Residency Status and Discrimination among Immigrants in Minnesota

Lisa J. Rawlins

University of St. Thomas, Minnesota, rawlinslsw@gmail.com

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Residency Status and Discrimination among Immigrants in Minnesota

By Lisa J. Rawlins, BSW

MSW Clinical Research Paper Presented to the
Faculty of the School of Social Work
St. Catherine University and the University of St. Thomas
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Committee Members
Dr. Pa Der Vang, PhD. (Chair)
Kimberley Ofte Dahl-Brooks, LICSW
Diane Haines, BSW., MA

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University - University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.
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Abstract

Discrimination and other social injustices experienced by immigrants in the United States are well documented in the literature. Few studies, however, have investigated the relationship between residency status and discrimination. This exploratory, qualitative study investigated the relationship between residency status and discrimination among immigrants in Minnesota. The author conducted semi-structured interviews with seven immigrants and five professionals (lawyers and social workers) who provide direct services to immigrants. The study operated under the assumption that immigrants with more precarious residency status (undocumented immigrants, for example), would experience greater discrimination than immigrants with more stable residency status (refugees or lawful permanent residents, for example). The qualitative data suggest that undocumented immigrants do not necessarily experience greater discrimination than immigrants with more stable residency status. Other variables such as race, national origin, or simply being an immigrant regardless of residency status seem to contribute to discrimination experiences as well. Further research is needed to better understand the relationship between these variables.
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Residency Status and Discrimination among Immigrants in Minnesota

Introduction

In an increasingly global society, the social work profession must adapt to the demographic changes in the communities it serves. This reality is especially pertinent for social workers in the United States, as the large numbers of immigrants who have sought refuge, economic opportunity and family reunification in the U.S. during the past few decades have led to an unprecedented level of cultural, ethnic and racial diversity in the country (Karger & Stoesz, 2014). The immigration experience is by no means uniform for all immigrants. Not only do immigrants come from every corner of the globe, they also arrive via different authorized and unauthorized pathways, with which are associated different rights and benefits, or lack thereof.

Some immigrants are smuggled in with the help of a “coyote” (smuggler) at the U.S.-Mexico border to join the approximately 11.5 million undocumented immigrants living in the U.S. (Fasani, 2015). Others present themselves to border patrol to seek asylum and begin a long legal process that will end for the fortunate few in asylee status, and for the majority in deportation (Barrick, 2016). Still others obtain refugee status while in a third-party country, sometimes spending as long as decades in a refugee camp before finally making it to the United States (Potocky-Tripodi, 2002). Refugees and asylees are eligible for public benefits, a green card after one year of continuous residence in the U.S., and eventual naturalization. Undocumented immigrants and asylum seekers, on the other hand, qualify for virtually nothing (Potocky-Tripodi, 2002). These four legal categories are only a few of the many categories that make up the United States’ convoluted immigration system.

This study investigates how immigrants’ experiences with discrimination vary across legal status. The research question is: Do legally vulnerable immigrant groups experience
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greater discrimination than immigrant groups with more legal security? The assumption is that
legally vulnerable immigrant groups, such as undocumented immigrants, asylum seekers, and
immigrants with temporary protected status are at a greater risk for discrimination than more
legally secure groups such as refugees and lawful permanent residents. The results of the study
will be invaluable for social workers, as social workers will inevitably encounter immigrants at
some point in their careers. Knowledge of immigrants’ diverse migration and discrimination
experiences will enable social workers to perform more thorough, culturally sensitive
assessments and will serve as a tool for the development of rapport.

A brief glossary of immigration law terminology is provided below. The immigration
status categories are listed in order according to the degree of legal protections and benefits
available in each category. These terms will be used in the paper to distinguish between
immigrants according to status. When the word “immigrants” appears in isolation, however, it
encompasses all foreign-born residents in the U.S., making no distinction between legal
categories.

- **Undocumented immigrants:** Immigrants who reside in the United States without
  permission from United States Citizenship and Immigration Services (USCIS). This
  status can be the result of an illegal border crossing or of an expired immigration visa.
  Undocumented immigrants do not qualify for work permits or any form of public
  assistance with the exception of emergency medical services (Potocky-Tripodi, 2002).

- **Asylum seekers:** Immigrants who enter without documents and request asylum from
  persecution (based on race, nationality, religion, political opinion, or membership in a
  social group) within one year of arrival. Asylum seekers can apply for a work permit 150
days after applying for asylum if their asylum case has not yet been resolved (United States Citizenship and Immigration Services, 2016).

- **U-Visa holders:** The U-Visa is a benefit offered to undocumented immigrants who are victims of certain crimes in the United States such as domestic violence and sex trafficking and cooperate with law enforcement to press charges against the perpetrators. Once obtained, the U-Visa allows the individual to obtain a work permit, and after a minimum of three years with the U-Visa, the individual can apply for lawful permanent residence (a green card) (United States Citizenship and Immigration Services, 2016).

- **Temporary Protected Status (TPS):** Undocumented immigrants can get TPS if the U.S. determines that their country of origin is unsafe to return to. In order to qualify, immigrants must be able to prove their presence in the U.S. prior to the TPS determination. Immigrants with TPS can get work permits but do not qualify for most forms of public assistance and are unable to apply for lawful permanent residence (a green card) (Simmelnik, 2011).

- **Asylees:** One year after being granted asylum, asylees can apply for a green card, and after four years with a green card, can apply for naturalization (United States Citizenship and Immigration Services, 2016).

