HHS Public Access

Author manuscript

J Interpers Violence. Author manuscript; available in PMC 2023 November 24.

Published in final edited form as:

J Interpers Violence. 2023 September ; 38(17-18): 10309–10332. doi:10.1177/08862605231171412.

County-Level Relationships between Foreign-Born Residents, Latinos, Immigration Enforcement, and Child Maltreatment Report Rates in the United States, 2015–2018

Hyun Jung Kim[1], **Hyunil Kim**[1,*]

[1]School of Social Work, University of Illinois at Urbana-Champaign, Urbana, Illinois.

Abstract

U.S. Latino and foreign-born populations show lower child maltreatment report (CMR) rates despite their low socioeconomic positions, perhaps due to protective cultural factors within these populations. However, discriminatory Immigration and Customs Enforcement (ICE) activities may attenuate such protection. We examined how ethnic and foreign-born compositions and local ICE activities were associated with community CMR rates, overall and within racial/ethnic groups (i.e., White, Black, Latino), and how these associations changed over time. We used national county-level data linking multiple administrative/archival data sources (i.e., CMR, Census, and ICE data) longitudinally for 2015–2018 across the United States. Multilevel (county-years, counties, and states) models estimated how percentages of Latino, percentages of foreign-born, and ICE arrest rates were related to overall and race/ethnicity-specific CMR rates among counties while adjusting for a range of demographic, socioeconomic, child care burden, health insurance, residential mobility, and urbanicity factors. Higher percentages of foreign-born residents within counties were significantly associated with lower CMR rates, both overall and within all racial/ethnic groups. These protective associations became significantly stronger over the study period. Higher percentages of Latino residents were significantly associated with lower total and White CMR rates but not with Black or Latino CMR rates. The interaction between the percentage of Latino residents and year was not significant. ICE arrest rates showed no significant associations with CMR rates. Our findings suggest that communities with more foreign-born and Latino residents may be more protective against CMRs. While the foreign-born and Latino concentrations were both independently predictive of decreased CMR rates, the protective associations of the foreign-born concentration were more consistent within racial/ethnic groups and grew stronger over time. These findings suggest the need to investigate community-level protective mechanisms that may explain these results. The null findings for ICE activity also require further research with alternative measures of discriminatory state action.

Introduction

A growing body of evidence has documented favorable child outcomes, especially low child maltreatment risks, among Latino populations and foreign-born populations in the United

*Corresponding Author: Hyunil Kim (hyunil@illinois.edu, T. 217-300-8122; address: 1010 W Nevada St, Urbana, IL 61801).

Declarations of interest: none

States (Putnam-Hornstein et al., 2013; Kim & Drake, 2018). This phenomenon is often referred to as the epidemiological paradox, referencing the higher poverty rates among these populations than the general public (Markides & Coreil, 1986; Putnam-Hornstein et al., 2013) and the strong relationship between poverty and child maltreatment (Pelton, 2015). Understanding the protective mechanisms of Latino and foreign-born populations may inform efforts to reduce child maltreatment. However, several knowledge gaps impede our efforts. First, while Latino (ethnicity) and foreign-born (nativity) are two separate factors, research that examines how Latino and foreign-born factors are related to child maltreatment independent of each other is sparse. Second, community-level impacts of Latino and foreign-born factors are largely unknown. For example, geographic concentrations of Latino and/or foreign-born residents may promote positive social processes that affect rates of child maltreatment among other groups in a community. Theoretically, this inquiry is important to expand the existing knowledge base from the individual to the community level. It is also important practically from the public health perspective, as it may serve community-based prevention strategies. Methodologically, a community-level analysis allows us to use national data, which are only linkable at the community level. Finally, concentrations of Latino and/or foreign-born residents may prompt local institutional discrimination, such as increased Immigration and Customs Enforcement (ICE) activities in such communities, and such discrimination may affect child maltreatment. However, past research has not addressed how ICE activities affect child maltreatment among Latino and foreign-born communities. To address these knowledge gaps, this study examines community-level relationships between concentrations of Latino and foreign-born residents, ICE arrest rates, and child maltreatment report (CMR) rates.

Background

This section further delineates the abovementioned knowledge gaps by reviewing relevant theoretical explanations and prior research findings.

Epidemiological Paradox in Child Outcomes—The epidemiological paradox originally referred to lower mortality or longer life expectancy among foreign-born and Latino populations than general U.S. populations (Markides & Eschbach, 2011; Lariscy et al., 2016). This phenomenon is incongruent with the social determinants of health perspective, in that these populations have high poverty rates (Link & Phelan, 1995; Elo, 2009; Chang, 2019). The examination of epidemiological paradox has expanded in recent years from adult to child populations. Latino and foreign-born families are at greater risk of poverty than White and U.S.-born families (Kids Count Data Center, n.d.; Thiede & Brooks, 2018), and poverty puts children at increased risk of maltreatment (Pelton, 2015). Nonetheless, the evidence suggests there are protective factors in Latino and foreign-born families. For example, a nationwide study found that Latino and White children had similar onset and recurrence risks of CMRs and substantiated CMRs in spite of White families having higher socioeconomic status (Kim & Drake, 2019). When controlling for county child poverty rates, a different study found Latino CMR rates were lower than White CMR rates (Kim & Drake, 2018). Further, a statewide study that controlled for family socioeconomic status found that children of Latino mothers in California had markedly lower rates of CMRs, substantiated CMRs, and foster care entries than children of White

mothers and that children of foreign-born Latino mothers had even lower rates (Putnam-Hornstein et al., 2013). The most common explanation for low rates of maltreatment in Latino and foreign-born families is that these children benefit from protective cultural factors that may include familism, strong social support, religiosity, and healthy social norms, which may buffer the negative impacts of low socioeconomic positions on child maltreatment (Morales et al., 2002; Putnam-Hornstein et al., 2013).

The Latino Paradox and Healthy Immigrant Effect—Epidemiological paradox is an umbrella term that covers both the Latino paradox and the healthy immigrant effect (Markides & Coreil, 1986; Lariscy et al., 2016). This study uses the term *Latino paradox* to refer to favorable outcomes among Latino populations that may include U.S.-born. On the other hand, the *healthy immigrant effect* refers to favorable outcomes among foreign-born populations. Research suggests that the healthy immigrant effect may be stronger than the Latino effect—that both stem from positive cultural factors that come to the United States with immigrants and that may be diminished through acculturation (Viruell-Fuentes, 2007; Drake & Jonson-Reid, 2014; Johnson-Motoyama et al., 2015). Acculturation theory also proposes that the protective cultural factors among foreign-born populations erode in their adaptation processes to U.S. cultures (Lara et al., 2005; Riosmena et al., 2017). Studies on the Latino paradox and the healthy immigrant effect suggest that Latino ethnicity and foreign-born nativity may have independent protective functions and that the latter are more powerful.

