

Clinical Issues Among Immigrant Women: Risk and Resiliency

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Poster Session Honorable Mention

Abstract

Immigrant women are a heterogeneous group of sojourners that migrate for various reasons. In this article, we will review some of the reasons for their migration, and note how various historical policies and structural forces have exacerbated their sometimes perilous status. The article concludes with a brief discussion of how epidemiological and clinical research should be combined to highlight the clinical issues involved in treating immigrant women.

Profile of the Incoming Immigrant

According to the U.S. Census Bureau, in 2003, foreign born U.S. residents totaled 33.5 million or about 11.7 percent of the U.S. population, and over half of these individuals came from Latin America, including the Caribbean, South America, and Central America, with 25 percent and 13 percent coming from Asian and European countries, respectively (U.S. Census Bureau, 2009). According to the Pew Hispanic Center (2006), roughly 12 million of the immigrants living in the U.S. immigrated in some unauthorized form and are undocumented residents.

In short, despite the recent decline in incoming immigrants due to the economic downturn, current projections are that by 2042 minorities will be 54 percent of the population (U.S. Census, 2008).

With regards to immigrant women, data based on the decennial census since 1980, as well as the 2004 American Community Survey, indicate that while women worldwide are a substantial share of migration, there is a marked gender imbalance in the U.S. Specifically, there has been a decline in the percentage of women legally migrating to the U.S., in part, because of an increase in illegal male migration (Fry, 2006).

Unlike earlier groups of female migrants, current profiles indicate that those who arrive are typically older, better educated, have never been married, and are less likely to have children than earlier streams (Fry, 2006), although the majority of immigrant women still come to the U.S. previously married and caring for children. Additionally, while the overall rate of education has increased, there may still be problems with literacy with some groups. For example, some immigrants may suffer from a "double illiteracy" whereby they may be illiterate in English and in their own native language and are therefore "pre-literate" (Miller, 2007). Even among those who are fluent, there may still be issues related to language anxiety in one or another language. These issues may become particularly salient when caregivers have to interact with the school system on behalf of their children.

Such issues underscore the importance of understanding the role of socio-demographic factors, such as socioeconomic status, in the lives of immigrants. While there is great heterogeneity in life experiences within different groups, past research has shown the general feminization of poverty (Brady & Kall, 2007). These "push factors," defined as conditions that drive people to leave their homes, can consequently affect whether a woman immigrates to the U.S. and what types of jobs she acquires or is forced

into. Additionally, "pull factors," which are factors that attract individuals to another country, can also be a driving force for immigration.

Risk Among Immigrant Women

In addition to push and pull factors, U.S. historical policies have differentially encouraged or discouraged the immigration of various groups. For example, while Chinese women were once excluded from immigration because they were thought to be prostitutes, Japanese women were imported as "picture brides" (Lee, 2003). Since then, other contemporary venues for sexual exploitation in the U.S. have created a class of "forced immigrants" which entail forced work in massage parlors and the mail order bride business (Ehrenreich, 2003; Miller, 2007; Morash et al, 2007; Scholes & Phataralao, 2002).

Even for those who have not entered the country in this fashion, the threat of sexual harassment may still be salient, particularly for those who are either unsure of their status or are undocumented (Miller, 2007). For example, the non-profit group Civil Society, which serves immigrants in the state of Minnesota, has documented cases of property owners or workers who purposely "feel free to barge into an apartment when they hear the shower running without fear of repercussions, e.g., calls to the police" (Miller, 2007, p. 15-16). As a result, some women may be forced to flee their homes, which according to some immigration lawyers, may prospectively prove to be a better option than staying in the home and contesting the issue. To do so would run the risk of acquiring an "unlawful detainment" on their record, which in many cases could potentially prevent them from obtaining future housing (see Miller, 2007 for other examples of the difficulties faced by immigrants).

Abuse in Relationships

When compared to non-immigrant women, some have debated whether immigrants are either at higher risk for abuse or if immigrant-specific factors, such as language difficulties, isolation, discrimination, restriction to resources, and issues related to legal status, exacerbate an already elevated problem in a vulnerable population (Menjívar & Salcido, 2002). In addition, immigrant status can interact with other identities to further disempower women (Erez, Adelman & Gregory, 2009). Recent studies, such as Hass, Dutton, and Orloff (2000) have found lifetime prevalence rates of domestic violence to be as high as 49.8 percent among immigrant women, and more recent research with 78 Pakistani

and Indian women found the prevalence rate to be an astounding 77 percent (Najma & Schewe, 2007).