- **Refugees:** One year after entering the U.S. as a refugee, refugees can apply for a green card, and after four years with a green card, can apply for naturalization (United States Citizenship and Immigration Services, 2016).

- **Lawful permanent residents (green card holders):** As explained above, asylees can apply for a green card one year after receiving asylee status, and refugees can apply one year after entry into the U.S. There are other ways to qualify for a green card, including
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the diversity lottery (where visas are given to applicants in underrepresented countries), family based immigration (a citizen or lawful permanent resident applies on behalf of a family member), and employment-based immigration (foreign workers with rare, desirable skills are sponsored by a U.S. employer to come to the U.S.) (Pandey & Kagotho, 2010).

- **Foreign-born (naturalized) U.S. citizens:** To become a citizen, you must have resided in the U.S. with a green card for a minimum of five years (or five years of refugee/asylee status plus the possession of a green card). In order to qualify, the applicant must be free of certain crimes and must pass the naturalization test. Naturalized citizens have all of the same rights and benefits as native-born citizens. Naturalized citizens are also the only foreign-born residents of the U.S. who cannot be deported under any circumstances (United States Citizenship and Immigration Services, 2016).

- **Native-born U.S. citizens:** Anyone born in the United States is automatically a citizen, regardless of the parents’ immigration status.

This research is especially timely given the current political climate in the United States. Anti-immigrant rhetoric and scapegoating were some of President Donald Trump’s most dangerous weapons on the campaign trail prior to his election in November 2016. His anti-immigrant platform came closer to home for Minnesotans in an infamous speech on August 5th, 2016. In this speech, he accused Somali refugees in Minnesota of being “a rich pool of potential recruiting targets for Islamist terror groups” and criticized Somali refugees for their alleged high unemployment rate and reliance on public assistance (Koumpilova, 2016). Trump attacked Somali refugees again during a last-minute rally outside the Minneapolis-St. Paul airport on November 6th, 2016, stating: “A Trump administration will not admit any refugees without the
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support of the local communities where they are being placed . . . It's the least they could do for you. You've suffered enough in Minnesota” (Bakst & Sepic, 2016).

Somali refugees have not been the only targets of Trump’s xenophobic discourse. Trump has repeatedly blamed the nation’s crime problems on undocumented immigrants from Mexico, whom he refers to as “bad hombres” (Ross, 2016). Trump has vowed to build a wall on the Mexican border and deport as many undocumented immigrants as possible. Prior to his election, Trump also repeatedly criticized his opponent Secretary Hillary Clinton for her plan to allegedly admit 620,000 “un-vetted” Syrian refugees over four years (in actuality, Clinton’s plan proposed admitting 65,000 Syrian refugees during her first year in office, and a rigorous refugee vetting process has been in place for years) (Valverde, 2016).

Unfortunately, the election results gave testimony to the fact that Trump’s views are not an anomaly among whites in the United States. In an interview with Princeton University economists Anne Case and Angus Deaton and historians Carol Anderson and Nancy Isenberg, Politico Magazine investigated some of socioeconomic and historical roots of working class whites’ fears and resentment toward immigrants and people of color in general (Glasser & Thrush, 2016). The Princeton economists pointed out that since the 1990s, mortality rates among middle-age whites without a college degree have increased. This increase can be largely attributed to “deaths of despair,” or deaths caused by suicide, alcohol-related liver disease or drug overdose (Glasser & Thrush, 2016). In pre-election polls, there was a statistically significant concentration of Trump supporters in counties most affected by these “deaths of despair” (Glasser & Thrush, 2016, par. 3). While mortality in this specific group has increased, it is still lower than mortality rates for people of color. The same goes for wage growth. Wage growth has decreased for whites in the past 20 years. However, white wages are still higher
overall than wages for people of color. Anderson eloquently summarizes the phenomenon of white angst in the following statement: “if you’ve always been privileged, equality begins to look like oppression” (Glasser & Thrush, 2016, par. 20). In short, working class whites may feel left behind by globalization and recent social advances enjoyed by ethnic minorities, making Trump’s rhetoric and slogan to “make America great again” highly appealing.

After Trump won the election, anti-immigrant sentiment among Trump supporters grew stronger, or at least became more conspicuous. As of January 2017, the Southern Poverty Law Center had counted 800 incidents of “racist harassment and intimidation” across the United States, many of which included direct references to the Trump campaign (Dhanoa, 2017). These incidents have occurred at schools, college campuses, businesses, places of worship and private homes. Latino students across the country have been taunted with “build a wall” chants and comments that they should “go back to Mexico” (Rios, 2016). Islamophobia has been on the rise as well. In a recent poll on Islamophobia in schools, 45% of polled high school students reported hearing racist comments about Arabs in the classroom (Rizga, 2017). Black students have been called the N-word, and anti-Semitic graffiti has appeared in association with Trump’s presidency.

The topic for this clinical research paper was chosen long before Trump’s election and the ugly aftermath in immigrant communities. Now more than ever, social workers must work to defend immigrants’ civil rights and to promote more harmonious intercultural relations in our communities. As the Reverend Martin Luther King Jr. famously said “injustice anywhere is a threat to justice everywhere.” Social workers’ work will not be complete until the worth and dignity of all human beings is valued by decision makers and reflected in their statements and policies. The present study gives voice to immigrants who cannot vote but nevertheless work, go
RESIDENCY STATUS AND DISCRIMINATION to school and pay taxes in our communities. Additionally, the present study will contribute insights into the intersection between immigration law and discrimination in immigrants’ everyday lives.

