

# 1

## Poverty

Linda Openshaw and Andrew McLane

Although the number of undocumented people is not well established, it is estimated that approximately 11.4 million undocumented immigrants currently reside in the United States (Baker & Rytina, 2013). These numbers seem staggering, yet Baker and Rytina (2013) have stated that there has been no significant change in this population as a result of the current economic crisis and the negative impact it has had on employment nationwide. However, gathering statistical information from this population is a very difficult procedure, and it is likely that there is disparity in population growth or decline, significant or otherwise. Unauthorized immigrants account for only part of the total population with immigrant status, and there are an estimated 13.1 million lawful naturalized residents living in the United States currently (Baker & Rytina, 2014). Likewise, there has been a 4 percent decrease in immigrants who obtained lawful permanent residency in the United States from 2012 to 2013 (U.S. Department of Homeland Security, 2014).

It is important to note the size of these populations when considering how to help them. Immigrants often enter the United States seeking a better life than the one they left behind, only to find exposure to more violence, discrimination, and extreme poverty (Fortuna, Porche, & Alegria, 2008). Many times immigrants find themselves unable to make ends meet with no safety net programs to aid them. Scarcity in employment and the constant fear of being deported can be particularly stressful and traumatic. Undocumented immigrants often have limited support when they reach the United States, with many often relying on faith-based organizations and local churches for relief.

### Literature Review

Faith-based organizations in the United States have always played an integral role in assisting new immigrants when they arrive with little resources and scarce support (Kotin, Dyrness, & Irazabal, 2011). This is likely because these organizations provide a place of comfort and familiarity to immigrants who

have no idea what to expect in the new country they find themselves in (Ley, 2008). The immigrant church often provides a medium by which immigrants can learn the language and culture of the new country and also maintain many of their traditions. In some cases the immigrant church can even become a political group, with members voting as a group for whom or what they want (Kotin, Dyrness, & Irazabal, 2011). However, eventually the immigrant churches face a crisis as the younger generations begin to take on and prefer the culture of the country that they have grown up in, abandoning those aspects of culture that seem to have no pertinence to the life that they have, like the language of their parents' home country (Ley, 2008). At this point the churches must adapt to the modern culture or slowly die as they lose younger members and older members begin to pass away. In the United States, however, immigrant children are more involved politically than are children of citizens (Flanagan & Levine, 2010), likely because immigrant children are more aware of the rights that they have to gain. This fact should not be ignored since it means that immigrant children potentially can have an equal, if not greater, impact politically than the currently larger nonimmigrant group has.

## **Current Trends**

Cadge, Levitt, Jaworsky, and Clevenger (2013) examined two different cities in New England—Portland, Maine, and Danbury, Connecticut—and found that “there may an inverse relationship between how much municipal groups and religious organizations provide” (pp. 92–93). This may well be because there is only so much aid that can be given to both immigrants and refugees, with one group filling the gap left by the other. However, one must be cautious in extending this finding to other cities as this study included only two cities in the same region of the United States, and other regions of the United States and other countries may be different. When religious organizations need financial support to continue to aid incoming immigrants and refugees, they cannot simply raise taxes or demand more funding as municipal organizations can. Instead they have to ask for every dollar from their constituent members, for which the internet has become a valuable resource (McKinnon, 2009; Shah, Kwak, & Holbert, 2001). However, it is the way the organizations describe themselves and those they help that may be the most significant factor in securing aid for immigrants and refugees. Many organizations describe immigrants and “refugees as ‘needy, uprooted strangers’ and [speak] of volunteers as ‘agents of change’” (McKinnon, 2009). Regardless of the veracity of that statement,

given political and economic differences, it downplays the self-determination of immigrant and refugee populations.

### **Social Policy Changes**

Culturally sensitive programs must be developed with the goals of ensuring that immigrant populations are exposed to American culture and meeting their needs for vitality (Canda & Phaobtong, 1992). However, many of the social policies that have been politicized have concerned deportation and citizenship. Many of the safety net programs that aid in food subsidies or affordable housing are largely unavailable to those who are undocumented. Social policy is greatly influenced by a political structure that has not been decisive about how to care for millions of undocumented immigrants and refugees. Populations such as the elderly may be the most at need because they come from a collectivist society with more connected communities and are left in an individualist society that does not reinforce interaction with others quite as much. The elderly are especially in need of services owing to greater language barriers, physical limitations, and discrimination when seeking employment; however, typically only religious resources, which are often temporary, can accommodate their needs (Lee & An, 2013).

### **Social Policy: The Challenge of Poverty**

Poverty in this context may be attributed to three broad theoretical classifications (Davids & Gouws, 2013). The first of these is structural explanations, in which impoverishment is attributed to an outside force, such as economic fluctuations or social mechanisms (Davids & Gouws, 2013). An example of this in the context of immigration could be that the inability to gain citizenship or a work visa owing to the political turmoil over this issue has caused some to be in poverty. The second classification is individualistic explanations, which justifies poverty by putting the blame directly on the poor (Davids & Gouws, 2013). That is, impoverished immigrants are responsible for their own life choices and the financial struggles they face as a result. Finally, there are fatalistic explanations of poverty. These classify the poor as victims of circumstance or bad luck (Davids & Gouws, 2013). Likewise, there are long-term effects indicated in the social causation theory (the postulation that there are symptoms of living in poverty) and the health selection hypothesis (mental illness predisposes one to a life of poverty) (Lund et al., 2011; Warren, 2009).

