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# A Latent Profile Analysis of U.S. Undocumented College Students' Advocacy Communication Strategies and its Relationship with Health

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## Abstract

Undocumented immigrant youth engage in a range of advocacy efforts to improve their social condition. Deploying an expanded definition of advocacy communication, we examine the heterogeneity of undocumented college students' participation and assess the extent to which these actions are associated with their health. The present study (a) identified profiles of undocumented college students based on their participation in various forms of advocacy communication strategies; and, (b) examined how these advocacy communication profiles are associated with health (i.e., anxiety, depression, and self-rated health). Latent profile analysis of 1,277 undocumented, mostly Latina/o/x, college students in California identified four profiles. Results indicated that *frequent advocates* had lower levels of self-rated health and higher levels of anxiety and depression than *infrequent advocates*. Similarly, *media advocates* reported higher levels of anxiety and depression than *infrequent advocates*. Finally, *organizational advocates* reported lower levels of anxiety than *media advocates* and *frequent advocates*. Our study advances research on the relationship between advocacy communication and health. We provide concrete suggestions that university staff and undocumented student services programs can take to support the advocacy efforts and health of undocumented students.

**Keywords:** undocumented college students, advocacy communication, health, mental health, social movements

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In the United States, undocumented immigrants experience substantial stressors and structural barriers due to the restrictive immigration policy context and anti-immigrant sentiment (Yoshikawa et al., 2017). Undocumented immigrants contend with the threat of deportation for themselves and their families (Ayón et al., 2020; Enriquez & Millán, 2019). Their precarious status fosters financial strain, restricts their social mobility, and limits their access to supportive resources, such as healthcare (Ayón et al., 2020; Enriquez, 2020). Yet, undocumented immigrants are resilient (Kam et al., 2018) and actively participate in advocacy efforts to improve their social condition (Escudero, 2020; Gates, 2017; Seif, 2008; Terriquez et al., 2018).

Indeed, undocumented youth—many of whom are college students—have emerged at the forefront of efforts to envision and advocate for humane immigration policies and challenge anti-immigrant narratives. These social movement efforts have centered around the disclosure of one’s undocumented status to advocate for an end to the deportation regime and call for inclusionary policies, such as a pathway to legalization (Enriquez & Saguy, 2016; Unzueta Carrasco & Seif, 2014). These efforts deploy common social movement tactics from storytelling and rallies to marches and civil disobedience, as well as innovative ones such as the deployment of social media campaigns (Negrón-Gonzales, 2015; Nicholls 2013; Wong et al., 2012). Undocumented youth also participate in organizations to collectively solve problems at the local, state, or national level (Enriquez et al., 2021; Katsiaticas et al., 2019). Importantly, undocumented students’ advocacy efforts also occur in everyday interpersonal interactions as they must advocate for access to opportunities and resources, challenge anti-immigrant narratives, and address immigration-related microaggressions (Enriquez, 2011; Kam et al., 2018; Muñoz & Vigil, 2018).

Although undocumented youths’ advocacy fosters social change, their advocacy communication efforts likely carry a personal price. Advocacy efforts require time and

dedication and can trigger emotional responses, potentially having implications for their health. For example, some undocumented youth report feeling a sense of empowerment from participating in various forms of advocacy communication (Seif, 2016), which might be beneficial for one's health. However, engaging in advocacy communication has been linked to increased stress and burnout, which might be associated with adverse health outcomes (Vaccaro & Mena, 2011). Further, revealing one's undocumented status can trigger feelings of fear, which sometimes occurs during the advocacy communication process (Saguy, 2020). Given the range of advocacy communication strategies, it remains unclear to what extent different forms of advocacy communication might be associated with distinct health outcomes.

Consequently, the present study explores U.S. undocumented students' patterns of engagement in multiple forms of advocacy communication to identify profiles of undocumented student advocates. We deploy a nuanced conceptualization of advocacy communication that includes traditional political mobilization tactics (e.g., protest advocacy), as well as interpersonal advocacy that occurs in everyday life. Using survey data from 1,277 undocumented, mostly Latina/o/x, college students in California, we use Latent Profile Analysis to (a) examine groups or profiles of undocumented students based on their patterns of engagement in different forms of advocacy communication; and, (b) explore how these profiles differ on students' self-reported health outcomes (i.e., anxiety, depression, and self-rated health).

This paper advances the theorization of advocacy communication. We assert that (a) advocacy communication is a multilevel process consisting of different forms of advocacy communication strategies across various channels (e.g., interpersonal, mediated); (b) people are heterogeneous in their advocacy communication; (c) engagement in different types of advocacy communication strategies is informed by one's intersectional social locations; and

(d) different forms and degrees of advocacy communication are uniquely related to health. Our findings reveal the heterogeneity of U.S. undocumented students' advocacy communication strategies while elucidating the relationship between these efforts and one's health.

### **Advocacy communication, social movements, and undocumented youth**

Communication scholars have previously advanced the idea of advocacy communication to capture participation in advocacy campaigns or social justice causes. For instance, Wilkins (2014) writes, 'Advocacy engages public communication in support of a particular political cause. This political process may target a variety of communities, public as well as policy makers, toward creating social support on behalf of policy change' (p. 57). Thaker and colleagues (2018) define advocacy communication as 'a behavioral intention that involves willingness to participate in health advocacy campaigns' (p. 615). Building on this work, we adopt a broader definition of advocacy communication as verbal and nonverbal strategies used to challenge structural inequities and/or advance positive change on behalf of a marginalized group or cause. Consistent with an ecological perspective (Bronfenbrenner, 1977; Suárez-Orozco et al., 2011), advocacy communication is a multilevel process that can occur at the micro, meso and macro level. Strategies are multidimensional and can have varying degrees of risk and visibility; examples include attempts to counteract inequities in one's everyday life via interpersonal interactions, such as speaking-up or acting on behalf of one's self or a minoritized group, as well as visible displays of one's position (e.g., displaying a sticker or sign), participation in organizations (e.g. student groups, non-profit organizations), and formal advocacy campaigns. This definition recognizes that social change occurs through collective efforts to effect policy change, as well as through individual efforts to counteract social stigma or assert one's right to resources. It also captures how one's comfort with participating in different types of advocacy communication might evolve or

respond to one's unique social position. In the case of undocumented youth, they occupy a structurally vulnerable social position where revealing their immigration status could risk deportation and social stigma. Thus, their participation in advocacy communication often evolves over time as they build confidence through more private forms of communication to feel comfortable engaging in more visible communication strategies associated with traditional collective action (Enriquez & Saguy, 2016; Kam et al., 2019, 2020). In the section that follows, we provide a summary of U.S. undocumented youths' advocacy communication.

