass shootings against LGBTQ+ communities, especially when they anticipated or experienced risk of discrimination because of their ethnic and racial identity. For a 31-year old, cis-female, graduate student, fear about the consequences of hate speech was directly connected to hate violence and hate crime such as mass shootings. The student identified hate speech under the Donald Trump administration as a precursor to physical violence against immigrants of color, including mass shootings against undocumented immigrants.

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I think I've been really fearful because my niece was killed at [a] shooting, and I think every time I process it like, yeah, like it was the gun, but I think it was also the bottom line beliefs that some people hold and like my therapist always says, right, emotions lead to thoughts and thoughts lead to actions and so like when you have a hate and then you think about how to hurt people and then you actually act on it like it's really scary to have people really dehumanized undocumented immigrants, and I think that we do see it often. Like for me, it makes me really feel unsafe to have people around me who are supporting Trump or who are extremely to the right because I feel like they're attacking me directly, my identity because if they believe that I should be deported that's how I see it. They believe that people like me shouldn't exist in the system, so it is really scary to have people openly share their hate against undocumented immigrants. Not just because it's hate but because it has real consequences because I can be arrested and I can be deported, and my dreams, my goals, everything I work so hard to achieve in this country will be taken away in like a second or like in such a little time, so I think that I do have a lot of fear for hate speech because it can lead people to commit actions that can really hurt and dehumanized the communities

Evidence from the excerpt above shows that fear of mass shootings is associated with the perceived consequences of xenophobia and hate speech. The student above mentioned the impact of hate as an underlying attitude and belief that could lead to actions such as hate crimes and terrorism against undocumented immigrants, including mass shootings. Related to this fear of violence and mass shootings, we are able to see that triggers even being surrounded by someone who supports Trump can cause this trauma response of fear. Individuals perceive hate speech not only as a progression to hate crimes but as an event or situation that could put them at

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risk of deportation and detention. Hate speech has real consequences for individuals who hold an undocumented legal status and the fear they experience puts them at a chronic state of stress because of the threat against their lives.

A separate student talks about her fear of mass shootings:

I think I referenced this earlier with the mass shootings. I'm sure a lot of people feel this because it just seems like they're always mass shootings in this country, at least, and they're just publicized or I don't know if that's the right word, but you know it's in your face so there is fear around you know, I consider that terrorism, you know, just like walking around like a [public] festival and shooting people for me that's terrorism, so I have that fear. Fear of just like as a woman, you know, being assaulted you know it's late at night, and you know, there's always that fear of like when I'm in a Lyft, I'm like what if this this guy like tried to sexually assault me? It's like why am I trusting these random people also take you from point A to point B. It's bizarre. Like that as a society this has just become the norm, but you know you can't think about it too much because then you would just never take a Lyft and then you just never make it to work.

And here, another and separate student also shares his feelings about mass shootings against members of the LGBTQ+ community.

Not related to immigration. I just know like in terms of guns shootings for like LGBTQ people. I would say that is more prevalent than being undocumented. Like an example like when the gun shooting in Florida happened of different people who identify as LGBTQ to the point that I would just like to my partner, like we're going to go to this film festival in the city that we used to go every summer and just how easy of a target we can be and just going to go watch a movie where you have everyone in the Castro theater

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and like in the back of my mind was like if a shooter wanted to come and shoot at a group of people who identify within the same group this would be an ideal place to come do it during the film festival because you have a lot of people who identify as queer in one central location that you can easily come and shoot everyone so at that time the gun shooting was in the back of my mind. I don't want to think about this, but I am thinking of this and this theater and all of us are here and a shooter can come and shoot all of us.

Fear of mass shootings were a common theme that surface when participants were asked about how fear manifested in their daily lives. The responses above exemplifies how fear of shootings, described and perceived as national terrorism, could significantly impact the experiences of individuals as they navigate daily life activities such as engaging in public transportation or attending community-based events, specifically festivals where large numbers of people may congregate. The actors above shed light into ways that fear of terrorism such as mass shootings could add to fear of victimization of physical violence, sexual assault, and hate crimes. Western and Eurocentric psychology would argue that this is a healthy level of paranoia that is proportionate to the fear of victimization of hate crimes that people of color and immigrants may experiences. Decolonial psychology supports this concept by affirming that healthy paranoia is a defense mechanism against oppressive and violent environments and may reframe it by stressing this intrapsychic process as intuitive and ancestral resilience.

Gender and sexual assault (Table 6). At the intersection of race, gender, and immigration status there is evidence of the shadow of sexual assault theory, which argues that higher levels of fear of crime among women results because of their fear of victimization of rape and sexual assault (Özascilar, 2013). The majority of the self-identified women in this study reported surviving various traumatic experiences as well as having an increased perceived risk

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and victimization of violence, specifically sexual assault related to their gender expression and undocumented legal status. Therefore, fear of sexual assault among for women of color who have an undocumented legal status and have also survived sexual assault and rape assaults need to be addressed from the perspective of the mental health effects of complex and vicarious trauma. The women who expressed fear of sexual assault were also survivors of sexual assault, which further compounded their perceived fear and risk of violence and crime. Many of the women in this study displayed intergenerational trauma and vicarious trauma from seeing and witnessing violence against women such as femicides in in the U.S. and in Latin America.

Women explicitly indicated fearing violence from men, and more specifically, violence related to White supremacy and patriarchy, which they connected back to Donald Trump's sexual assault and rape allegations. Women in this study believed that if a White, male president was not held accountable for his alleged sexual criminal acts against White women, as undocumented immigrant women of color, they faced added layers of injustice, which further exacerbated their fear of assault and fear overall. Women indicated that they did not report previous sexual assault crimes against them because they feared they would be deported, feared no one would believe them, feared that their perpetrator would also face deportation, and feared that reporting a crime would lead to their criminalization and prevent them from qualifying for a permanent immigration remedy in the future. I claim that there is an added layer of fear for immigrant women of color who hold an undocumented legal status, as many of them, are also experiencing vicarious and intergenerational trauma from the ongoing effects of colonialism which is directly tied to White supremacy and patriarchy as well as trauma from being displaced due to their forced migration out of countries where violence and genocide against women is more common than in the U.S. The fear of deportation along with fear of sexual assault, rape, and being killed

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for being a woman is increasingly high for immigrant women in the U.S. because of the added fear of sexual assault they could experience in detention and risk of genocide if deported. This level of fear is more pronounced for women with intersecting identities from the Black, brown, and LGBTQ+ communities. The women in this study described gender, sexual orientation, and ethnic identity as salient identities over their immigration status when faced with violence in the form of microaggressions, hate speech, and hate crime. The following excerpt exemplify gender being the strongest predictor of fear of victimization of violence against women and fear of deportation, perhaps even more for women who are active and public about their liberal, political, and social justice views who feel that being deported is a violent act, in it of itself, which could also lead to more violence or death in their native countries.

I think I fear that people could hurt me. I think that being undocumented but also being a woman is a layer, too, and I think like I'm fearful of men and their actions and how I think this is all tied by like seeing how women are being killed in my home country. Like how feminicides are and women are really being killed and it's almost as if those killings are getting commercialized right like with the death of that 25 year old in Mexico, and I think that there's just so much pain that has been suffered by women in my country, and so I think like if I'm deported like or even like I feel like being a woman even in the U.S., I think you still have to watch your back. But I think the fact that I always think that if I'm deported like am I going to get targeted because of how radical my views of the world, and just, I feel like every woman I know like has experienced some forms of abuse and I think when you are undocumented that adds another layer of abuse that you can suffer but it's like, you know, I've been in toxic relationships before, and I think they came from being undocumented. The fact that I feel like worthless sometimes right. And

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I think that it's really complex, but I definitely feel like that's the fear of crime like I'm a scared that people will want to physically hurt me, emotionally hurt me here in the U.S., but also in Peru because of how the system dehumanizes me as a woman but also undocumented but I think just like being a woman in this era is really scary.

The shadow of assault theory in this community sample is consistent with the literature that illustrates gender as the strongest predictor of fear of crime (Özascilar, 2013). It is likely that fear of rape and fear of sexual assault is the dominant fear among other non-sexual and violent crimes such as general fear of crime and specifically fear of deportation and fear of ethnoviolence. Additional factors that need to be considered as predicting participants' general fear of crime are socioeconomic status and previous rape and trauma histories as well. Evidenced by the participants excerpt above, we can argue that these are added factors as well. Further, immigration status is a risk factor to exposure to violence if laws do not exist in the first place to protect individuals. The heightened level of fear of police enforcement and ICE expressed by the participants in this study combined with the exposure of rape and sexual assault among this community sample is concerning especially because the requirements for specific immigration remedies under a U-Visa and require individuals to cooperate with police enforcement. The impact of interpersonal violence and complex trauma can manifest into behavioral responses mentioned previously such as hyper vigilant isolation and subsequent effects on self-esteem and feelings of worthlessness. Exposure to complex trauma can also exacerbate symptoms of worthlessness and low self-esteem which are also symptoms consistent among individuals with symptoms of depression. As with previous studies that look at the shadow of assault theory among college women, fear of perceived risk fear of sexual assault and rape is linked to fear of victimization of crime. In this study, it is difficult to parse out the ways

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in which perceived fear of victimization influences fear of risk of sexual assault and rape, yet intersecting factors like fear of deportation due to immigration status and fear of police and ICE may further exacerbate the shadow of sexual assault theory among women who hold an undocumented legal status.

Physical, psychological, emotional, and behavioral responses that describe fear and anger-based responses to chronic fear (Table 7). In my examination of fear, I argue that fear is multidimensional and complex human emotion that needs to be understood from the perspective of fight, flight, freeze (Marks & Nesse, 1994). In order to better understand fear and anger as a manifestation of the fight, flight, freeze response among individuals who experience oppression and racism, we need to understand the sociopolitical factors that provoke and reinforce these psychological experiences (Maldonado-Torres, 2017). I will use liberation psychology, which draws from decolonial perspectives, including human sciences, philosophy, literature, political theory, and activism, to appropriately contextualize and explain the physical, psychological, emotional, and behavioral outcomes of fear among this community sample. The roots of liberation psychology argue that we must understand the sociopolitical etiology of the mental health of individuals who experience racism and oppression to better address interventions and solutions that truly and inclusively support the wellness of these individuals. Therefore, I will refer to fear to explain the physical, psychological, emotional, and behavioral responses as survival tactics that describe fear and anger-based responses to chronic fear from a liberation psychology perspective to better understand undocumented immigration status as risk factor to ontological security, emotional capital, and overall well-being are threatened (Vaquera et al., 2017).

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Overall, the participants in this study experienced fear across the spectrum of physiological, psychological, and behavioral responses. Overall, participants described their physical experiences as hyperarousal states described as increased heart rate and perspiring hands. Psychological symptoms include having difficulties with attention and memory and fear of self-actualization. Emotional responses to fear included anger, frustration, and stress due to experiencing constant persecution. Finally, behavioral outcomes include isolation, withdrawal from social activities, hypervigilance, and increased substance use. The following excerpt describes the physiological experiences as a result of chronic fear involving the constant activation of the sympathetic system:

Fear I think has manifested itself a lot of ways for me. I think, well I'll start one way. Like physiologically, I feel like I'm shaking. Um, often my heart beats really fast. Just sometimes as soon as someone mentions Trump...it's just so weird how like you mentioned that one person's name made me feel, so it's one thing I feel like small. Um, and I think that contributes to me not really voicing out my fears. I don't know. Like I don't have the space to do so.

Fear in the fight flight freeze response signals to the brain that there is a threat. The central nervous system activates the sympathetic system which should lead to perspiring palms and racing heartbeat to prepare the individual to run, hide, or freeze for protection and survival. The parasympathetic system, which follows the sympathetic activation then allows the body to reach homeostasis and calm down after the threat has been resolved. Feeling “small” as the student describes above would be an appropriate physical response in the wild if the student were in front of a lion. In this context, the threat is described as someone mentioning Donald Trump, which may be a more chronic threat than the threats to which these physical responses were

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designed to react. Individuals who have an undocumented legal status are in constant contact with this “lion,” which is translated as the constant xenophobia, racism, and ethnoviolence perpetuated by Donald Trump and his administration. The chronic activation of the sympathetic system due to the constant threats can lead to physical health outcomes such as high blood pressure, immune system issues, cardiovascular difficulties, and even death. Even though the body system has the capacity to resolve this physiological response via the activation of the parasympathetic system, and unchanged environment that elicits these triggers are a serious public health issue. Therefore, we can say that interpersonal and systemic racism are a public health issue that are making individuals sick.

As mentioned earlier, anger, frustration, and stress are the emotional and psychological responses to chronic fear found in this study. Fear and anger are both human emotions involved in the fight, flight, or freeze response, an autonomic response to danger. The fight response in this study suggests that fear exists on a multidimensionality spectrum within the overall fight, flight, and freeze response and that anger is an emotional manifestation of the fight response. When individuals feel angry and frustrated when exposed to racism, discrimination, and ethnoviolence, they are refusing to live in oppressive conditions, which is a proportional reaction to a threatening environment. The presence of anger may actually describe a form of emotional release that motivates individuals into survival, which is a key and necessary component of the fight, flight, freeze response and for individuals who experience racism anger as a form of survival is a form of psychological decolonization, which is an act against the oppressor. As we come to understand how fear is used as a weapon to oppress individuals, we must also come to understand the power of anger and frustration, not only as a survival response against the oppressor, but a critical and necessary emotion in social and psychological liberation. In the

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following, excerpt, the student provides a clear representation of how anger can result from chronic fear and how this fear and anger could possibly be alleviated if a more liberal and socialist party was in place. Additionally, the student highlights the continued effects of systemic oppression such “anger, sadness, and mistrust of the government,” even at the hands of President Obama a Democratic president.

Just being constantly in fear, it's like going over but it's hard, like there's no way I can like it's just surrounding my daily way of life. I mean I'm not gonna say someone else because Obama had the biggest deportation in U.S. history but like I mean, I think that just what Bernie is proposing like I feel like if Bernie were to be in office, I would feel so much more safe and if anyone else like any of the other candidates were in office, but you know, I don't know, like is he trying to sell us something that it's just such a struggle and so like that's another thing that it brings up anger, sadness, mistrust from the government. It brings feeling unsafe like chronic and all of that sparks up from chronic fear.

These findings suggest that the fight response from experiencing fear leads to the expression of anger rather than fear that leads to flight and freeze, and perhaps fear that leads to the expression of fear is a more common emotional experience for individuals who are exposed to racial trauma, ethnoviolence, and constant persecution. I argue that anger is a proportionate affective response to injustice, violence, and constant persecution that may also be beneficial in the process of social and psychological liberation. Even though the participants in this study described experiencing fear leading to anger, there were no identifiable anger-based reactions or situations to explain how anger manifested for them behaviorally. For example, one student shared, “fear is like a little bit of anger...and anger is not necessarily like anger like taking out anger, but it's kind of like frustration kind of anger...it's kind of like I just really [wishing]

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reality wasn't the reality that it is today.” I argue that anger-based reactions within the spectrum of fear among this community sample is mediated by cultural factors such as civic engagement, activism, protesting, and organizing that require further examination, as they were not factored into this study given its scope of work.

Finally, behavioral responses to fear were described as isolating, avoiding triggers, or engaging in substances in order to numb the fear. The following is a response by one of the participants who explains how smoking marijuana has allowed her to cope with fear as a result of the Trump administration. In this excerpt, the student also sheds light into her struggle with addiction and how triggers related to racial trauma are a barrier as she contemplates sobriety from marijuana use.