Many consider the plight of the impoverished immigrant in terms of these explanations. For example, immigrants' impoverishment is "their own fault because they chose to be here," or the weak economy is the source of their "bad luck." Many of the explanations, especially those presented in the political realm that concern social reform, simply ignore the systemic challenges that many face. There also appears to be a blatant disregard for the cultural foundation of America. That is, the United States is a nation of immigrants who fled trauma, extreme poverty, and limited opportunities in order to make a better life. Social policy reform should empower and allow for greater self-determination. However, to do this, basic needs have to be met. This includes adequate food, shelter, and clean water.

As issues such as racism and immigration become increasingly more relevant, both negative and positive outlooks should be considered. For example, it is not surprising to hear politicians spout political stances that create new issues for those who enter the United States. Statements such as "build a wall" and "send them home" only make the fight to empower millions even more important. As immigrants and refugees leave home and start a new life in America, a country of immigrants, they are often faced with various manifestations of racism and discrimination. "The receptivity of the dominant group in welcoming or stigmatizing the non-dominant group may be a powerful predictor of how stressful and difficult the acculturation experience may be for immigrants" (Smokowski, Chapman, & Bacallao, 2007, p. 37). Stress from discrimination or racism has been shown to create a variety of health disparities (Smokowski et al., 2007). This can affect an adolescent's self-esteem leading to a low self-worth, depression, and anxiety (Smokowski et al., 2007). However, it is important to note that not all individuals will react the same when exposed to similar threats (Juang & Alvarez, 2010).

## **Clinical Practice**

### **Trauma and Mental Health**

Immigration's impact on mental health is not well understood throughout the stages of life (Garcia & Saewyc, 2007). Relocation to a new nation is a profound change that can influence every facet of an individual's existence. "Long-standing and familiar habits, customs, behaviors, and traditions may be neither valued nor adaptive as immigrants attempt to settle into a new context" (Kumar, Seay, & Karabenick, 2015, p. 201). The tensions related to migration can intensify an adolescent's transition, especially if he or she encounters

discrimination and racist attitudes in the new home (Kumar et al., 2015). Stressors encountered during the immigration process can result in increased risk for developing an emotional disturbance (Pumariega, Rothe, & Pumariega, 2005). Negative experiences from home may include war, famine, natural disasters, terrorism, or even torture (Pumariega et al., 2005).

These are often compounded by the loss of extended family and kinship networks (and even separation from nuclear family members, such as children from their parents) as well as difficult and traumatic journeys to the United States (crossing rivers, capsizing in rafts, witnessing death). (Pumariega et al., 2005, p. 583)

Children and adolescents can be especially vulnerable in these circumstances, and often their parents lack the physical and financial means to make them safe (Pumariega et al., 2005). Once acclimated to the new environment, a reactivation of emotional turmoil from these events might be triggered by any number of occasions that ensue in daily life. These considerations are crucial bearing in mind that one in five children and adolescents live in an immigrant family (Garcia & Saewyc, 2007). Culturally diverse youths now make up roughly 30 percent of the population under the age of 18 (Pumariega et al., 2005); this figure is expected to rise to 56 percent in the year 2050 (Kao, Lupiya, & Clemen-Stone, 2014). Once in the United States, undocumented immigrants may find it difficult to file reports with law enforcers (Hancock, Ames, & Behnke, 2014). Several vulnerable populations among undocumented immigrants are women, children, and the elderly. Many face abuse that they do not report to the police because of the fear of being deported (Hancock, Ames, & Behnke, 2014). In addition to the lack of formal support networks, many immigrants are deprived of informal support networks, such as friends and family members disconnected in the process of immigration (Ingram, 2007).

Because approximately 50 percent of all mental illness cases emerge by the time a person reaches the age of 14, it is important to be able to identify the variables that protect adolescents from mental illness (Garcia & Saewyc, 2007). “Within the literature on psychological well-being, there is evidence that family variables (such as parental supervision, closeness with parents, and low parent-child conflict), religiosity, and social support may act to enhance and ‘protect’ well-being” (Harker, 2001, p. 973). Interestingly, it should be noted that depending on the relationship between the adolescent and the factor, the mediating effects could be either positive or negative (Harker, 2001).

## **Children and Adolescents**

The need to identify and provide protective factors for adolescents in the United States is a growing public health concern, especially among immigrant populations (Frabutt, 2006). Currently, one in 10 children and adolescents suffers from a debilitating mental illness that impedes their daily functioning (Frabutt, 2006). Among adolescents alone, this number rises to one in four (Lawton & Gerdes, 2014). Considering that there is an estimated 17.4 million immigrant youth population under the age of 21 residing in the United States, the need to understand and prevent mental illness or problem behaviors in this population is essential (Kao, Lupiya, & Clemen-Stone, 2014). Unfortunately, the mental health needs of immigrant adolescents often go untreated owing to disparities in the availability, quality, and accessibility of mental health services (Lawton & Gerdes, 2014). Similarly, there is a dearth of research in this area concerning the relationship of adaptation and psychological well-being among immigrant adolescents (Harker, 2001). By using protective factors, many of these problems can be alleviated.