Undocumented youth, often led by undocumented college students and alumni, have advanced a national social movement aimed at improving the social conditions of undocumented youth, their families, and communities (Escudero, 2020; Nicholls, 2013; Unzueta Carrasco & Seif, 2014; Wong et al., 2012). These efforts have included traditional social movement tactics such as protests, marches, and demonstrations, including the development of 'dream graduations' and 'coming out of the shadows' events (Enriquez & Saguy, 2016; Ramos, 2012). Drawing inspiration from past civil rights movements, undocumented youth have also engaged in hunger strikes, freedom rides, pilgrimages to the nation's capital, and civil disobedience (Negrón-Gonzales, 2015; Wong et al., 2012). Further, undocumented youth contact public officials at all levels of government to advocate for the passage of inclusive policies, including state (Seif, 2004) and federal legislation (Enriquez, 2014).

Furthermore, undocumented youth have pioneered the use of innovative social movement tactics such as the use of social media campaigns. For example, Dreamactivst.org was one of the first website platforms that helped launch the grassroots immigrant youth movement and was born through social media 'in late 2007, [when] seven undocumented students came together in a virtual chat room on a DREAM Act forum to talk about the need

for an action-oriented site' (Lal & de la Fuente, 2012, p. 88). With the increasing ubiquity of social media, immigrant youth organizers have used it to coordinate direct action, share information, raise awareness about unjust policies and practices, and fuel anti-deportation campaigns to stop the deportations of specific individuals (Zimmerman, 2016). Social media, blogs, and websites are also used to share stories and connect with one another (Seif, 2011), fostering the development of what Zimmerman (2016) refers to as transmedia testimonio, or 'a personal narrative that represents a collective experience and that is shared across various media platforms' (p. 1887). Such testimonios are an important part of the repertoire that social movement organizations use to advance their goals. Ultimately, undocumented youth might use social media as a platform to bring visibility to their own lived experiences or participate in collective efforts to advocate for immigrant rights.

Undocumented youth might also participate in organizations to collectively solve problems. College campuses often host undocumented student organizations, which are critical sources of social support and political mobilization. These spaces are dedicated to empowering undocumented students with the knowledge needed to thrive in higher education, as well as mobilizing their participation in social movement efforts at the institution and beyond (Hinton, 2015; Seif, 2011; The S.I.N Collective, 2007). Studies have also documented their participation in student and community service organizations (Perez et al, 2010), as well as efforts to advance social justice or address other forms of inequality (Terriquez et al., 2018). In fact, undocumented students in California report civic participation, including organizational membership, at higher rates than national populations of young adults (Enriquez et al., 2021).

Importantly, undocumented students' efforts also occur in their everyday social interactions as they advocate for their right to access opportunities and resources on their college campuses or address immigration-related microaggressions (Muñoz & Vigil, 2018; Suárez-

Orozco et al., 2015). For instance, undocumented students might speak up when they hear people making false statements about immigrants, which enables them to resist the stigmatization and dehumanizing discourses that lead to proliferation of structural inequalities (Forenza et al., 2017; Seif, 2016). Additionally, although undocumented students are often told not to tell anyone about their undocumented status (Cornejo et al., 2021; Kam et al., 2019), they often reveal their immigration status to others to gain support and necessary information to navigate higher education as an undocumented student (Enriquez, 2011; Kam et al., 2019, 2020). Despite state and institutional policies that facilitate their access to higher education, many undocumented students confront institutional agents who do not know how to support them or who provide incorrect information (Enriquez et al., 2019). Consequently, undocumented students often have to advocate for their right to access resources and opportunities. Indeed, Hernandez et al. (2010) note that educational advocacy is instrumental to undocumented students' success in higher education as they must creatively use available resources and exercise their agency.

Previous research has established that undocumented immigrants' social movement participation and engagement in advocacy communication has improved their social conditions. Efforts have fostered the implementation of integrative policies, such as the establishment of the Deferred Action for Childhood Arrivals (DACA) program (Nichols, 2013), tuition equity and financial aid provisions to promote undocumented students' access to higher education (Seif, 2004), and the establishment of undocumented student support services at the institutional level (Cisneros & Valdivia, 2020). These studies highlight the mobilization tactics deployed by the immigrant youth movement. We incorporate these efforts into our definition of advocacy communication, but also include critical everyday efforts to advocate for oneself and community.

Extending prior work, our study explores the potential for heterogeneity in



undocumented youth's advocacy communication. Particularly, we focus on the most frequently used advocacy communication strategies among undocumented students, which have been documented in prior research: political, social media advocacy, interpersonal, as well as protest and organizational participation (Enriquez & Saguy, 2016; Ramos, 2012; Seif, 2014). We take an innovative approach by using Latent Profile Analysis, which allows us to explore unique types of subgroups or profiles of undocumented college students' advocacy communication strategies. Rather than assume a singular mean for various indicators, this analytic technique allows us to explicitly explore heterogenous experiences across indicators. Thus, this study seeks to answer the following research questions:

RQ 1: What types of advocacy communication profiles can be identified based on undocumented students' engagement in six types of advocacy communication: political advocacy, protest advocacy, media advocacy, organizational advocacy, interpersonal advocacy, and educational advocacy?

RQ2: Does race/ethnicity (Latina/o/x vs. non-Latina/o/x), socio-economic status (using food insecurity as a proxy), type of university attending (UC or CSU), immigration status (no legal status or liminal legal status), or gender (women or men) predict profile membership?