**Literature Review**

There is an abundance of social work literature about the unique social challenges faced by immigrants, both in the United States and in other magnet countries for immigration such as Canada, the United Kingdom, Australia, New Zealand and Israel. Common themes that have emerged in the literature include traumatic experiences in the countries of origin, trauma resulting from immigration enforcement in the host country, and experiences with discrimination at the hands of natives and native institutions. There is evidence that certain immigrant groups are more vulnerable to these experiences than others. Following a review of the research on trauma and discrimination faced by immigrants, the limited research comparing immigrant groups is reviewed.

**Trauma**

Unfortunately, a history of trauma is more of a rule than an exception among immigrants, regardless of legal status or country of origin. Trauma is most commonly associated with refugees fleeing war-torn countries, but trauma can also occur in the form of extortion and terrorization by local gangs, domestic violence, and family separation in the U.S. due to detention and deportation by Immigration and Customs Enforcement (ICE). Trauma was a common theme in Lusk, McCallister and Villalobos’ (2013) interviews with 24 undocumented Mexican immigrants in El Paso, Texas. Participants reported receiving death threats and witnessing murders of loved ones in Mexico (Lusk et al., 2013). The participants also endorsed
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constant fear of immigration enforcement and exploitation by opportunistic employers in the United States.

In Weaver and Burns’ (2001) qualitative study of 58 asylum-seekers in Buffalo, New York, 72% of the participants reported they had sustained physical injuries from war or torture, and 81% reported nightmares related to past traumas. Other participants reported rape and emotional scars (Weaver & Burns, 2001). Kissoon’s (2010) qualitative study comparing homeless asylum seekers in Toronto and London found that in both cities, asylum seekers encountered common obstacles to social wellbeing, including “migration marked by trauma and persecution” (p. 10). The asylum-seekers’ past traumas were compounded by experiences with homelessness and substandard housing following resettlement in the host country (Kissoon, 2010).

Numerous studies have demonstrated the detrimental impact of detention, deportation and the mere fear of these on immigrants’ mental health and family relationships (Brabeck, Lykes & Hershberg, 2011; Lusk, McCallister & Villalobos, 2013; Arbona et al., 2010; Ayon, 2014; Rubio-Hernandez & Ayon, 2016; Xu & Brabeck, 2012; Xu & Brabeck, 2010 and Zayas & Bradlee, 2014). Anti-immigration policies take their greatest toll on children. Rubio-Hernandez and Ayon (2016) interviewed undocumented Latino parents in Arizona about their children’s responses to local anti-immigration policy and found that most of the children developed mental health symptoms including hypervigilance, depression and worry. For many of the participants’ children, a fear of being separated from their parents evolved into a more generalized fear of authority figures (Rubio-Hernandez & Ayon, 2016). Of the 132 Latino immigrant parents surveyed by Xu and Brabeck (2010), 48.5% reported that deportation affected their children’s
emotional wellbeing, and 45.5% reported that deportation negatively impacted their children’s academic performance.

In their qualitative research on undocumented immigrants from Central America in New England, Brabeck, Lykes and Hershberg (2011) found that families’ trauma responses to detention and deportation of family and community members was compounded by trauma histories from the countries of origin. One participant described immigration policy as “a war on immigration” and viewed it as the “second war” she had survived (comparing the current trauma to trauma from government-sponsored violence in Central America) (Brabeck et al., 2011, p. 288). Brabeck et al. (2011) stress the importance of developing more culturally responsive and community-based mental health treatment to address the trauma experienced by families impacted by detention and deportation.

Approximately 10% of families in the U.S. are of mixed immigration status, so anti-immigration policy directly affects a substantial segment of the population, harming citizens as well as immigrants (Xu & Brabeck, 2012). It has been estimated that for every two deported immigrants, one citizen child is directly impacted (Zayas & Bradlee, 2014). When parents with citizen children are deported, they are forced to choose between tearing their children away from their homeland in the interest of family unity and leaving them in someone else’s care with the hope that they will be one day reunited. In cases where child protection is involved, a parent’s deportation can result in loss of parental rights if ICE and child protection do not communicate with each other and the child protection agency assumes that the parent is willfully neglecting to communicate with the child protection agency (Zayas & Bradlee, 2014).
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Discrimination

In addition to facing explicitly anti-immigrant policies, immigrants face direct and indirect discrimination in their daily interactions with U.S. citizens and U.S. institutions. This discrimination may be based on race, religion, immigration status, language, or all of the above. For example, Latino immigrant families participating in Ayon’s 2014 study reported experiencing discrimination in healthcare settings based on race and English language ability. The undocumented participants in Lusk et al.’s 2013 study described their predicament as “living in the shadows” and complained of exploitation by opportunistic employers (p. 12). Immigrants in the U.K. have had similar experiences. Kissoon (2010) interviewed asylees who had resettled in small, isolated towns in the U.K. between 1999 and 2001 and found that many were harassed by their neighbors. During those two years, there were 2,000 racist incidents against asylum seekers reported in the U.K. (Kissoon, 2010).

In Roche and Kuperminc’s 2012 study of Latino youth’s acculturative stress and school belonging, there were no differences in discrimination stress between groups according to immigration status and age of immigration, suggesting that the common discrimination experience was based more on race than on immigration. Discrimination stress negatively correlated with GPA and school belonging (Roche & Kuperminc, 2012). Ayon (2016) explored Latino immigrant parents’ experiences talking with their children about race and found a variety of responses. While some parents educated their children about the value of diversity and bolstered their children’s ethnic pride, others taught their children to expect and adapt to discrimination, at times even reinforcing negative racial stereotypes (Ayon, 2016).