## **Risk Factors**

Adolescence can be a turbulent time in a child's life when they begin to question who they are and where they belong in this world. Adolescent immigrants and refugees may experience traumatic events while attempting to make a new life in America. It is important to consider many of these events in terms of risk factors due to the high prevalence of mental illness and social maladjustment (Smokowski et al., 2007). "Findings from an international comparative study on ethno cultural youth in America, Australia, Asia, and Europe (ICSEY) have indicated that there are between-ethnic-group variations in psychological adaptation within various receiving countries" (Oppedal, Røysamb, & Heyerdahl, 2005, p. 646). Collective differences exist in the mental well-being of immigrants according to their national origin (Oppedal et al., 2005). In this context, the characteristics of the societies of origin and the characteristics of the societies of resettlement are important in adapting and coping psychologically (Oppedal et al., 2005). Travel, either involuntary as a refugee or voluntary, can have a profound influence on youths residing and adjusting in a new country (Oppedal et al., 2005). Oppedal et al. suggested that the farther one is in distance from his or her country of origin, the more challenging acculturation becomes. Furthermore, acculturation is often conceptualized as a risk factor within a stress dysfunction paradigm, generally associated with emotional dysfunction or depression (Oppedal et al., 2005).

## Individual Factors

The influence of assimilation, or immigrants' adoption of American culture, on the individual has long been studied as it concerns mental and emotional well-being (Harker, 2001). Loneliness is an aversive state experienced when there is a discrepancy between the interpersonal relationships one wants and those they actually have (Juang & Alvarez, 2010). Ultimately, individuals will react differently in similar circumstances. Where one may require mental health services to alleviate a mental health problem such as anxiety and depression, others may adapt to function with few external resources. Individuals may handle stressful events by using problem-focused coping, emotion-focused coping, and avoidance-oriented coping (Lawton & Gerdes, 2014). Avoidance coping strategies, such as the use of alcohol and drugs, are associated with negative consequences of anxiety or depression (Lawton & Gerdes, 2014). Better coping strategies are related to the individual coping better with his or her life circumstances (Lawton & Gerdes, 2014).

## Acculturation

Acculturation is a macro-level action in which there is a cultural exchange between two autonomous groups (Smokowski et al., 2007). "The child's developmental niche is described as consisting of multiple socio-cultural settings in which interaction is characterized mainly either by the majority society's culture or by ethnic minority group culture" (Oppedal et al., 2005, p. 647). Thus, acculturation is a developmental process whereby adolescents gain competence within several cultural domains (Oppedal et al., 2005). Developing culturally competent behaviors requires the child to adopt culturally saturated schemas (Oppedal et al., 2005). Oppedal et al. found significant variations among acculturation, host cultural competence, family values, ethnic identity crisis, and discrimination as a protective or risk factor. They did, however, find moderate to low correlations between psychiatric difficulties and acculturation.

## Environmental Factors

Differences in risk factors among diverse populations may stem from variations in the experienced environment (Estrada-Martinez, Padilla, Caldwell, & Schulz, 2011). Often immigrant families are placed in precarious economic situations in which they experience high rates of impoverishment, unemployment, and segregation from their culture (Estrada-Martinez et al., 2011; Lawton & Gerdes, 2014).



In the society of resettlement, attitudes and behaviors towards immigrants in general and specific groups in particular, immigration policy, economic and other political issues are among the factors that may influence not only the psychological adaptation of immigrants, but also their attitudes towards social participation and contact across ethnic groups. (Oppedal et al., 2005, p. 647)

Each community contains ecological factors, such as the disparities between minority and majority and intragroup variations in mental health in adolescents (Oppedal et al., 2005).

## **Solutions for Social Work**

Despite the significant barriers that this population faces, social workers can step in and help promote protective factors for mental illness. Although acquiring services for noncitizens is a daunting task, there are many private organizations and grants that a social worker might turn to. Using the clients' protective factors in a supportive environment not only provides a support system for them, but also grants access to services that provide food, medical care, bill payment, and transportation.

## **Strengths Perspective**

The strengths perspective is an ever-changing paradigm that is advantageous when working with clients who are immigrants. The mental health community has placed an overwhelming emphasis on identifying deficits in their clients. Rather, to be more effective, there should be a focus on self, strengths, and future outcomes being led by self-determinism (McCashen, 2005). The strengths perspective requires a positive viewpoint when evaluating clients (Saleebey, 1996). This may include focusing on the client's "capacities, talents, competencies, possibilities, visions, values and hopes" (Saleebey, 1996, p. 297). Social workers must remove any biases that they may initially have about the client. This perspective recognizes that strengths are derivatives of not only beneficial situations, but also adversity. According to Saleebey, the elements of a strengths perspective are language, strengths, resilience, critical factors, and community. However, one of the principle criticisms of this approach is that it is just positive thinking in disguise (Saleebey, 1996).