Community-Level Impacts of Latino and Foreign-Born Factors—Geographic concentrations of Latino and foreign-born residents may be protective against community rates of child maltreatment. Having more residents with high levels of familism, social support, religiosity, and positive social norms may facilitate positive group-level (i.e., community-level) processes such as social cohesion, collective efficacy, and social organization, which in turn may promote collective engagement for encouraging positive parenting and preventing child maltreatment in communities (Sampson et al., 1999). Conducting a community-level inquiry has several important implications. Theoretically, this inquiry expands the existing evidence base from the individual level that has characterized most past studies to the community level. Community-level mechanisms are quite different from individual-level mechanisms in that they can have broader effects on communities as a whole, including all ethnic and nativity-status groups. That is, at the community level, impacts of Latino and foreign-born factors (i.e., concentrations of Latino and foreign-born residents) are not limited to corresponding ethnicity and nativity groups but may have spillover effects to other groups (Eschbach et al., 2004; Li et al., 2017). Practically, the community-level approach conforms well with a public health approach, emphasizing community-based strategies and population-level impacts for substantial reductions in child maltreatment. Methodologically, it allows the use of national data, which makes it possible to assess population-level effects. An individual-level linkage between ethnicity/nativity data and child maltreatment data is currently not possible due to confidentiality restrictions imposed by national databases, but a community-level linkage is possible at the county level.

Immigration and Customs Enforcement Local Activities—ICE is responsible for enforcing U.S. immigration laws in the interior of the United States. ICE local activities (i.e., immigration enforcement arrests in communities) are based on the 287(g) program, which authorizes ICE to collaborate with local law enforcement agencies to enforce federal immigration laws in communities (National Immigration Law Center, 2009). ICE activities (e.g., raids, detention, and deportation) can marginalize racial/ethnic minorities and limit their accessibility to community resources and economic opportunities (Morey, 2018; Ayón, 2015; Rhodes et al., 2015). Studies have found that both immigrants and people who share the race/ethnicity of local immigrant populations often avoid community services because of fear of deportability, harassment, discrimination, and distrust of authorities (Sabo & Lee, 2015; Menéndez Alarcón & Novak, 2010; Theodore & Habans, 2016). Evidence also suggests that U.S.-born children's access to public services is influenced by their parents' legal status (Gulbas & Zayas, 2017). Qualitative findings suggest that foreign-born parents of U.S.-born children hesitate to access services due to anxiety over deportation and family separation (Castañeda & Melo, 2014). Quantitative evidence supports that ICE activities reduce enrollment in welfare assistance programs among mixed-legal-status families (Vargas & Pirog, 2016). ICE community activities may increase fear and distrust of members of the community, decrease social interactions, and hinder access to community services (Theodore & Habans, 2016; Lacayo, 2010). In addition, the Trump administration's immigration enforcement policies, which primarily centered on identifying, apprehending, and deporting undocumented immigrants, have led to a surge of hostility towards immigrants, as well as the propagation of anti-immigrant rhetoric that conflates immigrants with illegality and criminality (Barajas-Gonzalez et al., 2018). This situation may in turn elevate stress levels, increase social and emotional isolation, and hamper positive social processes (Gulbas & Zayas, 2017; Ayón, 2015). This line of research suggests that discriminatory ICE action may place families at additional risk for child maltreatment by heighted fear and distrust, which deteriorate positive social organizations and processes, as suggested by Sampson et al. (1999). The current study considers the impact of ICE local activities on child maltreatment and whether it undermines the epidemiological paradox.

Current Study

To address the above-identified knowledge gaps, this study examines whether percentages of Latino residents, percentages of foreign-born residents, and ICE arrest rates are associated with CMR rates at the county level while adjusting for a range of community conditions, using national data from 2015 to 2018. We hypothesize that higher percentages of foreign-born and Latino residents are associated with lower rates of CMRs, and higher ICE arrest rates are associated with higher rates of CMRs. We further examine these relationships within White, Black, and Latino populations to investigate the potential spillover effects of concentrations of foreign-born and Latino residents to other racial/ethnic groups. Finally, we examine whether the above relationships change over time during 2015–2018 to understand the longitudinal changes of these relationships. The timeframe was chosen due to the ICE data availability.

Methods

Measures and Data Sources

This study used U.S. national county-level data linking multiple databases from 2015 to 2018 to examine the relationships between three independent variables and CMR rates while controlling for a range of relevant confounders. Table 1 summarizes the measures of the study variables.

There are three independent variables. The percentage of foreign-born persons in each county was drawn from American Community Survey (ACS) 5-year estimates. Specifically, this study used ACS 2013–2017 (mid-year = 2015), ACS 2014–2018 (mid-year = 2016), ACS 2015–2019 (mid-year = 2017), and ACS 2016–2020 (mid-year = 2018). Foreign-born persons included authorized and unauthorized migrants, immigrants (i.e., lawful permanent residents), and naturalized citizens (U.S. Census Bureau, 2019). The percentage of Latino persons in each county was also computed based on ACS. Latino persons were those identifying themselves as Latino (including Hispanic) or of Spanish origin regardless of race (U.S. Census Bureau, 2019). This study used the ICE community arrest rate to measure direct ICE activities in a community. The ICE arrest rate (i.e., the number of ICE arrests per 10,000 persons) in each county was computed based on the data obtained from the Transactional Records Access Clearinghouse (TRAC, n.d.). TRAC provided annual counts of custodial arrests (i.e., those transferring to ICE from other law enforcement agencies) and community arrests (i.e., direct arrests by ICE in a community) from the fiscal year 2015 to 2018.

The dependent variables of this study were CMR rates overall (i.e., rates per 1,000 children < age 18 years) and within racial/ethnic groups (e.g., rates per 1,000 Latino children). The National Child Abuse and Neglect Data System (NCANDS) Child Files were used to obtain all child maltreatment cases reported to and screened-in by child protective services (CPS) in 50 states and the District of Columbia (National Data Archive on Child Abuse and Neglect, n.d.). We selected all cases reported in the fiscal year 2015 through 2018 from the Child Files 2015–2019 (the Child File 2019 contains reports made in the fiscal year 2018). Then, the data were aggregated at the county level and linked with child population data (i.e., ACS 5-year estimates by mid-year) to compute the number of reported children per 1,000 child population per county each year. Consistent with child population data (i.e., ACS), this study categorized racial/ethnic groups of reported children into non-Latino White alone, Black alone (including any ethnicity), and Latino (including any race).

It is worth noting that many child maltreatment incidents might be unreported to CPS (Sedlak et al., 2010) and thus be omitted from the study data. The measures of the dependent variables could be therefore affected by reporting bias. Strong empirical studies have refuted any large scale reporting bias, such as surveillance bias (higher visibility due to service participation), visibility bias (high visibility due to race/ethnicity and economic conditions), racial bias, and class bias, in general populations (Drake & Zuravin, 1998; Chaffin & Bard, 2006; Drake et al., 2011; Jonson-Reid et al., 2009; Drake et al., 2017; Kim et al., 2018).