One factor that has been linked with increased abuse is the laws that were associated with the immigration of women. With the passage of the Immigration and Marriage Fraud Amendment in 1986, women who migrated were subject to a two-year conditional resident status before they could become citizens (Bhuyan, 2008). During this two year period, her U.S. husband, a citizen or a legal resident, was a woman's legal guardian and responsible for her acculturation. The reasoning was that a woman could be introduced to American culture, and through a man's assistance, learn all the appropriate skills to become a knowledgeable citizen. This "legal dependence" created situations of abuse and control where immigrant women, fearing deportation, sustained physical and psychological abuse at the hands of their spouses because they were unaware of, or afraid, to seek civil protection (Bhuyan, 2008; Conyers, J., 2007). Apart from physical abuse, immigrant women in abusive relationships also face other stressors. For example, often times women may be pressed into these decisions, like relinquishing custodial rights, as the result of numerous court actions brought upon by male-dominated clan members, such as among some Hmong and African immigrants, who rally to raise funds for private lawyers (Miller, 2007).

In recognition of these abuses, a series of Violence Against Women and Department of Justice Reauthorization Acts were passed (e.g., VAWA, 2000, 2004, 2005). Specifically, abused women could now formally identify as "battered immigrants" and self-petition for their legal status, without the fear of deportation (Conyers, Jr, 2007). While these laws have increased the protection afforded, recent research based on community samples, with different immigrant groups, using a variety of methodologies, suggest abuse is still occurring (Erez et al., 2009; Lee, 2007; Rianon & Shelton, 2003; Salcido & Adelman, 2004). Clinical observations, as well as interviews with treatment providers, also document the difficulties of service delivery for this population (Gupta, 2005; Keller & Brennan, 2007; Latta & Goodman, 2005; Liao, 2006; Nicolas et al., 2007).

Resiliency Among Immigrant Women

Despite the many obstacles that immigrants face, a new body of research indicates that generally immigrant groups, or more specifically first generation immigrants, have overall better mental health outcomes than those who are born in the U.S. (Alegria et al., 2008; Takeuchi et al, 2007). While findings do vary with respect to particular disorders, overall similar associations are found between immigrant status and health outcomes. The "immigrant paradox" seemingly contradicts the growing body of research that documented the numerous psychological difficulties faced by immigrants in the community and in clinical practice. Furthermore, there appears to be a discrepancy between the findings of epidemiological research, which focuses on assessing rates of disorder in a population, and more clinically related research that focuses on symptomatology in a specific sample.

As such, we must understand that patients who come to clinical practices don't always represent the population at large. Because of issues surrounding stigma, (Nadeem et al; Abu-Ras, 2003), differences in self-perceived need (Nadeem et al, 2008), and difficulties in resource allocation, immigrants who come to therapy vary substantially from those who do not, and from immigrants in general. Additionally, consistent in the epidemiological research is the finding that the longer an immigrant stays in the U.S., or perhaps acculturates, or the later an immigrant migrates (particularly if they migrate before the age of 13), the worse the mental health outcomes are. In conjunction, in clinically based research, lack of social support and isolation are other key variables that are associated with poorer mental health. Thus, findings from epidemiological research, along with more clinically based studies, should be used to help identify and treat the risk factors that are associated with distress. These joint findings can also help highlight the protective factors associated with resiliency

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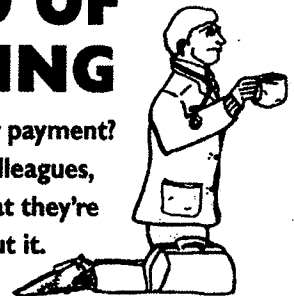
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Conclusion

In conclusion, immigrant women present with a portrait of risk and resiliency. For many, immigration may provide an opportunity to improve their socioeconomic status and educational opportunities ("pull factors") and yet for others, the benefits promised by the process of immigration may be undermined by laws that entrap them. Driven by push factors, the ensuing acculturation that comes from immigration may further serve to marginalize them. In working with immigrant women, clinicians need to be aware of these vulnerabilities, as well as the recent epidemiological research that notes the many strengths of immigrant women.

About the Authors:

Marina Prado-Steimán is an English and psychology double major at Kenyon College. Her interests lie in cross-cultural and abnormal psychology, as well as the interplay of reality and magical realism in Latino literature. This past year she helped co-author a textbook chapter on acculturation and the immigrant experience with her adviser, Dr. López. Marina has attended several conferences in Ohio, including the Ohio Psychological Association's, to present her research on Latinos and hopes to use the information she's learned to provide culturally appropriate services to immigrant populations in the future.



Irene López (PhD, Kent State University, BA Vassar College) is cross-cultural and feminist psychologist with interests in the intersection between psychology and anthropology. She is interested in understanding the impact of phenotype on socioeconomic status and psychological adjustment as well as understanding the phenomenology and measurement of cross-cultural psychopathology. She has received a number of awards for her work and teaching, and recently returned from teaching on Semester at Sea (2010). In addition, she has published in a number of journals, and has presented her work both locally, nationally and internationally. Currently, she is an assistant professor in the department of psychology at Kenyon College in Gambier (www.kenyon.edu), and a task force member of the American Psychological Association Committee on Socioeconomic Status.