Evaluating a client system using the strengths perspective allows for a better understanding of the client and ways to improve care in various avenues. Identifying strengths can have a positive influence on a client's life satisfaction



through hope, enthusiasm, gratitude, love, and curiosity (Park, Peterson, & Seligman, 2004). Maintaining an abundance of strengths does not have any negative influences on life satisfaction.

## Individual Strengths

There is a widely held belief that consumption takes place within the household, whereas production takes place external to the household; this is not a complete picture. John Friedmann (2001), in discussing his model for empowerment, argued that the household should be considered a center for the production of livelihood. There are eight bases of social power, or resources for producing livelihood:

- (1) a safe and secure place, which includes the domestic space as well as the community/community equipment;
  - (2) surplus time over and above the time needed for the daily production of livelihood;
  - (3) social networks;
  - (4) civil associations;
  - (5) knowledge and skills, which emphasizes the “*useful* knowledge and skills available to the household economy”;
  - (6) relevant information;
  - (7) instruments of production, which includes good physical health;
  - (8) financial resources.
- (Friedmann, 2001, as cited in Openshaw, McLane, Court, & Saxon, 2014, p. 19)

One thing to consider is that immigrants most often have barriers to each of these bases of social power. The result is a need for professionals to assist those who might one day be able to empower themselves in a new and often unfriendly environment.

## Empowerment

Social workers empower their clients to lead better and more fulfilling lives. However, to understand how to empower immigrants who are poor, it is crucial to understand the three relevant dimensions of disempowerment that poverty may create: The first concern is social, relating to the “lack of access to the resources essential for the self-production,” or livelihood of those who are impoverished (Friedmann, 2001, p. 164). The second concern is the political realm, or the “lack of a clear political agenda and voice” (Friedmann, 2001, p. 164). The final concern is psychological, or the “internalized sense of worthlessness and passive submission to authority” (Friedmann, 2001, p. 164).

Empowering immigrant adolescents begins not with social work but with resources critical to providing stability, options, and mobility in American society. Such resources may include the need for income and the need for

cooperative social relations that contribute to survival, such as income sharing and remittances, informal exchanges of support, and collective action and moral support (Friedmann, 2001).

If there is learning involved in helplessness, so too might there be in developing hopefulness (Zimmerman, 1990). Helplessness may be learned from experiencing traumatic events in which one's control over the environment is limited. The underlying relationship for this lack of control may guide a person's expectations and behavior in the future. If a person expects that an event will be uncontrollable or out of reach, he or she may become disempowered. Psychological empowerment may result from participation in community organizations—organizations that encourage decision making, assumption of responsibility, interaction and mutual help, and participation that builds skills in problem solving, resource identification, and the ability to identify factors that may influence decisions leading to psychological empowerment (Zimmerman, 1990).

## Challenges and Opportunities for Strength

All people deserve respect and all people have value. It is important for social workers to remember their *Code of Ethics* despite their political beliefs about immigration. After all, we must “enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (National Association of Social Workers [NASW], 2017). As American society continues to diversify, so must social workers. To provide a high quality of service, social workers must be able to consider a client's culture, language, religion, family support, and community resources (Cota, Hamilton, Haynie, & Montero, 2012). As immigration laws change and reform is ever present on the horizon, respect for the person and advocacy on his or her behalf continues to grow and becomes more pertinent.

## Resources

Much of the assistance that immigrants receive comes in the form of food, clothes, and shelter. However, some religious organizations offer a bit more. For example, some churches use some of the collected offerings and tithes to provide emergency assistance for food, clothing, or shelter.

Other forms of service can come in the form of legal aid, helping immigrants to stay in the United States and reach legal status. This support can also include immigration reform on a macro level. However, some protections are already offered at the state level. In many states immigrants who are undocumented

can still file lawsuits and pursue protection from the legal system (Soerens et al., 2013). For example, if a woman who is undocumented is a victim of domestic violence, she could have access to a domestic violence shelter and protection from the courts despite her immigration status (Soerens et al., 2013).

Hiring undocumented immigrants while aware of their immigration status is strictly prohibited by the Immigration and Nationality Act (Soerens et al., 2013). This could result in sanctions or fines and in some cases criminal consequences for the employer. However, there is some gray area concerning independent contractors. An independent contractor works separately from the church's daily operations and is typically hired by a church for a specific purpose. The work is not long-standing, and the contractor would not be placed on the church's payroll. This could include jobs such as catering (Soerens et al., 2013). "The church would have control only over the result of the project, but not the day-to-day work hours or duties of the contractor" (Soerens et al., 2013, p. 40). However, if a church is aware of a contractor's undocumented status, then it is harboring, concealing, and shielding and would then be violating the law.