This study adjusted for a range of control variables. A large body of research indicates that lower socioeconomic conditions (i.e., more single parents, more people with no high school diploma, more children in poverty, and lower house values), higher care burden (i.e., more children and fewer female adults or more male adults), and higher instability (i.e., more residential moves) increase rates of child maltreatment incidents and reports in communities (Coulton et al., 2007; Maguire-Jack, 2014). Emerging evidence suggests that Black children have a lower CMR risk than White children when adjusting for socioeconomic factors (Drake et al., 2009; Maloney et al., 2017; Kim & Drake, 2018). Recent research suggests that CMR rates considerably differ by urbanicity. High percentages of uninsured children may affect financial hardships and care burden and reduce accessibility to community services, which may in turn increase CMR rates in communities (McCray, 2018). Table 1 reports this study's control variables. Urbanicity levels of counties were measured by the 2013 rural-urban continuum codes by the U.S. Department of Agriculture. For simplicity, this study collapsed the original nine categories into three categories (i.e., large urban, small urban, and rural). All other control variables were drawn from ACS 5-year estimates and linked with CMR data by mid-year.

Study Population

While the study data represented all counties and county equivalents in 50 states and the District of Columbia from 2015 to 2018, many low-population counties were aggregated into a combined county area per state due to confidentiality restrictions imposed by NCANDS for CMR data. NCANDS suppresses county identifiers of CMR cases from counties with less than 1,000 cases per year. This suppressed about 80% of counties, which were low-populated and mostly rural. Fortunately, state identifiers of those cases were available, which allowed for aggregating suppressed counties into a combined county area per state. Although no data were excluded during aggregation, seven counties (four in Rhode Island and three in Massachusetts) were excluded due to missing CMR data. The study data included 639 counties (592 identified counties and 47 combined counties) in 50 states and the District of Columbia, which were observed each year from 2015 to 2018 (i.e., 2,556 county-year observations = 639 counties × 4 years). Overall, the study data covered 99.8% of U.S. counties.

Analysis

This study examined three independent variables (i.e., percentages of foreign-born, percentages of Latino, and ICE arrest rates) in their associations with CMR rates, while adjusting for a range of control variables. The study data had a three-level structure: county-year observations (level 1) were nested in counties (level 2) which were nested in states (level 3). To handle this nesting, linear multilevel models including county and state random effects were used. Year fixed effects were also added into models to adjust for overall trends. For models of race/ethnicity-specific outcomes, race/ethnicity-specific control variables (e.g., Black child poverty rate) were used to adjust for county experiences specific to relevant racial/ethnic groups. Analyses excluded some county-years due to low populations (i.e., < 300 race/ethnicity-specific children) and extreme outcome values falling outside the 4.5 interquartile range. All 2,556 county-year observations were used in analyses of total CMR rates and White CMR rates. Black-specific analyses excluded 204 county-year

observations due to low Black child populations and 8 county-year observations due to extreme outcome values. Latino-specific analyses excluded 21 county-year observations due to low Latino child populations and 12 county-year observations due to extreme outcome values. All multilevel models were estimated using the *lme4* package of *R*. All model residuals broadly followed a normal distribution (−0.1 < skewness < 0.6).

Results

Descriptive Statistics

Table 1 reports the descriptive statistics of the variables used in the analysis. During the study years (2015–2018), 59.9 had a CMR out of 1,000 children in a county on average. The CMR rate was 100.6 among Black children, 50.9 among White children, and 44.6 among Latino children. For independent variables, on average, 8.7% of residents were foreign-born, 13.0% were Latino, and 0.7 per 10,000 persons were directly arrested by ICE in a county. With regard to control variables, Black and Latino populations generally showed higher rates of disadvantaged community conditions than White populations. For example, 12.5% of White children, 28.7% of Latino children, and 33.1% of Black children were poor. Overall, 5.2% of children had no health insurance. The rate was the highest among Latino children (8.4%).

Multilevel Model Results

The model building process followed the procedure suggested by Snijders and Bosker (2012), beginning with a simpler model with complications added that provided significant improvement in model fit. First, all independent variables were entered into a model; then, all control variables were added. The additions significantly improved model fit for all total and race/ethnicity-specific models. Several interactions were then considered to examine the longitudinal changes in the relationships between the independent and dependent variables. Adding the “foreign-born × year” interaction significantly increased model fit. “Latino × year” and “ICE arrest rate × year” interactions made no significant contribution to model fit, however.

Table 2 reports the coefficients and their bootstrap confidence intervals (CIs) of the independent variables (i.e., percentages of foreign-born, percentages of Latino, and ICE arrest rates) and the “foreign-born × year” interaction terms, which are estimated by the multilevel models while adjusting for the control variables (see the Methods section). We report the full model results in Tables S1–S4 in the Supplement. The higher percentage of foreign-born residents was associated with the lower total CMR rate and the lower race/ethnicity-specific CMR rates in most years. All these associations became stronger in more recent years. In 2015, the coefficient of foreign-born was −0.50, indicating that a 1-percentage-point increase in the percentage of foreign-born significantly decreased the total CMR rate by 0.50 per 1,000 children (coefficient = −0.50; 95% CI = −0.80, −0.20). The 2015 coefficient became stronger when it was further lowered by 0.08 in 2016 (coefficient = −0.08; 95% CI = −0.16, −0.002), by 0.15 in 2017 (coefficient = −0.15; 95% CI = −0.23, −0.08), and by 0.21 in 2018 (coefficient = −0.21; 95% CI = −0.30, −0.13). Percentages of

foreign-born had no significant association with White, Black, or Latino CMR rates in 2015. These associations became stronger and statistically significant in 2016, 2017, and 2018.

The higher percentage of Latino residents was significantly related to lower rates of total and White CMRs. Every one percentage point increase in the proportion of Latino population living in a county was associated with a decrease in the total CMR rate by 0.41 per 1,000 children (coefficient = −0.41; 95% CI = −0.59, −0.23) and a decrease in the White CMR rate by 0.19 per 1,000 White children (coefficient = −0.19; 95% CI = −0.32, −0.05). The percentage of Latino had no significant association with Black CMR rates, and surprisingly, it also had no significant association with Latino CMR rates. As mentioned above, the interaction between the percentage of Latino and year was not significant, indicating that the relationship between the percentage of Latino and the CMR rate was consistent between years.

Regarding ICE local activities, ICE arrest rates were examined for their relationships with total, White, Black, and Latino CMR rates. It was found that none of these relationships were statistically significant, although as hypothesized they were in a positive direction.

Prediction Graphs

To deepen understanding of the complex “foreign-born × year” interactions, Figure 1 depicts the relationships between the percentage of foreign-born and total, White, Black, and Latino CMR rates by year based on the final multilevel models reported in Table 2. For prediction lines (i.e., estimated regression slopes), all other variables were fixed to their grand means. As the percentage of foreign-born increased, CMR rates significantly decreased in most years. Yet, substantial variation exists in these relationships by year in a way that they become much stronger in more recent years. For example, with the increase of the percentage of foreign-born (from 0% to 30%), total CMR rates showed a larger decrease in 2018 (from 62.9 per 1,000 to 42.5 per 1,000—i.e., a 20.4-point decrease) than in 2015 (from 54.2 per 1,000 to 39.9 per 1,000—i.e., a 14.3-point decrease), which is depicted as a steeper decreasing slope in 2018 than in 2015. This tendency was also observed in all racial/ethnic groups. An interesting aspect of this interaction is that counties with lower percentages of foreign-born showed higher increases in CMR rates over time. For example, counties with 0% foreign-born residents were estimated to have a CMR rate of 54.2 per 1,000 in 2015, which increased to 62.9 per 1,000 in 2018 (i.e., an 8.7-point increase). On the other hand, counties with 30% foreign-born residents were estimated to have a CMR rate of 39.9 per 1,000 in 2015, which increased to 42.5 per 1,000 in 2018 (i.e., a 2.6-point increase). It appears therefore that larger longitudinal increases in CMR rates in communities with lower percentages of foreign-born drove the “foreign-born × year” interactions.