Younes and Killip (2010) investigated discrimination and other responses of native U.S. citizens to immigration from the citizens’ perspective, using the small town of Lexington,
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Nebraska as a case study. The study consisted of 123 phone interviews and two focus groups with predominantly white, long-term residents of the town. Most participants saw immigration as a “double-edged sword” for the town (Younes & Killip, 2010, p. 14). On one hand, immigration gave the town a needed economic boost and enriched the town culturally; on the other hand, long-time small business owners were forced to close shop when their customer base left town (white flight). Overall, 51.6% of participants had mixed feelings about immigrants, 33.06% had positive views about immigrants, and 11.2% had negative views. Although many participants had positive comments about their immigrant neighbors (e.g. “By and large, they are very, very nice people. Very good to deal with and an asset to our community”) these were soured by mean-spirited comments such as “75% are human trash–the rest are good people” and “If you put on your sombrero you can get away with about anything” (Younes & Killip, 2010, p. 15). The latter comments came from a minority of participants; however, as the current national political climate demonstrates, a privileged minority with anti-immigrant, racist views can be powerful and dangerous.

The National Association of Social Workers’ (NASW) Code of Ethics (2008) holds social workers accountable to certain ethical standards and core values, including the core value of the dignity and worth of the person. Unfortunately, not all social workers uphold this value with regards to immigrants. Danso and Lum (2013) cite previous research showing that social workers tend to have negative attitudes toward undocumented immigrants. Similarly, Weaver and Burns (2001) report that many of their social work students lack knowledge and interest in immigrant populations, in at least one student’s case because of the belief that “those people have diseases” (p. 151). These findings are concerning for the social work field. Social workers should be advocates and allies to undocumented immigrants, not contributors to the already
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hostile environment. Hardina (2014) points out that both the NASW Code of Ethics and the International Federation of Social Workers Statement of Principles state that social workers have a duty “to prevent discrimination based on national origin and immigration status” (p. 30).

Comparison of Immigrant Groups

The preceding segment of the literature review focused on descriptive research that has investigated various social measures in specific immigrant communities. Next, research that has used legal status or race of immigrants as an independent variable influencing social outcomes will be reviewed.

Legal status

The existing literature comparing immigrant groups according to legal status has focused primarily on Latino immigrants. In a study of Central American immigrants in New England, Xu and Brabeck (2010) found that higher levels of legal vulnerability correlate with greater impact of anti-immigrant policies on family environment and child wellbeing. In a follow-up study, Xu and Brabeck (2012) found that there was no significant difference between documented and undocumented parents in their access of community services such as healthcare, legal and education services (e.g. English as a second language classes). However, documented parents were more likely to access public assistance for their citizen children than were undocumented parents (Xu & Brabeck, 2012). In Arbona et al.’s 2010 study comparing acculturation experiences between documented and undocumented Latino immigrants, undocumented respondents reported lower levels of English proficiency, higher levels of acculturative stress and greater support for traditional values regarding gender roles and family structure than their documented counterparts. The two immigrant groups reported an equal level of fear of deportation, however (Arbona et al., 2010).
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Pandey and Kagotho (2010) compared the health outcomes of different types of lawful permanent residents (LPRs) using data from the New Immigrant Survey collected from May through November of 2003. The researchers divided LPRs into four categories: diversity lottery, family-based, employment-based and refugee/asylee. Overall, 61% of LPRs lacked health insurance. Diversity lottery LPRs had the highest rate of un-insurance at 83%, followed by refugee/asylee LPRs at 67%, family-based at 66% and employment-based at 31%. Pandey and Kagotho observe that recent immigrants most often work for employers who do not offer health insurance, and hypothesize that this plays a large role in the low rates of health insurance. Employment-based LPRs, however, have already been sponsored by an employer to come to the U.S. in the first place, and are therefore more likely to have employment based health insurance. LPRs from Europe, regardless of category, were 56% more likely to be insured than LPRs from other regions. This finding implies that race as well as legal status influences health outcomes for immigrants.

Race

Research suggests that phenotypically European immigrants face less discrimination than immigrants from Asian, African and Latin American regions. Portes and Rumbaut (2016) compared the adaptation of Asian, African, Latin American and European immigrants in the United States and found that non-European immigrants faced greater obstacles to adaptation than European immigrants. Danso and Lum (2013) compared immigrant groups according to ethnicity in Minnesota and found that Hispanic, Asian and East African immigrants experienced hostile treatment by citizens at much higher rates than Russian immigrants. Among Hispanic, Asian and East African immigrants, Hispanics reported the most hostile treatment and East Africans reported the least hostile treatment. Danso and Lum (2013) hypothesized that this
discrepancy may be due to the fact that in the Twin Cities, Hispanic immigrants are more likely to be undocumented than are Asian and East African immigrants, who are primarily refugees. Danso & Lum’s findings and their speculative explanation for the findings lend support to this study’s assumption, which is that immigrants with less privileged legal status are more likely to experience discrimination on the micro and mezzo levels.

