

Mixed-status Families in Northern Arizona: An Inductive Analysis of Legal Clinic Participation and the Gendered Dynamics of Emotional Care Work

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Abstract

Fear of deportation and consequent separation of “mixed-status families” (those with citizen and non-citizen members) is a central issue facing immigrants today. Yet, there is a gap in sociological explorations of legal clinics designed to assist these families. Here, we examine parents of mixed-status families in danger of deportation who visited one such clinic: what factors drove them to seek legal help? While we explore theoretical implications related to legal violence, we also highlight ways to better reach these families and provide free legal services, particularly to women who seem to be primarily tasked with this work. Research was conducted through Northern Arizona Immigration Legal Services (NAIS). Using in-depth interviews with nine undocumented Mexican-born parents, mostly mothers, our findings reveal patterns that could aid NAIS and other legal support services in providing assistance to these families. Issues such as traditional gendered labor division within the family and the role of social workers were the most relevant themes in seeking legal

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help. These findings not only contribute to the growing sociological research on immigration and gender dynamics but can also help NAILS and other similar community organizations connect with immigrants in more efficient ways, particularly as it relates to the emotional care work of mothers in mixed-status families.

Keywords

Latinx immigrants, mixed-status families, law and society, legal clinics, non-profit organizations, gendered emotional care work

Personal Reflexive Statement—Emilia Ravetta

This project is the result of two years of work to achieve my Master's in Applied Sociology at Northern Arizona University. When I started the program, I realized that I wanted to use those years not only to develop tools to conduct research but also to get involve in the community and offer my personal, cultural, and academic background to help conduct the social change I want to see in the world.

When I started volunteering at Northern Arizona Immigration Legal Services (NAILS), I realized that the clients, many of whom were members of mixed-status families, not only were afraid of deportation and family separation, but also had a great uncertainty about their options—with plenty of doubts and misinformation. As a volunteer there for 18 months, I learned how my passion about immigration issues could contribute to the community, especially from my own experience as a Latinx women who had moved from Argentina to Arizona for graduate school.

As a result of that experience, besides this academic paper, the goal of the research was also to provide the organization with specific information and tools to improve the ways in which they are able to reach their clients (particularly those of mixed-status families). However, while this advice was gathered in the context of Northern Arizona, it may also be relevant to similar programs across the nation.

In summary, this research is inspired by a personal and intellectual commitment to understand, address, and support immigrants and their rights. Now that I am in a PhD program, I am looking forward to deeper engagement with this work and continuing to work toward social justice.

Personal Reflexive Statement—Jessie K. Finch

In chairing Emilia's Master's Thesis/Internship, I also became a weekly volunteer at Northern Arizona Immigration Legal Services (NAILS) and now serve as a volunteer on their Board. This project went from an internship opportunity for Emilia, to a deeply meaningful and positive connection that we both developed with the migrant community in Northern Arizona, to an applied empirical investigation of how legal

clinics such as NAILS can better connect with and thus meet the needs of those they seek to serve.

As a white, cis-gendered woman who studies issues of racial inequality particularly in the U.S. immigration system, I often reflect on how my own social privilege impacts my work. Indeed, when Emilia asked if I wanted to co-author a publishable version of her thesis, I made sure she knew I would help her regardless of authorship before proceeding. In desiring a second more seasoned writer, though, she was happy to bring me on as a co-author in addition to the mentorship I had provided over the previous two years of her master's program completion.

Emilia, an Argentinian woman, completed the majority of interviews in Spanish, which she considers her native language. My analysis and revisions are based on de-identified and translated transcripts, though we have both worked with many of the research respondents at the weekly clinic sessions. I think Emilia's social location made for richer data collection than if I had done this same project myself.

While I consider myself an activist-teacher-scholar, I also strive to use my educational background to remain aware of the socially constructed nature of knowledge in academia. As such, this article represents an applied fusion of theoretical and practical importance that we both hope will contribute not only to the literature, but to better access of legal assistance for mixed-status families, and ultimately a more just world.

Northern Arizona Immigration Legal Services (NAILS) was founded after the 2016 presidential election based on the increased immigration enforcement by the new administration of the United States under President Donald J. Trump. NAILS is one of a growing number of community non-profits and non-government organizations in the last 20 years created to help the large immigrant population in the U.S. While more and more of these types of organizations seem to be developing, there is a dearth of sociological literature that examines their practices and relevance.