Discussion

This study examined how the percentage of foreign-born residents, the percentage of Latino residents, and the ICE community arrest rate were related to CMR rates among U.S. counties, using national county-level data from 2015 to 2018, while controlling for a range of potential confounders. Findings indicate that communities with more foreign-born residents had lower CMR rates. This relationship was found for total CMR rates in all years,

as well as for White, Black, and Latino CMR rates in most years. It was further found that this protective relationship became significantly stronger over time. Communities with more Latino residents were found to have lower CMR rates for total and White children, but not for Black and Latino children. These relationships did not significantly vary over time. Regarding ICE local activities, ICE arrest rates showed no significant relationship with any of total and race/ethnicity-specific CMR rates.

The findings on the foreign-born factor comply with the hypothesis, in line with the healthy immigrant effect, which indicates that foreign-born populations have a health advantage over U.S.-born counterparts after controlling for socioeconomic conditions (Singh & Mohammad, 2001; Singh & Hiatt, 2006; Cunningham et al., 2008; Markides & Eschbach, 2011; Lariscy et al., 2016). Interestingly, increased percentages of foreign-born residents showed protective relationships with CMR rates not only for Latino children, but also for total, White, and Black children. This suggests that potential cultural protective factors within foreign-born residents may be transferable to other community members. It is possible that living in communities with more foreign-born residents increases native-born residents' exposure to the cultural protective factors that explain the health immigrant paradox. This may eventually facilitate positive community processes that can be protective against CMRs. This study's findings undermine arguments that communities with larger immigrant populations have lower collective efficacy due to the language and cultural barriers to communication (Browning et al., 2018; Putnam, 2007), or suggest that spillover effects of cultural protective factors operate in spite of lower collective efficacy. Other competing explanations are possible such as selection bias (i.e., foreign-born families' selection of healthy communities to reside) and detection bias (i.e., decreased detection of child maltreatment incidents among foreign-born families). Yet, this study's findings provide important groundwork for future research to investigate possible contextual mechanisms of the increased proportion of foreign-born residents for reducing child maltreatment incidents and reports.

The significant "foreign-born × year" interaction indicates that the protective relationship between percentages of foreign-born residents and CMR rates has grown over time. It appears that the disproportional longitudinal growth in CMR rates by the size of foreign-born residents in communities drives this interaction. Specifically, communities with fewer foreign-born residents showed far larger longitudinal increases in CMR rates. Conversely, high foreign-born communities showed trivial longitudinal increases in CMR rates. The national CMR rate has considerably increased over the last decade (Kim & Maguire-Jack, 2021). The present findings suggest that this longitudinal increase was largely concentrated among low foreign-born communities, whereas the above-mentioned protective factors of foreign-born populations might prevent longitudinal increases in CMR rates among high foreign-born communities. These longitudinal dynamics might widen the gap in CMR rates between high and low foreign-born communities in more recent years, leading to the "foreign-born × year" interaction. Further research is required to better understand these differential longitudinal dynamics by the size of foreign-born residents in communities.

This study also found that the higher percentage of Latino residents was significantly related to lower total and White CMR rates while controlling for the percentage of foreign-born

residents and other community conditions. These findings suggest that increased Latino populations can be a protective factor for total and White CMR rates in communities. This corresponds well with a prior study on California birth cohorts, which found a moderately lower CMR risk among U.S.-born Latino mothers than U.S.-born White mothers (Putname-Hornstein et al., 2013). For Black CMR rates, the percentage of Latino residents was not significant. Surprisingly, the association was not significant and weakest for Latino CMR rates. A possible explanation of these surprising findings is that Latino residents may enjoy the benefits of their cultural protective factors regardless of the size of their population in a community. This might drive the weak non-significant association between the size of Latino residents and Latino CMR rates. Another possible explanation of these non-significant findings is that this study's analysis might mainly take into account the percentage of U.S.-born Latino residents as it controlled for the percentage of foreign-born residents. Deterioration of sociocultural protective factors among U.S.-born Latino residents (Finch & Vega, 2003; Lara et al., 2005; Fox et al., 2015; Riosmena et al., 2017) might lead to the non-significant associations between percentages of Latino residents and Black and Latino CMR rates. The significant associations for total and White CMR rates, however, suggest that concentration of Latino residents has potential protective impacts. Further research is warranted to confirm this study's findings and reveal specific protective mechanisms of Latino populations for community CMR rates.

This study found no evidence that the ICE community arrest rate was related to increased CMR rates overall and within racial/ethnic groups. A few explanations might explain these findings. First, ICE community arrests might mostly influence the unauthorized population, and their impacts on CMR rates might be undetectable in general populations. Second, it was possible that ICE arrests could affect not only target communities but also surrounding communities where ICE arrests did not take place. This could disguise the function of ICE community arrests from geographical associations. Lastly, it is also entirely possible that ICE arrests have no impact on CMR rates. Unfortunately, CMRs by legal status (authorized/unauthorized) are currently unavailable in national data. Further research with local data on the unauthorized population and spatial analysis of potential impacts of ICE arrests on surrounding areas is required to reach a more solid conclusion about the impact of discriminatory and harassing government actions.

Strengths and Limitations

This study has several strengths. First, its use of the national county-level data provides strong external validity. Second, the examination of both the percentage of foreign-born residents and the percentage of Latino residents in the same model allows this study to understand these two protective factors while controlling for each other. Third, this study examined county-level relationships, overall and within racial/ethnic groups, including Latino and other groups. This helps broaden the existing conceptual framework of the epidemiological paradox from an individual-centered characteristic to a contextual-level process possibly beyond Latino populations.