I mean [I smoke] every day, twice a day, but I feel the Trump administration it's like every day is something you know. Like in the past, I would say, I have found myself wanting to stop because I know that it doesn't do anything for me. Okay, and it's just that constant fear and I just find myself doing it more and it's like I want to stop and then I know that my body wants to stop and here I am doing it more? And like it's part of like lack of energy. Like I do crossfit and I play soccer but sometimes when I'm just so scared I don't want to leave my house and you know, I could do a workout at home or I could smoke weed like which one's going to be easier for me to numb stuff out, like, you know, so and I just find myself doing that more

A further analysis of marijuana uses and addiction that treat fear, trauma, and anxiety requires us to understand the impact that trauma has on the central nervous system. The body will always seek safety and substances such as marijuana can help alleviate some of that fear and anxiety temporarily. Again, the chronic experience of fear is an insult to the brain that disrupts

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the nervous system and while substance use might help individuals regulate their nervous system temporarily, the body will resume the feeling of threat because it has already formed neural pathways very similar to neural pathways developed from addiction to substances. Repeated exposure to trauma leads to a severe dysregulation in the central nervous system, which can actually activate parts of the brain associated with addiction of substances. The psychological effects of complex trauma such as needing to “numb” or dissociate are serious health experiences and psychological outcomes of constant and chronic fear. In this case dissociation and isolation are behavioral responses of chronic fear that can be described as flee or freeze responses of the fight, flight, freeze spectrum paradigm of fear.

To summarize this section, I try to explain the physiological, psychological, and behavioral responses of fear leading to anger based responses from a survival perspective and reaction against injustice and violence. Additionally, I preface these survival responses as a decolonial response to maintain emotional capital and overall wellness in the fact of ontological threat. However, I also stress that while these survival tactics are proportionate to the environmental threats, being in a constant state of hyperarousal, physical dysregulation, panic, hyperawareness, frustration, stress, isolation, and withdrawal can lead to serious physical health effects such as anxiety, lack of energy, depression, dissociation, and trauma symptoms. Addiction and substance use may be perceived as a way to gain control, especially to help regulate the nervous system. Yet, the long-term effects of trauma as well as substance use and addiction are deleterious to the brain and overall health.

Fear of self-actualization (Table 7). The literature on the self-actualization theory, which derives from Maslow’s hierarchy of needs, among immigrant and undocumented communities is limited (Krems et al., 2017). However, the findings in this study demonstrate

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evidence that individuals are experiencing psychological distress from having to negotiate their desired level of self-actualization under the limitations, barriers, and stigma from having an undocumented legal status. Self-actualization is a psychological process inherent to our overall development that involves one's individual perceptions of fulfilling one's full potential (Krems et al., 2017). Our individual perceptions of sense of self in reaching our full potential can be shaped by sociopolitical and sociocultural factors determined by gaining a particular status in a society, which are often linked to educational attainment, career paths, social groups, finding mates, and caring for kin (Gonzalez et al., 2015; Krems et al., 2017). The findings in this study demonstrate that self-actualization among students who have an undocumented legal status may be mediated by fear related to immigration status, acculturation, and enculturation factors. The following student explains:

I think I'm fearful that I'm not gonna be able to achieve the version of myself I want to be in the way of my academics, right, like finding a stability is also something that I been searching for since I was a teenager way because that's something that its surrounding trauma and family separation of having to move to a different country and facing cultural barriers and learning a new language and everything so I think my fear is not being able to fulfill my sense of security and stability which for me comes with like in a capitalist society right housing, money, mental stability, family stability, so I guess like that's what I'm fearful of.

In order for individuals to feel like they can reach self-actualization, individuals must move from a survival state and have access to ontological security resources (e.g., education, shelter, food, human security) that enable them to reach their desired level of self-actualization. Moreover, ontological security means having freedom from fear that resources, including people

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around you are going to be taken away. I argue that fear of self-actualization is directly linked to immigration status and that despite the challenges and barriers that students who have an undocumented legal status experience, they are still reaching high levels of educational and social mobility. Of course, this is not to suggest that they are not impacted by educational and immigration policy, which continue to exclude them from equal access to resources in education and society in the U.S. The fear of self-actualization experienced by the students in this study provides examples of every level of the hierarchy of needs explained by Maslow's theory, which argue that in order to reach self-actualization, we must first secure physiological needs, safety needs, love and belonging, and esteem (Krems et al., 2017).

First, I situate fear of death, dying, fear for the health of family members, and fear for the negative health outcomes related to immigration status among their family members as components of physiological needs and safety under Maslow's theory (Maslow, 1954). For example, participants feared that they would before being able to reach their aspired life aspirations because of the limitations of their immigration status. In addition to fear of dying before reaching their individual perception of self-actualization, the fear of death was intertwined with the fear of dying at the cost of being detained (dying in a detention center), being killed after being deported, or being killed by police enforcement or ICE because of race, ethnicity, and immigration status. Second, I explain fear for the health of family members as part of Maslow's (Ramakrishnan et al., 2017) second and third hierarchy levels described as safety needs, love, and belonging, which include personal security in health, employment, family, and overall sense of connection. For instance, fear of the health of family members, specifically the health of their parents as they become older, was a common theme across this community sample. The participants expressed worry that the health of family members was at risk because of the

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physical and laborious work they engaged in as a result of the limitations of their parents' undocumented immigration status, which also prevented them from Medicare or social security as they reached an elderly age. Participants feared that these physical jobs would put their parents at risk for health conditions like lung disease and hypertension. The following excerpts exemplify fear of death, dying, health of family members, and care of kin, which are all elements needed to develop and reach a desired level of self-actualization:

Dying and knowing that I didn't do what I was meant to do like I don't fear death. Like, I don't know how to explain like I don't fear death because I know I'm going to die someday but what I fear is dying and knowing that I didn't do what I could have done kind of like so like obviously came to like this idea of what I was actually fearful when I watched Hamilton, the musical.

I'm fearful of health issues. My mom has a lung disease. Hypertension. Just, you know, all of these things worry me a lot. Yeah. Um, just kind of on top of that, there's also that I worry that she hates that I'm worried. I always try to play it off. Both of my parents like hate it when they see me worried like how dare you? My dad told me like why are you worrying about that? Like that's the parent's job to worry. Like your worry should only be like your education. Similarly, another student shared:

I think currently what I worry the most I don't know if worry and fear are the same, but I think my parents are getting older and I get really worried that with no immigration remedy available to them like what's going to happen to them without health insurance if they start getting sick, like, especially with my dad's recent health scare like how are they

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going to live? They can't work forever so like if they can no longer do physical labor and can't get hired for something that is more appropriate for their age and physical abilities like that is also wearing down their bodies like I just worry about them and I guess their stability in older age and then financially like how can I support them.

Fear of self-actualization as it is explained in the sense of reaching a desired level of personal, career, and educational aspirations is very much tied to family for this community sample. Given collectivistic and familial attitudes about the impact of education, career, and personal choices on the entire family unit is very unique to immigrant communities who are faced with acculturation stress due to the pressures that individualistic societies might place on education, career and personal choices. Individuals in this sample recognized differences between their access to security of physiological and safety needs compared to that of their parents who were undocumented and did not have the protection of DACA. Moreover, individuals experienced survivor's guilt because of the access to professional and educational opportunities they had compared to that of their family members who were not eligible for DACA as well as compared to individuals and families in their home countries as well as families currently separated at the border or in detention centers since the Donald Trump administration. In other words, fear of self-actualization was not necessarily perceived or experienced individualistically, but instead, it was defined as collective experience because their individual security of physiological and safety needs impacts the physiological and safety needs of the whole.

Anxiety, stress, and uncertainty (Table 7). From a behavioral standpoint, I claim that participants exhibit similar fear and anxiety-based behavioral responses similar to students who have an undocumented legal status across the literature. More specifically, I claim that chronic

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and unresolved fear can lead to anxiety and trauma-based symptoms and that there is a strong relationship between fear, anxiety, and trauma evidenced by the presence of behavioral responses such as withdrawal, hypervigilance, and isolation exhibited by the participants. Thus, I argue that fear is an underlying source of trauma and anxiety and there is strong comorbidity between anxiety and trauma symptoms among this community sample. For example, below we can see the progression of fear into anxiety and the impact of anxiety described as “brain damage” by the participants.

I think [fear] has also manifested in my anxiety. It has, it relates to feeling like I have to do more than I feel worthy of being here. I think it's manifested in like my sleeping habits recently. Sorry. Um, just my, my overall anxiety when it comes to my family. Just that I just always have kind of this feeling that there's a voice in my head. Sometimes it tells me it shouldn't be here. It takes a lot for me to combat that. Yeah. But it's still something that I have trouble with.

The following student describes her experience of fear and anxiety as a direct impact to her nervous system:

Cuz I feel like for some reason I remember more before than recent stuff like I'm not present enough because of the stress and anxiety and that's what I have noticed like, did I get a brain damage...I'm not, I don't have time to think about these yeah problem actually about the fear. Yeah, but at the same time it's there and the body reacts to it like getting anxious and like it's just there that I don't think about it until you asking me this question. I just learned to live with, and I don't even feel the difference between living in fear and not, and I usually think a lot of freedom.

Another students shared:

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Like all of this tension and stress and like anxiety is affecting my brain, which makes it really hard to work makes it hard to function and then I can be more prone to depression, like with a migraine, like it's really like a migraine like side effects sometimes like I have a migraine tracker and that's one of those symptoms too that makes me feel more depressed and then the frustration of like not being able to work at the level that I want to be able to work.

The students above describe feeling like their brain is hijacked when they are in a state of fear or anxiety. The findings in this study are supported by the literature in the way that anxiety and trauma symptoms are described. Additionally, their experiences highlight the progression of fear to anxiety which are compounded when individuals have been exposed to trauma as well as the comorbidity rates between fear, anxiety, and trauma. In this study, the majority of the respondents exhibited clinical levels of trauma, and so it is likely that racial trauma factors contribute to the high levels of anxiety that the respondents described. In other words, individuals who have an undocumented legal status, especially under the Donald Trump administration, are experiencing chronic psychological distress, characterized as insults to the brain because of the ongoing and constant cycle of fear, trauma, and anxiety. From a cultural and linguistic perspective, anxiety can be described and experienced differently across cultures and the goal was not to diagnose or pathologize the participants' experiences according to any clinical diagnostic criteria. However, understanding the cycle between fear, trauma, and anxiety and looking at fear as a source for trauma and anxiety are important findings because it also highlights the need for culturally inclusive measures of anxiety that takes into consideration the effects of racial trauma and ethnoviolence.

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Trauma (Table 7). I argue that there is a complex intersecting point between fear, anger, anxiety, and trauma, and that the clinical diagnosis of PTSD and anxiety may not be a sufficient representation of the fear, anger, and trauma that individuals who hold an undocumented legal status experience daily caused by systematic and interpersonal ethnoviolence. Moreover, fear and anger are both adaptive responses, perhaps, with similar physiological experiences that can lead to anxiety and trauma-based responses but may manifest differently behaviorally and cognitively. In other words, anger and fear may show similar physiological and physical characteristics, as they are both part of the fight or flight response but differ in the way that they manifest given individuals' identities and exposure to complex trauma. For example, one respondent described the compounding psychological effects of colonial trauma and the ways in which they presently manifest in her life:

I think [fear] is intergenerational and historical like I think the reason probably. Like I do a lot of reflection, but I think we're healing from traumas that are before us very like that our mothers are our sisters over grandmother's have had and I think like leaving or being born in such a machista society there's been a lot of sexual abuse right by men and so I'm healing from that or even like domestic abuse so I think for me I think its historical, I think is intergenerational. I feel like I'm constantly reacting to fear in ways that my mom would react to fear. I also think it's physical right when something it's scary can trigger.

The effects of intergenerational trauma are grounded in colonial trauma, which is inherently an extension of patriarchy and the ways in which patriarchy reinforces violence against women, including sexual abuse, interpersonal violence, and domestic violence. Intergeneration trauma and colonial trauma are analogous, and in fact, colonial trauma may be more appropriate from a liberation psychology context, as it actively separates the problem from

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the person. Identifying trauma triggers and fears from a historical point of view and looking at sociopolitical factors that contribute to the ways in which survival responses have manifested across generations is an important healing approach that can allow individuals who face oppression and violence every day to understand the influence of colonialism on emotions such as fear. Additionally, understanding the historical and cultural origin of violence, especially among BIPOC and immigrant communities can encourage individuals to reflect on the ways in which a colonized mindset may influence one's thoughts, emotions, and behaviors across contexts and across relationships. Moreover, there is a need to discuss colonial trauma and ancestral wisdom in therapy, especially to avoid pathologizing the mental health and wellness of immigrants and communities of color.

Research Question Two (Figure 3): What are informal and formal coping strategies that university students who have an undocumented legal status practice daily to manage stressors related to their immigration status, fear of deportation/detention of self/family members/community since the Donald Trump presidency, and their overall mental health and well-being?

Individual, collective, informal and formal coping, and healing strategies (Table 8).

Coping strategies are characterized as grounding exercises aimed to regulate the nervous system versus healing strategies such as alternative/original medicine or psychotherapy that may engage individuals in more long-term and deeper spiritual and psychological healing journey. This study found that individuals utilize a variety of individual, collective, formal, and informal coping and healing strategies to address their mental health and their overall wellbeing as well as fear, stress, trauma, and anxiety as a result of exposure to ethnoviolence under the Donald Trump administration. First, it is important to clarify I am not making a distinction between informal

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and formal coping strategies to reinforce a higher value or efficacy among formal intervention such a psychotherapy, but instead, I use the word informal and formal to emphasize a particular traditional structure that may or may not be centralized in Western/Eurocentric values. I draw from physical, psychological, and behavioral coping mechanisms to explain individual and collective-based coping strategies. Formal coping and healing strategies may incorporate process-oriented psychotherapy, where individuals enter a specific modality and consent to therapeutic services or where individuals participate in traditional medicine and healing practices that draw from a specific spiritual or ancestral practice, whether or not these practices exist within an institution. Similarly, informal individual and collective coping and healing practices are valued and recognized as important. I identify coping strategies as the use of grounding exercises, breath work, exercise, academic, and social support and healing practices as process-oriented practices such as psychotherapy and ancestral/intuitive healing practices.

The findings in this study demonstrate that participants engaged in various support-based and process-oriented coping strategies to address symptoms of fear, anxiety, trauma, depression, and identity development. These findings also stress that individuals practice specific individual and community-based coping and healing strategies to address stressors related to their immigration status, fear they experience specifically related under the Trump administration as well as to address their overall wellbeing. Some individuals also engaged in substance use (marijuana and alcohol) to self-regulate when feeling anxious or fearful. Generally, individuals indicated engaging in breathing exercises and physical exercise such as hiking and running to help regulate their nervous system as well as to address their overall health. Breathing exercises are of the most effective trauma informed coping strategies to help regulate the central nervous system to establish physical and psychological safety. The findings in this study support the use

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of this practice, especially to regulate physiological fear-based responses. One student below explains:

I exercise a lot. I take care physically. It does address the fear. Yeah, it feels good to be aware that I have the capacity of taking care of myself. That is a strength for me. You know, it reminds me, like, you know, you know, you're still here, you can do it. You are taking care of your physical being. Praying and meditating takes care of, you know, any emotions or thoughts that might come up that are related to fear or anxiety or nervousness or breathing. Yeah, just I think it my way of self-care reminds me of like my physical being that I'm, I'm still here. I'm still present, and I'm breathing and so that as a reminder that I'm functioning. I'm here. I think that takes away the fear sometimes.