### **Linking advocacy communication and health**

Prior research on the U.S. immigrant youth movement and undocumented student activism suggests that advocacy communication can influence individual advocates. Indeed, undocumented youth report that sharing their story with others can elicit feelings of fear, but also empowerment (Enriquez & Saguy, 2016; Seif, 2016). Everyday types of advocacy communication strategies might also be critical to ensure that undocumented students are able to access resources and opportunities (Enriquez, 2011; Kam et al., 2019, 2020) and combat stigma and microaggressions (Muñoz & Vigil, 2018). However, we know little about

the potential associations of advocacy communication with one's health.

Research on advocacy communication and its relationship with health is mixed. Some research suggests that engagement in advocacy communication is associated with positive health outcomes (Velez & Moradi, 2016). Positive health outcomes might emerge because advocacy communication strategies function as a buffer between the stigma experienced by marginalized members and various health indicators. Thus, engagement in advocacy communication strategies moderates the relationship between stigma and health among marginalized members; this is supported by prior qualitative research (Gal & Hanley, 2019). For example, Ramirez-Valles et al. (2005) found that gay U.S. Latino men's activism or volunteer involvement in AIDS and gay-related organizations reduced the relationship between stigma and loneliness, as well as symptoms of depression. Similarly, MacDonnell et al.'s (2017) qualitative interviews with racialized immigrant women in Canada revealed that speaking out and engaging in collective action resulted in the development of confidence and resilience; and increased women's understanding of their mental health. In contrast, Hope et al.'s (2018) study among U.S. Latina/o/x and Black students who engage in political activism found mixed findings based on ethnic/racial group membership. Their findings suggest that Black students who engage in higher levels of political engagement during the beginning of their freshman year have lower levels of depressive symptoms at the end of their freshman year. For Latina/o/x students, however, their political engagement resulted in higher levels of depressive symptoms.

Although there is extant research that suggests a positive link between advocacy communication and health, other studies suggest a negative relationship between advocacy and mental health. For example, Gal and Hanley's (2019) study with Jewish Argentinian immigrants who live in Israel and lived through a dictatorship, revealed that advocacy communication was linked to hypervigilance and symptoms of post-traumatic stress disorder.

Similarly, Vaccaro and Mena (2011) found that their queer activists of color participants in the U.S. experienced burnout, fatigue, and some experienced suicidal ideation due to their engagement in activism. In Pakistan, Hisam et al. (2017) explored the relationship of psychological distress and political activism on social media networking sites; their findings illustrate that students who are politically active on social media experience higher levels of stress.

Based on previous research with other minority groups, it is likely that undocumented students' use of various types of advocacy communication strategies influences their health. However, the directionality of the relationship between advocacy communication and health is less clear. Building on this work, we assess the relationship between advocacy communication and several health outcomes. Specifically, the following question is proposed:

RQ3: In what ways, if at all, do undocumented students' advocacy communication profiles differ in anxiety, depression, and self-rated health?

### **Methods**

Data were collected as part of a larger study that sampled undocumented students and U.S. citizens with undocumented and lawfully present immigrant parents to examine how immigration policies affect children of immigrants in higher education. To be eligible, participants had to be 18 years or older, have at least one immigrant parent, self-identify as being born outside of the United States, self-identify as having no permanent legal status, and be currently enrolled as an undergraduate student in a California 4-year public university. California was selected as the research site because it hosts a fifth of the nations' undocumented student population (Feldblum et al., 2020); this facilitated the recruitment of a large sample while holding the state policy context constant. This is important because undocumented student experiences vary substantially as state policies determine the extent to

which they are able to access educational institutions.

Students were recruited and surveyed from March to June 2020. Recruitment announcements were distributed at all nine University of California (UC) undergraduate campuses and nine of the 23 California State University (CSU) campuses. Announcements were distributed via emails and social media posts from undocumented student services offices. Recruitment also occurred by sharing the study's information with faculty teaching large general education courses and ethnic studies courses, as well as departmental and university office newsletters and undocumented student organizations. The survey was administered via Qualtrics and included questions related to their educational experiences, health and wellbeing, political engagement, perceived immigration and institutional context, advocacy communication, and self and family demographics. Respondents received a \$10 electronic gift card for their time. All project activities were approved by University of California, Irvine IRB

### **Participants**

Among the 1,277 completed surveys, 75% identified as women, 22.9% identified as men, and 1.5% identified as gender queer, gender non-conforming, or other alternative gender identifications. The average age was 21.82 ( $SD = 3.41$ ). With regards to immigration status, about seventy-three percent had DACA, followed by 24.7% who had no current legal status and about 1% had another type of liminal legal status (e.g., TPS, U-visa, pending asylum). Most (92.6%) identified as Latina/o/x with the majority immigrating from Mexico (81.5%), followed by El Salvador (4.5%), Guatemala (3.8%), South Korea (2.7%), and Peru (1.2%). Most attended a UC campus (52.2%), but 47.8% attended a CSU campus. Finally, 16.1% of undocumented students reported being in their first-year, 14.6% were in their second year, followed by 32.3% in their third year, 27.3% in their fourth year, and 9.3% in their fifth year or more.

## Measures

**Profile indicators.** Six measures of advocacy communication were used to inform the profiles. Each measure captures a different advocacy communication strategy. *Political advocacy* was measured using a four-item composite score: Identify how often you; ‘Sign a petition regarding an issue or problem that concerns you’; ‘Buy a certain product or service because you like the social or political values of the company’; ‘Wear buttons or display stickers with social or political messages’; and, ‘Expressed a political point of view during class discussion’. A four-point scale was used (0 = never, 1 = rarely, 2 = sometimes, 3 = often). Participants were also provided the option to respond ‘I don’t know,’ which was recoded as a missing value for all indicators used. A confirmatory factor analysis (CFA) model was used to examine all four items for political advocacy. The CFA fit the data well:  $\chi^2[2, 1275] = 19.347, p < .001$ ; RMSEA = .08, 90% (CI) = .052, .118; CFI = .97, SRMR = .028.