A number of limitations must be acknowledged. First, the data did not include legal status (i.e., authorized versus unauthorized) and nativity (i.e., foreign-born versus U.S.-born)

factors that might affect the associations of interest. Second, this study used national county-level data, which had an advantage for the national-level understanding. However, counties are too large to be considered homogenous communities that offer similar contextual experiences to residents. Future research might use smaller area units such as census tracts and zip codes to balance between reliability (i.e., being large enough to provide stable counts) and homogeneity (i.e., small enough to ensure similar community experiences among residents; Aron et al., 2010). Only county-level CMR data are currently available in a nationwide database. Yet, CMR data of some states may be available for tract- or zip code-level aggregation for future research. Third, this study simply examined associations, and its causal implications were clearly limited. However, an observational design was essential for this study since randomization of individuals by study variables (e.g., the percentage of foreign-born residents) was neither practically nor ethically feasible. It was also crucial for this study to observe communities in given ecological contexts. Fourth, this study examined ecological associations. Findings do not pertain to individual-level associations. Fifth, the aggregation of low-populated and rural counties obscured a large portion of variability between low-populated rural counties, although it did not diminish data coverage in terms of U.S. geography and child population. Finally, this study used child maltreatment incidents known to CPS instead of all child maltreatment incidents. As mentioned above, CMRs can be subject to reporting bias, although research suggests they are not (Drake & Zuravin, 1998; Chaffin & Bard, 2006; Drake et al., 2011; Jonson-Reid et al., 2009; Drake et al., 2017; Kim et al., 2018). However, reporting bias by ethnicity and nativity has been understudied and might affect this study's findings. For example, immigrant families, particularly those who are undocumented, may be hesitant to seek medical care or social services out of fear of interacting with law enforcement or immigration authorities (Sabo & Lee, 2015; Theodore & Habans, 2016; Vargas & Pirog, 2016). This can decrease the likelihood that maltreatment incidents are detected by professionals and reported to CPS, which could explain the absence of statistical significance between ICE arrest rates and CMR rates in our study. Studies considering such reporting bias or studies based on surveyed incidents are warranted.

Conclusion

The findings of this study strongly confirmed that increased numbers of foreign-born and Latino residents in a community had protective associations with community CMR rates in the United States. These protective associations were observed among not only the Latino population but also the total, White, and Black populations, while percentages of foreign-born residents showed more consistent associations across all racial/ethnic groups and growing associations longitudinally. These findings suggest that sociocultural protective factors among the foreign-born and Latino populations may be transferable to other racial/ethnic groups in a community perhaps through increased opportunities for social interactions with foreign-born and Latino residents. Further research is warranted to establish complete knowledge of protective ecological processes of increased foreign-born and Latino populations.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgements/Funding:

This work was funded by a grant from the Centers for Disease Control and Prevention (CDC), K01CE003229. The analyses presented in this publication were based on data from the National Child Abuse and Neglect Data System Child Files. These data were provided by the National Data Archive on Child Abuse and Neglect at Cornell University, and have been used with permission. The data were originally collected under the auspices of the Children's Bureau (CB). Funding was provided by the CB. The CDC, the collector of the original data, the funder (CB), NDACAN, Cornell University, and the agents or employees of these institutions bear no responsibility for the analyses or interpretation presented here. The information and opinions expressed reflect solely the opinions of the authors.

References

Aron SB, McCrowell J, Moon A, Yamano R, Roark DA, Simmons M, Tatanashvili Z, & Drake B (2010). Analyzing the relationship between poverty and child maltreatment investigating the relative performance of four levels of geographic aggregation. Social Work Research, 34(3), 169–179. https://doi.org/doi:10.1093/swr/34.3.169

Ayón C (2015). Economic, social, and health effects of discrimination on Latino immigrant families. Migration Policy Institute. https://www.migrationpolicy.org/research/economic-social-and-health-effects-discrimination-latino-immigrant-families

Barajas-Gonzalez RG, Ayón C, & Torres F (2018). Applying a community violence framework to understand the impact of immigration enforcement threat on Latino children. Social Policy Report, 31(3), 1–24. 10.1002/sop2.1

Browning CR, Dirlam J, & Boettner B (2016). From heterogeneity to concentration: Latino immigrant neighborhoods and collective efficacy perceptions in Los Angeles and Chicago. Social Forces, 95(2), 779–807. 10.1093/sf/sow064

Castañeda H, & Melo MA (2014). Health care access for Latino mixed-status families: Barriers, strategies, and implications for reform. American Behavioral Scientist, 58(14), 1891–1909. 10.1177/0002764214550290

Chaffin M, & Bard D (2006). Impact of intervention surveillance bias on analyses of child welfare report outcomes. Child Maltreatment, 11(4), 301–312. 10.1177/1077559506291261 [PubMed: 17043315]

Chang CD (2019). Social determinants of health and health disparities among immigrants and their children. Current Problems in Pediatric and Adolescent Health Care, 49(1), 23–30. 10.1016/j.cppeds.2018.11.009 [PubMed: 30595524]

Coulton CJ, Crampton DS, Irwin M, Spilsbury JC, & Korbin JE (2007). How neighborhoods influence child maltreatment: A review of the literature and alternative pathways. Child Abuse & Neglect, 31(11–12), 1117–1142. 10.1016/j.chiabu.2007.03.023 [PubMed: 18023868]

Cunningham SA, Ruben JD, & Venkat Narayan KM (2008). Health of foreign-born people in the United States: A Review. Health & Place, 14(4), 623–635. 10.1016/j.healthplace.2007.12.002 [PubMed: 18242116]

Drake B, & Zuravin S (1998). Bias in child maltreatment reporting: Revisiting the myth of classlessness. American Journal of Orthopsychiatry, 68(2), 295–304. 10.1037/h0080338 [PubMed: 9589767]

Drake B, Lee SM, & Jonson-Reid M (2009). Race and child maltreatment reporting: Are Blacks overrepresented? Children and Youth Services Review, 31(3), 309–316. 10.1016/j.childyouth.2008.08.004 [PubMed: 28435177]

Drake B, Jolley JM, Lanier P, Fluke J, Barth RP, & Jonson-Reid M (2011). Racial bias in child protection? A comparison of competing explanations using national data. Pediatrics, 127(3), peds.2010–1710. 10.1542/peds.2010-1710

Drake B, & Jonson-Reid M (2014). Poverty and child maltreatment. In Korbin JE & Krugman RD (Eds.), Handbook of child maltreatment (pp. 131–148). Springer Netherlands.

Drake B, Jonson-Reid M, & Kim H (2017). Surveillance bias in child maltreatment: A tempest in a teapot. International Journal of Environmental Research and Public Health, 14(12), 971. 10.3390/ijerph14090971 [PubMed: 28846657]

Elo IT (2009). Social class differentials in health and mortality: Patterns and explanations in comparative perspective. Annual Review of Sociology, 35, 21.