Lastly, participants actively engaged in developing trusting relationships at the university and in their broader communities for social support and access to resources. Individuals also identified and participated in physical spaces where they felt safe and free to exist. The majority of the participants in this study participated in psychotherapy versus any other healing practice. Participants were either actively participating in individual therapy or had previously participated in therapy in the past to process difficulties with education, family, and immigration related stressors, depression, and anxiety as well as trauma as a result of domestic violence, sexual assault, forced migration, family separation, and identity development. The following participant describes how the impact of family separation not only impact her “sense of safety” but how family separation, especially, how childhood trauma when a child is separated from their primary caregiver can impact adulthood, adult relationships, and attachment.

When I'm being fearful, I think I always go back to that sense of security and like feeling safe and I think that comes from my trauma from being separated from my parents at

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such a young age where I felt like I didn't have that sense of safety. So now that I'm an adult, I think, like when I'm fearful of something I think my past traumas are triggered and then you are alone and feel this abandonment feeling, so I think like when I was fearful, I often go back to traumas that have defined my life like the one of separation of families and having to face this new reality of being undocumented without having a complete support system.

A separate student describes the struggles she experiences dealing with anxiety and the fear she has that her experiences with anxiety can transfer to her relationships:

I think I kind of mentioned this earlier, but the distance that I take sometimes from people who are close to me. Sometimes I'm just so like engulfed by my anxiety and fear I don't want to kind of spill it on to my relationships. Even though like, I know like logically they would support me, and it'd be there to listen to me. I always feel like I need to just keep that to myself and that I can resolve in like being distant.

The impact of childhood trauma and family separation in a child's early life stages can significantly impact an individual's nervous system and overall health. Evidenced by longitudinal studies such as the Adverse Childhood Experiences (ACE), we know that childhood trauma can have a tremendous impact on the future violence of victimization and perpetration, which can lead to various health outcomes (CDC, 2020). The use of the ACE's questionnaire to measure the impact of accumulated trauma is useful in understanding the types of trauma individuals have faced, however, the ACE's questionnaire does not adequately measure the impact of marginalization as trauma. Additionally, with the use of breathing exercises and access to trusting relationships, individuals can have an opportunity to rewire neural connections that signal safety to the body. Therefore, creating trauma-informed care practices that promote

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education and practices about the positive effects of grounding and breathing as a form to treat stress, anxiety, and trauma are foundational. Building community and amplifying the importance of developing trusting relationships with members that are impacted involve addressing our own power dynamics and biases with the goal to decrease implicit bias, discrimination, White privilege, and microaggressions because we know these can show up interpersonally and extend out into the community.

Physical, psychological, and behavioral coping strategies (Table 8). To address physiological symptoms to regulate fear/anger-based responses, anxiety, and trauma, participants primarily engaged in individual, coping strategies such as deep breathing, meditation, grounding, and mindfulness. Participants commonly expressed experiencing relief by reminding themselves of their physical body and utilizing deep breathing and grounding exercises to increase their somatic, physiological, and physical awareness. These findings are supported by the literature (Bressler et al., 2018; Minihan et al., 2018; Goodman et al., 2017; Riley et al., 2017), as the effects of breath and mindfulness interventions have proven to be highly efficacious for treating anxiety and trauma symptoms in order to signal safety to the brain, and thus, regulate the nervous system. Deep breath work is used to activate the sympathetic system which create new neuropathways in the brain to reestablish physical and psychological safety, which in turn, increase attention and focus (Bressler et al., 2018). The healing power of deep breath work is the body's ability to reestablish physical and psychological safety (Brown & Gerbarg, 2012). However, if the environment is unchanged, the sympathetic and parasympathetic systems will undergo a constant and chronic on and off activation that can lead to physical and psychological difficulties such as increased cortisol levels, high blood pressure, negative impacts on the immune system, premature death, anxiety, and depression (Keller et al., 2017).

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Resilience and identity (Table 8). As mentioned earlier, identity and resiliency are major psychological and developmental milestones that support one's ability to practice self-actualization. Mediating factors such as self-worth, sense of belonging, and self-esteem can greatly contribute to reaching a desired level of self-actualization, especially if environmental factors exist to support individuals reach their potential, dreams, and goals. Identity and resiliency factors in this study sample contributed to the participants' perception of self-actualization despite the social and professional limitations they faced due to their immigration status. From a psychological perspective, participants engaged in various forms of motivational self-talk to understand their intrapsychic experiences and environmental conditions, which as a result, strengthened their cognitive flexibility to better negotiate pros, cons, and safety measures across various contexts, especially if they perceived being at risk of deportation, exposure to ICE/police enforcement, interpersonal microaggressions, racism, discrimination, and ethnoviolence at the university and out in the broader community.

In this community sample, I argue that individuals exhibited high levels of hope and resourcefulness as a result of the sense of empowerment via their cultural/ethnic identity and perception of resilience of self and that of the undocumented community as a whole. The participants who identified as students of color also conveyed a strong sense of connection to their cultural and ethnic identity including their participation in various community-based groups at the university and in the broader community. Their leadership engagement in community-based groups and student programming also serving immigrant and undocumented communities influenced the types of services they utilized to cope with immigration-related stressors. The majority of participants were connected to various local, state, and national community organization where they received ongoing information about immigration policies. Their

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leadership role in these organizations within the university mirrored personal and professional identities they exhibited in the broader community, where they used their personal experiences around immigration, education, and mental health to advocate, develop programming, and provide services, too. Below, are two examples of two students providing direct services to undocumented students as well as the university where they describe ways in which their civic engagement impacts them, both, positively and negatively. One student shares:

I think the DECO office, Diversity Engagement Community Outreach and the university ministry, they're doing like a vigil teaching thing around this supreme court hearings like spreading the word about that. There's like an action that we put together to encourage folks to reach out to their congress people to pressure the Senate to vote on the dream protection... I'm just trying to take concrete actions that will help me and other people on my boat not feel so hopeless, you know?

A separate student shares how she navigates her professional role in a Dream Resource Center at a separate university:

A lot of students struggles that I have like experienced before that like I'm very familiar with so something that I'm fearful of, so if a student comes and tells me that their parent is being deported or their parent is detained and that is really horrible and like one of my worst fears is losing a parent but having to not show that obviously because the student will know I can tell them that I'm very sorry that that's a really horrible thing that's happening that they're going through, but I can't like cry, even though like it breaks my heart because then I'm not supporting the students in the way that they need and then I can't necessarily take always the time to like have my own process and like go through my own thing about it like I have go through these bureaucratic barriers to be able to get

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the students the support that they need or like bureaucratic barriers to be able to put on the programming that is going to like support students or like sometimes the students having such difficult issues. Like I had a student that was in a situation where they were a victim of human trafficking and then they've been raped at gunpoint and then they'd had a miscarriage and just like all these horrible things like that were happening at the student just, you know, sat in my office, talking to me and sobbed and sobbed and sobbed and it was that just having to be there for the student and have the helplessness of not being able to go beyond my position or like not having the resources to help and that can be really frustrating.

The positive health benefits of activism are in that it can increase coping strategies as well as provide a space for deep personal growth, which can promote healing. Individuals may find coping strategies by connecting to communities who share similar experiences. Connecting with community members via common struggle could impact one's sense of hope as well as critical consciousness, both which are necessary for social justice movements and personal liberation against oppression and racism. Activism may be an effective coping strategy because it can influence persistence when students who hold an undocumented legal status are marginalized because of their racial and ethnic identity as well as their immigration status (Cadenas et al., 2018). While political activism may be an effective coping and healing strategy, it also a physical, psychological, and spiritual process that can also lead to fatigue and hopelessness. Therefore, it is critical that individuals who are undocumented and are actively engaged in community organizing and activism efforts also receive social and mental health support within civic engagement spaces. Liberation psychology supports critical consciousness

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as a way to build activism and increase knowledge of how systems of oppression impact one at the individual level, which ultimately encourages transformation and change.

From a behavioral standpoint, participants endorsed various avoidant coping strategies, which I identify as protective and proportional to address fear, uncertainty, anxiety, and vicarious trauma as undocumented professionals. These avoidant behaviors include active deflection of trauma triggers, including limited suppressing emotions, avoiding exposure to media outlets (news coverage and social media) that cover anti-immigrant rhetoric, attending public spaces/events, visiting or living in geographical locations (cities) that are nearby detention centers, and abstaining from cities that have a history of hate speech and hate crimes against Black, Indigenous, and People of Color, LGBTQ communities, and women. Consequently, the combination of these avoidant behaviors further exacerbates feelings of isolation, withdrawal, and hopelessness because individuals are essentially forced to self-quarantine and self-police in order to survive.

Behavioral activation coping strategies like hiking, yoga, playing soccer or crossfit, and joining social groups/clubs at the university and in the broader community are coping strategies individuals use to decrease physical symptoms of depression and chronic stress such as low-energy, sleep difficulties, emotional dissociation, and muscle tension. In addition to the physical and psychological benefits of practicing yoga or playing soccer, these activities also carry a social and community component that strengthen sense of belonging and self-esteem. One respondent shared some of the benefits of practicing yoga, including grounding and muscle tension release:

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In terms of what I do to cope with the stress and the anxiety that comes from being a student is that I teach yoga. I teach seven classes and it really helps me to stay grounded to be community with people who are pretty cool to meet and to lead in practice and it's still very challenging for me to be in the present moment, I think then also yoga has taught me to just like if I feel tense at any given time, I'm able to just know why I may be tense. I'm gripping the steering wheel like okay I noticed that and be more present with less muscle tension

Trauma informed interventions utilized physical activities to increase behavioral activation against low-energy and loss of pleasure as well as a specific treatment to regulate the nervous system. It is not surprising to find that physical activity is one of the main coping strategies the participants in this study utilize for self-care as well as to treat anxiety-based symptoms. The effects of physical activity to treat symptoms of depression are more commonly recommended because of the neurochemical dopamine release that occurs during physical activity. Additionally, physical activities such as yoga and soccer also provide opportunities for individuals to be outside in nature or in community with other people. Physical activity encourages individuals to practice mindfulness by remaining present as well as in tune with their bodily and somatic responses, which can be incredibly effective in decreasing physical and somatic trauma symptoms such as muscle tension, hyper startle response, migraines, attention, and memory difficulties.

Substance use (Table 8). Similarly, individuals also reported smoking marijuana as an attempt to, both, decrease symptoms of anxiety and depression and connect emotionally due to feeling disconnected with themselves and others. The students who reported marijuana use directly connected their drug use as a coping mechanism to address their symptoms of anxiety in

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comparison to the students who used alcohol who indicated social drinking. Substance use appeared to be a stigmatized topic for many of the respondents. Many of them reported actually avoiding the exposure or use of any substances fearing that lowering their inhibitions would put them at a greater risk for being targeted as well as engaging in risky behaviors that could lead to a DUI, getting arrested, or being criminalized when in public. One student mentioned that “her fear made [her] try marijuana that was something [she] never tried in [her] life until [she] was 30 something.” One of the respondents clarifies that even though she engages in various grounding practices such as breathing exercises to regulate her nervous system, marijuana use may be more accessible and may also be more efficacious because of its immediate effects.”

It [marijuana] kind of helps my nervous central system. I can only do so much breathing for me to calm it down and like 10 minutes later, like it brings, the anxiety comes back up, but if I'm like extremely high like it's going to take at least an hour before it comes back up...I smoke every day, twice a day, but I feel I guess as new of immigration and the Trump administration it's like every day is something you know. Like I would say, I have found myself wanting to stop because I know that it doesn't do anything for me. Okay, and it's just that constant fear and I just find myself doing it more and it's like how is it that I want to stop and then I know that my body wants to stop and here I am doing it more? And like it's part of like lack of energy. Like I do crossfit and I play soccer but sometimes when I'm just so scared I don't want to leave my house and you know, I could do a workout at home or I could smoke weed like which one's going to be easier for me to numb stuff out, like, you know, so and I just find myself doing that more.

It is difficult to make any claims about any negative effects of the use of marijuana to treat anxiety and fear. It is unclear as to whether individuals are using the psychoactive

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components of marijuana to treat these symptoms, and, whether individuals truly experiencing any immediate or long-term relief from smoking when feeling anxious or fearful. It is important to recognize that individuals who may want to cut back on their use may be presenting symptoms of addiction. Additionally, in the spectrum of fear, increased symptoms of anxiety and fear, specifically withdrawal, social isolation, and panic, could lead to more developed conditions such as agoraphobia, which is a type of anxiety disorder which individuals express intense fear and avoid places or situations that may further cause panic (APA, 2015).

Finally, the findings in this study demonstrate that collective practices strengthen sense of belonging, information sharing, advocacy, activism, solidarity, and protection of racism and ethnoviolence under the Donald Trump administration. Individuals specifically perceived that community solidarity increased as a community coping strategy under the Donald Trump administration. One of the respondents shared that the community has coped with fear “in in a positive way and the community has come together to create community, to create a space. For example, there are undocumented black folks within the Latinx community.” Evidently, community members gather and share resources to build communication within the community about possible ICE raids. Overall, the community is protecting one another by not calling the police or reporting a crime when there is an increase in ICE raids in the community. The effects of ICE raids, police brutality, and overall crime in the community impacts collective coping strategies to address fear of crime, and fear of victimization of police enforcement, because of the combined fear deportation and fear of authorities. A separate respondent shared an incident when a family member was robbed at gun point but chose not to report the crime because the family member feared the police would call immigration. The following quote illustrates the effects of fear deportation among the community and how this fear can grow into fear of health

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care or spaces that are perceived to hold power and authority or have been known to also collaborate with ICE:

I feel like even reporting a crime or anything affects the community like, for example, my uncle, for example, he was at an ATM machine and this guy pulled out a gun and he didn't report it because he was afraid and so like, for me, the major one would be reporting the crimes because I feel like they're going to call immigration and or even going to the hospital like they don't want to go to the hospital because of fear of being deported, so I feel like that affects my community, a lot. Yeah, I know a lot of people that don't report anything because of fear of that.

On the negative side of the spectrum, one respondent talked about the effects of deportation in the community as displacement because of ICE raids and activism fatigue impacting the mental health wellness of the entire undocumented community. One student said:

The negative side is that you lose people in the community. That's just something that's very realistic about something that like I've just been coming into terms more with that...you will lose people in this battle, whether it's physically being deported or the sense of like detached like it's too much for them to get to the point where they can't continue to fight for this because like it's bad for them mentally and like I can't really be mad at them for so there's that kind of mental health in the community.