The specifics of each of these organizations and the populations they seek to help can be strongly shaped by local configurations of laws, practices, and attitudes, which reflect how specific geographic settings offer unique mobilities, resources, opportunities, and disadvantages that impact the local immigrant experience (Castañeda 2019; Foerster 2019). Flagstaff, the community primarily served by NAILS, was chosen because it is a city located over 300 miles away from the U.S.-Mexico border and it has a relatively small population of 70,000—both conditions that may contribute to the conception that most immigrants there “still feel safe,” in the words of research participant Carmen.

This article explores identifiable demographic, behavioral, and cultural aspects specific to mixed-status families in Northern Arizona, which influence their likelihood of seeking legal assistance and their response to the legal clinic's advice. Understanding these characteristics can aid in improved recruitment strategies for clinics that seek to provide legal services while also informing theoretical work on mixed-status families, legal violence, and gendered emotional care work. As such, we explore relevant literatures and then describe the experience of nine parents

(7 mothers and 2 fathers) from mixed-status families who have sought legal assistance at the clinic.

Literature Review

Immigration by the Numbers

Because of the public's tenuous understanding of the value of immigration as well as the shifting numbers of immigrants in the United States, the need to develop community organizations that serve these migrant populations has risen, in particular since the U.S. presidential election of 2016 (Finley and Esposito 2020). Many community non-profits seek to provide tools and information about immigration rights and policies to immigrants broadly, but in particular to those fearing deportation based on their undocumented status. This has been triggered, in part, by recent laws and current policies—particularly in southern U.S. border states—that emphasize border militarization and governing immigration through criminalization (Dowling and Inda 2013; Miller 2019). However, given the fear these populations often feel, how can non-profits demonstrate they are a safe space and thus encourage clients to utilize their services?

Given the growth of the Latinx population in recent decades, this demographic tends to be the central focus of many immigration non-profits, particularly in southern U.S. border states. Both U.S.-born Latinxs and those who migrate later in life have impacted U.S. population shifts as the number of mixed-status families in the U.S. increases. There are about 32 million more U.S.-born Latinxs in the United States today (37.1 million) than there were in 1960 (5.5 million) (Pew Research Center 2019). Over 20 million more Latinx immigrants are also present in the U.S. (Pew Research Center 2017) The Census Bureau has projected that by 2060, Latinx people will comprise 28.6 percent of the total population, with 119 million Latinx individuals residing in the United States. Given the mix of U.S.- and foreign-born Latinxs, at least 9 million people are part of “mixed-status” families (Pew Research Center 2011). In 2017, approximately 18.2 million children under the age of 18 lived with at least one immigrant parent (Zong, Batalova, and Burrows 2019).

Mixed-status Families

Mixed-status families represent a “complex web of migration histories, legal statuses, and national identities” (Castañeda 2019:10). In this study, mixed-status refers to families where two or more immigration statuses coexist. Due to the growing number of these mixed-status families, this context is an important feature of the contemporary immigrant experience. More research needs to be done on this familial context, as one's citizenship (or lack thereof) is intricately tied to that of one's children or parents. This paper reflects some of the important characteristics of these families that will hopefully help clinics connect them with legal services and support.

The number of mixed-status families is increasing and there are approximately 16.6 million people in the U.S. who are members of these families (Pew Research Center 2019). That is to say, more than 5 million children (4 million of whom are U.S. citizens) are at risk of separation from their parents and of experiencing the severe economic hardship and related social and psychological consequences of that separation (Enriquez 2015). It is relevant to note that traditional family dynamics may vary in these families (Castañeda 2019; Rodriguez 2016), but we find that the expectations for the gendered care work of mothers is consistent with prior literature. As shown in our own results, mixed-status families have particular dynamics and characteristics which are important to understand in order to better serve them in a legal clinic context and specifically to get them to work with the clinic in the first place.

Immigration Laws and Legal Violence

Since the 1950s, immigration policies in the United States have progressively criminalized unauthorized immigrants, expanded the powers of the U.S. Border Patrol and other enforcement agencies, implemented more and more stringent requirements to prove work eligibility before starting a job, and created sanctions for employers knowingly hiring undocumented immigrants (Abrego 2006). Attitudes toward unauthorized immigrants have become increasingly harsh in recent years, as reflected in the flurry of state and local laws aimed at unauthorized immigration (Suárez-Orozco, Yoshikawa, and Teranishi 2011). In today's immigration regime, which increasingly links civil immigration with criminal laws, the threat of deportation has been used with unprecedented vigor to make even permanent legal residents vulnerable to deportation (Menjívar and Abrego 2012). The increasing criminalization of this population has resulted in further oppression and difficulties for mixed-status families.