## Refuge

Another area in which some organizations aid immigrants is offering them a place to live. It is against the law to harbor, conceal, shield, or transport undocumented immigrants in an attempt to keep them in the United States longer, making this kind of aid one of the riskiest. Although it is unlikely that giving an illegal immigrant refuge will result in legal consequences, it is a risk that should be considered. "However, allowing undocumented volunteers to participate in the life of the church, offering temporary rent assistance, food, offering assistance with immigration applications, or teaching English have not been considered harboring, concealing, or shielding undocumented immigrants" (Soerens et al., 2013, p. 39). The legal consequences for harboring, concealing, or shielding an undocumented immigrant could result in the church losing its 501(c)(3) tax exemption. However,

sharing space or leadership with another church, some of whose members are undocumented, hosting a Bible study in your home with undocumented participants, offering access to the church food pantry, and assisting undocumented families with services necessary for health and safety are all within the charitable purposes of a church. (Soerens et al., 2013, p. 39)

## **Familism as a Protective Factor**

*Familism* is defined as the behaviors, attitudes, structures, and dynamics that exist in a family system, and it appears to be a significant protective factor against mental illness (Smokowski et al., 2007). Considering that the family is the primary context in which adolescence develops, it is no surprise that this is the first line of defense against mental illness (Lawton & Gerdes, 2014). Although many youths do not partake in a family's decision to move to another country, they do consequentially experience a unique set of struggles that impede functioning. "The adjustment to life in a new country involves negotiating a new language, new norms, and new relationships" (Smokowski et al., 2007, p. 37). Often the only mechanism of support is the child's family (Smokowski et al., 2007). Familism is a significant factor in reducing a child's maltreatment, stress from acculturation, and deviant behaviors (Smokowski et al., 2007). On the other hand, family conflict is a vulnerability factor that can contribute to psychological difficulties in adolescents (Juang & Alvarez, 2010). A study by Estrada-Martinez et al. (2011) determined that family factors do not protect adolescents universally, but neither are they necessarily risk inducing. Family cohesion appears to play a significant role in reducing the severity of violence (Estrada-Martinez et al., 2011).

Familism may also protect older adults who struggle as they leave a collectivist society with more connected communities and enter an individualist society that does not reinforce interaction with others quite as much. Relying on one's family can also provide support that older adults might not get outside the family home. This is particularly important because older adults will have a harder time learning a new language and may not be able to work for money.

## **Role of Faith-Based Organizations and Churches**

The response by many in the United States to the influx of children and adult immigrants, many of them escaping situations of violence and exploitation, has been personified as a heated pushback from citizens and local representatives who have focused their outrage over illegal immigration into opposing programs that aid in meeting basic needs (Paulson, 2014). Many religious leaders have mobilized support with the memento that this is not a political crisis, but a moral one (Paulson, 2014). Many religious leaders do not see immigrants as a burden, rather an opportunity to aid their fellow man and facilitate their calling. Soerens et al. (2013) presented three ways that God works through immigrants to the United States:

Through ministry to immigrants who do not yet know Jesus, through immigrants who function as agents of mission, ministering to their own people group, and beyond the immigrant experience, as immigrants, many of whom bring a vibrant Christian faith with them to their new country, share the gospel with native-born citizens of their host country who are not yet followers of Christ. (p. 11)

Many ministers avoid discussing the topic of immigration, especially if their congregations are several generations from their immigrant ancestry (Soerens et al., 2013). Although the biblical scriptures are largely silent on the matter of immigration, the theme exists throughout. “The Hebrew word *ger*—which most English translations render as ‘foreigner,’ ‘alien,’ or ‘sojourner,’ but which Tim Keller argues convincingly should actually be ‘immigrant’—appears ninety-two times in the Old Testament” (Soerens et al., 2013, p. 13). In fact, many of those who narrate passages in the biblical text (Abraham, Jacob, Joseph, Ruth, David, Daniel) were immigrants themselves (Soerens et al., 2013). God calls his people to love and protect three vulnerable populations—the foreigner, the widow, and the impoverished (Soerens et al., 2013). Soerens et al. cites the following: “Do not oppress the widow or the fatherless, the foreigner or the poor (Zech 7:10)” (p. 14).

In the Bible belt a great number of churches wish to help those who are denied access to many of their basic needs, but even they must also contend with racism within their congregations against those whom they would help (Ehrkamp & Nagel, 2014). A pastor at one of these churches often asked those of his congregation who had come into the country illegally to let that be their only illegal act so long as they lived in the United States. Many would even have separate services for the immigrants in their area, usually so that the immigrants could have services in their own language. However, although this practice gave comfort to the immigrants, many felt that they were second-class citizens (Ehrkamp & Nagel, 2014) and that they were kept separate, or segregated, so that the more affluent nonimmigrant members of the churches would not be offended by them. Ehrkamp and Nagel also found that the nonimmigrant members either supported the immigrant cause or discriminated against all Hispanic and Latino individuals, assuming that they were all undocumented and were somehow siphoning money away from those who deserved it (that is, U.S. citizens). Ehrkamp and Nagel also found that the churches that they interviewed typically fell into one of two categories: either they were in favor of helping the immigrants despite the law because they believed that their faith called them to do so, or they observed a different part of the faith and held that God put

certain people in charge and that they should follow the rulings of those people. This of course poses the question of how these beliefs affect a church that is more divided on the issue rather than merely falling into one category or another. Regardless, those who did help the immigrants typically did so without the knowledge of the congregation when it was deemed that the congregation would not be quite as magnanimous or hospitable toward the undocumented immigrants. Unfortunately, this is not the only kind of issue that immigrants face because of their undocumented status, as they need to stay invisible to the law.