Eschbach K, Ostir GV, Patel KV, Markides KS, & Goodwin JS (2004). Neighborhood context and mortality among older Mexican Americans: Is there a barrio advantage? American Journal of Public Health, 94(10), 1807–1812. 10.2105/ajph.94.10.1807 [PubMed: 15451754]

Finch BK, & Vega WA (2003). Acculturation stress, social support, and self-rated health among Latinos in California. Journal of Immigrant Health, 5(3), 109–117. 10.1023/A:1023987717921 [PubMed: 14512765]

Fox M, Entringer S, Buss C, DeHaene J, & Wadhwa PD (2015). Intergenerational transmission of the effects of acculturation on health in Hispanic Americans: A fetal programming perspective. American Journal of Public Health, 105(S3), S409–S423. 10.2105/AJPH.2015.302571 [PubMed: 25905831]

Gulbas LE, & Zayas LH (2017). Exploring the effects of U.S. immigration enforcement on the well-being of citizen children in Mexican immigrant families. RSF: The Russell Sage Foundation Journal of the Social Sciences, 3(4), 53. 10.7758/rsf.2017.3.4.04 [PubMed: 30234158]

Hacker K, Chu J, Arsenault L, & Marlin RP (2012). Provider's perspectives on the impact of Immigration and Customs Enforcement (ICE) activity on immigrant health. Journal of Health Care for the Poor and Underserved, 23(2), 651–665. 10.1353/hpu.2012.0052 [PubMed: 22643614]

Johnson-Motoyama M, Putnam-Hornstein E, Dettlaff AJ, Zhao K, Finno-Velasquez M, & Needell B (2015). Disparities in reported and substantiated infant maltreatment by maternal Hispanic origin and nativity: A birth cohort study. Maternal and Child Health Journal, 19(5), 958–968. 10.1007/s10995-014-1594-9 [PubMed: 25081241]

Jonson-Reid M, Drake B, & Kohl PL (2009). Is the overrepresentation of the poor in child welfare caseloads due to bias or need? Children and Youth Services Review, 31(3), 422–427. 10.1016/j.childyouth.2008.09.009 [PubMed: 25598566]

Kids Count Data Center. (n.d.). Children in poverty by race and ethnicity. https://datacenter.kidscount.org/data#USA/1/0/char/0

Kim H, & Drake B (2018). Child maltreatment risk as a function of poverty and race/ethnicity in the USA. International Journal of Epidemiology, 47(3), 780–787. 10.1093/ije/dyx280 [PubMed: 29390062]

Kim H, & Drake B (2019). Cumulative prevalence of onset and recurrence of child maltreatment reports. Journal of the American Academy of Child & Adolescent Psychiatry, 58(12), 1175–1183. 10.1016/j.jaac.2019.02.015 [PubMed: 30851398]

Kim H, Drake B, & Jonson-Reid M (2018). An examination of class-based visibility bias in national child maltreatment reporting. Children and Youth Services Review, 85, 165–173. 10.1016/j.childyouth.2017.12.019

Kim H, & Maguire-Jack K (2021). Longitudinal changes in child maltreatment reports. American Journal of Orthopsychiatry, 91(5), 635–646. 10.1037/ort0000565 [PubMed: 34138607]

Lacayo AE (2010). The impact of Section 287 (g) of the Immigration and Nationality Act on the Latino community. Washington DC: National Council of La Raza. https://www.unidosus.org/publications/1067-the-impact-of-section-287g-of-the-immigration-and-nationality-act-on-the-latino-community/

Lara M, Gamboa C, Kahramanian MI, Morales LS, & Hayes Bautista DE (2005). Acculturation and Latino health in the United States: A review of the literature and its sociopolitical context. Annual Review of Public Health, 26(1), 367–397. 10.1146/annurev.publhealth.26.021304.144615

Lariscy JT, Nau C, Firebaugh G, & Hummer RA (2016). Hispanic-White differences in lifespan variability in the United States. Demography, 53(1), 215–239. 10.1007/s13524-015-0450-x [PubMed: 26682740]

Li K, Wen M, & Henry KA (2017). Ethnic density, immigrant enclaves, and Latino health risks: A propensity score matching approach. Social Science & Medicine, 189, 44–52. 10.1016/j.socscimed.2017.07.019 [PubMed: 28780439]

Link BG, & Phelan J (1995). Social conditions As fundamental causes of disease. Journal of Health and Social Behavior, 35, 80. 10.2307/2626958

Maguire-Jack K (2014). Multilevel investigation into the community context of child maltreatment. Journal of Aggression, Maltreatment & Trauma, 23(3), 229–248. 10.1080/10926771.2014.881950

Maloney T, Jiang N, Putnam-Hornstein E, Dalton E, & Vaithianathan R (2017). Black–White differences in child maltreatment reports and foster care placements: A statistical decomposition using linked administrative data. Maternal and Child Health Journal, 21(3), 414–420. 10.1007/s10995-016-2242-3 [PubMed: 28124189]

Markides KS, & Coreil J (1986). The health of Hispanics in the southwestern United States: An epidemiologic paradox. Public Health Reports, 253–265. [PubMed: 3086917]

Markides KS, & Eschbach (Eds.). (2011). Hispanic paradox in adult mortality in the United States (Vol. 2). Springer Netherlands. 10.1007/978-90-481-9996-9

McCray N (2018). Child health care coverage and reductions in child physical abuse. Heliyon, 4(11), e00945. 10.1016/j.heliyon.2018.e00945 [PubMed: 30839846]

Menéndez Alarcón AV& Novak KB (2010). Latin American immigrants in Indianapolis: perceptions of prejudice and discrimination. Latino Studies, 8(1), 93–120. 10.1057/lst.2010.2

Morales LS, Lara M, Kington RS, Valdez RO, & Escarce JJ (2002). Socioeconomic, cultural, and behavioral factors are affecting Hispanic health outcomes. Journal of Health Care for the Poor and Underserved, 13(4), 477–503. 10.1177/104920802237532 [PubMed: 12407964]

Morey BN (2018). Mechanisms by which anti-immigrant stigma exacerbates racial/ethnic health disparities. American Journal of Public Health, 108(4), 460–463. 10.2105/AJPH.2017.304266 [PubMed: 29470116]

National Data Archive on Child Abuse and Neglect. (n.d.). National Child Abuse and Neglect Data System (NCANDS) Child File. https://www.ndacan.acf.hhs.gov/datasets/datasets-list-ncands-child-file.cfm

National Immigration Law Center. (2009). ICE ACCESS programs: 287(g), the criminal alien program, and secure communities. Retrieved from https://www.nilc.org/issues/immigration-enforcement/ice-access-2009-11-05/

Pelton LH (2015). The continuing role of material factors in child maltreatment and placement. Child Abuse & Neglect, 41, 30–39. 10.1016/j.chiabu.2014.08.001 [PubMed: 25169149]

Putnam R (2007). “E Pluribus Unum: Diversity and community in the twenty-first century. The 2006 Johan Skytte Prize Lecture” Scandinavian Political Studies 30 137–174.

Putnam-Hornstein E, Needell B, King B, & Johnson-Motoyama M (2013). Racial and ethnic disparities: A population-based examination of risk factors for involvement with child protective services. Child Abuse & Neglect, 37(1), 33–46. 10.1016/j.chiabu.2012.08.005 [PubMed: 23317921]

Rhodes SD, Mann L, Simán FM, Song E, Alonzo J, Downs M, Lawlor E, Martinez O, Sun CJ, O’Brien MC, Reboussin BA, & Hall MA (2015). The impact of local immigration enforcement policies on the health of immigrant Hispanics/Latinos in the United States. American Journal of Public Health, 105(2), 329–337. 10.2105/AJPH.2014.302218 [PubMed: 25521886]

Riosmena F, Kuhn R, & Jochem WC (2017). Explaining the immigrant health advantage: self-selection and protection in health-related factors among five major national-origin immigrant groups in the United States. Demography, 54(1), 175–200. 10.1007/s13524-016-0542-2 [PubMed: 28092071]

Sabo S, & Lee AE (2015). The spillover of US immigration policy on citizens and permanent residents of Mexican descent: How internalizing “illegality” impacts public health in the borderlands. Frontiers in Public Health, 3(155), 1–9. 10.3389/fpubh.2015.00155 [PubMed: 25674556]

Sampson RJ, Morenoff JD, & Earls F (1999). Beyond social capital: Spatial dynamics of collective efficacy for children. American Sociological Review, 64(5), 633. 10.2307/2657367

Sedlak AJ, Mettenburg J, Basena M, Petta I, McPherson K, Green A, & Li S (2010). Fourth national incidence study of child abuse and neglect (NIS-4): Report to congress. US Department of Health and Human Services.