One of the most studied phenomena around unauthorized immigration is related to the legal hyper-awareness in everyday life and the state of emergency that characterizes the “permanent temporariness” of undocumented immigrants. Menjívar ([2006] 2016, for example, focuses on the micro-processes of family life and how the law shapes immigrant's lives. She explains how individuals must transform their personal lives and social behaviors based on their relationship with the law. She argues that “sometimes immigrants have ample understanding of the law, conceptualizing it as omnipresent, omnipotent, and capable of destroying—or at least controlling—their lives” (Menjívar 2016:1821). With such fear and constant vigilance, it is no surprise that migrants may be hesitant to approach legal clinics or feel too overwhelmed to start what is often a very extended-legal process of changing their status, if that outcome is even possible for their particular case.

Given the growing number of mixed-status families, the prior studies on how all members of these families (U.S. citizens or not) are impacted by legal hypervigilance, and the specific context of a harsher and more criminalized immigration

regime than ever before, this study is relevant and timely. Our focus on how non-profits can better connect with this population is an important contribution not only to theoretical concepts such as permanent temporariness, but also to the lack of available studies specifically on legal clinics for immigrants and their families. Family relationships and the gender dynamics within them may indeed be key to understanding how immigration status shapes subjective experiences of national or community membership as well as help-seeking behaviors.

Emotional Care and Gender Dynamics in Mixed-status Families

The gendered division of labor in mixed-status families, particularly the care and emotional work of Latina mothers in the U.S., has been the subject of a plethora of social science research in recent years (see for example Aisenberg et al. 2007; Chaudron et al. 2005; Curran and Rivero-Fuentes 2003). Understood as “behaviors performed to improve emotional wellbeing in others and to create cooperative and positive social relationships” (Strazdins 2000:41), emotional work is intended to produce positive emotions and regulate negative ones. Studies on emotional labor, and particularly about how this work varies based on gendered roles in the familial context, is well known (Hochschild 1983; Rafaeli 1989); however, less is known about mixed-status families in particular and how they deal with the emotional care work involved in seeking legal assistance.

As Strazdins (2000) demonstrates, emotional care work will show gendered differences in frequency, with women tending to perform more emotional work than men (Erickson 1993; Hochschild 1983). In most families, “women are expected to provide support to others and, as parents, are viewed as being more responsible for giving care,” but this may be especially true when it comes to migrant and mixed-status families, particularly those from Latinx cultures (Strazdins 2000:42). Gender expectations shape family relationships even from a distance. Dreby (2012) finds that wage-earning women who are labor migrants still take on the majority of caregiving roles in transnational families. Similarly, Barbee et al. (1993) speak to emotional and care work from the “social support process” approach and explain that “Western gender stereotypes suggest that women are more socially skilled, emotionally sensitive, expressive, and concerned with personal relationships than are men” (Barbee et al. 1993:178). As such, the expectations of women doing gendered care work may overrule migration statuses.

Emotional care work and its gendered division takes a particular shape inside immigrant families and particularly mixed-status families. In studying the emotions of Latinx immigrants before the 2016 U.S. presidential election, Valdez et al. (2020) explained that caretakers (mothers in this case) from mixed-status families often described ways in which they engaged in active external and internal processes to cope with the uncertainty of their migration status. Another active and external strategy that the women “caretakers” used to cope with uncertainty and fear was cultivating community solidarity and support. As we also see in our

findings, approaching the legal clinic for help and support can be understood as one example of emotional coping mechanism taken by mothers in their caretaker role.

Other literature suggests that resiliency is also the purview of emotional work for mothers in mixed-status families. Ornelas et al. (2009) shows that immigrant family functioning is determined by the interaction of both risk and resiliency factors. The risks or challenges associated with migration and acculturation include family separations, loss of social networks, economic strains, and exposure to discrimination. The resiliency factors—or strategies families use to cope with these challenges—include acquiring bilingual skills and seeking help from outside the home. One way that the caretakers of these families, mostly women, find to develop resilience is to access community resources and to seek out local help. Ornelas et al. (2009) shows that another source of support for families was access to services from agencies in the United States. As our research shows, five participants attended the clinic after getting support and advice from the social workers they meet through to a state-sponsored program for low-resource families. The legal clinic itself could fit under the category of “informational support” as described by Ornelas et al. (2009). This category includes receiving information about resources in the community more broadly.