Connor's (2011) correlational study explores three domains in which adaptation and religious support can be gained:

Coined as the three R's of immigrant religion—refuge, respect, and resources—these aspects for the role of immigrant religion in the greater adaptation process of immigrants have been thoroughly theorized within the American literature, both among migration and religion scholars. (p. 1350)

Overall, religious institutions have played an integral role in assisting immigrants coming to the United States (Kotin, Dyrness, & Irazabal, 2011). Religious institutions offer a homeostatic environment that provides a place of comfort and familiarity to immigrants who possess limited means and support (Ley, 2008). The church often provides a medium by which immigrants can learn the language and culture of the new country and maintain many of their traditions. In some cases the immigrant church can even become an empowering political voice, fighting for social change (Kotin, Dyrness, & Irazabal, 2011).

## **Religion**

For many immigrant groups, culturally valued behaviors are grounded in religious associations and beliefs (Kumar et al., 2015). Religious institutions are often the first place many immigrant families turn to (Ellis et al., 2010). When individuals experience traumatic events, they often have to mediate what happened in their external world internally (Tan, 2006). Adolescents may feel an insurmountable amount of stress, threatening circumstances, overwhelming events, and chaos when transitioning. Tan suggests that survivors of trauma encounter a deep moral crisis that leads them to ask profound existential questions. To rebuild their meaning of life, many who experience trauma turn to spirituality or faith to alleviate their trauma and gain support from a group that understands their needs (Tan, 2006). Religion and spirituality, much like many of the protective factors, may be ineffective for some immigrant youths

who experience trauma. According to Tan, those who cope with a traumatic event by means of deepening spirituality or religiousness have been able to do so through posttraumatic growth. This growth leads to positive religious coping, participation in religious or spiritual events, religious openness, intrinsic religiousness, and a readiness to face that hard-to-answer existential question (Tan, 2006). Spirituality may provide answers to those transitioning youths and, in doing so, prevent suicidal or destructive behaviors.

Two biblical themes exist that might seem somewhat contradictory. The first is helping those in need, and the second is following the law. In the United States many are unaware that both of these themes can be fulfilled.

Federal law does not prohibit any of the activities that most churches or individuals might take part in as they relate to undocumented immigrants: we can preach the gospel to them, teach them in Sunday School (or let them teach us), provide food assistance from a food pantry, and offer English classes—and never violate the law. There is no legal requirement on citizens or churches to report those whom they suspect are present unlawfully. (Soerens et al., 2013, p. 15)

In fact, the only way churches or individuals might violate the law is if they hire immigrants for employment (Soerens et al., 2013). However, it is important to note that state legislation could complicate this dynamic.

## Conclusion

Empowerment may be realized through interrelationships. The *Code of Ethics* notes that it is an ethical responsibility for social workers to strengthen relationships so as to “promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities,” with particular attention paid to groups that are vulnerable, such as those living in poverty (NASW, 2017, p. 6; also see Openshaw et al., 2014). Narayan (2002) conceptualized four key elements that empower, all of which require state reform and the removal of both formal and informal institutional barriers that limit action to improve the well-being of others. These four elements include the following:

1. **Access to information:** This allows for individuals to “take advantage of opportunity, access services, exercise their rights, and hold state and non-state actors accountable.”
2. **Inclusion/participation:** This gives poor people “authority and control over decisions and resources developed to the lowest appropriate level.”



3. **Accountability:** This extends through all domains and demands that all people are answerable for their actions and policies that affect the well-being of others.
4. **Local organizational capacity:** This is “the ability of people to work together, organize themselves, and mobilize resources to solve problems of common interest.” (Narayan, 2002, p. vi)

Social workers should work in tandem with faith-based organizations in local communities to ensure that basic needs of undocumented immigrants are being met. Many rural communities are devoid of social services except those offered by churches. Likewise, by developing awareness for risk and protective factors in immigrant youths and families, the social worker reduces, recognizes, supports, and stabilizes mental illness. Although each individual reacts and responds to trauma and interventions in different ways, it is still imperative to be aware of positive influences that a protective factor may provide. Social workers should help local church leaders understand the effects of trauma and request that these church leaders make referrals to social service agencies when they observe someone who is showing the effects of trauma. Social workers must also provide culturally competent services. A clinician needs to be aware of how to assess the specific population, be able to communicate with them, have knowledge about how that specific culture’s family dynamics work, be aware of specific therapy needs for the population, and have an understanding of the clients’ religious or spiritual beliefs (Pumariega & Rothe, 2010). In this manner, social workers can provide appropriate services for a population that has significant barriers to care, lives in poverty, and tends to have a propensity for mental health and behavioral difficulties.

## Critical Thinking Questions

### Client Context Can Affect Client Care

- What resources are you aware of that a person without documentation can seek?
- What ethical dilemmas might you encounter when working with this population?
- What roles do you think faith-based organizations have in the sustainability of undocumented families?
- Have you received any other training for this population? If not, how might you influence change in higher education?