**Gap in the Literature**

Despite the readily available research on different immigrant and refugee groups in the United States and abroad, there are few studies that compare the experiences of immigrants belonging to different legal categories under U.S. immigration law. Existing literature comparing legal categories of immigrants and refugees has focused primarily on the Latino community, comparing documented and undocumented Latino immigrants. Although Pandey and Kagotho (2010) did include immigrants of all national origins in their comparison of different legal groups, their study focused on health outcomes and did not address discrimination.

The Twin Cities have attracted large numbers of Somali, Hmong, Burmese, Liberian and Sudanese refugees, as well as economic immigrants and asylum seekers from across Latin America, making Minnesota’s immigrant population more culturally diverse than the national immigrant population (Wilder Research, 2010). This cultural diversity is accompanied by variance in legal status, which makes Minnesota an ideal location for research on the relationship between legal status and immigrants’ experiences with discrimination. The present study will investigate immigrants’ discrimination experiences across legal status in the Twin Cities metro area of Minnesota through semi-structured interviews with immigrants and professionals who work directly with immigrants.
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Conceptual Framework

This research is approached from the perspective of a social justice framework. Social justice is one of the six core social work values identified in the preamble to the social work code of ethics (National Association of Social Workers (NASW), 2008). The accompanying ethical principle to this core value is “social workers challenge social injustice” (NASW, 2008). Throughout the entire the code, the NASW (2008) repeatedly emphasizes social workers’ responsibility to oppose and end discrimination, which is necessary in order to create a socially just society. The Social Work Dictionary defines social justice as:

... an ideal condition in which all members of a society have the same rights, protections, opportunities, obligations, and social benefits. Implicit in this concept is the notion that historical inequalities should be acknowledged and remedied through specific measures. A key social work value, social justice entails advocacy to confront discrimination, oppression, and institutional inequities (as cited by Finn & Jacobson, 2008, par. 1).

As the above definition indicates, the social work profession has made a serious commitment to not only promote equality here and now, but also to move forward reparation and reconciliation efforts with historically oppressed groups in our country. Immigrants, in particular immigrants of color, are one of these groups. The social work code of ethics explicitly states in section 6, social workers’ ethical responsibilities to the broader society, that social workers must prevent discrimination against people based on immigration status, among many other social characteristics (NASW, 2008). Social workers also have an obligation to respect diversity and to educate themselves on clients’ cultures (NASW, 2008).
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One of the forces currently preventing social justice from becoming a reality in the United States is xenophobia, or the fear and hatred of foreigners. Xenophobia exists on a spectrum and ranges from subtle acts (e.g. rude comments or implicitly xenophobic policies) to blatant acts (e.g. hate crimes or explicitly xenophobic policies). Xenophobia has always existed within the world’s various nationalities and ethnicities. In the United States, a relatively young country, some of the earliest examples of xenophobia include the Chinese Exclusion Act of 1880 and the “Irish need not apply” signs posted by employers in New York City in the mid-19th century (Day & Schiele, 2013; Cooley, 2015). According to Pew Center statistics, public opinion was largely anti-immigrant throughout the 20th century as well. In 1958, 55% of Americans opposed a plan to admit 65,000 refugees from Hungary, in 1979, 62% of Americans disapproved of a plan to admit 14,000 refugees from Indochina each month, and in 1980, over 70% of Americans disapproved of the Mariel boatlift, which allowed tens of thousands of Cubans to enter the United States (Desilver, 2015). The aftermath of the terrorist attacks on 09/11/2001 exacerbated xenophobia by adding Islamophobia (the fear and hatred of Muslims) to the mix. Today’s xenophobia toward prospective refugees from Syria and Iraq mirrors the public’s response to past waves of refugees. None of these refugee waves resulted in the social and economic chaos that xenophobic rhetoric predicted, however (Washington Post Editorial Board, 2016).

During the past two decades, immigration policy in the United States has grown increasingly xenophobic. In 1996, The Illegal Immigration Reform and Immigrant Responsibility Act increased enforcement at the border, added to the list of deportable offenses, greatly reduced immigrants’ rights to due process in immigration court, and implemented a five-year waiting period for public benefit eligibility for lawful permanent residents (as cited by
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Brabeck, Brinton Lykes & Hershberg, 2011). The Patriot Act of 2001, the formation of the Department of Homeland Security in 2002, and the establishment of Immigration Customs and Enforcement (ICE) in 2003 made protecting national borders and removing “dangerous” immigrants an even greater priority for the federal government than before (as cited by Brabeck et al.). Various states, primarily in the South and Southwest, have enacted their own restrictive immigration legislation as well. One of the most notorious state immigration laws is Arizona’s S.B. 1070, or the “Support our Law Enforcement and Safe Neighborhoods Act” of 2010, which took an aggressive stance on immigration enforcement at the local level. The Supreme Court later determined that several components of the law were unconstitutional, including the requirement that immigrants carry documentation at all times, the criminalization of seeking or holding a job without documentation, and the provision that police officers could arrest undocumented immigrants without a warrant. The Supreme Court upheld, however, the part of the law that allows (and encourages) police officers to check immigration status during routine stops (Rubio Hernandez & Ayon, 2016, p. 21).

In addition to macro-level influences, xenophobia works at the micro and mezzo levels to create a hostile environment for immigrants in the United States. Younes and Killip’s 2010 study revealed how the perceived economic and cultural threat presented by immigrants to the small town of Lexington, Nebraska led many residents to adopt discriminatory attitudes toward immigrant neighbors. Danso and Lum (2013) found that 24.2% of the 1,036 Minnesota immigrants surveyed had experienced hostile treatment by U.S. citizens for being immigrants. A participant in Wilder Research’s 2010 study on immigration in Minnesota exposed the xenophobia in his Southwestern Minnesota community with the following comment: “Racism
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and fear are big obstacles here. There is always a group that we seem to be afraid of and there
seems to be a mindset among certain people that say or do things that will not help” (p. 36).