In sum, our findings are consistent with the care and emotional work literature, particularly the gendered division of roles inside mixed-status families. Our higher proportion of women research participants is consistent with the gendered patterns of the clinic’s clients altogether, who are about 75–80 percent women as well as consistent with the literature presented about gender divisions in emotional care work.

Method

The dataset for this paper is derived from nine semi-structured, in-depth interviews with parents of mixed-status families who were current or previous clients of Northern Arizona Immigration Legal Services. The first author, who also conducted the interviews, volunteered at NAILS for 18 months—participating in the weekly clinics and organizational meetings, assisting the clients on legal matters as they came up throughout the week, and helping the attorneys and other volunteers when needed—especially for translations. She also participated in meetings with other community organization in town representing NAILS and doing outreach to local migrant populations. The second author also volunteered at NAILS during the research period and continues to do so as well as to serve on their Board. Each interview lasted .5–1.5 hours, with the shortest being 35 minutes and the longest being one and a half hours.

Participants were recruited using the contact information from the organization but also through face-to-face requests when the authors volunteered one evening a week at the in-person clinics. Participation was completely voluntary and, in-line with IRB specifications of this approved human-subjects research, the legal services

received by clients were in no way impacted based on their participation or lack thereof in the study.

The research design was based on inductive qualitative thematic analysis, which means we approached the field with an open mind, relying on the clients' provided data for the development of themes along with linking that data to a sociological framework about immigration issues. The analysis of the data was first open-ended, but once we found initial coding themes within the data—following Esterberg's (2002) model—we did additional rounds of focused coding and went through the data again, finding concrete examples and quotations that supported the themes and subthemes that had presented themselves. By developing the coding process, we understood the reciprocal relationship between the development of a coding system and the evolution of understanding a phenomenon as a dynamic process (Weston et al. 2001). The multiple rounds of coding and re-coding contribute to the valid and reliable findings discussed below. Using an inductive strategy (Maxwell 2005), we interpreted and provided meaning to what each of these interviewees said about their own thoughts and experiences while also having a sense of some prior literature on the topic of mixed-status families and gendered emotional work.

The interviews were conducted around four main topics: personal/family history, immigration situation (past, current, and future fears), respondents' relationship with NAILS (history, thoughts, and feelings), and finally the information/tools/strategies they had gained from the organization (or not) and how their lives/cases continued after going to the clinic. The interviewees chose the place where the interview was conducted as well as the language (English or Spanish). As a result, eight interviews were conducted, recorded, and transcribed in Spanish and only one participant (who came to the United States when she was only one year old) asked to do the interview in English.

Since we applied an exploratory perspective, we selected participants with a certain identity (parent in a mixed-status family) in order to better understand their personal experiences. We used a non-probability sample which is "appropriate for labor-intense, in-depth studies of a few cases" (Rusell 2011:143). In this sense, we chose cases on purpose, not randomly because "in-depth research requires informed informants" (Rusell 2011:143). The need for randomized or generalizable samples was not present in this qualitative study.

The participants included seven women and two men, all of whom were Mexican citizens now residing in the U.S. Both men were the husbands of other participants in the study and their interviews were generally shorter than the women respondents. All the participants were between 31 and 46 years old. They all had at least one U.S. citizen child. Table 1 shows the demographics of the participants under the pseudonyms which we assigned. The married couples are Lidia and Pedro and Irma and Juan. It is important to mention that the married couples were interviewed separately at different times and locations. All the participants (who are the parents of their mixed-status families) are undocumented. Lidia and Maria are U-Visa applicants and Blanca and her children are asylum seekers. Within the children, some are

Table 1. Participant Information.