We measured *protest advocacy* with two items that assessed how often they ‘take part in a protest, march, or demonstration, or rally’ on-campus and off-campus ( $M = .88$ ;  $SD = .93$ ;  $r = .716, p < .01$ ). *Media advocacy* was measured using a single item: how often have you ‘discuss[ed] political issues on social media’ ( $M = 1.26$ ;  $SD = 1.15$ ). A four-point scale was used (0 = never, 1 = rarely, 2 = sometimes, 3 = often) for both with the option to respond ‘I don’t know.’ *Organization advocacy* was measured using one item – how often have you ‘participated in an organization to solve a problem’ ( $M = .47$ ;  $SD = .49$ ) – with a three-point scale (0 = No, I have not done it, 1 = Yes, I have done it in the past but not this academic year, 2 = Yes, I have done it this academic year) and the option to respond ‘I don’t know.’

*Interpersonal advocacy* was measured using five items. This measure assessed participants interpersonal interactions with others regarding immigration issues: please indicate how often you engage in the following actions; ‘Spoken up when you have heard

people make false statements about immigrants’; ‘Talked with someone about overhearing others make demeaning comments about immigrants’; ‘Confronted someone because you heard them use the word ‘illegal’ or other derogatory term for immigrants’; ‘Wanted to change the subject when you have heard people talking about immigrants in a demeaning ways’; and, ‘Talked with others about what immigration policy means for immigrants’. A five-point scale was used (0 = never, 1 = rarely, 2 = sometimes, 3 = often, and 4 = almost all the time). An omnibus CFA model was used to examine all five interpersonal advocacy strategies. The CFA model fit the data well:  $\chi^2[5, 1273] = 21.291, p < .001$ ; RMSEA = .051, 90% (CI) = .030, .074; CFI = .99, SRMR = .018.

Finally, *educational advocacy* was measured using one item – how often have you: ‘had to educate a university staff person about your eligibility to receive a resource’ ( $M = .35$ ;  $SD = .47$ ) – with three-point scale (0 = No, never, 1 = Yes, 1-3 times, 2 = Yes, more than 3 times).

***Distal outcomes.*** Depression was measured using the patient health questionnaire (PHQ-9), which consists of nine items that represent symptoms for DSM 5 major depressive disorder (Kroenke et al., 2001;  $\alpha = .903$ ). Participants were asked how much each symptom has bothered them over the past 2 weeks (0 = ‘not at all’, 1 = ‘several days’, 2 = ‘more than half the days’, and 3 = ‘nearly every day’;  $M = 10.14$ ;  $SD = 6.64, \alpha = .90$ ). PHQ-9 scores range from 0-27 with higher scores representing more severe depressive symptoms. Anxiety was measured using the GAD-7, which consists of seven items with response options identical to the PHQ-9 ( $M = 7.05$ ;  $SD = 15.56, \alpha = .98$ ). Scores for the GAD-7 range from 0 to 21 with higher scores representing more severe anxiety symptoms (Spitzer et al., 2006;  $\alpha = .931$ ). A standard measure for self-rated health was used; assessed by the following question: ‘Would you say that in general your health is excellent, very good, good, fair, or poor?’. The item was measured with a five-point scale ( $M = 3.08, SD = .97$ ).

**Control variables.** Gender was recoded as women and men. Students' immigration status was recategorized as no legal status or liminal legal status (i.e., DACA, TPS). Students who reported alternative gender identifications or other immigration statuses (e.g., U-visa, pending asylum) were recategorized as missing due to the small sample size. We also included measures for Latina/o/x racial/ethnic identification (Latina/o/x = 1 and non-Latina/o/x = 0) and university system (UC = 1, CSU = 0). We used food insecurity (yes = 1, no = 0) as a proxy for financial strain; it was measured with the 6-item U.S.D.A. food security survey module. See Appendix: Table 1A for bivariate correlations of all items.

## Results

To explore the types of advocacy communication typologies among undocumented students, an LPA with full information maximum likelihood (FIML) and random starts was performed in *Mplus 8.4* (Muthén & Muthén, 1998-2017). First, an unconditional model was examined with one latent profile, followed by exploring models with additional profiles (e.g., two-profile model, four-profile model, ... five-profile model). Distinct model fit indices were used to evaluate each model and make decisions about the adequate model. The Bayesian information criterion (BIC); Adjusted Bayesian information criterion (ABIC); Voung-Lo-Mendell-Rubin (VLMR); and, the bootstrap likelihood ratio test (BLMR) were utilized. BIC and ABIC test the overall fit of the model where smaller values of BIC and ABIC indicate a better fitting model. VLMR and BLMR compare improvement within the models by evaluating if including another profile significantly improves the overall model fit. A non-significant p-value for VLMR or BLMR for a model indicates that the prior model better fits the data (Nylund et al., 2007).

Table 1 shows the fit information for models with one to five profiles. The VLMR ceased significance at the fifth-profile model, which indicates that a four-profile model is the best-fitting model. A classification diagnostic—an evaluation of the classification of people

into different profiles while maintaining the assumption that all individuals have an equal probability to belong to each profile—was performed on the three- and four-profile models. Results supported the four-profile model, which showed better profile separation—with a 95% confidence—than the 3-profile solution. Indeed, the posterior probabilities—evaluation that determine the quality of classification for a model—indicated that the four-profile model correctly classifies students into the four (mutually exclusive) profiles: profile one = .868, profile two = .929, profile three = .921, and profile four = .876. In other words, the four-profile model has good profile separation, which is further demonstrated by the entropy level of .821. Figure 1 shows the item means of each indicator for each profile of the four-profile solution.

### **RQ1: Latent profile descriptions**

Our first research question explored which types of advocacy communication profiles emerged from undocumented students' response patterns of various strategies. Four distinct profiles emerged. The largest profile ( $n = 439$ ; 37%) of undocumented students infrequently engaged in all types of advocacy communication (i.e., interpersonal advocacy, political advocacy, protest advocacy, media advocacy, organization advocacy, and educational advocacy). Because of this profile's pattern, we named it: *Infrequent advocates*.