On the macro level, state and federal governments implement anti-immigrant policies on the
pretense of restoring safety and upholding the law.

There are several sociological and psychological theories that attempt to explain
xenophobia on the micro and mezzo levels. One theory is group conflict theory, which proposes
that ingroup bias and ethnocentrism are the result of competing interests and scarce resources
(Roeckelein, 2006). In other words, native born citizens feel threatened by newcomers because
they fear there will not be enough jobs and resources to go around. According to group conflict
theory, U.S. citizens who are socioeconomically vulnerable (e.g. unemployed and/or low
income) are most likely to feel threatened by immigration, whereas higher socioeconomic classes
with greater job security and higher levels of education are less likely to feel threatened (Lancee
&Pardos-Prado, 2013). Younes and Killip (2010) observe that if group conflict theory is true,
immigrants face a paradox regarding their degree of economic success where they are either
resented for the economic success that they have allegedly achieved at the expense of natives, or
they are despised for their lack of economic success and seen as a drain on public resources.

Social identity theory is another theory that has been proposed to explain xenophobia. According
to social identity theory, prejudice is based on psychological beliefs about group identity that pit
the ingroup against the outgroup (Lancee & Pardos-Prado, 2013).

Lancee and Pardos-Prado (2013) carried out a longitudinal study in Germany from 1999
until 2008 to test the validity of group conflict theory over time within the same sample of native
German citizens. The study’s independent variable was job security, which was measured over
time for each participant, and the dependent variable was attitudes toward immigrants. The
residents controlled for several variables including level of education, type of employment, marital status and personal relationships with immigrants. Lancee and Pardo-Prado (2013) found that regardless of socioeconomic status, participants who experienced unemployment over the course of the study tended to develop more negative attitudes toward immigrants. The results also reinforced previous findings that people with higher levels of education and more specialized, higher-paid types of employment are overall less likely to be concerned about immigration than their less educated, lower income counterparts at a single point in time (cross-sectional data) (Lancee & Pardo-Prado, 2013).

Contact theory predicts that xenophobia, racism and all other forms of prejudice decrease proportional to the level of genuine interactions between members of the ingroup and members of the outgroup (Younes & Killip, 2010). According to this theory, U.S. citizens fear and hate foreigners due to a lack of familiarity with them, and this can be mostly resolved through education and exposure. Unfortunately, xenophobia appears unlikely to go away anytime soon. According to the 2008 Hate Crimes survey conducted by Human Rights First, hate crimes rates increased at moderate to high rates in 2006 and 2007 in several European and North American countries. Anti-immigrant rhetoric has also been shockingly prevalent during the 2016 presidential campaign. Social workers have the responsibility to combat this dangerous strain of xenophobia through advocacy, education, and respectful, culturally responsive interactions with immigrant clients.

**Methods**

**Research Design and Sample**

The present study used qualitative research methods and consisted of 9 individual semi-structured interviews and one group interview with three participants for an original total of 12 participants. Unfortunately, the recording equipment used during the group interview only
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detected the researcher’s voice and not the voices of the participants, so it was impossible to transcribe that interview. Although a thorough analysis of the group interview could not be included in this paper, key points from the interview notes will be considered. The 12 study participants belonged to one of two categories; either they were professionals providing direct services to immigrants (e.g. lawyers and social workers) or they were immigrants themselves. 5 participants belonged in the former group, and the remaining 7 belonged to the latter group.

A convenience sampling method was used to recruit participants. The researcher recruited participants through preexisting professional and social networks (e.g. acquaintances from church, former classmates, and colleagues) via email and phone contact. Two immigration lawyers, one disability lawyer and two social workers providing direct services to immigrants were selected. Of the professional participants interviewed, one of them was a second-generation Indian American and was therefore able to offer insights regarding her parents’ immigration experience in addition to speaking to the experiences of her clients. Of the seven immigrant participants, one was from Somalia and the other six were from Mexico. All of the participants were adult women. See the table below for participant characteristics.