Participant	Marital Status	Age	Gender	Children's Citizenship (and Age)	Years in U.S.	Clinic Visit Date
Rosa	Married to Mexican Citizen who is residing in Mexico	44	F	2 Mexican Citizens (22, 25) 3 U.S. Citizen (5, 7, 9)	10	Nov 2019
Marcela	Married to Mexican Citizen who is residing in U.S.	46	F	1 U.S. Citizen (12)	13	Dec 2019
Blanca	Married to Mexican Citizen who is residing in U.S.	40	F	2 Mexican Citizen (15, 18) 2 U.S. Citizen (10, 12)	1.5	Dec 2018
Maria	Divorced from U.S. Citizen	39	F	3 U.S. Citizen (6, 9, 11)	20	Aug 2018
Carmen	Married to Mexican Citizen who is residing in U.S.	31	F	3 U.S. Citizens (4, 8, 10)	30	Aug 2018
<div style="display: inline-block; vertical-align: middle; font-size: 3em; margin-right: 5px;">{</div> Irma Juan	Married to Mexican Citizen who is residing in U.S.	40	F	4 U.S. Citizens (2, 8, 14, 17)	20	Sep 2019
	Married to Mexican Citizen who is residing in U.S.	43	M			
<div style="display: inline-block; vertical-align: middle; font-size: 3em; margin-right: 5px;">{</div> Lidia Pedro	Married to Mexican Citizen who is residing in U.S.	33	F	1 U.S. Citizen (9)	31	Jan 2019
	Married to Mexican Citizen who is residing in U.S.	33	M			

Mexican citizens who were brought over by their parents as children (1.5 generation) and others are U.S.-born citizens (second-generation).

As mentioned, all participants identified themselves as “Mexicans.” They all knew that the first author and interviewer was from Argentina, and thus Latina, but her background was different from theirs, including ways of speaking Spanish and cultural interests. In this context, it is interesting that all respondents specifically introduced themselves as Mexicans (probably to differentiate from the first author) and made a point of showing their pride in their Mexican ancestry. This is related to recent theorization about positive identity management as immigrants cast off stigma (Cabaniss and Cameron 2018). Additionally, having been a volunteer at the legal clinic and helping some of them with their specific cases, the first author also

recognized her position of power with respect to participants in this study. However, it was made clear that participation in the interview had nothing to do with the services they would receive and that information in the interview would be confidential from other clinic volunteers, save the second author, who many of them also knew from her volunteering at the clinic. None of the participants shared any concerns about either authors' involvement as both researchers and clinic volunteers.

Finally, it is important to clarify that the 9 participants are part of 7 families (as we mentioned there are two couples). In all the cases where the women first approached the clinic (6 out of 7 of the women), they were seeking legal advice for the entire family and they wanted to get information about the possibility of regularizing the legal situation for all the family members (including themselves, Mexican-born children, and undocumented husbands in the cases where they were married). Generally speaking, the majority of clients who do participate in NAILS are women, further supporting our findings about the gendered dynamics of both the emotional care work and the legal research completed by these women migrants.

Findings

From this group of parents of mixed-status families we learned of several issues that affect when and how they approached NAILS and sought legal advice. Given the majority of respondents, and indeed the majority of all NAILS clients are women, several respondents brought up the importance of the gendered division of labor within their family as to why they were tasked with approaching the clinic. Respondents also emphasized the central role of social workers in encouraging them to come to the clinic and in their continued resilience strategies. This finding also ties into gendered emotional work as all the social workers mentioned were women and were met through a family-oriented, state-sponsored program.

Emotional Care Work and Deciding When to Seek Legal Advice

In asking clients about their use of the clinic—when and why they first approached—all of them mentioned the idea of strategic timing and the difficulties of deciding when to ask for help related to their immigration situations. Four respondents (one of whom was part of a married couple) went to the clinic to ask for information about their cases *before* having a particular issue (such as facing detention or deportation). However, all nine respondents said they had known someone who had delayed the process and asked for help when they were already involved in a critical situation. How and when respondents decide to ask for help and legal advice is determined by many factors, including distrust, fear, and misinformation or ignorance about the legal help they could receive. This clearly places the prospect of contacting the legal clinic into the realm of emotional care work.

Understanding how emotional pressure is largely what pushed respondents to seek help makes it clear that legal clinic work is not simply a neutral task for clients.

Specifically talking about her situation, Carmen discussed how she “tried to forget” her immigration situation until her brother was deported:

I paused everything [status adjustment paperwork] because there was nothing happening and I just left everything . . . and then, that’s kind of . . . what’s wrong with me, too. Especially before my brother got deported, I never really thought that we could get deported. Like I never . . . I was like “from here” and so was my brother We have been here our entire lives. I don’t even think about it.