The second largest profile ( $n = 305$ ; 24%) of undocumented students engaged in higher levels of interpersonal advocacy, political advocacy, and protest advocacy compared to *infrequent advocates*. This profile also had the second-highest frequency of students who engage in media advocacy. With regards to organizational advocacy and educational advocacy, undocumented students infrequently engaged in these types of advocacy communication. We named this profile: *Media advocates*.

The third profile ( $n = 293$ ; 23%) of undocumented students engaged in higher frequency of interpersonal advocacy, political advocacy, protest advocacy, and media



advocacy compared to *infrequent advocates*. This profile's response patterns indicated that these undocumented students engage in a similar frequency of educational advocacy as those in the *infrequent advocates* profile. A distinct feature of this profile was their frequent engagement in organization advocacy. Due to this pattern, it was named: *Organizational advocates*.

Finally, the smallest profile ( $n = 239$ ; 19%) of undocumented students had the highest frequency of participating in all types of advocacy communication strategies. As such, we labeled this profile: *Frequent advocates*.

### **RQ 2 & 3: Covariates and differences in depression, anxiety, and self-rated health**

After identifying the four-profile unconditional model with *infrequent advocates* (37%), *media advocates* (24%), *organizational advocates* (23%), and *frequent advocates* (19%) as the best fitting model, it was examined with the inclusion of covariates and distal outcomes. Because covariate and distal variables are examined simultaneously within the LPA model, the manual three-step method was used. The manual three-step method is currently the best approach for this type of analysis (Asparouhov & Muthén, 2014; Nylund-Gibson et al., 2019). With the manual three-step method, the latent profile is regressed on the demographic covariates (e.g., gender, university attended, immigration status, food insecurity). To allow differences in distal variables, we estimated a distal outcome mean for each of the latent profiles. Finally, the distal variables were regressed onto the covariates. This procedure indicates that differences in means across the distal variables were adjusted with the considered covariates.

The Wald test was used to examine the statistical significance of the association between identified profiles and the distal variables. This is the standard approach in mixture modeling such that the Wald test is performed on the overall model to examine the association between the class variable and the distal outcomes (see Nylund-Gibson et al.,

2019; Wang et al., 2005). If the Wald test is significant, pairwise tests can then be conducted to specifically reveal which profiles significantly differ on the distal variables. The overall omnibus test was significant for the model,  $\chi^2(9) = 33.872, p < .01$ ; therefore, pairwise tests were subsequently examined.

Table 2 shows mean item differences and standard errors for general health, anxiety, and depression across the four profiles; Figure 2 provides a visual representation. *Frequent advocates* reported significantly lower self-rated health compared to *infrequent advocates*. For depression, *media advocates* had significantly higher rates of depression than *infrequent advocates* and *organizational advocates*. Similarly, *frequent advocates* had significantly higher rates of depression than *infrequent advocates*. For anxiety, *media advocates* have significantly higher rates than *infrequent advocates* and *organizational advocates*. *Frequent advocates* also have significantly higher levels of anxiety than *organizational advocates*.

**Covariates.** *Frequent advocates* are significantly more likely to experience food insecurity and attend a UC campus compared to *infrequent advocates* and *media advocates*. *Frequent advocates* are also more likely to report food insecurity compared to *organizational advocates*. *Organizational advocates* were significantly more likely to attend a UC compared to *infrequent advocates*. Finally, *media advocates* were significantly more likely to be women compared to *infrequent advocates* and *organizational advocates*.

## Discussion

Undocumented youth do not have permanent legal status, but they actively participate in U.S. civic and political life as individuals and through social movements (Escudero, 2020; Nicholls, 2013; Rosales et al., 2021). Building on prior research, our study advanced a broader definition of advocacy communication as a multilevel process (e.g., interpersonal, mediated, policy) consisting of (non)verbal strategies—with varying degrees of risk and

visibility—used to challenge structural inequities and create a positive change for a marginalized group or cause. Specifically, we examined participation in formal social movement tactics, as well as attempts to counteract inequities in one’s everyday life and interpersonal interactions. Our results identify four subgroups based on undocumented students’ patterns of participation in six types of advocacy communication strategies. Further, we find that *frequent advocates* report poor health outcomes compared to the other profiles. Our findings indicate heterogeneity in undocumented youth’s advocacy communication and documents its health associations. It also advances the theorization of advocacy communication as a multifaceted process.

LPA analysis identified four different profiles or subgroups based on undocumented students’ advocacy communication strategies: *infrequent advocates*, *media advocates*, *organizational advocates*, and *frequent advocates*. These emergent profiles demonstrate the heterogeneity of students’ advocacy communication strategies, which extends prior research on activism and civic engagement among undocumented youth. Most research has focused on undocumented youths’ social movement participation (Nicholls, 2013; Seif, 2011; Unzueta Carrasco & Seif, 2014) with some attention paid to the role of social media advocacy (Zimmerman, 2016). However, our findings indicate that most undocumented students are not engaging in such formal and frequent advocacy communication. Further, some profiles engage more heavily in one type of advocacy communication over others (e.g., social media advocates and organizational participants). This suggest that these might be unique types of advocacy communication, which likely serve to activate and empower undocumented students to speak up. This resonates with Enriquez and Saguy’s (2016) finding that undocumented students build up their confidence to participate in more public forms of advocacy by participating in more private forms of empowerment through undocumented student organizations or one-on-one revelations of their undocumented status.