At the university level, individuals felt a sense of protection but also reported experiencing interpersonal and systemic violence in the classroom with peers and faculty as a result of microaggressions and racism. Even though students reported that trusting faculty and staff was critical, they equally expressed feeling unsafe, at times, during class discussions around immigration, traveling, racism, and ethnic/cultural studies. The respondents described

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community coping strategies and positive and negative and reported issues with levels acculturation, assimilation, age of migration to the U.S., racism, and anti-blackness within and across sub-immigrant groups as factors impacting and reinforcing continued marginalization against black and indigenous individuals who hold an undocumented legal status. Black and Asian immigrant students reported feeling marginalized even within the undocumented and immigrant community because the immigrant narrative can be biased in centering experiences and stories of Latinx undocumented immigrants. Highlighting the diversity of the undocumented and immigrant community as well as working to end racism and microaggressions within sub-undocumented spaces is fundamental when working with all undocumented immigrants from various ethnic and cultural backgrounds. One student felt that the mere fact their identity is not a part of the conversation in immigrant spaces is a microassault that reinforces oppression. In the excerpt below, she urges for more inclusivity and awareness about this issue:

I was trying to help out with undocuweek last year and some other things happen but when I finally saw the poster like there's one part that was like, oh, for like Latinx folks to come through and like it was just very, like, okay, so this isn't for me, like, yeah, this is my struggle but this isn't for me and it said like specifically a space for Latinx folks which is valid, of course, like every community needs that. But when it was centered around the conversation on immigration, we forget that there are many other folks around the world that are also the immigrants.

Religion, faith, and prayer are coping strategies to address fears related to immigration status, deportation, increase hope, and outreach to the communities who hold an undocumented legal status. Faith-based institutions use precessions to intentionally outreach and gather undocumented communities to share resources, build trust, and connect individuals to resources.

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Several students indicated that community building was a major social and mental health support, which also encouraged them to engage more politically, better identify their social justice values, and a helpful platform to explore and celebrate their intersecting identities outside of their immigration status.

Research Question Three (Figure 4): What type of university support do students who have an undocumented legal status are currently receiving and want to receive to support their emotional health, including financial and legal security?

The following findings support this research question and demonstrate that the students' overall experiences in education directly informed their recommendations for culturally, inclusive, and integrated behavioral health care services at the university level and in the broader community.

Students' overall experiences in education informing recommendations for student support and resources serving students who hold an undocumented legal status (Table 9). I claim that the lack of visibility of undocumented legal status greatly impacts outreach efforts and visa-versa, which prevents access of a physical space where students who have an undocumented legal status can go to as well as the flow of resources, information, and delivery of integrated legal, social, and mental health services to address the needs of students who hold an undocumented legal status. Increasing outreach efforts to strengthen the visibility of this particular student population is incredibly important in creating safe learning spaces where students can feel empowered and welcomed. The students' negative experiences in education at the undergraduate and graduate level included experiencing psychological distress due to structural racism and microaggressions in the classroom, across campus, at the financial aid office, and during their enrollment application process. Students felt that having peers whom

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they could trust and reach out for academic and social support was essential to their overall wellbeing. Financial support was a major stressor for students. Experiences with microaggressions at the financial aid office and lack of a centralized streamline enrollment application process that was inclusive of undocumented students was a source of frustration and anxiety of students. Additionally, the realization that financial aid varies across programs created confusion and concern among the students, as they did not feel there was specific funding for students who hold an undocumented legal status despite the recent introduction of a scholarship for undocumented students at the university. One graduate student briefly shared their experiences from high school, community college, and now as a graduate student.

When I was in high school, I never really shared like I wasn't really aware, like I knew that I wasn't undocumented, but I never thought about it like I like I told you earlier like when it when I came to community college that's when it hit me and after I talked to the counselor here she explained to me the like it was okay, that I was going to be okay. I never disclosed my status here because I didn't really know anyone, and my sister and I were scared. We were always scared like you know like what if we say something and then immigration comes. Just things like that. I started to feel to feel better when I joined the dream club and there were students like me. So that's, I'll say that was my only worry. How do I tell people that I am undocumented? Are they still going to help me out? And obviously those two counselors helped me out.”

I argue that the impact of having a physical space or a community during undergraduate years can significantly strengthen networking and self-advocacy skills. Graduate students reported wanting to become more civically engaged at the university level but felt they were unable because of the demands of graduate school. Graduate students in this study were highly

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experienced in working in Dream Resource Centers, immigrant based non-profit organizations, or facilitating events such as undocuweek.

Support and resources students who hold an undocumented legal status utilize at USF (Table 9). I argue that students had positive educational experiences when they were able to identify allies at the university and were also able to develop trusting relationships with peers in the classroom and across campus. In fact, students described academic professors as the most accessible resources type of resource and most needed allyship to broaden financial and social support for students who hold an undocumented legal status. Having trusting relationships proved a commitment to creating a welcoming educational environment. For example, one student said, “In terms of other resources like academic advisors I feel like I use them or talk to them and then my peers.” Additionally, peer relationships were an important source of support, which positively impacted students’ sense of belonging and overall identity development. Below, the following student describes the positive benefits of cost-effective therapy as well as the community building opportunities that the counseling and psychological services centers can provide:

Yeah, so one of them of course is CAPS because it’s very nice being able to have someone to talk to, and I know that it’s also free here, and I know that in most cases it’s not free so you know I think being able to take advantage of the opportunity is very good. Um, I think the other way is also being a part of your community that also relate to, I think, just that kind of that sense of relating to someone else about it is such a nice feeling because it’s like it’s a space between you and the other people in the community to be able to talk about your fears without being scared that someone else is going to intrude upon that.

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It's evident that counseling and psychological services can create culturally inclusive spaces where students can feel heard and seen and that they can feel in community in places like university counseling centers. In addition to the positive experiences that individual therapy can provide when working with a therapist who is compassionate and understanding, support groups for undocumented students can also enhance sense of community and sense of belonging, which are monumental to strengthening high and positive self-esteem. It is important that students who have undocumented legal status come in contact with more students who share similar experiences. Increasing assertive outreach interventions to increase the visibility of students is needed and should be prioritized, as this is a key component to community healing, which can help decrease stigma of mental health experiences among immigrant and undocumented communities.

Students' recommendations for specific support and resources for students who hold an undocumented legal status (Table 9). The aforementioned educational experiences directly informed specific recommendations for the establishment of a physical space that could serve as an undocumented student resource center. Establishing a physical space for students who hold an undocumented legal status could positively impact the overall visibility of students across the university. The findings suggest the following concrete recommendations: 1) identify and establish a physical space specifically for undocumented students such as Undocumented Student Dream Resource Center 2) have a paid staff dedicated to connecting students to resources within the university and the broader community, 3) develop specific mental health support for undocumented students such as a support group or group therapy 4) increase financial aid support for undergraduate and graduate students 5) identify ways to minimize tuition cost such as exempting students from having to pay health insurance 6) expand culturally

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inclusive training for faculty and staff to better strengthen allyship and advocacy and 7) increase awareness about the mental health effects of racial trauma and immigration related microaggressions in the classroom, including racist and antiimmigrant educational material. The following excerpts specifically highlight respondents' advocacy efforts toward a Dream Resource Center at USF:

I think more reaching out to undocumented students. Just make that name more visible like undocumented or DACA around campus. I know they have groups, sometimes gatherings but maybe make it more visible. Putting it out on flyers. I'm sure there are flyers, sometimes, but I don't see them as much because I know there are resources out there. I know the school has, and I understand the respect to privacy as well and disclosure but also as undocumented folks or people who have DACA. If we don't see it well people might not see it. People might not look for resources. Which I have done before in terms of, like, hey, I need scholarships, but nobody is going to be asking for resources for undocumented students...I don't know, even on social media like name it you know put it out there.”

One student talked about the importance of having a dedicated space for students:

They can have an office dedicated to helping undocumented students from every year. I run into issues and get categorized as an international student. I feel like there should be like a space. Yeah. I mean, I feel really distant, not a huge presence, but I also know that's not their fault. I know like funding is an issue. Having an office or something that is visible, like you're seeing that your experiences are valid...like we have a undocu-week but I feel like that's like, that's an amazing way to start. but I feel like there's so much

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more done like there could be like even like an organization for like undocumented students. I don't know if there is that. I haven't, I haven't heard of it.”

Lastly, this student shares her recommendations for further advocacy efforts and says that “bringing this like full awareness about what it means to be undocumented, not just DACAmented but also undocumented and also we understand that financial aid can help, but like also just actually being vocal about it and being an advocate for undocumented students.”

It is important to explore the impact that DACA status has had in an individual’s identity pertaining to their immigration status, the tension or various experiences that individuals may face in mixed status families, and that as students who hold DACA or an undocumented legal status, they are constantly engaging in advocacy and activism across various contexts with multiple people in a given day. Students are constantly put in situations where they have to explain themselves and that can be incredibly psychologically and emotionally draining. Perhaps, engaging in advocacy efforts comes at the expense of their mental health and possibility of re-traumatization, especially when students are only invited to share their stories for undocumented workshops and trainings for university faculty and staff and are not provided mental and emotional healing support before and after their collaborative efforts. For this reason, it is vital that undocumented-immigrant mental health advocates and psychologists work together with activists, allies, and immigrant rights organizations to develop trauma-informed care advocacy efforts to prevent re-traumatization via story-telling and activism fatigue and programming that addresses vicarious trauma and coping strategies.

Quantitative and Qualitative Data Synthesis

The quantitative and qualitative results of this study confirm high elevations for concerns of deportation, anxiety, and trauma symptoms among the respondents. The focus of this study

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aimed to understand the physical, psychological, emotional, and behavioral responses of chronic fear specifically fear of deportation, fear of hate speech, and fear of microaggressions since the Donald Trump presidency. High elevations of deportation concerns indicated by the Deportation Worries measure (Suarez-Orozco et al., 2015) (See Appendix A) are reflected in the respondents lived experiences about chronic levels of fear pertaining to their own deportation compared to that of their family members or friends because many of them identified themselves as the head of their household or family providers. The qualitative data about fear further contextualized the psychological processes that are enacted in the individuals experience distress from exposure to racial trauma in the form of microaggressions, hate speech, and xenophobia. More specifically, the quantitative results of this study in regard to fear of deportation are detailed in the pronounced levels of discrimination and racism that the respondents reported experiencing under the Donald Trump administration.

Regarding symptoms of anxiety, the respondents endorsed high elevations measured by the Generalized Anxiety Disorder-7 (GAD-7, Spitzer et al., 2006) (See Appendix B) screener. This finding provides us a better understanding of the effects of chronic and constant fear, and although the results cannot confirm that that unresolved fear can develop into anxiety nor that the respondents are showing symptoms of a diagnosable anxiety condition, insight about the respondents' physical, psychological, emotional, and behavioral experiences related to fear and anxiety may provide us with a deeper understanding of ways in which fear can manifest into anxiety when fear elevations are chronic. Additionally, the insight provided by the respondents about their emotions about fear provided a much deeper understanding about anger and frustration as emotional responses. This is important because even though the Generalized Anxiety Disorder-7 (GAD-7, Spitzer et al., 2006) (See Appendix B) screener assesses for

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physiological, cognitive, and behavioral responses, many of the respondents claimed to feel irritability rather than anger, suggesting that the respondents may have scored lower for irritability if they perceive irritability and anger to be different. Additionally, the quantitative results for depression were much lower even though the participants do talk about feeling sad and hopeless. Moreover, the Patient Health Questionnaire-9 (PHQ-9, Kroenke, Spitzer, and Williams, 1999) (Appendix C) actually screens for irritability, as it is characterized as a symptom of depression. Of course, this was not the case for the respondents in this study, which may suggest that individuals are not experiencing high levels of depression but are experiencing high levels of anger and frustration.

The quantitative results for trauma indicate significant elevations for trauma symptoms compared to a similar population when measured by the Post-Traumatic Checklist-Civilian Version (PCL-C) (Weathers et al., 1994) (Appendix D), and the qualitative data confirmed the respondents' exposure to traumatic events such as sexual assault and racial trauma/discriminatory violence in the form of microaggressions, hate speech, and hate crime. The Post-Traumatic Checklist-Civilian Version (PCL) does not ask about types of trauma and learning about the types of past and current trauma including pre migration trauma allows for a broader understanding of complex trauma and as well as the unique physical and psychological experiences of individuals considering cultural factors. Finally, the central and overarching finding in this study was fear and anger as the central emotional responses in anxiety and trauma, which are reflected both in the quantitative and qualitative in different ways. For example, the quantitative data confirms high elevations of anxiety and trauma. From the qualitative findings, we are better able to understand how fear about anger manifest across anxiety and trauma-based responses, suggesting the multilayered and complex mental health effects of fear and possible

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comorbidity with anxiety and trauma. More importantly, by synthesizing the quantitative and qualitative results allows for a deeper and much inclusive understanding of fear and anger in the context of anxiety and trauma-based experiences that does not pathologize the emotional reaction but rather normalizes the affective, psychological, physiological, and behavioral response to chronic fear.

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Discussion

Overall Summary

The focus of this study was to understand the physical, psychological, emotional, and behavioral experiences of students who have an undocumented legal status pertaining to various types of fear since the Donald Trump administration. Specifically, I aimed to understand the mental health effects of unresolved and chronic fear and how fear manifested in the daily lives of individuals. Fear, anxiety, and depression were significantly pronounced for this community population. Moreover, this study sought out to provide a mental health framework for understanding the experiences of various types of fear as a result of historical, political, and oppressive structures that continue to reinforce White supremacist ideals that create violence against undocumented immigrants who may also be discriminated against because of their racial and ethnic background. Drawing both from literature that looks at the experiences of undocumented students as well literature on the mental health of immigrant populations, this study sought out to provide insights into challenges and protective factors that students who have an undocumented legal status face under the Trump administration. My analysis of the experiences shared in this study are that individuals who hold an undocumented legal status are experiencing an array of individual and collective physical and psychological processes as a response to the xenophobia and ongoing discriminatory ethno-racial trauma from directly experiencing and witnessing discrimination, violence, and harm (Chavez-Duenas, Adames, Perez-Chavez, & Salas, p. 49, 2019).

Current Research. Many of the findings in this study specific of the undocumented student experience are consistent with previous qualitative findings specifically addressing challenges student face (Gonzales et al., 2013; Abrego, 2011). Similarly, quantitative studies that

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have looked at undocumented student populations across 4-year and private universities demonstrate fear of deportation as a major concern for students who hold an undocumented legal status (Gonzales et al., 2013; Patler & Laster Pirtle, 2018). As with other studies that examine the experiences of students who hold an undocumented legal status, the students in this study were also first-generation students (Abrego, 2011). Studies that look at the experiences of first-generation students illustrate the challenges students face navigating the educational system in respect to lack of financial support and structural racism limiting their opportunities toward social and economic mobility (Menjívar et al., 2016). Consistent with previous studies, participants in this study expressed a significantly higher level of fear and concern about the deportation of that of their family and friends compared to that of their own (Gonzales et al., 2013; Abrego, 2011). The findings in this study suggest that the levels of concern of deportation may be higher for themselves especially for the individuals who are head of their household and/or financially support their families. Previous studies (Enriquez et al., 2018) that examine deportation concerns among undocumented student populations also demonstrate that students know at least someone in their close proximity that has been deported and so it was not surprising to find that more than half of the participants in this study knew someone who had been deported. In the context of the current political climate under the Donald Trump administration, the findings in this study are supported by previous studies that examine the impact of anti-immigration policy and emphasize psychological effects of racial trauma on sense of belonging and anxiety regarding the uncertainty in the lives of people as a result of their undocumented legal status.

Studies that have examined the chronic stress, worries of deportation, and anxiety among students who have an undocumented legal status have also suggested that students' experiences

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related to discrimination reinforced feelings of isolation and low self-worth, which have been also been identified as risk factors to individuals' identities and overall emotional and mental wellbeing (Gonzales et al., 2013; Lizcano, 2011; Cobb et al., 2016; Vaquera et al., 2017; Schwartz et al., 2010). In this study, the findings suggest a number of risk factors impacting overall mental health of students, especially for individuals living at the margins of various identities. Prevalence of depression in this sample was inconsistent with the literature on depression among immigrant and undocumented communities, suggesting that perhaps the immigrant health paradox and lower levels of acculturation may serve as protective factors against developing symptoms of depression (Sullivan & Rehm, 2005; Greene & Maggs, 2018).