Instead of facing the constant stress of living the in “permanent temporariness,” one emotional coping mechanism that was used by many respondents was avoidance. This is also associated with a later theme on the central role of social workers because based on what the participants said, sometimes they would go to the clinic only after someone else insisted on them doing so several times. This behavior also makes sense given other pressing issues they may be dealing with as well as the general stress and time involved in dealing with legal status issues. However, when issues would arise for themselves or for their families, they would often finally feel compelled to approach the clinic.

In addition to emotional strain, the subtopics below seek to clarify some of the factors that explain how, when, and why clients approached the clinic and requested help. Gendered division of labor refers to a pattern that shows most of the time (6 out of 7 of the women), the mothers in the family are the first family member interested in requesting information and help. The centrality of social workers refers to the fact that five out of nine participants, including one of the married women, mentioned their social worker as the motivator that finally pushed them to go to the clinic, which is also gendered care work on the part of the named social workers who were all women. Finally, requests for extra help were also a recurrent theme found in the interviews, particularly in relation to the decision of choosing the moment to request information. It was interesting to find that almost all interviewees asked the interviewer for case-related help and/or information about their own cases, even though they had already been seen by the interviewer or by other volunteers at the clinic.

Gendered Division of Labor inside the Family

Only two of the research participants were men, and both were married to other participants who referred them to us. The larger proportion of females participating in the research is reflects the population of the clients who attend the clinic at large. Women (especially mothers) are most often those who first want to get information on their families’ legal status and the potential actions to be taken to protect their families in the context of Northern Arizona.

This pattern is in-line with other literature on “mental load” or “emotional labor” and the responsibilities often delegated to women (Hochschild 1983). James (1993) describes emotional labor as skilled work requiring experience, affected by

immediate conditions and external controls which connects public life with the private household and uncovers its paid and unpaid nature. Because of its association with women's work, it is often rendered invisible and undervalued. We focus on emotional care work in this study, as many of the women respondents emphasized that it was their role to cover issues like immigration status and legal matters while their spouses were doing paid labor outside of the home.

Child protection is a prime example of the importance of engaging emotions and how "emotional labor" is determined by gender in these mixed-status families seeking immigration assistance. In the Latinx families that participated in the study, women described themselves as in charge of the household, the children, and all the emotional care work that that implies. While it is often the case in patriarchal cultures that men, particularly fathers, are seen as needing to protect the family, our research suggests that this is too constricted of an interpretation that ignores or renders invisible the very tangible and critical role immigrant women (mothers) play, too, especially when it comes to protecting the family from legal threats.

For example, going to the NAILS legal clinic was seen as part of caring for the family's general well-being. This gendered division of labor is, in part, due to men having better chances of finding more stable jobs and better salaries outside of the home. Our data also revealed that in all seven of the families, women have informal jobs (cleaning houses, hotel housekeepers, babysitting, etc.) and they changed jobs every couple of months. Alternately, the men in six of the seven families have some kind of documentation (work permit or driver license, for example) that allows them to work outside of the home and in the same company for years at a time, increasing their job stability.

When participants were asked how and why they went to the clinic for the first time, most of them mentioned that the woman, or the mother of the family, was the first person who wanted to go. Six out of seven women participants went alone and then shared the information they gathered with their husbands afterward. The other two participants (Lidia and Pedro) had a different family dynamic because it was the woman, Lidia, who had been detained and, from the detention center, asked her husband to go to the clinic and seek legal help.

Irma went to the clinic twice: she first went alone and then, when she realized that it was a lot of information and that she needed help, she asked her husband to go with her. She says, "I went first once by myself, because my husband was here (at home) and someone came to visit. I had to [pause] not finish the whole process of asking all the questions." She also mentioned that her husband was "too tired after work to go to the clinic" but she asked him to go together again because it was too much information to handle alone:

I wanted to get more information about how it all was going to work, what the process is . . . and so the second time I already had more time and I went with my husband so that he also listened because sometimes there is so much information.

This example shows the gendered division of labor inside the family unit, especially because the husband was “too tired” from working *outside* the home, even though the wife had been working *inside* the home as well for the whole day. While he was at work most of the day, she was doing the emotional care work of trying to get information and help resolve their immigration status to keep them safe at the clinic’s 7:00 p.m. meeting time. Surprisingly, we found that in contrast to some literature on roles in mixed-status families (Castañeda 2019), the older children did not play a prominent role in the legal clinic, likely as legalistic issues may be seen as too complex for children to navigate and there were many legal clinic volunteers available to translate.