With regards to undocumented students' advocacy communication profiles and their relationship with self-rated health and mental health outcomes, we found that *frequent advocates*—who reported engaging in higher levels of all types of advocacy communication strategies compared to other subgroups—experienced lower levels of self-rated health and higher levels of anxiety and depression. Several explanations exist for this finding. First, higher frequency of advocacy communication strategies are accompanied by emotional labor, added responsibilities, and burden, which might be associated with adverse health outcomes. Prior qualitative research supports this relationship. Indeed, Vaccaro and Mena's (2011) findings indicate that queer activists of color who were civically engaged felt overwhelmed because they were unaware of their personal limitations, experienced pressures to succeed in all aspects of their lives, and limited their self-care. It is also plausible that current political events such as the threat of DACA's termination under the Trump administration—data was collected when the U.S. Supreme Court was considering the program's legality—as well as threats to other protections created added stress for undocumented students. These events could have been perceived as losses among students in our study, which might explain the increased adverse general and mental health outcomes. Finally, prior research suggests that members of different racial/ethnic groups who engage in collective action have different health outcomes. For example, Latina/o/x students in Hope et al.'s (2018) study reported negative health outcomes because of their engagement in collective action while Black students reported positive health outcomes when engaging in collective action. In our study, most undocumented students were Latina/o/x, which might explain why *frequent advocates* reported adverse health outcomes.

It is worth noting that *media advocates* reported higher rates of depression. This finding is important because it highlights that engaging in different advocacy communication strategies might have different implications for undocumented college students' health. This

finding extends the civic engagement and social advocacy literature because it illustrates the nuances of these strategies and demonstrates that it is important to consider the heterogeneity of advocacy communication strategies. Furthermore, these subtleties might explain the mixed findings that currently exist in the research on collective action and health (e.g., Vaccaro & Mena, 2011; Velez & Moradi, 2016). Future research should continue to explore the nuances of advocacy communication strategies and their relationship with various outcomes (e.g., identity, mental and physical health, and academic outcomes).

### **Limitations and future research**

To our knowledge, this study is the first to quantitatively explore undocumented students' advocacy communication strategies and their relationship to health. Nevertheless, our study has several limitations, which should be explored in future research. First, our study is cross-sectional; therefore, we are unable to claim causality. Longitudinal survey studies should explore this relationship to determine the directionality of the relationship between advocacy communication and health. Second, undocumented college students in our study attended university in California, which limits the generalizability of our results. California has established inclusionary policies to facilitate the incorporation of undocumented students, and immigrants in general (Colbern & Ramakrishnan, 2020; Wallace et al., 2019). Compared to other states in the United States, California's inclusive context might have reduced undocumented college students' needs to engage in advocacy communication strategies or might have fostered a sheltered environment where undocumented youth feel safe disclosing their status during the advocacy communication process. Another limitation is that several of our advocacy communication strategies were measured with only one item: media advocacy, organizational advocacy, and educational advocacy. We included these single-item indicators because qualitative research finds that undocumented students engage in these distinct advocacy communication strategies; thus, they are important to consider (e.g., Hernandez et

al., 2010; Terriquez et al., 2018). Future research should use scales to better measure these important constructs because single items might result in lower reliability of the measure (Hays et al., 2012).

Moreover, although our study did not measure identity among undocumented college students, prior research indicates that there is a relationship between advocacy communication and identity. For example, Katsiaficas et al. (2019) surveyed 790 undocumented Latina/o/x undergraduate students and explored the relationship between campus support, undocumented identity, and civic engagement. Their results indicate that having a strong undocumented identity is related with civic participation. Given Katsiaficas et al.'s (2019) findings, it is plausible that *frequent advocates* have higher levels of undocumented identity affiliation. Future research should explore the relationship between various forms of advocacy communication, identity, and health to obtain a comprehensive view of these factors.

Further, it is important to highlight that undocumented students' experiences are different based on their nationality, sexual orientation, age, years lived in the United States, among other factors (Enriquez, 2017; Escudero 2020; Terriquez et al., 2018). Our study included many of these indicators as covariates (e.g., race/ethnicity, gender, socio-economic status, type of school attended). Still, undocumented students are non-monolithic; therefore, future research should consider differences among undocumented students based on various social identities (e.g., sexual orientation) and lived experiences (e.g., membership in mixed-status families). Finally, our study draws on a U.S. sample and primarily U.S.-based literature. It is important to acknowledge that: (a) our findings might not apply to undocumented immigrants outside of the United States who might experience different types of legal vulnerability and advocacy communication opportunities. and (b) research outside the United States might also shed light on advocacy among other minoritized groups.

## **Theoretical implications**

Although our study has several limitations, our results have important theoretical implications. First, our paper can inform how we theorize about minoritized individuals' advocacy communication. Particularly, focusing on advocacy communication as a multilevel process that consists of various advocacy communication strategies, which can be utilized via various channels (e.g., mediated, interpersonal). Thus, advocacy communication should not be thought of as a single event; instead, advocacy communication is an iterative process where individuals' lived experiences, exposure to advocacy and social movements, and immigration-based fears and concerns inform the advocacy communication strategies they utilize and can have various implications for their health. Our findings highlight the need to expand conceptualizations of minoritized individuals'—such as undocumented students'—engagement in advocacy communication strategies.

Furthermore, our study's findings expand prior research on the relationship between advocacy communication and health. Prior research on advocacy communication and its relationship with health is mixed; some research suggests such engagement is associated with positive health outcomes, whereas others suggest negative (e.g., Gal & Hanley, 2019; Ramirez-Valles et al., 2005; Velez & Moradi, 2016). One possible explanation for these mixed findings is that prior research focused on a narrow definition of advocacy communication that assessed too few strategies or focused on some strategies over others. It is possible that some strategies are associated with poor health outcomes, whereas others might be related with positive health outcomes. Thus, by advancing a multidimensional conceptualization of advocacy communication, we are better able to assess what patterns of advocacy communication strategies are associated with positive or negative health outcomes. Future research should continue to explore this relationship and develop frameworks that underscore the complexity between advocacy communication strategies and health, as well as

include predictors that are linked with engagement in advocacy communication (e.g., identity). Longitudinal exploration is particularly important given that health outcomes can fluctuate over time. Finally, our study responds to Afifi & Cornejo's (2020) call to diversify Interpersonal Communication research as this study focused on a non-white population (i.e., undocumented, mostly Latina/o/x, immigrant students).