In other words, the findings of this study argue that fear of deportation/detention, fear of microaggressions, fear of hate speech, and fear of crime under the Donald Trump administration are compounded when they intersect with gender, sexual orientation, and ethnic/racial identify were also at play (Hems, Nicolas, & Green, 2010). Drawing from fear-based trauma models that explain post-traumatic stress among immigrant and refugee communities (Tuomisto & Roche, 2018), this study confirms that emotional responses such as anger, irritability, and frustration are linked to fear and that these responses are adaptive. Moreover, the physical and physiological experience of chronic, constant, and unresolved fear resemble the physiological trauma triggers. The literature describing fear, and anxiety responses in the content of post-traumatic stress is variable because of the high levels of comorbidity between anxiety and PTSD (Tuomisto & Roche, 2018; Woolman et al., 2015). Moreover, the physical and physiological experience of chronic, constant, and unresolved fear resemble the physiological trauma triggers. The literature describing fear, and anxiety responses in the content of post-traumatic stress is variable because of the high levels of comorbidity between anxiety and PTSD. Additionally, it may behoove us to

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understand the mental health effects of fear and anger and human emotions particularly when these are suppressed and consistently triggered by the environment (Tuomisto & Roche, 2018). Lastly, findings on anger as a fear-based response highlight the adaptive and protective function of anger and frustration also as protection against the development of clinical levels of PTSD. Studies that look at comorbidity factors between fear, anxiety, depression, and trauma indicate that fear and anger emotional responses to trauma, which was a true finding for this particular sample (Tuomisto & Roche, 2018).

The central and overarching finding in this study was exactly the presence of anger as an emotional response to chronic fear, anxiety, and trauma. The findings about anger as an emotional response related to fear poses a multilayer and complex experience about the effects of trauma and its mental health effects. Understanding fear and anger in the context of anxiety and trauma-based experiences does not suggest any pathology in its expression but rather this finding suggest that fear-based responses among communities who experience oppression may are affective, psychological, physiological, and behavioral. Additionally, it may behoove us to understand the mental health effects of fear and anger and human emotions particularly when these are suppressed and consistently triggered by the environment (Tuomisto & Roche, 2018). Lastly, findings on anger as a fear-based response highlight the adaptive and protective function of anger and frustration also as protection against the development of clinical levels of PTSD. Drawing from fear-based trauma models that explain post-traumatic stress among immigrant and refugee communities, this study confirms that emotional responses such as anger, irritability, and frustration are linked to fear and that these responses are adaptive.

At the core of this study lie clear examples of trauma growth, which have contributed to the ways in which individuals are able to re-engage in their environment and with the

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community. The findings in this study that specifically address the need for support and resources to further strengthen the overall wellbeing of students who hold an undocumented legal status call attention for the need for a physical space such as an undocumented student resource center. Recent studies (Cisneros & Valdivia, 2020) that have examined developmental models of undocumented resource centers stress that the establishment of cultural and identity centers not only impact enrollment, retention, graduation, and student learning success, but physical spaces such as undocumented resource centers decrease isolation and lack of sense of belonging. Spaces that offer information and also provide opportunities for students to express the challenges they face related to their undocumented legal status can increase the psychological safety needed to support individuals embrace their intersecting identities and experiences. Similarly, previous studies that examine protective factors among undocumented students and communities that maintain collectivistic values, argue that social, community, and peer support are essential in strengthening coping strategies and resiliency factors such as hope and motivation (Vaquera et al., 2017; Garriott & Nisle, 2017).

Implications. The findings of this study highlight the psychological effects of racial terror and discriminatory violence against undocumented communities. Racial terror and discriminatory violence perpetrated by xenophobia, microaggressions, hate speech, and hate crimes produce similar effects to interpersonal trauma such as rape, sexual abuse, domestic violence, and physical violence (Tummala-Narra, 2005). The psychological effects of trauma include a number of intrapsychic distress such as fear, anger, and helplessness that extend out into the larger social and interpersonal contexts. The implications of this study not only explains some of the psychological distress that individuals who have an undocumented legal status face in the U.S. due to constant persecution, but it provides evidence that we must look at long-

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standing systems and current individuals producing this racial terror in order to truly understand the manifestation of chronic fear of deportation and ethnoviolence as physical, psychological, and behavioral responses. Specifically, these findings provide evidence about the psychological effects of chronic fear as, both, presenting acute, general, and pervasive trauma and anxiety-based distress. Therefore, the following clinical, policy, and research implications acknowledge the need for the application of healing interventions aimed to reduce fear and foster radical psychological liberation. The HEART Framework: Healing Ethnoracial Racial Trauma by Chavez-Dueñas et al. (2019) is a culturally appropriate intervention for reducing the psychological effects of chronic fear of ethnoviolence and the effects of racial trauma. The framework draws from Liberation psychology principles and decolonial interventions that combine mental health practices, community organizing, and policy changes that address the immediate relief of the effects of fear, ethnoviolence and racial trauma, develop healing interventions that externalize the problem from the person by identifying the systems of oppression as the problem and culturally accurately describes psychological responses, coping, and symptoms as a result of ethnoracial trauma, actively connects individuals to culturally appropriate community groups that further strengthen individual, family, community, informal, and formal healing practices, and cultivates psychological liberation through individual healing and collective awareness about the effects of ethnoviolence and racial trauma on the self and the community. Lastly, this framework builds on collective awareness about the impact of ethnoviolence and racial trauma and acknowledges the impact of awareness on the oppressor and the oppressed as needed actions toward collection, social, and policy change (French et al., 2020; Chavez-Dueñas et al., 2019).

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Practice Implications. The American Psychological Association, National Latinx Psychological Association, and California Psychological Association Immigration Task Force have made several clinical recommendations about best practices when working with communities who hold an undocumented legal status (CPA, 2018). Within the guidelines of social justice and multiculturalism, the development of specific mental health services for individuals who hold an undocumented legal status that emphasize diversity and the intersection of individuals' various identities that address the impact of immigration status and racism on health is a key component of trauma-informed care practices when working with communities who hold an undocumented legal status. Addressing fear and anger as psychological distress that individuals who hold an undocumented legal status experience as a result of systemic oppression as well as from witnessing and experiencing interpersonal and political violence and discrimination from White supremacy, microaggressions, hate speech, and hate crimes is incredibly important in the process of psychotherapy. Psychotherapy that takes into consideration the effects of political and social contexts on one's intrapsychic experiences, both, as a patient and as a therapist need to be considered as equally necessary in the process of individual and collective ethnoviolence and racial-trauma healing (Chavez-Dueñas et al., 2019). In other words, the therapeutic relationship

Moreover, clinical psychology and healing practices should be sanctuary spaces where individuals can heal and learn to externalize sociopolitical constructs of oppression as well exist in spaces where they can explore and celebrate their intersecting identities (Chavez-Dueñas et al., 2019). Establishing safe and physical spaces which can be translated as sanctuary spaces are needed in order for individuals to build psychological and emotional safety. Trauma-informed care models promote the establishment of physical and sanctuary spaces as a form of treatment

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and healing because it provides immediate relief from fear and overall psychological distress. These physical and sanctuary spaces can and should exist in counseling centers, community and cultural centers, and across relationships. Therefore, counseling centers need to actively implement culturally appropriate interventions for communities who hold an undocumented legal status. Further, it is possible to develop and establish an Undocumented Resource Center at the University of San Francisco or across any college campus not only as a declaration of allyship to those impacted but as an action toward building safety in the face of trauma. By creating safe physical spaces, within the context of therapy and community allyship, individuals will have the opportunity to develop trust, which will significantly impact the emotional and psychological safety that is needed in healing and psychological liberation.

The HEART framework (Chavez-Dueñas et al., 2019) recognizes that the most effective treatment toward treating psychological effects of political and racial trauma is Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT). Components of TF-CBT explore physical, cognitive (psychological), and behavioral responses to trauma. This study specifically sought out to understand the physical, cognitive (psychological), and behavioral responses to chronic fear, specifically chronic fear of deportation, microaggressions, and hate speech, all of which are factors that contribute to fear of ethnoviolence. For this reason, mental health services need to address interpersonal and systemic racism as well as locate psychological experiences as a result of interpersonal and systemic racism within the context of oppression, power, colonization, racism, and marginalization (Tate et al., 2013). Radical trauma-informed healing practices for immigrant communities and communities need to center social justice, decolonial healing, liberation psychology, and activism in order to culturally and accurately contextualize fear and trauma and psychological effects of racism and ethnoviolence in the U.S. (French et al., 2020).

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Therefore, clinical interventions need to address the differences between coping and healing. In this study, we found that individuals use breathing exercises and therapy as means to cope with the fear of deportation, but they really used their community and sense of critical consciousness as a means to explore deep trauma wounds. Establishing sanctuary spaces allows individuals to reach physical safety so that they can regulate their nervous system, which then allows individuals the cognitive capacity to understand, contextualize, and cope with the daily racial trauma and ethnoviolence they are exposed to. Further, healing occurs via critical consciousness about their experiences with oppression so that they can explore their resistance to continued oppression and racism. The findings of this study suggest that anger is a manifestation of fear of ethnoviolence, and so within the realm of critical healing that incorporates trauma-informed interventions, we must also understand anger as a form of critical consciousness and resistance against oppression and racism.

Developing trusting relationships is bidirectional and it requires us to equally understand oppression, power, and privilege so that we are better equipped to address biases resulting from colonization, power, and privilege. Drawing from the multicultural and diversity guidelines from the American Psychological Association (APA, 2012) and clinical recommendations made by the Immigrant Task Force from the California Psychological Association, service providers also need to expand on their own learning by exploring power dynamics and their own biases in order to practice from a culturally inclusive perspective that ultimately places individuals as the experts of their own experiences. The findings in this study support the need for this as they highlight the experiences of students who hold an undocumented legal status dealing with daily interpersonal and structural racism across contexts and environments such as in therapy, in the classroom, with their peers, at the university campus, and in the broader community. Therefore,

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clinical training that also takes into consideration the effects of power and privilege in treatment is essential to shifting systems of oppression that reinforce the exact same marginalization and trauma that students face because of anti-immigrant policies, White supremacy, ethnocentrism, xenophobia, and fear of deportation.

Clinical interventions and student programming that intersect and take into consideration the unique challenges of students and prioritizes financial support, legal assistance, mental health is a holistic approach and model utilized by universities in California (Canedo-Sanchez and So, 2015). Ongoing psychoeducation about the relationship between immigration status and overall health is an example of opportunities that students can benefit from to strengthen their coping strategies. Clinical interventions that emphasize cultural identity, community building, and activism can further strengthen individuals' critical consciousness which can be empowering and healing. Therefore, establishing identity and social support groups is key to building collective trust and psychological strength. By establishing psychological strength and drawing from the resilience of individuals, mental health care providers, allies, and Dream Resource Center coordinators, immigration attorneys, and professors can incorporate strength-based approaches to support students from enrollment to graduation, in the classroom, and in the broader community not only for them to be successful at the University of San Francisco, but that as a community, we can foster the collective radicalism that is needed to resist injustice and the continued effects of colonization and racism that show up as individualistic and Eurocentric practices in therapy, in the classroom, across educational policies, and in the immigration system.

Strength based approaches such as Narrative Therapy that draw from theoretical frameworks such as Liberation Psychology can assist exploring pre-migration trauma, migration trauma, and the ongoing ethno-racial trauma that individuals experience in the U.S.

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Having culturally inclusive screenings and treatment interventions that examine the intersectionality of people's identities and experiences including resilience are needed to assess for psychological distress that takes into account the sociopolitical and systemic oppressive factors that enact and contribute these psychological responses. Overall, there is a need to develop strengths-based mental health interventions that are culturally affirming, which understand the importance of the intersectionality of experiences and identities of students who have an undocumented legal status. Theoretical orientations and interventions such as those from within Liberation Psychology and Narrative Therapy incorporate storytelling as a form of healing, community organizing, and activism and also look at systems and culture to normalize the experiences of individuals by externalizing the problem and identifying these as environmental stressors that induce fear, trauma, fear, anxiety, and depression. Again, the findings in my study provide evidence that individuals experience fear and anger as result of ethnoviolence and looking at the symptom or just the psychological response are not enough because it does not tell the whole story and just treating fear as a symptom of trauma from an individualistic perspective would be unethical. We must steer away from Eurocentric perspectives that only explain and treat symptoms, and rather, we must understand the psychological response to chronic fear of deportation and fear of ethnoviolence as a collective and multisystemic issue because when we create systems that treat all human lives equally, that in it of itself, is radical healing (French et al., 2020).

Program Implications. Trauma informed practices in educational settings (Perry and Daniels, 2016) assume that any classroom in the U.S. has students who have experienced trauma or chronic stress. Trauma informed care practices specifically addressing racial trauma need to promote practical models for decreasing fear, making more space to individuals to process anger

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as a psychological response to oppression and racism, and build critical consciousness material that draw from Liberation psychology and decolonial healing. Trauma-informed care models need to aim to prevent racial trauma as well as incorporate practical ways to decrease fear and increase awareness about anger as an appropriate response to racial trauma and ethnoviolence (Mosley et al., 2020). The field of psychology needs to work closely with community-based models at the intersection of education, immigration law, community organizing, and activism to expand program services that draw from healing and activism by exploring critical consciousness among individuals who hold an undocumented legal status (Lynn & Parker, 2006; Cadenas et al., 2018). Program services need to address the whole person by developing integrated program services that take into account education, career services, immigration, mental health, and sociopolitical action. Holistic program services need to integrate trauma-informed care models that look at sociopolitical action as an intersecting factor of psychological liberation and mediation factor toward decreasing fear and racial trauma.

Further, developing trauma-informed programming at the intersection of education, career services, immigration law, community organizing, and activism with the intention to normalize emotions such as anger and supports individuals understand the benefits of anger as a form of resisting injustice and oppression as well as an emotional signal that helps strengthen critical consciousness and self-advocacy. A decolonial trauma-informed care model validates fear and anger as appropriate responses to racial trauma and ethnoviolence. However, decolonial, trauma-informed care services understand that fear is a psychological weapon of the oppressor and that anger is a form of resistance against the oppressor. Therefore, program interventions must avoid re-traumatizing the community by taking on a Westernized approach that just treat symptoms. Decolonial, trauma-informed care practices that aim to understand the

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whole story of a person must incorporate holistic and integrated services that incorporate educational, career, immigration, mental health, community organizing, and activism to promote personal growth, healing, and a social justice movement.

Exploring the impact of dehumanizing language in the context of critical consciousness and its relationship to psychological liberation may empower individuals by increasing awareness and knowledge about ethnoviolence as a systemic issue rather than just an interpersonal issue, develop collective and intersectional growth through storytelling, and strengthen behavioral growth by helping individuals identify coping strategies to racial trauma and ethnoviolence. Moreover, the power of language that externalizes the sociopolitical issues from the person across storytelling, therapy, community organizing, and activism can significantly support individuals explore their emotions, thoughts, behaviors, and overall experiences as human and adaptive responses to ethnoviolence. Further, by looking at the impact of language on the psyche, individuals may understand how words and language manifest in continued efforts to sustain a colonized mind and colonized land via White privilege and White supremacy. The removal of words such as “illegal, alien, and undocumented” could significantly impact immigration policy and locating legal status as a circumstance or as an experience rather than an identity actively rejects the idea that human beings are alien to a land or that they are undocumented because there is nothing inherently undocumented about a human being (Wray-Lake et al., 2018).