Table 1: Participant Key

<table>
<thead>
<tr>
<th>Participant Number</th>
<th>Service Provider or Immigrant?</th>
<th>Immigration Status and Ethnicity</th>
<th>Ethnicities of Immigrants Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Social worker (chemical health assessor and psychotherapist)</td>
<td>U.S. born citizen, white</td>
<td>Mexican, Honduran, Gautemalan, Nicaraguan, Nicaraguan, Ecuadorian</td>
</tr>
<tr>
<td>2</td>
<td>Disability lawyer</td>
<td>U.S. born citizen, second-generation Indian American</td>
<td>Somali, Karen, Hmong, Iraqi</td>
</tr>
<tr>
<td>3</td>
<td>Social worker (psychotherapist)</td>
<td>U.S. born citizen, white</td>
<td>Mexican, Ecuadorian, El Salvadoran, Venezuelan, Uruguayan, Honduran, Guatemalan, Somali, Egyptian</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th></th>
<th>Residency Status</th>
<th>Nationality</th>
<th>Race/Origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Immigration lawyer</td>
<td>U.S. born citizen, white</td>
<td>Guatemalan, El Salvadoran, Honduran</td>
</tr>
<tr>
<td>5</td>
<td>Immigration lawyer</td>
<td>U.S. born citizen, white</td>
<td>Mexican, Honduran, Somali, Russian, Georgian</td>
</tr>
<tr>
<td>6</td>
<td>Immigrant</td>
<td>Naturalized U.S. citizen, Somali American</td>
<td>N/A</td>
</tr>
<tr>
<td>7</td>
<td>Immigrant</td>
<td>Undocumented immigrant, Mexican-American</td>
<td>N/A</td>
</tr>
<tr>
<td>8</td>
<td>Immigrant</td>
<td>U-Visa, Mexican-American</td>
<td>N/A</td>
</tr>
<tr>
<td>9</td>
<td>Immigrant</td>
<td>Undocumented immigrant, Mexican-American</td>
<td>N/A</td>
</tr>
<tr>
<td>10</td>
<td>Immigrant</td>
<td>Undocumented immigrant, Mexican-American</td>
<td>N/A</td>
</tr>
<tr>
<td>11</td>
<td>Immigrant</td>
<td>Undocumented immigrant, Mexican-American</td>
<td>N/A</td>
</tr>
<tr>
<td>12</td>
<td>Immigrant</td>
<td>Undocumented immigrant, Mexican-American</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Protection of Human Subjects**

The research design and methods were reviewed and approved by the St. Catherine University Institutional Review Board to ensure that all necessary precautions to protect human subjects were in place. Prior to starting each interview, the author reviewed the risks and benefits of participation in the study informed participants of the measures that will be taken to protect participant privacy and confidentiality. Each participant then signed an informed consent form (see Appendix A) and received a blank copy of the form for their records. Audio recordings of the interviews were stored on the author’s personal computer and protected by passwords and physical safeguards. The computer remained locked in the author’s home while not in use. The identities of all agencies and individual participants have been kept private by removing names from interview transcriptions and any excerpts used in the final paper. Following the presentation of this project on May 15th, 2017, all original data (including both audio and written transcriptions) will be destroyed.
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Measures

A questionnaire devised by the author containing 7 open ended questions was used for each interview (see appendix B). The questions are based on trends in the literature review, gaps in research, and the author’s personal interests. The questions were approved by the research committee (consisting of the faculty chair, an MSW committee member, and a committee member from the community) before interviews began.

Procedures

Interviews took place in a variety of private locations according to the preferences of the participants. Locations included a church, libraries, participants’ homes, the University of St. Thomas, and offices. Prior to starting each interview, the author reviewed the risks and benefits of participation and informed participants of the measures that will be taken to protect participant privacy and confidentiality. Each participant signed an informed consent form (see Appendix A) and received a blank copy of the form for their records.

The interview data was captured using Samsung voice recorder on the author’s personal phone, which is password protected. The author next transcribed each interview verbatim (with the exception of identifying information) into word documents to prepare for analysis. Following the transcription of each interview, the recordings were transferred to the author’s personal computer (also password protected) and deleted from the phone. The recordings will be deleted from the researcher’s computer following presentation of this project on May 15th, 2017.

Data Analysis:

A grounded theory approach to textual data analysis was used on the 9 transcribed interviews. Grounded theory is an inductive approach appropriate for exploratory studies that is often used in social science research. Grounded theory involves carefully reading, re-reading
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and combing the text to identify themes and subthemes, otherwise known as codes (open coding). Once open coding is complete, subthemes are categorized according to their corresponding themes (axial coding). The final step is to describe relationships between the themes (selective coding) in order to make meaning of the data (Böhm, 2004). The author read each interview transcript carefully several times to complete the coding process.

Strengths and Limitations

Due to the time and technology constraints of this research project, the sample size was limited to 9 participants, making the results nongeneralizable. The study was exploratory in nature and did not attempt to achieve a statistically representative sample of all immigrants. Rather, this study sought a diverse sample of participants with varying direct and indirect experiences with immigration in order to yield rich qualitative data. Another limitation of the study is that all of the participants were women, which means that uniquely male perspectives on immigration and discrimination may be missing from the data. Strengths of the study include the flexibility of the semi-structured interview format and the combination of both immigrant and non-immigrant service providers’ perspectives, including perspectives from the social work field.

Results

25 codes, or themes, were identified in the open coding process. These codes were then divided into the following four broader themes, or axial codes: systemic discrimination, interpersonal discrimination, differences across immigrant groups and similarities across immigrant groups. The remaining subthemes were then placed under one of the four preceding major themes. In this context, interpersonal discrimination refers to racist and xenophobic treatment of immigrants in interpersonal situations, while systemic discrimination refers to injustices built into institutions and systems. A fifth miscellaneous category is included for
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subthemes that did not fit into any of four major themes. The themes and subthemes are displayed in table 2 below. The numbers listed next to the subthemes indicate which participants mentioned each subtheme in their interviews (see table 1 in the methods section for the participant key).