### **Practical implications**

Our findings highlight the need for university practitioners to engage in trauma-informed, culturally-, and structurally-competent practices. From a structural competency approach, practitioners and staff should look beyond the individual and recognize the structural inequities (i.e., immigration policy and enforcement) that constrain and shape the experiences of undocumented youth (Ayón, 2014; Ostrander et al., 2017). Trauma-informed care is defined as 'a strength based service delivery approach that is grounded in understanding of and responsiveness of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, [and] that creates opportunities for survivors to rebuild a sense of control and empowerment' (Hopper et al., 2010, p. 82). It is widely accepted that immigrants experience trauma in their countries of origin, through the migration process, and in the receiving country (Miller et al., 2019; Salas et al., 2013). Engaging in advocacy communication might expose youth to additional trauma or circumstances that are harmful or threatening (SAMHSA, 2012); for instance, if they experience xenophobia, discrimination, or violence while advocating.

From this perspective, at the institutional level, practitioners and staff can build on the resilience of undocumented immigrant youth who engage in advocacy communication to promote their healing. For example, institutions should increase the social and psychological support available for undocumented students—particularly, for those who engage in frequent advocacy and social media advocacy. Currently, all California 4-year public universities, and



some institutions in other states, offer undocumented student services which support students' success and wellbeing (Cadenas et al., 2019). Some have developed innovative programming such as healing circles and partnerships with professional mental health counselors; such programs should be widely available and could be expanded to include discussions of the potential health impacts of engaging in advocacy communication and offer strategies to guard against such effects.

Undocumented student services staff could also collaborate with psychological services to establish culturally and structurally competent trainings for students who engage in advocacy communication. Training sessions can include ways to practice self-care, as well as how to process wins and losses. Offering such supports might protect undocumented students who frequently engage in advocacy communication strategies by offsetting any negative health outcomes associated with advocacy efforts. Nonetheless, because advocacy communication is an evolving process, these mental health resources should be delivered to all students because students' advocacy communication might evolve with time and exposure.

### **Data availability statement**

Due to the precarious nature of undocumented college students' immigration status, the data for this research is not currently publicly available.

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**Table 1***Fit Indices for LPA Models with 1-5 Profiles*

Model (K-profile)	Log likelihood	Number of free parameters	BIC	ABIC	VLMR-RT ( <i>p</i> -value)	BLRT ( <i>p</i> -value)
1-profile	-9768.329	12	19622.49	19584.37	–	–
2-profiles	-8988.1	19	18112.09	18051.74	0.000	0.000
3-profiles	-8844.4	26	17874.757	17792.17	0.0001	0.000
4-profiles	-8548.72	33	17333.46	17228.63	0.000	0.000
5-profiles	-8597.18	40	<b>17480.46</b>	<b>17353.40</b>	<b>0.8867</b>	<b>1.000</b>

*Note.* BIC = Bayesian information criterion; ABIC = Adjusted Bayesian information criterion; VLMR = Voung-Lo-Mendell-Rubin; BLMR = bootstrap likelihood ratio test, VLMR-RT, and BLRT are not available for a one-profile model.

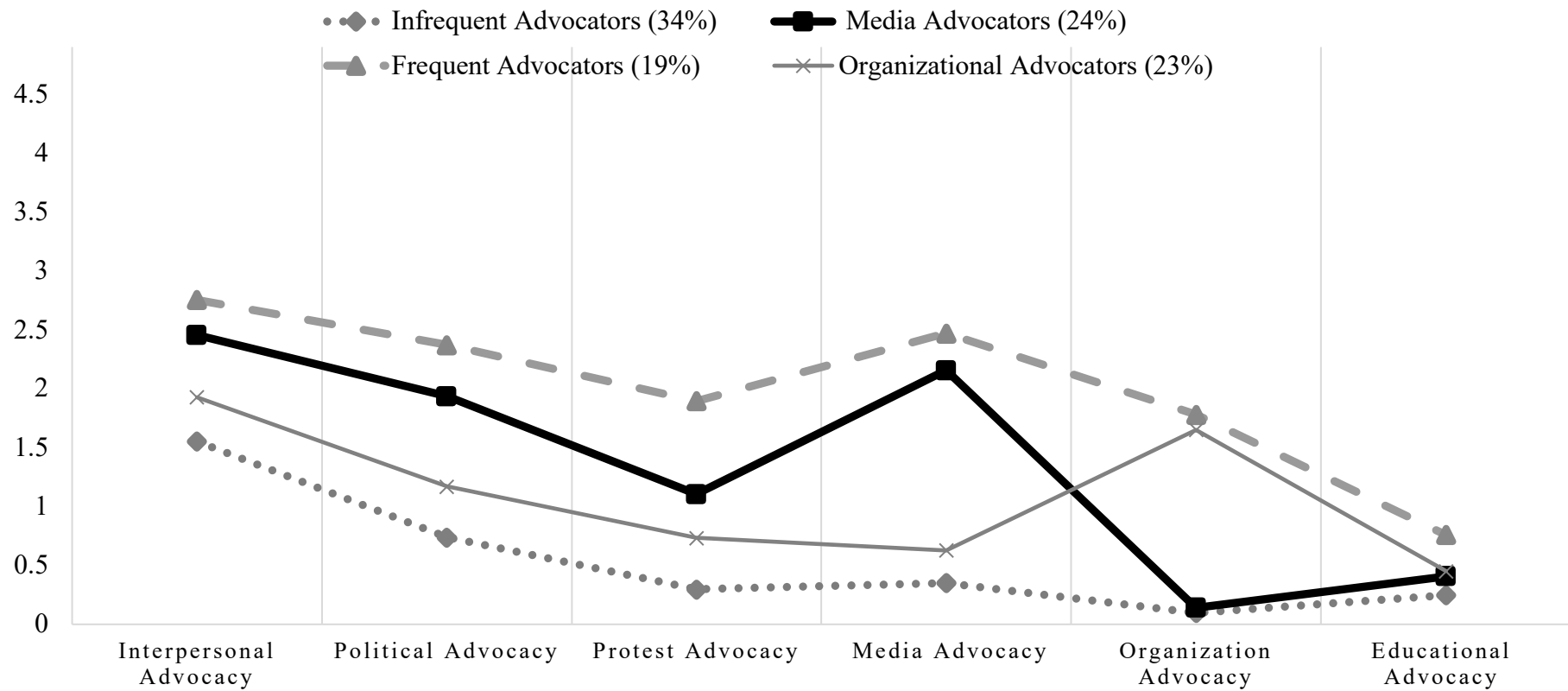
**Table 2***Latent Profiles' Mean Differences across Distal Variables*