Policy Implications. Studying trauma-informed based practices that look at the effects of immigration policy on health and that specifically look at the reduction of risk of victimization of ethnoviolence, including risk of deportation and family separation could significantly decrease psychological distress among communities who hold an undocumented legal status. Despite the

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existing evidence about the negative mental health effects fear of deportation and political and racial trauma at the interpersonal and systemic levels, we know there is an association between immigration policies physical health and psychological distress (Allen, 2019; Siemons et al., 2017; Becerra et al., 2020). Racialized and anti-immigration policies further marginalize communities who hold an undocumented legal status and consequently increase psychological distress such as fear of deportation, which we know that over time, chronic fear can lead to symptoms of anxiety, depression, trauma (Ramos-Sánchez, 2020). The findings in this study as well as recent research on the deleterious effects of racial trauma on health provide evidence that undocumented legal status is a health risk factor which puts individuals at greater risk for exploitation, oppression, and violence (Ramos-Sánchez, 2020). While it is important to examine the psychological manifestation of various types of fear among communities who hold and undocumented legal status, we must equally advance research and policy that advocates against the use of fear-based tactics as psychological warfare tool to terrorize communities during presidential elections. Even though, research on the health effects of immigration policy confirm there is a relationship between anti-immigration policy and the psychological effects of fear of deportation and racial trauma, health and immigration policy need to further examine the use of fear as a psychological and violent weapon to maintain White supremacy. Further, we need to expand immigration policies as determinants of health and transform advocacy that frames immigration status and comprehensive immigration reform as a public health policy.

In order to decrease ethnoviolence against communities who hold an undocumented legal status, we must challenge abusive and racially charged language in immigration policy that controls who is deemed deserving of citizenship. Terms used in policy such as “alien, undocumented, DREAMER” are not only reductionistic and dehumanizing but the use of

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specific language in immigration policy can significantly impact the racialization and criminalization of specific individuals within the 11 million individuals who hold an undocumented legal status. The evidence of this study proves that the use of hate speech and hate language exacerbate chronic fear of deportation and fear of ethnoviolence. Moreover, fear of microaggressions related to race, ethnicity, and immigration status were factors that individuals perceived as risk of victimization of ethnoviolence and racism. Therefore, immigration policy research needs to examine the relationship between racially targeted language that ultimately reinforces ethnoviolence against undocumented communities by promoting the good immigrant narrative and deservingness of citizenship that is only measured by someone's educational and economic contribution to the U.S. rather placing value on human life. Moreover, language in policy that takes into consideration the relationship between health and citizenship need to, both, examine the adverse health effects of denial of citizenship as well as the impact on language in immigration policy that could decrease negative and hateful language against individuals who hold an undocumented legal status. By closely examining the use of Eurocentric and White supremacist dehumanizing language in immigration policy as a predictor of ethnoviolence against immigrants, we could transform policy because efforts to use language that value human life is a decolonial and liberation psychology approach.

Limitations and Suggestions for Future Research. The small sample size of this study is one of the limitations of the study, which limit being able to generalize the findings across a broader population. Even though this community sample was small, the sample was significantly diverse which supports the need for culturally inclusive interventions and support that outreach to a diverse undocumented student population. Additionally, there is a need for research that examines the effects of trauma informed interventions and programming that aims to understand

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how past and current trauma may inform fear and anxiety-based responses in needed to deepen our understanding of mental health effects of fear among undocumented student populations. Moreover, research that understands the mental health effects of various types of fear among broader student population across all students with an undocumented legal status beyond a Jesuit institution in San Francisco and in California is needed.

Conclusion

The findings of this research and research on mental health of racial trauma should urge pro-immigrant policy that allows the social, economic, and wellness upward mobility of individuals who have an undocumented legal status. An immediate call to attention about the serious and deleterious effects of racism and oppression on health is needed to end existing and newly and sanctioned xenophobia against immigrants, including LGBTQ+ undocumented immigrants, Black undocumented immigrants, Muslim undocumented immigrants, and immigrants of color of Asian and Latinx ethnic and cultural backgrounds brought about Donald Trump and his administration.

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Tables

Table 1. Demographic characteristics of a sample of university students with an undocumented legal status (n=12).

Characteristics	Mean (SD) or Proportion (n)	Range
Age (years)	26.75 (5.44)	20-36
Immigration Age	6.3	1-19
Gender		
Female	83.3% (10)	
Male	16.6% (2)	
Ethnicity		
Hispanic or Latino	50% (6)	
White	16.6% (2)	
Other	33.3% (4)	
Language		
English	100% (12)	
Spanish	66% (8)	
Other	25% (4)	
Birth Country		
El Salvador	8.3% (1)	
Indonesia	8.3% (1)	
Mexico	50% (6)	
Palestine	8.3% (1)	
Peru	8.3% (1)	
Philippines	8.3% (1)	
Zambia	8.3% (1)	
Education		
Undergraduate	33.3% (4)	
Graduate	66.66% (8)	
Legal Status		
No DACA	16.6% (2)	
DACA	83.3% (10)	

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Table 2. Mean scores on mental health screeners and percentages falling within each screener category among university students with an undocumented legal status (n=12).

Screeners	Mean (Standard Deviation)	Percentages (n)
Anxiety (GAD-7)	8.92 (6.09)	
Minimal		25% (3)
Mild		25% (3)
Moderate		33.33% (4)
Severe		16.66% (2)
Depression (PHQ-9)	7.33 (6.05)	
Minimal		50% (6)
Mild		25% (3)
Moderate		16.66% (2)
Moderately Severe		8.33% (1)
Trauma (PCL-C)	37.41 (13.71)	
Below Cut-Off		33.33% (4)
Cut-Off or Above		66.55% (8)

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

Table 3. Comparison between sample means and population means among university students with an undocumented legal status (n=12).

Screeners	Sample Mean (SD)	Population Mean (SD)	p-value ^a
Anxiety (GAD-7)	8.92 (6.09)	3.4 (9.8)	< 0.0001
Depression (PHQ-9)	7.33 (6.05)	10.2 (18.6)	0.002
Trauma (PCL-C)	37.41 (13.71)	30.08 (10.17)	0.42

^a Bolded p-values represent significance at the $\alpha \leq 0.05$ level.

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

Table 4. Percent of scores on Deportation Concerns screener falling within each category among university students with an undocumented legal status (n=12).

Screener	Sample Percent (n=12)	Population Four- Year Private (n=88)	p-value ^a
Deportation Concerns Total Score	--	--	0.01
Deportation of family/friends:			
Never	0%	17%	0.58
A little/Some/Most of the time	100%	83%	
Own deportation:			
Never	0%	34%	0.85
A little/Some/Most of the time	100%	66%	
Been detained because of immigration status	0%	9%	0.24
Know someone who was deported	66%	51%	0.95

^a Bolded p-values represent significance at the $\alpha \leq 0.05$ level.

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

Table 5. Sample means among the total sample and the sample reaching the clinical cutoff and percent meeting clinical cut-off scores on anxiety, depression, and trauma screeners (n=12).

Screeners	Total Sample Mean	Sample Mean among Those Meeting Clinical Cutoff	Percent of Sample Meeting Clinical Cutoff
Anxiety (GAD-7)	8.92	14.00	50%
Depression (PHQ-9)	7.33	14.25	33.33
Trauma/ (PCL-C)	37.41	45.50	66%

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

Table 6. Selected illustrative themes and example quotes of general fear and specific types of fear under and because of the Trump administration.

Sub-Themes	Description	Example Quote
Fear of newly and sanctioned and overt racism because of Donald Trump, the Donald Trump administration, and overall political climate	Participants' expressed perceptions and lived experiences of how their fear and stress related to racism and discrimination because of their undocumented immigration status has been further impacted under the Trump administration	<p>"I feel like, yeah, ever since the Trump administration has impacted me as an undocumented student or a person in general just because it's like you have to be careful of what you say sometimes...it's like you never know whether it's through tweets on Twitter or it's like through bills that are going to pass or it's just like anything can happen, and I know this could have happened with like Obama or like with anyone in general ever since it was like an immigration issue as well as DACA and all these little things it's like anything can happen in general because of Donald Trump or like the Trump administration more so and it's kind of like it just puts in perspective like just how much one person can really impact the feeling that other people have like some people are supportive of Donald Trump."</p>
Fear of immigration status and deportation	Participants' expressed perceptions and lived experiences of fear related to experiencing discriminatory or violent threats related to immigration and deportation or dealing with their immigration status.	<p>"My family being taken. Something happening to my family while in crisis, something happening to me like I always tell my wife if anything happens and I get arrested like just know that I didn't do it like I didn't kill myself or anything like that, like, at least, that wouldn't have been my intention so now just letting people, and how, like, if anything ever happens if something does happen to me like fight for me, you know. I mean, that's probably my biggest fear something happening to my myself and my 10-year-old sister being by herself."</p> <p>"I think one thing I'll say is the fear for my parents. I mean, I know Obama deported a lot of people, but I still had a, like a general sense of safety for them and I feel like all of that was taken away with the new administration and all the policies that changed."</p> <p>"I remembered that DACA was like taken away in my senior year of high school and it was like yeah DACA is gone. I remember rushing out of the classroom and my French teacher was</p>

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

		<p>like do whatever you have to do. Okay, I can do whatever I have to do. I was just crying and crying and then my friend Becca was in that class with me and she was just kind of trying to comfort me too and stuff because in that room that I know of I think there was only three undocumented students: myself, my best friend, and this other girl and so she was crying too and my best friend was too, but I feel like ever since the Trump administration, I noticed how much of an impact it has had on people because not only on me but like other close friends that I have or like the people that I'm just acquainted."</p>
Fear of police enforcement/ICE	Participants' expressed perceptions and lived experiences pertaining to indirect and/or direct contact or exposure to police enforcement and ICE.	<p>"When there's talk of like rallies that are going on or like when there's like ICE. Like over the summer and they'd be like, oh, ICE is going to major cities and like they're just getting me in general or like I'm just fearful of like when just the word deportation like oh, that could be me."</p>
Fear of Mass Shootings	Participants' expressed perceptions and lived experiences pertaining to indirect and/or direct contact or exposure to physical and verbal violence such as hate speech, mass shootings, hate crimes, or sexual assault/rape.	<p>"I think I've been really fearful because my [family member] was killed at [a] shooting, and I think every time I process it like, yeah, like it was the gun, but I think it was also the bottom line beliefs that some people hold and like my therapist always says, right, emotions lead to thoughts and thoughts lead to actions and so like when you have a hate and then you think about how to hurt people and then you actually act on it like it's really scary to have people really dehumanized undocumented immigrants, and I think that we do see it often."</p>
Fear related to sexual assault	Participants' expressed perceptions and lived experiences pertaining to indirect and/or direct contact or exposure to physical and verbal violence such as hate speech, mass shootings, hate crimes, or sexual assault/rape.	<p>"There is fear around you know, I consider that terrorism, you know, just like walking around like a [festival] and shooting people for me that's terrorism, so I have that fear. Fear of just like as a woman, you know, being assaulted you know it's late at night, and you know, there's always that fear of like when I'm in a Lyft."</p>

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

Table 7. Selected illustrative themes and example quotes of physical, psychological, emotional, and behavioral responses to chronic fear.

Sub-Themes	Description	Example Quote
Psychological responses that explain and describe fear and anger-based responses to chronic fear	Language used by the participants to explain and describe thoughts, emotions, and behaviors caused by the fear they experience related to feeling discriminated against because of their immigration status because and under the Trump administration.	“Sadness. Frustration. I don’t know what I feel. I don’t know what the emotion is. It’s just you know, knowing that I’m limited and like just learn to live with it like I know like once the hope is gone. Like, there is no hope that I’m free so freedom. I feel that I’m not free.”
Self-Actualization	Participants’ psychological responses to fear or frustration about the idea of not reaching their true and highest desired level of human development, including their professional and personal aspirations.	“Dying and knowing that I didn’t do what I was meant to do like I don’t fear death. Like, I don’t know how to explain like I don’t fear death because I know I’m going to die someday but what I fear is dying and knowing that I didn’t do what I could have done.”
Anxiety, stress, and uncertainty	Participants’ expressed perceptions and lived experiences pertaining to their physical, psychological, emotional, and behavioral responses to situations and interactions involving racism and discrimination which have resulted in experiencing mental and emotional distress described as anxiety, stress, and uncertainty.	” It just makes me pissed like I don’t want to be chronically fearful. Why do I have to be in this position because it’s crippling? Crippling is not an emotion. It’s a state of being.”
Trauma	Participants’ expressed perceptions and lived experiences pertaining to their physical, psychological, emotional, and behavioral responses described as traumatic which may directly relate to the participants’ immigration status or any other past or current discriminatory violent experience	“So like I said back in undergrad I remember sleeping a lot and I feel like I was depressed. I wasn’t aware... instead of being just in my room because I used to do that a lot.”

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

Table 8. Selected illustrative themes and example quotes of informal, formal, individual, and collective coping and healing strategies.

Sub-Themes	Description	Example Quote
Physical, psychological, and behavioral coping strategies	Informal and formal coping and healing strategies specifically utilized to address situations, interactions and physical, psychological, emotional, and behavioral responses when experiencing chronic fear related to the participants' immigration status under and because of the Trump administration	"I feel like I use sleeping as my coping mechanism to avoid helping them out but I just I don't think about it as much because I can't help them anyways. I sleep a lot. Well, that was back then. Like right now I try to go to the gym and stuff like that, but yeah, I used to use sleep to forget about everything."
Resilience and Identity	Participants' expressed perceptions and lived experiences pertaining to their physical, psychological, emotional, and behavioral responses to situations and interactions that have motivated them when faced with adversity described as resilient which may be explained by or related to their intersecting identities including but not limited to their expressed gender, sex, sexual orientation, immigration status, ethnicity, race, and religion.	<p>"I think most of this has made me feel driven or resilient is knowing how many years I've been in this country and knowing where we are now. It's like that's resiliency."</p> <p>"I mean, it kind of ties into earlier just feeling hyper aware of my identity and like how to I enter spaces and how people perceive me and sometimes feeling like I have to hide parts of my identity and yeah, just like thinking about them a lot and like how to feel safe and also excel and be proud of who I am."</p>
Substance Use	Participants' expressed perceptions and lived experiences about situations, interactions, thoughts, emotions, and behaviors related to the participants' knowledge, exposure, of and/or use of substances	"When I start drinking, I can start talking more very freely about these things, but it doesn't drive me to do it because of the fear. I feel like that would make yeah, if I engage in risky behaviors like this is already risky here, yeah, you know, the fear is already a risk."
Individual and collective coping strategies to address fears related to immigration status and deportation under the Trump administration	Informal and formal coping and healing strategies specifically utilized to address situations, interactions and physical, psychological, emotional, and behavioral responses to address the participant's general mental health and wellbeing.	"Praying and meditating takes care of, you know, any emotions or thoughts that might come up that are related to fear or anxiety or nervousness or breathing. You know, it reminds me, like, you know, you're still here, you can do it."