## Active Learning

- Break up into groups and try to come up with several solutions for the immigrants presented in the case studies.
- Have one student role-play as a refugee seeking asylum and identify what strengths he or she has to cope with the immigration process.
- Interview a local faith-based organization about what resources it provides for individuals who are undocumented.

## Case Studies

**Miguel.** Miguel and his family recently immigrated to a large metropolitan city a few hours from the border. Miguel was forced to leave several siblings and his parents behind in Mexico because of threats from the cartel. Several months ago one of his cousins was killed for not meeting the demands of this group. Miguel decided that his family would be safe only if he crossed the border. To make it into the United States, Miguel had to pay the equivalent of two years' wages. He packed his family into a large truck that was transporting frozen goods. Several weeks later Miguel has successfully obtained employment working for a neighbor who also attends a Catholic church that he went to for support. His homestead does not have running water or electricity, but the building is structurally sound. The family's children have recently been visited by a school social worker.

**Catharine.** Catharine, an immigrant from France, entered the United States 28 years ago on a work visa and never left once her allotted time ran out. She worked in the same position as a professional translator until last year. Catharine has been recently diagnosed with a highly aggressive form of breast cancer and has run out of money to pay for treatments. The social worker has tried to get social security for her since she has paid taxes every year that she has worked. However, the only option appears to be to deport her to her country of origin so that she may continue to receive medical care. It is not advised for her to board a plane owing to her fragile medical state.

## References

Baker, B., & Rytina, N. (2013). *Estimates of the unauthorized immigrant population residing in the United States: January 2012*. Retrieved from [http://www.dhs.gov/sites/default/files/publications/ois\\_ill\\_pe\\_2012\\_2.pdf](http://www.dhs.gov/sites/default/files/publications/ois_ill_pe_2012_2.pdf)

- Baker, B., & Rytina, N. (2014). *Estimates of the lawful permanent resident population in the United States: January 2013*. Retrieved from [http://www.dhs.gov/sites/default/files/publications/ois\\_lpr\\_pe\\_2013\\_0.pdf](http://www.dhs.gov/sites/default/files/publications/ois_lpr_pe_2013_0.pdf)
- Cadge, W., Levitt, P., Jaworsky, B. N., & Clevenger, C. (2013). Religious dimensions of contexts of reception: Comparing two New England cities. *International Migration, 51*(3), 84–98.
- Canda, E. R., & Phaobtong, T. (1992). Buddhism as a support system for Southeast Asian refugees. *Social Work, 37*, 61–67.
- Connor, P. (2011). Religion as resource: Religion and immigrant economic incorporation. *Social Science Research, 40*, 1350–1361.
- Cota, G., Hamilton, K., Haynie, K., & Montero, D. (2012). Immigration in the United States and what social workers should know. *Journal of Human Behavior in the Social Environment, 22*, 789–800. doi:10.1080/10911359.2012.655596
- Davids, Y., & Gouws, A. (2013). Monitoring perceptions of the causes of poverty in South Africa. *Social Indicators Research, 110*(3), 1201–1220. doi:10.1007/s11205-011-9980-9
- Ehrkamp, P., & Nagel, C. (2014). “Under the radar”: Undocumented immigrants, Christian faith communities, and the precarious spaces of welcome in the U.S. South. *Annals of the Association of American Geographers, 104*, 319–328.
- Ellis, B. H., Lincoln, A. K., Charney, M. E., Ford-Paz, R., Benson, M., & Strunin, L. (2010). Mental health service utilization of Somali adolescents: Religion, community, and school as gateways to healing. *Transcultural Psychiatry, 47*, 789–811. doi:10.1177/1363461510379933
- Estrada-Martinez, L. M., Padilla, M. B., Caldwell, C. H., & Schulz, A. J. (2011). Examining the influence of family environments on youth violence: A comparison of Mexican, Puerto Rican, Cuban, non-Latino Black, and non-Latino White adolescents. *Journal of Youth and Adolescence, 40*, 1039–1051.
- Flanagan, C., & Levine, P. (2010). Civic engagement and the transition to adulthood. *Future of Children, 20*(1), 159–179.
- Fortuna, L., Porche, M., & Alegria, M. (2008). Political violence, psychosocial trauma, and the context of mental health services use among immigrant Latinos in the United States. *Ethnicity & Health, 13*, 435–463.
- Frabutt, J. M. (2006). Immigrant youth mental health, acculturation, and adaptation. *Catholic Education, 9*, 499–504.
- Friedmann, J. (2001). Rethinking poverty: Empowerment and citizen rights. *International Social Science Journal, 48*(148), 161–172.