<i>Distal Variable</i>	<i>Infrequent Advocators</i>	<i>Media Advocators</i>	<i>Organizational Advocators</i>	<i>Frequent Advocators</i>
1. Self-rated health	3.158 <sup>a</sup>	3.07	3.129	2.92 <sup>a</sup>
2. Depression	8.959 <sup>cd</sup>	11.279 <sup>ce</sup>	9.598 <sup>e</sup>	10.882 <sup>d</sup>
3. Anxiety	7.886 <sup>fg</sup>	9.886 <sup>fh</sup>	8.39 <sup>hi</sup>	10.252 <sup>gi</sup>

*Note.* Mean values with the same letter are significantly different from each other ( $p < .01$ ). Demographic variables were taken into account as control variables when examining mean differences.

**Figure 1**

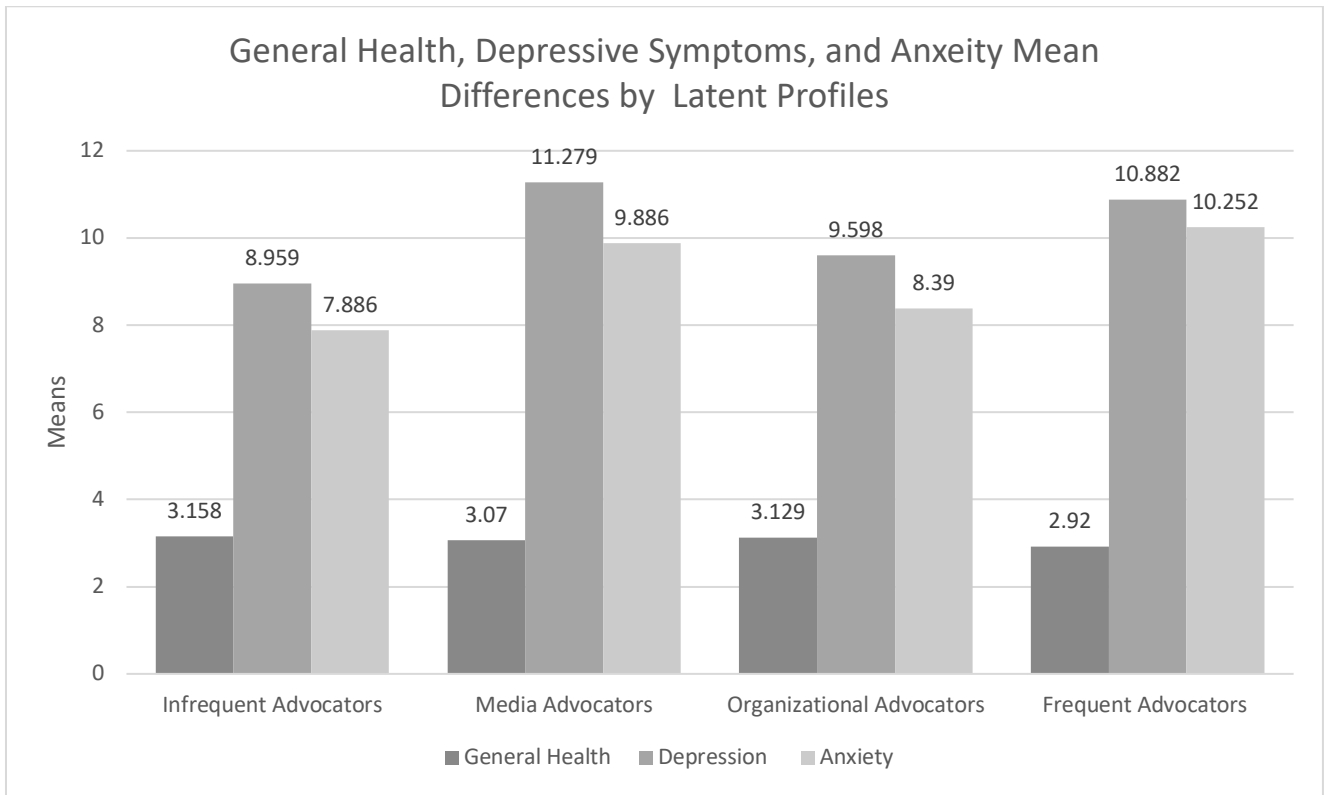
*Conditional Item Profile Means for the Four-Profile Model*



*Note.* Composite scores were used for all items except social media advocacy and educational advocacy within university.

**Figure 2**

*Self-rated health, depression, and anxiety mean differences by latent profiles*



## Appendix

Table 1A

*Bivariate Correlations*

	1	2	3	4	5	6	7	8	9	10
1. POLENG7	--									
2. ORGPARTIC	-.026	--								
3. CEDUC	-.011	.065*	--							
4. CS_PROPAR	.035	.052	.003	--						
5. CS_POLAD	.281**	.008	-.014	.189**	--					
6. CS_INTERAD	-.008	-.003	.001	.067*	.015	--				
7. HEALTH	-.037	.008	-.026	-.116**	.005	-.006	--			
8. PHQSCALE	.001	.037	.044	.130**	.054	.057*	-.383**	.050	--	
9. GADSCALE	.044	.060*	.006	.020	.020	.012	-.125**	.091**	.509**	--

*Note.* \* $p < .05$ , \*\* $p < .01$ . POLENG7 = Media advocacy, ORGPARTIC = Organization advocacy, CEDUC = Educational advocacy, CS\_PROPAR = Protest advocacy, CS\_POLAD = Political Advocacy, CS\_INTERAD = Interpersonal Advocacy, HEALTH = Self-rated health, PHQSCALE = Depression, GADSCALE = Anxiety.