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

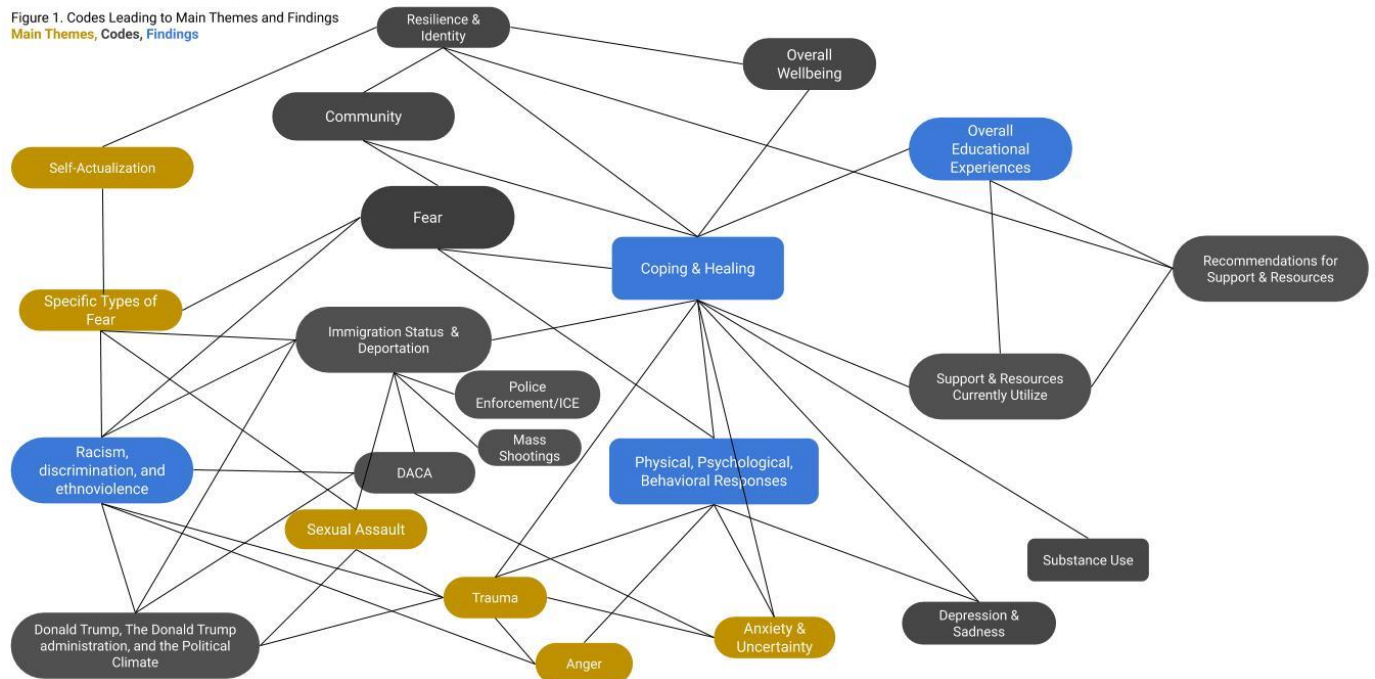
Table 9. Selected illustrative themes and example quotes of student experiences in education informing recommendations for student support and resources serving students who hold an undocumented legal status.

Sub-Themes	Description	Example Quote
Overall Educational Experiences	Participants' expressed perceptions and lived experiences about situations, interactions, thoughts, emotions, and behaviors related to their experiences as students who hold an undocumented legal status in education	"People don't really know much about AB540 students. They know now because of the media and everything and the Trump Administration trying to cancel DACA. I will say that even I have experienced with people who are involved in the Latino community. They don't really know about the AB540 community so whenever I try to explain to them, as I say, and I don't try to explain as much like before and now because of the fear of deportation so let them think that I do have a DACA because it's safer."
Support and resources students utilize at USF	Participants' use of specific support and resources at USF	"I feel like I try to challenge that fear into something positive, so like sitting here with you. Like I view this as a way of, you know, helping other people in my life like this research that you are doing will ultimately help undocumented people you know, I think the DECO office, Diversity Engagement Community Outreach and the university ministry, they're doing like a vigil slash teaching thing around this supreme court hearings like spreading the word about that...so yeah, I'm just trying to do take concrete actions that will help me and other people on my boat not feel so hopeless, you know?"
Students' recommendations for support and resources specifically for students who hold an undocumented legal status	Participants' expressed beliefs and recommendations about specific support and resources that are needed at USF to support students who hold an undocumented legal status	"I think more reaching out to undocumented students. Just make that name more visible like undocumented or DACA around campus. I know they have groups, sometimes gatherings but maybe make it more visible."

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

Figure 1: Codes Leading to Main Themes and Findings

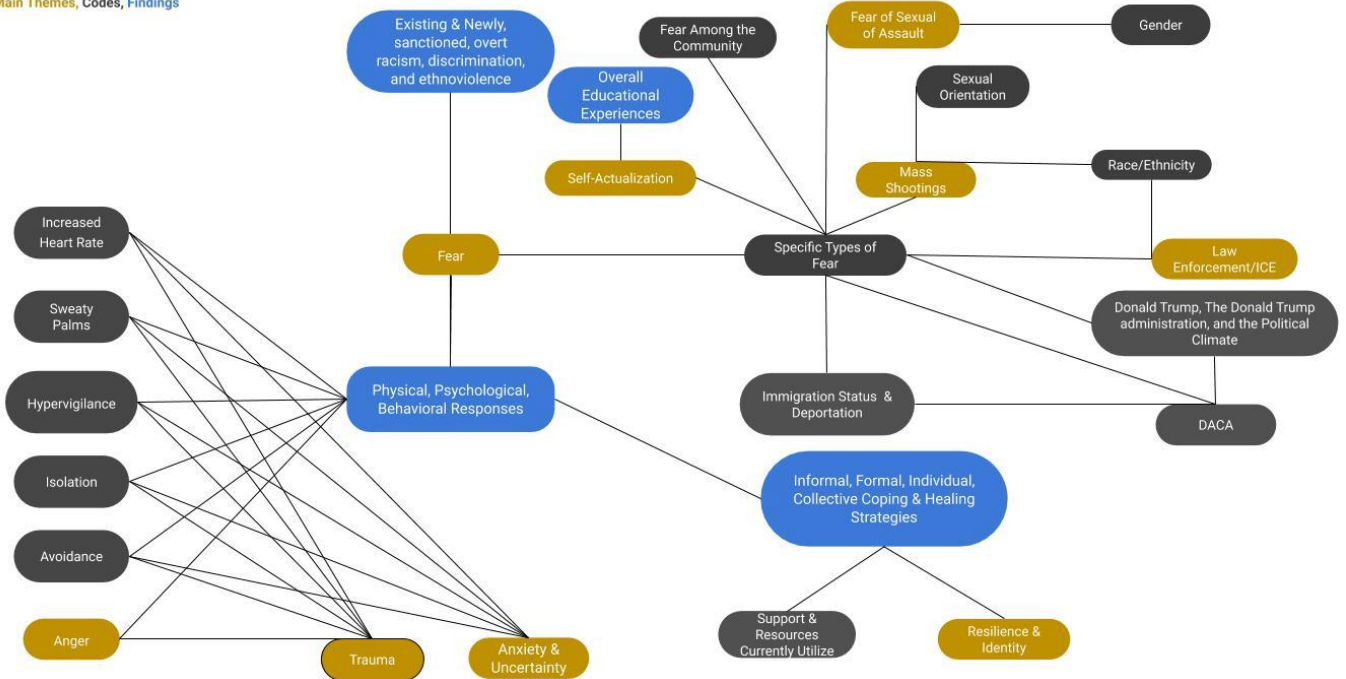
Figure 1. Codes Leading to Main Themes and Findings
Main Themes, Codes, Findings



MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

Figure 2: Main Themes and Major Findings of Specific Types of Fear Under and Because of Donald Trump, Donald Trump administration, and Overall Political Climate

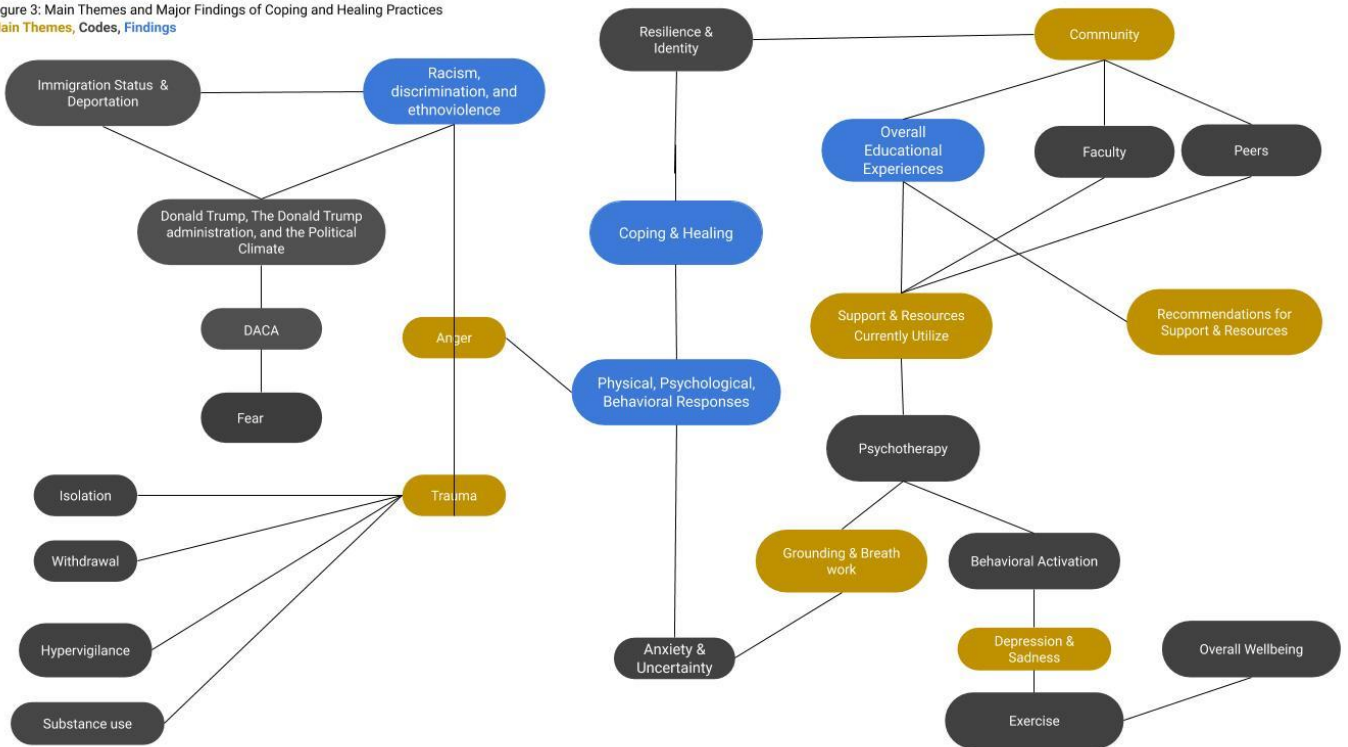
Figure 2: Main Themes and Major Findings of Specific Types of Fear Under and Because of Donald Trump, Donald Trump administration, and Overall Political Climate
Main Themes, Codes, Findings



MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

Figure 3: Main Themes and Major Findings of Coping and Healing Practices

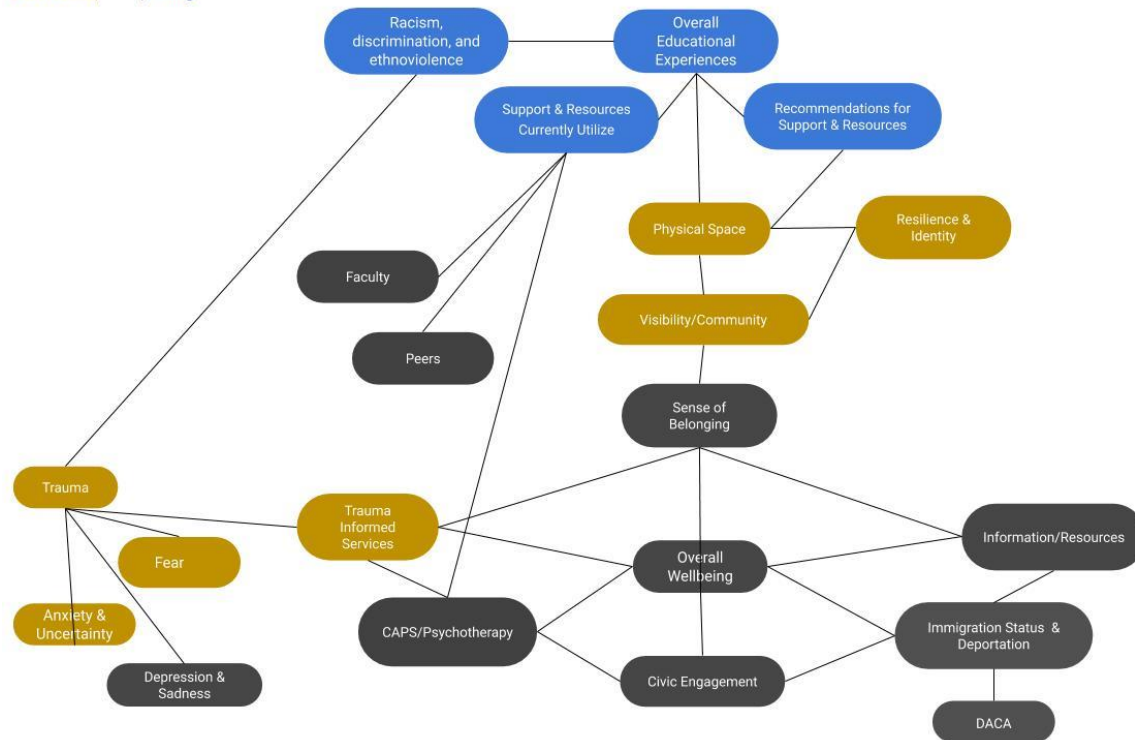
Figure 3: Main Themes and Major Findings of Coping and Healing Practices
Main Themes, Codes, Findings



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Figure 4: Main Themes and Major Findings of Overall Educational Experiences and Recommendations for Support & Resources

Figure 4: Main Themes and Major Findings of Overall Educational Experiences and Recommendations for Support & Resources
Main Themes, Codes, Findings



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Appendix A: Deportation Worries Measure (Suarez-Orozco et al., 2015)

<i>Deportation Worries</i> <i>Suarez-Orozco et al., 2015</i>	
<i>How often are you worried that family members or friends might be detained or deported?</i>	1 <i>Never</i> 2 <i>A little of the time</i> 3 <i>Some of the time</i> 4 <i>Most of the time</i>
<i>How often are you worried that YOU might be detained or deported?</i>	1 <i>Never</i> 2 <i>A little of the time</i> 3 <i>Some of the time</i> 4 <i>Most of the time</i>
<i>Have you ever been detained because of your immigration status?</i>	1 <i>Yes</i> 0 <i>No</i>
<i>Do you personally know anyone who has been deported?</i>	1 <i>Yes</i> 0 <i>No</i>

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Appendix B: Generalized Anxiety Disorder-7

(GAD-7, Spitzer et al., 2006)

GAD-7				
Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "1" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T___ = ___ + ___ + ___)

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Appendix C: Patient Health Questionnaire-9

(PHQ-9, Kroenke, Spitzer, and Williams, 1999)

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)				
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

Appendix D: PTSD CheckList-Civilian Version (PCL-C, Weathers et al., 1994)

PTSD CheckList – Civilian Version (PCL-C)

Client's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?					
3.	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening</i> again (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past?					
6.	Avoid <i>thinking about</i> or <i>talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities or situations</i> because they <i>remind you</i> of a stressful experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant</i> or <i>cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					
13.	Trouble <i>falling or staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being " <i>super alert</i> " or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

This is a Government document in the public domain.