Singh GK, & Mohammad S (2001). All-cause and cause-specific mortality of immigrants and native born in the United States. American Journal of Public Health, 91(3), 392–399. 10.2105/AJPH.91.3.392 [PubMed: 11236403]

Singh GK, & Hiatt RA (2006). Trends and disparities in socioeconomic and behavioural characteristics, life expectancy, and cause-specific mortality of native-born and foreign-born populations in the United States, 1979–2003. International Journal of Epidemiology, 35(4), 903–919. 10.1093/ije/dyl089 [PubMed: 16709619]

Snijders TAB, & Bosker RJ (2012). Multilevel analysis: An introduction to basic and advanced multilevel modeling (2nd ed.). Sage Publications.

Theodore N, & Habans R (2016). Policing immigrant communities: Latino perceptions of police involvement in immigration enforcement. Journal of Ethnic and Migration Studies, 42(6), 970–988. 10.1080/1369183X.2015.1126090

Thiede B, & Brooks MM (2018). Child poverty across immigrant generations in the United States, 1993–2016: Evidence using the official and supplemental poverty measures. Demographic Research, 39, 1065–1080. 10.4054/DemRes.2018.39.40

Transactional Records Access Clearinghouse. (n.d.). Immigration and Customs Enforcement Arrests. https://trac.syr.edu/aboutTRACgeneral.html

U.S. Census Bureau. (2019). A more diverse nation: Distribution of race and Hispanic origin by age groups. Retrieved from https://www.census.gov/library/visualizations/2019/comm/age-race-distribution.html

U.S. Census Bureau (2019). Using the American community survey summary file: What data users need to know. Retrieved from https://www.socialexplorer.com/data/ACS2018_5yr

U.S. Census Bureau. (2019). Quick Facts United States. Retrieved from https://www.census.gov/quickfacts/fact/table/US/RHI725219

Waslin M (2011). The secure communities program: Unanswered questions and continuing concerns. Washington, DC: Immigration Policy Center.

Vargas ED, & Pirog MA (2016). Mixed-status families and WIC Uptake: The effects of risk of deportation on program use: Mixed-status families and WIC uptake. Social Science Quarterly, 97(3), 555–572. 10.1111/ssqu.12286 [PubMed: 27642194]

Viruell-Fuentes EA (2007). Beyond acculturation: Immigration, discrimination, and health research among Mexicans in the United States. Social Science & Medicine, 65(7), 1524–1535. 10.1016/j.socscimed.2007.05.010 [PubMed: 17602812]

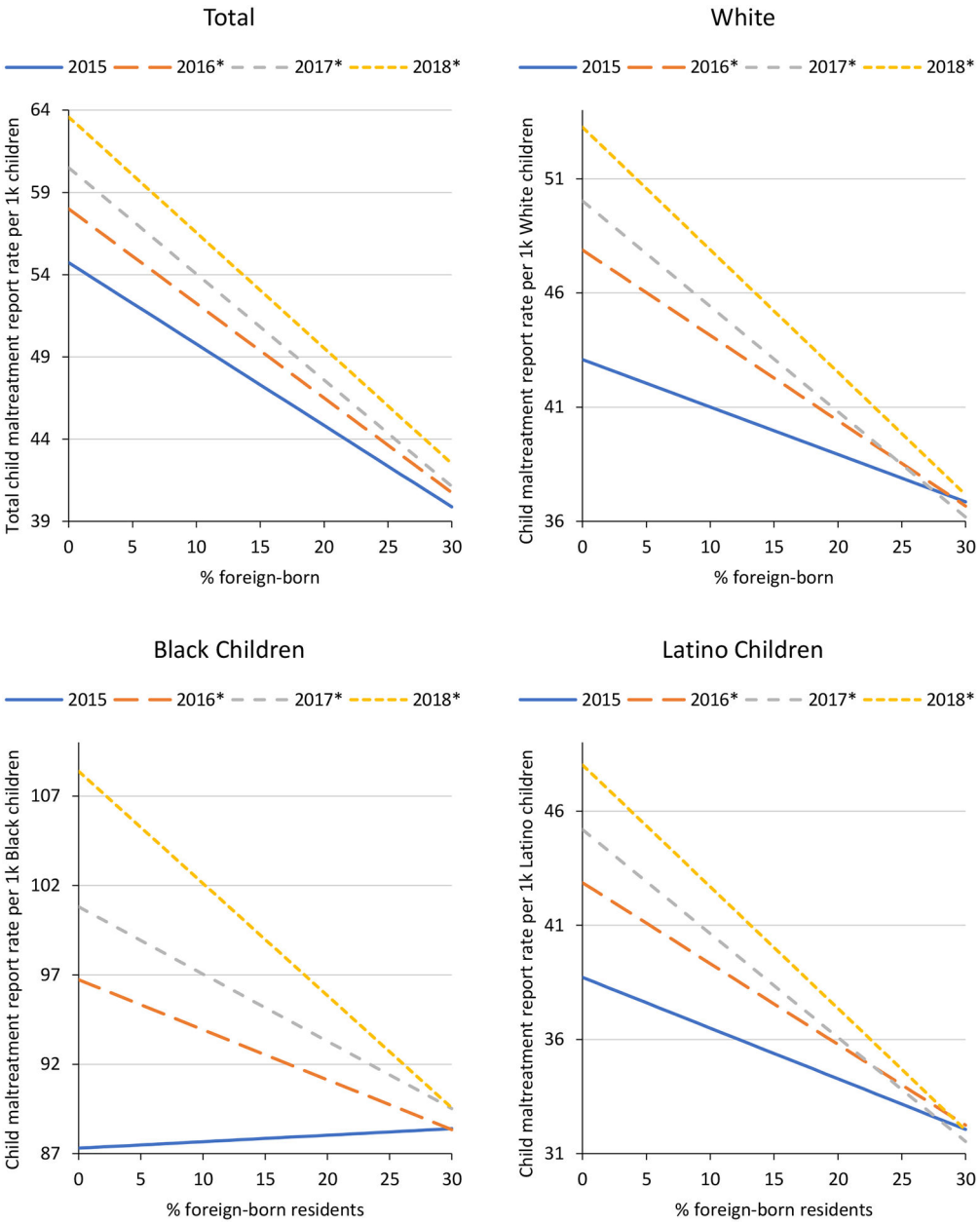

Figure 1.