- Garcia, C., & Saewyc, E. (2007). Perceptions of mental health among recently immigrated Mexican adolescents. *Issues in Mental Health Nursing, 28*(1), 37–54.
- Hancock, T. U., Ames, N., & Behnke, A. O. (2014). Protecting rural church-going immigrant women from family violence. *Journal of Family Violence, 29*, 323–332.
- Harker, K. (2001). Immigrant generation, assimilation, and adolescent psychological well-being. *Social Forces, 79*, 969–1004.
- Ingram, E. M. (2007). A comparison of help seeking between Latino and non-Latino victims of intimate partner violence. *Violence Against Women, 13*, 159–171.
- Juang, L. P., & Alvarez, A. A. (2010). Discrimination and adjustment among Chinese American adolescents: Family conflict and family cohesion as vulnerability and protective factors. *American Journal of Public Health, 100*(12), 2403–2409. doi:10.2105/AJPH.2009.185959
- Kao, T. A., Lupiya, C. M., & Clemen-Stone, S. (2014). Family efficacy as a protective factor against immigrant adolescent risky behavior. *Journal of Holistic Nursing, 32*, 202–216. doi:10.1177/0898010113518840
- Kotin, S., Dyrness, G. R., & Irazabal, C. (2011). Immigration and integration: Religious and political activism for/with immigrants in Los Angeles. *Progress in Development Studies, 11*, 263–284.
- Kumar, R., Seay, N., & Karabenick, S. A. (2015). Immigrant Arab adolescents in ethnic enclaves: Physical and phenomenological contexts of identity negotiation. *Cultural Diversity and Ethnic Minority Psychology, 21*, 201–212. doi:10.1037/a0037748
- Lawton, K. E., & Gerdes, A. C. (2014). Acculturation and Latino adolescent mental health: Integration of individual, environmental, and family influences. *Clinical Child and Family Psychology Review, 17*, 385–398. doi:10.1007/s10567-014-0168-0
- Lee, E.-K.O., & An, C. H. (2013). Faith-based community support for Korean American older adults. *Social Work & Christianity, 40*, 446–459.
- Ley, D. (2008, September). The immigrant church as an urban service hub. *Urban Studies, 45*, 2057–2074.
- Lund, C., De Silva, M., Plagerson, S., Cooper, S., Chisholm, D., Das, J., et al. (2011). Poverty and mental disorders: Breaking the cycle in low-income and middle-income countries. *Lancet, 378*(9801), 1502–1514.
- McCashen, W. (2005). *The strengths approach* (K. M. Asman, Ed.). Kangaroo Flat, Australia: St. Luke's Innovative Resources.

- McKinnon, S. L. (2009, October 27). "Bringing new hope and new life": The rhetoric of faith-based refugee resettlement agencies. *Howard Journal of Communications*, 20, 313–332.
- Narayan, D. (2002). *Empowerment and poverty reduction: A sourcebook*. Washington, DC: World Bank.
- National Association of Social Workers. (2017). *Code of ethics of the National Association of Social Workers*. Washington, DC: Author.
- Openshaw, L., McLane, A., Court, C., & Saxon, M. (2014). Social work practice and the narrative of poverty. *NACSW Convention Proceedings*, 1–31. Retrieved from <https://www.nacsw.org/Convention/OpenshawLSocialFINAL.pdf>
- Oppedal, B., Røysamb, E., & Heyerdahl, S. (2005). Ethnic group, acculturation, and psychiatric problems in young immigrants. *Journal of Child Psychology & Psychiatry*, 46, 646–660. doi:10.1111/j.1469-7610.2004.00381.x
- Park, N., Peterson, C., & Seligman, M. (2004). Strengths of character and well-being. *Journal of Social and Clinical Psychology*, 23, 603–619.
- Paulson, M. (2014). U.S. religious leaders embrace cause of immigrant children. *New York Times*. Retrieved from [http://www.nytimes.com/2014/07/24/us-us-religious-leaders-embrace-cause-of-immigrant-children.html?\\_r=0](http://www.nytimes.com/2014/07/24/us-us-religious-leaders-embrace-cause-of-immigrant-children.html?_r=0)
- Pumariega, A. J., & Rothe, E. (2010). Leaving no children or families outside: The challenges of immigration. *American Journal of Orthopsychiatry*, 80, 505–515. doi:10.1111/j.19390025.2010.01053.x
- Pumariega, A., Rothe, E., & Pumariega, J. (2005). Mental health of immigrants and refugees. *Community Mental Health Journal*, 41, 581–597.
- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41, 296–305.
- Shah, D. V., Kwak, N., & Holbert, R. L. (2001). "Connecting" and "disconnecting" with civic life: Patterns of Internet use and the production of social capital. *Political Communication*, 18, 141–162.
- Smokowski, P. R., Chapman, M. V., & Bacallao, M. L. (2007). Acculturation risk and protective factors and mental health symptoms in immigrant Latino adolescents. *Journal of Human Behavior in the Social Environment*, 16(3), 33–55. doi:10.1080/10911350802107710
- Tan, P. P. (2006). Survivors of the killing fields: Spirituality and religious faith as protective factors against the impact of trauma. *Arete*, 30(1), 112–123.
- U.S. Department of Homeland Security, Office of Immigration Statistics. (2014). *2013 yearbook of immigration statistics*. Retrieved from [http://www.dhs.gov/sites/default/files/publications/ois\\_yb\\_2013\\_0.pdf](http://www.dhs.gov/sites/default/files/publications/ois_yb_2013_0.pdf)

- Warren, J. (2009). Socioeconomic status and health across the life course: A test of the social causation and health selection hypotheses. *Social Forces*, 87, 2125–2153.
- Zimmerman, M. (1990). Toward a theory of learned helplessness: A structural model analysis of participation and employment. *Journal of Research in Personality*, 24, 71–86.