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PTSD CheckList – Civilian Version (PCL-C)

The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. Two versions of the PCL exist: 1) PCL-M is specific to PTSD caused by military experiences and 2) PCL-C is applied generally to any traumatic event.

The PCL can be easily modified to fit specific time frames or events. For example, instead of asking about “the past month,” questions may ask about “the past week” or be modified to focus on events specific to a deployment.

How is the PCL completed?

The PCL is self-administered

Respondents indicate how much they have been bothered by a symptom over the past month using a 5-point (1–5) scale, circling their responses. Responses range from **1 Not at All** – **5 Extremely**

How is the PCL Scored?

1) Add up all items for a total severity score

or

2) Treat response categories **3–5** (*Moderately* or above) as symptomatic and responses

1–2 (below *Moderately*) as non-symptomatic, then use the following DSM criteria for a diagnosis:

- Symptomatic response to at least 1 “B” item (Questions 1–5),
- Symptomatic response to at least 3 “C” items (Questions 6–12), and
- Symptomatic response to at least 2 “D” items (Questions 13–17)

Are Results Valid and Reliable?

Two studies of both Vietnam and Persian Gulf theater veterans show that the PCL is both valid and reliable (Additional references are available from the DHCC)

What Additional Follow-up is Available?

All military health system beneficiaries with health concerns they believe are deployment-related are encouraged to seek medical care

Patients should be asked, “**Is your health concern today related to a deployment?**” during all primary care visits.

- If the patient replies “**yes**,” the provider should follow the Post-Deployment Health Clinical Practice Guideline (PDH-CPG) and supporting guidelines available through the DHCC and www.PDHealth.mil

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

Appendix E: Interview Guide

Partially adapted from Enriquez, Morales Hernandez, & Ro (2018)

1. Introduction:

Prompt: Thank you so much for agreeing to participate in this study. As I mentioned to you previously, the goal of our time together today is to have a conversation about your experiences around immigration as well as a student here at USF. I'm going to ask you several questions pertaining to wellness, including your experiences around various types of fear. I would like to start by asking you...

- a. How's it going today?
- b. Tell me a little bit more about you. What are you studying in school?
- c. What country were you born in and where did you grow up?

2. Education

Prompt: Thank you so much for sharing your experiences as a student here at USF. Perhaps, now we could talk about how your educational pursuits and experiences have been impacted by your immigration status.

- a. What has been your educational experience, so far?
- b. How was your immigration status affected your educational experience?

Prompt: Thank you so much for sharing about your experiences related to education. Now, I'd like to talk about your experiences related to fear.

3. Fear

- a. What are you most fearful of?
 - What impact has this fear had on your daily functioning?

Fear of Immigration

- a. Can you tell me about how your immigration status impacts the way you feel?
- b. Since you've become aware of your immigration status, what has been your experience of fear specifically related to your immigration status?

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- How regularly do you feel fearful related to your immigration status?
- How have these experiences of fear changed with respect to the current political climate?
- Can you give me an example of when you feel fearful because of your immigration status?
- Can you tell me about any fears specifically related to deportation and/or detention?

c. What has been your experience related to fear of microaggressions?

- Can you give me an example of when you felt fearful of microaggressions?
- How regularly do you feel fearful of microaggressions?

Prompt: I'm interested in knowing similar things but about your experiences related to hate speech. Can you tell me...

d. What has been your experience related to fear of hate speech?

- Why were you afraid of hate speech?

Prompt: Now I want to ask you about fear of crime. Crime could be property crimes like thefts or violent crimes like assault. I'm particularly interested in any fear of crime that you feel chronically. By that, I mean fear that persists or recurs. Can you tell me...

e. What types of crime are you most fearful of?

f. How has being fearful manifested in your daily life recently and since the Donald Trump presidency (based on your various identities and/or immigration status)?

Prompt: Now I'm going to ask you about various experiences of fear we have discussed. I just want to review a couple of concepts. Thoughts are ideas, beliefs, and various perspectives that we have about an experience or a particular situation. An emotion is an experience of feelings such as joy, sadness, anger, and fear. Can you tell me...

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- What are some emotions that you feel related to the experience of chronic fear?
- What are some thoughts you have related to chronic fear?
- Do you have any behaviors that you think result from experiencing chronic fear?
- How have you noticed that this fear has impacted areas of your life such as your mental health?
- How have you noticed that this fear has impacted any risk-taking behaviors (e.g., alcohol use, substance use, tobacco use, unsafe sex)?
- Is there anything else that you're fearful of chronically – that is every day or most days – that we haven't already discussed?

***Prompt:** Thank you so much for sharing your experiences. I know it's a difficult and complex topic to discuss. Now, if it's ok with you, let's shift gears a bit. I would like to hear about how you cope or respond when you experience these specific fears or fear in general.*

4. Coping & Resilience

- a. What are some things you do to cope with the fear (s) you mentioned earlier (mention specific fears the participant has shared)?
- b. In what ways have these fears affected your community both positively and negatively?
 - What are some ways your community deals with these fears?
- c. In general, how do you take care of your well-being? Does it help address fear?

5. Resources & Support

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

- a. What are some resources at USF that you use to help you cope with concerns related to the fear that you experience regularly?
- b. What additional resources could USF offer to help you address these concerns related to the fear that you experience regularly?
- c. Are there any additional topics that you would like to discuss today?

Prompt: *Thank you so much for sharing parts of your story and process with me. I deeply appreciate your time and trust. I hope you feel comfortable reaching out to me if there are any additional things that come up or if you have any questions or concerns. To conclude our discussion, I would like to share a list of resources at USF. Also, if it's ok with you, I would like to lead us into a brief breathing exercise.*

6. 4-square Breathing Exercise

1. Breathe in through your nose for four counts.
2. Pause/hold your breath for four counts.
3. Exhale through your mouth for four counts
4. Pause/hold your breath for four count

Appendix F: Letters of Support



June 13, 2019

To Whom It May Concern:

I am writing this letter in support of Liliana Campos' dissertation proposal. I am the Co-Chair of the USF Task Force to Support Undocumented Students. This group acts to serve the interests of immigrant populations by seeking to truly assess the needs of undocumented students and how best we faculty, staff, and administration can support these students not only in meeting the requirements for graduation but also in their developing their whole selves.

Liliana has shared her research project with us, and we feel that it is very relevant to the populations we serve and the mission of our organization. The effects of fear of a variety of forms of victimization and threats that this population faces and the resulting mental health consequences are incredibly important to understand better among undocumented populations.

We fully support this research and will assist in the research process by providing support in the recruitment process. We can distribute Liliana's recruitment flyer to our listserves via email as well as posting her recruitment flyer in the office. We can also provide printed flyers to interested and potentially eligible students. Finally, we will post the flyer on our social media pages.

Again, it is with great pleasure that I write this letter to support Liliana's doctoral research. This project is not only relevant but important to our organization and the students and community that we serve. We look forward to learning the results of this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Ria DasGupta", is written over a light grey horizontal line.

Dr. Ria DasGupta
Co-Chair
Task Force to Support Undocumented Students

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY



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San Francisco, CA 94117
Tel: 415.422.2821
www.usfca.edu/diversity

June 13, 2019

To Whom It May Concern:

I am writing this letter in support of Liliana Campos' dissertation proposal. I am the Vice Provost and Chief Diversity Officer at USF. This office acts to serve the interests of immigrant populations at USF and in the community by serving as the administrative site for the Task Force to Support Undocumented Students. We also work with campus partners and community organizations ensure that the USF community is engaged in the conversation around immigrant rights while we support immigrant rights advocacy.

Liliana has shared her research project with us, and we feel that it is very relevant to the populations we serve and the mission of our organization. The effects of fear of a variety of forms of victimization and threats that this population faces and the resulting mental health consequences are incredibly important to understand better among undocumented populations.

We fully support this research and will assist in the research process by providing support in the recruitment process. We can distribute Liliana's recruitment flyer to our listserves via email as well as posting her recruitment flyer in the office. We can also provide printed flyers to interested and potentially eligible students. Finally, we will post the flyer on our social media pages.

Again, it is with great pleasure that I write this letter to support Liliana's doctoral research. This project is not only relevant but important to our organization and the students and community that we serve. We look forward to learning the results of this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Wardell-Ghirarduzzi".

Dr. Mary Wardell-Ghirarduzzi
Vice Provost and Chief Diversity Officer
University of San Francisco

Appendix G: Recruitment Flyer



Looking for Participants for Research Study

I'm interested in conducting interviews to better understand various types of fear affecting the mental health of USF students who have DACA, have previously had DACA, and/or self-identify as undocumented.



Must meet the following Criteria

1. Currently have DACA *or* Self-identify as undocumented
2. 18 years or older
3. Enrolled at USF

You will be asked to complete a brief questionnaire and participate in a 90-minute interview

Interviews will be conducted in a comfortable and confidential location.

If Interested or would like more information, please contact
Liliana Campos, M.S., Doctoral Candidate at USF
lcamposramales@dons.usfca.edu or (650) 918-0898

Appendix H: Informed Consent & Confidentiality



CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Below is a description of the research procedures and an explanation of your rights as a research participant. You should read this information carefully. If you agree to participate, you will sign in the space provided to indicate that you have read and understand the information on this consent form. You are entitled to and will receive a copy of this form.

You have been asked to participate in a research study entitled Mental Health Outcomes of Fear during the Trump Presidency conducted by Liliana Campos, M.S., doctoral candidate in the Department of Nursing & Health Professions at the University of San Francisco. This faculty supervisor for this study is Erin Grinshetyn, Ph.D., a professor in the School of Nursing & Health Professions at the University of San Francisco

WHAT THE STUDY IS ABOUT: The purpose of this research study is to better understand the long-lasting effects of various forms of fear among university students, including undergraduate and graduate students. This parallel convergent mixed-methods study focuses on understanding mental health outcomes such as anxiety and depression related to fear of deportation/fear of detention, fear of microaggressions, fear of hate speech/crimes, and fear of crime since the election of Donald Trump among undocumented university students.

WHAT WE WILL ASK YOU TO DO: During this study, you will be asked to participate in an interview in a private location at the University of San Francisco that should take approximately 90 minutes to complete. The interview will include a brief demographic and intake questionnaire, including two short screeners that will ask you questions about your mood during the past two weeks. The interview will then be followed by a series of questions regarding your experiences related to your immigration status since the Donald trump presidency.

VIDEO AND AUDIORECORDINGS: The interviews will be recorded on Zoom only for the purposes of transcription. The recordings will only be downloaded to the local computer and will be deleted as soon as the transcribed recordings are finalized. The researcher of this study will only have access to the recordings.

DURATION AND LOCATION OF THE STUDY: Your participation in this study will involve a 90-minute interview in a private location at the University of San Francisco such as a reserved office space in the department of Nursing & Health Professions or in the library.

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

POTENTIAL RISKS AND DISCOMFORTS: We do not anticipate any risks or discomforts to you from participating in this research. If you wish, you may choose to withdraw your consent and discontinue your participation at any time during the study without penalty. Due to the topic of the study, should any feelings be elicited based on your participation, you may contact the Counseling and Psychological Services at USF **Monday-Friday 8:30am-5:00pm at (415)-422-6352 or all-hours line at (855) 831-0761 for free services.** No physiological risks are anticipated.

BENEFITS: You will receive no direct benefit from your participation in this study; however, the possible benefits to others include in better understanding the experiences to students to best advocate for the legal, physical, financial, and mental health safety of those impacted by immigration laws under the Donald Trump presidency impacting undocumented.

PRIVACY/CONFIDENTIALITY: Because you will not be providing any information that can uniquely identify you (such as your name or student ID number, the data you provide will be anonymous and confidential. Anonymity means that no identifying information such as name or student ID number is collected, so the privacy of participants is assured. Confidentiality means that the researcher (or perhaps the instructor) will have a record of who participated but the data will be kept private.

COMPENSATION/PAYMENT FOR PARTICIPATION: There is no payment or other form of compensation for your participation in this study.

VOLUNTARY NATURE OF THE STUDY: Your participation is voluntary, and you may refuse to participate without penalty or loss of benefits. Furthermore, you may skip any questions or tasks that make you uncomfortable and may discontinue your participation at any time without penalty or loss of benefits. In addition, the researcher has the right to withdraw you from participation in the study at any time.

Please ask any questions you have now. If you have questions later, you should contact the principal investigator: Liliana Campos, M.S. at (650) 918-0898 or faculty professor, Erin Grinshteyn, Ph.D. at egrinshteyn@usfca.edu. If you have questions or concerns about your rights as a participant in this study, you may contact the University of San Francisco Institutional Review Board at IRBPHS@usfca.edu.

I HAVE READ THE ABOVE INFORMATION. ANY QUESTIONS I HAVE ASKED HAVE BEEN ANSWERED. I AGREE TO PARTICIPATE IN THIS RESEARCH PROJECT AND I WILL RECEIVE A COPY OF THIS CONSENT FORM.

PARTICIPANT'S SIGNATURE

DATE

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

Appendix I: Screener Questions

1. Do you currently have DACA?
2. Are you in the process of applying for DACA and have another legal document that protects you from deportation?
3. Do you self-identify as undocumented?

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Appendix J: Participant Intake Questions

1. What is your age? _____
2. How do you describe your gender?
 - ☐ Gender non-conforming
 - ☐ Transgender
 - ☐ Male
 - ☐ Female
 - ☐ Your gender identity is not included above, please specify: _____
3. What is your race/ethnicity? (please select all that apply)
 - ☐ *American Indian or Alaska Native*
 - ☐ *Asian*
 - ☐ *Black or African American*
 - ☐ *Hispanic or Latino(a)*
 - ☐ *Native Hawaiian*
 - ☐ *Pacific Islander*
 - ☐ *White*
 - ☐ *Your race/ethnicity is not included above, please specify: _____*
4. What is your preferred language(s)? _____
5. Legal Status:
 - a. How old were you when you first immigrated to the U.S.? _____
 - b. What is your birth country? _____
6. Education:
 - a. What degree are you pursuing at USF?
 - ☐ *Undergraduate*
 - ☐ *Graduate*
 - ☐ *Law*
 - b. What is your field of study? _____

MENTAL HEALTH OUTCOMES OF FEAR DURING THE TRUMP PRESIDENCY

Appendix K: Resource Sheet

USF CAPS: Mon-Fri 8:30 AM–5 PM

Gillson Hall, Lower Level

- **After Hours line: 415-422-6352**
- Mon-Fri: 5:00 PM- 8:30 AM
- Weekends & most holidays: 24 hours

All Hours line: 855-531-0761

- For students at additional campus locations
- 24 hours daily including weekends & holiday

Immigrants Rising: Mental Health Connector

- Pro-Bono, matching therapy services for undocumented students who have an undocumented legal status
- <https://immigrantsrising.org/mental-health-connector/>

Know your Rights Toolkit (ILRC, 2019)

- Printed Copy

4-square breathing exercise

1. Breathe in through your nose for four counts.
2. Pause/hold your breath for four counts.
3. Exhale through your mouth for four counts.
4. Pause/hold your breath for four counts.