Rosa and Marcela went to the clinic together and mentioned that their husbands “didn’t have time” or that they “weren’t interested in going.” Here, again, participation in the NAILS legal clinic is not only gendered, but women’s labor is rendered invisible as they “worked” a full day of home labor and still came to the clinic in the evening. Thus, the emotional care work and gendered labor within the families can help us understand who, how, when, and why clients approach the legal clinic and seek for help.

This gendered pattern in help-seeking is also an important finding for those running clinics such as NAILS. Because the majority of those who seek clinic help are women, clinics should consider having specific practices that make the process less stressful for these women, such as having women greeters and having childcare available at the clinics. Additionally, in terms of connecting with clients so that they will reach out to the clinic, there may be specific community venues for women that should be contacted in order to advise them that free legal services are available to them. One specific example of this comes in the form of social workers.

Social Workers’ Role

More than half (5 out of 9, but only one of the married women) of the participants mentioned that they learned about the clinic and decided to attend because a social worker mentioned it and encouraged them to go. All those who mentioned this connection explained that their social workers are part of the “Healthy Families Arizona” plan that is offered to them when they have children. This is a free, state-sponsored program “designed to help expectant and new parents get their children off to a healthy start. Families are screened according to specific criteria and participate voluntarily in the program” according to the program’s website (Arizona Department of Child Safety 2019). As part of its goals, the program seeks to educate and support families against violence and other risks in order to provide stability for the families. In this search for stability, the social workers are assigned to families (in this case, because they are undocumented) and they will often advise them to go to the legal clinic and try to regularize their status. Given this program is focused on families, this is an example of issues of gendered division of labor within the family as well. Additionally, both of the social workers who connected clients to the clinic are Latina women and mothers themselves.

Between the five participants, there was mention of two different social workers (both of whom are naturalized Americans themselves and Spanish speakers) who first recommended the clinic to the research participants. Sometimes, these social workers would even personally take the clients to the clinic themselves. Each of the 5 participants mentioned that they trusted going to the clinic because they trusted the social workers. If it were not for these intermediaries, they would not have attended the clinic due to lack of knowledge and fear of exposure.

Rosa, a 44 years-old asylum seeker, explained that one social worker (pseudonym: Juana) had helped her a lot since her first child was born and she is “like a friend,” always available to help and guide her:

Juana had just invited me the first time I attended. She has always helped me a lot and I know that if she recommends it, it will be helpful for me. She is like a friend. When the program [Healthy Families] ended, she kept helping me, and invited me to all the meetings that she had [for other families]. She is a very good person. She has helped me a lot, a lot. She was the one who told me that I could have . . . that I could do something with my situation. Because I didn't even know, I didn't have the knowledge.

Irma also shared the importance of this same social worker, Juana, and her advice to go to the clinic. She knew about the clinic, but she finally decided to go after the social worker insisted for two months. The decision of when to approach the clinic that Irma gives below presents similar patterns for all the five participants who had a social worker intermediary:

Because she (the social worker) had already taken families before, she told me “you should go and ask to see what you can do.” Well, yes. And I already had, for about two months, kept not going because I made up excuses . . . until I told myself I have to go, I have to inform myself, I have to be prepared for whatever . . . and that's when I went.

As described above, some participants mentioned the importance of someone else (in most cases, the social workers) incentivizing them to stop procrastinating what they knew would be difficult emotional and legal work and approach the clinic. In this example, Irma shows again how she pushed back the decision to go to the clinic for a couple of months, and finally she listened to the social worker's advice. As such, the gendered labor within families partially determines when the clients approached the clinic, but also the emotional support and guidance of a trusted outside source was crucial to the actual carrying out of the emotional care work surrounding seeking legal clinic help.

Conclusion and Discussion

The goal of this study was to better understand the motivations that parents (primarily mothers) of mixed-status families have in seeking legal advice from

a local legal clinic, Northern Arizona Immigration Legal Services (NAILS). Overall, our findings are consistent with the literature on care and emotional work and the gendered division of labor within immigrant families. Prior studies are centered on the physical, mental, and emotional consequences that being part of mixed-status family can have for the children (Enriquez 2015; Rodriguez 2016), but in this study, we focused on the parents and their experiences in help-seeking related to legal issues. Of course, those experiences are also impacted by the children's experiences and the parent's efforts to provide their children with better opportunities and legal options.