References

- Abu-Ras, & Wahiba M. (2003). Barriers to services for Arab immigrant battered women in a Detroit suburb. *Journal of Social Work Research and Evaluation*, 4, 49-66.
- Alegria, M.; Canino, G.; Shrout, P.; Woo, M.; Duan, N.; Vila, D.; Torres, M... (2008). Prevalence of mental illness in immigrant and non-immigrant U.S. Latino groups. *American Journal of Psychiatry*, 165, 359-369.
- Bhuyan, R. (2008). The Production of the "battered immigrant" in public policy and domestic violence advocacy. *Journal of Interpersonal Violence*, 23, 153-170.
- Brady, D. & Kall, D. (2008). Nearly universal, but somewhat distinct: the feminization of poverty in affluent Western democracies, 1969-2000. *Social Science Research*, 37, 976-1007.
- Conyers, J. (2007). The 2005 reauthorization of the Violence Against Women Act: why congress acted to expand protections to immigrant victims. *Violence Against Women*, 13, 457-468.

- Ehrenreich, B., & Hochschild, A. R. (Eds.). (2003). *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*. New York: Metropolitan Books.
- Erez, E.; Adelman, M.; & Gregory, C. (2009). Intersections of immigration and domestic violence: Voices of battered immigrant women. *Feminist Criminology*, 4, 32-56.
- Fry, R. (2006). Gender and Migration. *Pew Hispanic Research Report*, 1-42. Retrieved July 25, 2009, from <http://pewhispanic.org/files/reports/64.pdf>
- Hass, G.A.; Dutton, M.A. & Orloff, L.E. (2000). Lifetime Prevalence of Domestic Violence Against Latina Immigrants: Legal and Policy Implications. *Domestic Violence: Global Responses. Special Issue of the International Review of Victimology*, 7, 93-113.
- Keller, E. M. & Brennan, P. K. (2007). Cultural considerations and challenges to service delivery for Sudanese victims of domestic violence: Insights from service providers and actors in the criminal justice system. *International Review of Victimology*, 14, 1151-14.
- Latta, R. E. & Goodman, L. A. (2005). Considering the interplay of cultural context and service provision in intimate partner violence The case of Haitian immigrant women. *Violence Against Women*, 11, 1441-1464.
- Lee, C. (2003). Prostitutes and Picture Brides: Chinese and Japanese Immigration, Settlement, and American Nation-Building, 1870-1920. Working paper.
- Lee, E. (2007). Domestic violence and risk factors among Korean immigrant women in the United States. *Journal of Family Violence*, 22, 141-149.
- Liao, M. S. (2006). Domestic violence among Asian Indian immigrant women: risk factors, acculturation, and intervention. *Women & Therapy*, 29, 23-39.
- Miller, L. A. (2007). The exploitation of acculturating immigrant populations. *International Review of Victimology*, 14, 11-28.
- Morash, M.; Bui, H.; Zhang, Y.; & Holtfreter, K. (2007). Risk factors for abusive relationships: a study of Vietnamese American immigrant women. *Violence Against Women*, 13, 653-675.
- Nadeem, E.; Lange, J.; Edge, D.; Fongwa, M.; Belin, T.; & Miranda, J. (2007). Does stigma keep poor young immigrant and U.S.-born Black and Latina women from seeking mental health care? *Psychiatric Services*, 58, 1547-1554.
- Nadeem, E.; Lange, J. M.; & Miranda, J. (2009). Perceived need for care among low-income immigrant and U.S.-born black and Latina women with depression. *Journal of Women's Health*, 18, 369-375.
- Nicolas, G.; Desilva, A.; Subrebst, K.; Breland-Noble, A.; Gonzales-Easter, D.; Manning, N.; Prosper, V... (2007). Expression and Treatment of Depression among Haitian Immigrant Women in the United States: Clinical Observations. *American Journal of Psychotherapy*, 61, 83-98.
- Rianon, N. J. & Shelton, A. J. (2003). Perception of spousal abuse expressed by married Bangladeshi immigrant women in Houston, Texas, U.S.A. *Journal of Immigrant Health*, 5, 37-44.
- Salcido, O. & Adelman, M. (2004). "He has me tied with the blessed and damned papers": Undocumented-immigrant battered women in Phoenix, Arizona. *Human Organization*, 63, 162-172.
- Scholes, R. J. & Phataralao, A. (2002). The "Mail-Order Bride" industry and its impact on U.S. immigration. Retrieved July 25, 2009, from http://www.uscis.gov/files/article/MobRept_AppendixA.pdf
- Takeuchi, D. T.; Zane, N.; Hong, S.; Chae, D.H.; Gong, F.; Gee, G.C. Walton, E... (2007). Immigration-related factors and mental disorders among Asian Americans. *American Journal of Public Health*, 97, 84-90.
- United States Census. National Population Projections (released 2008) [data file]. Retrieved from <http://www.census.gov/population/www/projections/index.html>