Predicted total and race/ethnicity-specific child maltreatment report rates by percentages of foreign-born residents and year, U.S. counties, 2015–2018.

* The given year's slope (coefficient) is significantly different from the 2015 slope.

Note. Predicted values are based on the final multilevel models reported in Table 2.

Table 1.

Variable Description and Descriptive Statistics, U.S. Counties, 2015–2018.

Variables	Description	Mean (SD) or %
Dependent variables		
CM report rate: Total[a]	# children with a CM report per 1k children	59.9 (29.9)
White[b]	# children with a CM report per 1k White children	50.9 (29.0)
Black[c]	# children with a CM report per 1k Black children	100.6 (55.9)
Latino[d]	# children with a CM report per 1k Latino children	44.6 (24.6)
Independent variables [a]		
% foreign-born	% of foreign-born persons	8.7 (7.6)
% Latino	% of Latino persons	13.0 (14.2)
ICE arrest rate	Number of ICE community arrests per 10k persons	0.7 (1.8)
Control variables [a]		
% Black	% of Black among persons	11.4 (12.5)
% child: Total	% of children among persons	22.6 (3.0)
White	% of children among White persons	19.0 (3.0)
Black	% of children among Black persons	24.9 (5.6)
Latino	% of children among Latino persons	34.7 (4.6)
% male adult: Total	% of male among adults (ages 20–64)	49.8 (1.5)
White	% of male among White adults (ages 20–64)	49.9 (1.4)
Black	% of male among Black adults (ages 20–64)	53.9 (10.3)
Latino	% of male among Latino adults (ages 20–64)	52.9 (4.1)
% single parent: Total	% of single-parent HHs among HHs with related children	35.3 (7.4)
White	% of single-parent HHs among White HHs with related children	29.0 (6.2)
Black	% of single-parent HHs among Black HHs with related children	59.4 (17.3)
Latino	% of single-parent HHs among Latino HHs with related children	39.3 (11.5)
% no high school: Total	% with no high school degree among persons ≥age 25	11.5 (4.7)
White	% with no high school degree among White persons ≥age 25	7.8 (3.4)
Black	% with no high school degree among Black persons ≥age 25	14.5 (6.4)
Latino	% with no high school degree among Latino persons ≥age 25	28.7 (10.7)
Child poverty rate: Total	% living in poverty among children	19.4 (7.3)
White	% living in poverty among White children	12.5 (5.8)
Black	% living in poverty among Black children	33.1 (15.7)
Latino	% living in poverty among Latino children	28.7 (10.9)
Median housing value	Median value of owner-occupied houses per $10k (in 2018 US$)	20.6 (12.3)
% uninsured: Total	% with no health insurance among children	5.2 (2.9)
White	% with no health insurance among White children	4.2 (2.6)
Black	% with no health insurance among Black children	4.5 (4.2)
Latino	% with no health insurance among Latino children	8.4 (5.7)
% moved: Total	% moved in the last 1 year among persons	14.9 (3.8)
White	% moved in the last 1 year among White persons	13.9 (3.9)

Variables	Description	Mean (SD) or %
Black	% moved in the last 1 year among Black persons	21.8 (8.5)
Latino	% moved in the last 1 year among Latino persons	19.0 (6.6)
Large metro	% of large central/fringe metro counties (USDA RUC code 1)	32.7%
Medium/small metro	% of medium/small metro counties (USDA RUC codes 2–3)	49.3%
Rural	% of micropolitan/noncore counties (USDA RUC codes 4–9)	18.0%

[a] N_1 = 2,556 county-year observations; N_2 = 639 counties; N_3 = 51 states and DC.

[b] N_1 = 2,556 county-year observations; N_2 = 639 counties; N_3 = 51 states and DC.

[c] N_1 = 2,348 county-year observations; N_2 = 599 counties; N_3 = 51 states and DC.

[d] N_1 = 2,527 county-year observations; N_2 = 634 counties; N_3 = 51 states and DC.

Note. CM = child maltreatment. White = non-Latino White alone. Black = Black alone. HH = household. USDA RUC = U.S. Department of Agriculture Rural-Urban Continuum Code.

Table 2.

Multilevel Models of Total and Race/Ethnicity-Specific Child Maltreatment Report Rates (per 1,000 children), U.S. Counties, 2015–2018

	Adjusted coefficient (95% confidence interval)			
Independent variable	**Total**[a]	**White**[b]	**Black**[c]	**Latino**[d]
% foreign born[e]	**−0.50 (−0.80, −0.20)**	−0.21 (−0.47, 0.05)	0.04 (−0.77, 0.87)	−0.22 (−0.54, 0.11)
% foreign born[e] × Year 2016	**−0.08 (−0.16, −0.002)**	**−0.17 (−0.25, −0.08)**	**−0.32 (−0.60, −0.03)**	**−0.13 (−0.26, −0.004)**
% foreign born[e] × Year 2017	**−0.15 (−0.23, −0.08)**	**−0.25 (−0.34, −0.17)**	**−0.41 (−0.68, −0.15)**	**−0.23 (−0.37, −0.10)**
% foreign born[e] × Year 2018	**−0.21 (−0.30, −0.13)**	**−0.33 (−0.41, −0.24)**	**−0.66 (−0.96, −0.41)**	**−0.31 (−0.45, −0.17)**
% Latino[e]	**−0.41 (−0.59, −0.23)**	**−0.19 (−0.32, −0.05)**	−0.32 (−0.75, 0.11)	−0.09 (−0.27, 0.07)
ICE arrest rate[f]	0.24 (−0.07, 0.57)	0.09 (−0.26, 0.42)	0.56 (−0.44, 1.60)	0.16 (−0.32, 0.66)

[a] N_1 = 2,556 county-year observations; N_2 = 639 counties; N_3 = 51 states and DC.

[b] N_1 = 2,556 county-year observations; N_2 = 639 counties; N_3 = 51 states and DC.

[c] N_1 = 2,348 county-year observations; N_2 = 599 counties; N_3 = 51 states and DC.

[d] N_1 = 2,527 county-year observations; N_2 = 634 counties; N_3 = 51 states and DC.

[e] 1 unit = 1-percentage-point.

[f] 1 unit = 1 per 10,000 persons.

Note. White = non-Latino White alone. Black = Black alone. Latino = Latino. ICE arrest rate = Immigration and Customs Enforcement community arrest rate. The adjusted coefficients were estimated by four different multilevel models, one for each of four dependent variables (i.e., Total/White/Black/Latino child maltreatment report rates). Each multilevel model included three independent variables (i.e., % foreign born, % Latino, ICE arrest rate), an interaction between % foreign-born and year-fixed effects (i.e., year 2016, year 2017, and year 2018; reference year = 2015), nine control variables (i.e., % Black, % child, % male adult, % single parent, % no high school, child poverty rate, median housing value, % moved, and urban-rural code), and year fixed effects. The 95% confidence intervals were estimated using the bootstrapping method. Boldface indicates statistical significance ($p < .05$). The full model results are reported in Table S1 (total), Table S2 (White), Table S3 (Black), and Table S4 (Latino) in the Supplement.