It has been shown that immigration shapes family dynamics and the power and roles of each family member (Castañeda 2019). While we did find that parents (mainly mothers) acted somewhat differently during the interview if their children were present or suspected to be listening, we still see the overwhelming pattern of women seeking help about migration issues for all members of their family as a form of emotional care work. In three interviews, children were present, such as playing or watching TV in another room or sitting at another table in the coffee shop doing homework. In all three cases, the mothers checked to see if the kids were listening before answering some of the questions or they lowered the voice if they suspected it might worry the children. However, none of the respondents failed to answer any questions or changed the topic because of the children's presence. We argue, though, that this strategy of vigilance can be understood as part of the emotional work the mothers do to protect their children. At the same time, those same mothers would also give statements such as Blanca's: "I always tell the truth to my children; they know my situation and our risk." Despite this, it was evident that they are protective and, in a sense, struggle to allow their children to live and enjoy their childhood without always worrying about migration statuses in their family.

To understand when and why clients approach the clinic, it is important to know that, as part of the permanent temporariness mentioned above, immigrants without documents make efforts to avoid leaving their houses and neighborhood, to limit potential interactions with the police or other law enforcement. There was a very strong idea present in almost every interview about the importance of being a "good person," avoiding problems, and staying away from acts that can be considered a crime or that may bring about any contact with the police, even when police presence may be needed for their own safety, such as reporting a crime. It has been shown that Mexican-born parents explain to their American-born children the importance of avoiding problems and how deep the consequences of any trouble could be for their family (Abrego 2011; Castañeda 2019). This also may impact their likelihood of seeking legal assistance based on fear. This clearly outlines why seeking legal assistance is considered emotionally laden care work.

The main finding of this research is the gendered division of labor within mixed-status families which helps to explain why most of the clinic's clients are women. There is a clear division of labor within these families: men usually have some kind of document that allows them to work outside of the home (drivers'

license or work permit) and they are thus responsible for performing paid labor; women, on the other hand, are in charge not only of the housekeeping duties inside of the home as well as the care of the children but they are also responsible for the “emotional labor” of the family such as dealing with the stress of immigration legal issues (James 1993). Most of the time, the mixed-status family member who approaches the clinic and wants information about both their own and all of their family members’ immigration statuses is the mother.

The role of social workers was also central to getting participants to approach the clinic and is also gendered. As all the social workers were women and all the families met their social worker through the Healthy Families Arizona program, the emotional and familiar care work is once again relegated to the mothers of the family. If legal clinics such as NAILS better understand how important the social workers are for these families and how important their support and advice is, they could be used as a very valuable resource. These mixed-status families listen and follow the social workers’ advice much more than other factors discussed in this study. As such, NAILS and similar types of clinics or non-profits may be able to work more closely with these essential social links in order to provide clients the integral legal support they need. Additionally, outreach to other social workers, such as school counselors, hospitals, and other organizations may also prove fruitful. The community involvement with other organizations can expand not only the knowledge that the clients have about the clinic but may also support their social health more holistically.

It is also important to keep in mind that Flagstaff is a city located in a border state, but not close to the U.S.-Mexican border, which may limit the applicability of these findings. It is also relevant to note that all the participants of this research were Mexican citizens, and despite how long have they been living in the United States, they all considered themselves “Mexican,” even if they also thought of themselves as “from here.”

All of these themes seek to be useful for legal clinics and community organizations to understand the population they are working with and in doing so be able to develop more efficient ways of providing their services. The understanding of this population, their attitudes and their motives, could be used to improve the procedures of legal clinics such as NAILS and help to provide better and more efficient services to mixed-status families, particularly in recognizing the assumed roles of mothers’ emotional care work.

Despite the amount of research on the topic of mixed-status families, due to the increasing difficulties that the Latinx community is facing in order to live in Flagstaff, this study provides an additional contribution to the literature, specifically focusing on legal clinic best practices and issues of legal violence and gendered care work. It also invites the reader not only to think about immigration issues and how mixed-status families live in Flagstaff, but also how we can work as a community and within various organizations to help and support the immigrants in our nation.

Author's Note

While Dr. Finch does now serve on the Board of Northern Arizona Immigration Legal Services (NAILS), she did not while research was being conducted and receives no compensation from her Board Member or volunteer work there.

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