*Table 2: Axial Codes and Open Codes*

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Systemic Discrimination</strong></td>
<td>• Health insurance access: 1, 8</td>
</tr>
<tr>
<td></td>
<td>• Denial of interpreting services: 1, 8</td>
</tr>
<tr>
<td></td>
<td>• Lack of services available in native language: 1</td>
</tr>
<tr>
<td></td>
<td>• Employment Discrimination: 1, 3, 4, 5, 6, 8</td>
</tr>
<tr>
<td></td>
<td>• Housing Discrimination: 2, 5, 8</td>
</tr>
<tr>
<td></td>
<td>• Profiling by law enforcement: 2, 4</td>
</tr>
<tr>
<td></td>
<td>• Profiling by the Transportation Security Administration (TSA): 6</td>
</tr>
<tr>
<td></td>
<td>• Transportation discrimination (e.g. access to driver’s license): 1, 5, 7, 8</td>
</tr>
<tr>
<td><strong>Interpersonal Discrimination</strong></td>
<td>• Micro-insults and micro-assaults (see explanation in discussion): 2, 3, 6, 7, 8</td>
</tr>
<tr>
<td></td>
<td>• Gender based violence: 5, 8</td>
</tr>
<tr>
<td></td>
<td>• Discrimination as a reality immigrants accept as a “given:” 2, 3, 5, 9</td>
</tr>
<tr>
<td></td>
<td>• Lack of interaction with immigrants, ignorance: 2, 6</td>
</tr>
<tr>
<td><strong>Differences Across Immigrant Groups</strong></td>
<td>• Vulnerability of undocumented immigrants: 1, 3, 5</td>
</tr>
<tr>
<td></td>
<td>• Documented immigrants are “calmer:” 3</td>
</tr>
<tr>
<td></td>
<td>• Getting a green card improves quality of life: 4, 5</td>
</tr>
<tr>
<td></td>
<td>• Getting citizenship is a relief, allows you to travel: 6</td>
</tr>
<tr>
<td></td>
<td>• Refugees have more legal protections: 3, 5, 6, 9</td>
</tr>
<tr>
<td></td>
<td>• European immigrants less concerned than immigrants of color: 5</td>
</tr>
<tr>
<td><strong>Similarities Across Immigrant Groups</strong></td>
<td>• Fear of deportation: 1, 3, 4, 5, 6, 7, 8, 9</td>
</tr>
<tr>
<td></td>
<td>• Misinformation and rumors regarding deportations: 1, 3, 4, 5, 6, 7, 8, 9</td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td>• The self-fulfilling prophecy of low achievement (in education, careers) in the Latino community: 1, 9</td>
</tr>
<tr>
<td></td>
<td>• Positive interactions with “Americans:” 2, 7, 9</td>
</tr>
<tr>
<td></td>
<td>• Protesting safely is a privilege of those who have status: 5, 6</td>
</tr>
<tr>
<td></td>
<td>• Social workers should ask clients about their immigration status so they can get timely legal assistance: 5</td>
</tr>
</tbody>
</table>
Systemic Discrimination

The examples of discrimination most frequently cited by participants were systemic in nature. Some of the systemic injustices cited affect only undocumented immigrants, others affect only Muslim immigrants, and still others affect immigrants in general. The systemic injustices uniquely affecting undocumented immigrants consist primarily of access issues, as the lack of documentation prevents immigrants from meeting basic human needs and protecting their basic human rights. Systemic discrimination specific to Muslim immigrants consists of profiling and harassment based on Muslim stereotypes fueled by terrorism. Forms of systemic discrimination affecting all immigrants relate to the “otherness” that all immigrants have in common, regardless of legal status.

Participants one and eight mentioned undocumented immigrants’ ineligibility for medical assistance or employer-based health insurance, and the high cost of privately purchased insurance plans. The same two participants also commented on lack of access to interpreting services in certain healthcare and social service contexts. When participant eight (an immigrant from Mexico) lived in California, for example, she had to use acquaintances as interpreters who later “made our problems public.” Participant one reported that many of the clients referred to her for rule 25 (chemical dependency) assessments end up having to pay out of pocket for a service they could have received for free in detox or the hospital if the detox center or hospital had been willing to hire an interpreter. A related issue is the limited availability of mental health and chemical dependency services in immigrants’ native languages. There are only three Spanish-speaking chemical dependency treatment programs in the Twin Cities, none of which
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are inpatient, and none of which offer dual diagnosis treatment for clients with a cooccurring mental health diagnosis.

Employment discrimination came up in six of the nine transcribed interviews. Participants one, three, four, five, six and eight all spoke about clients or acquaintances who are undocumented and have been exploited by employers who take advantage of their vulnerability. Specifically, they mentioned unpaid wages, wages below the minimum wage, refusal to call an ambulance for a workplace injury, and sexual assault on the job. In addition, participant twelve in the group interview (which could not be transcribed due to technical difficulties) reported mistreatment by her former employer. Participant eight added that she has had difficulty obtaining employment because prospective employers tend not to trust her resume. “If I get a job, it’s because the employer trusts me, not because they trust my resume,” she says.

Three participants mentioned housing discrimination. Participant eight shared that before renting her current apartment, she and her husband applied for multiple apartments owned by discriminatory landlords. These landlords took a combined total of $700 in application fees and then rented the apartments to other people without giving participant eight reasons for the denials. When they finally got approved for their current apartment, they had to pay a double damage deposit because they were considered “risky” tenants even though participant eight and her husband are responsible and hard-working. Participant two’s parents, who were first generation Indian immigrants, had people tell them to go back to their country while searching for a home in Wisconsin. Participant five had a client who “felt like she had to sleep with her landlord to keep her housing.” In this situation, gender discrimination was clearly a factor. However, the client’s immigration status (she is undocumented) exacerbated her already vulnerable position.
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Three participants mentioned having clients or colleagues who have experienced racial profiling by law enforcement. For example, participant two shared that her Somali colleague at the law firm says he gets pulled over by the police “constantly” while driving. Participant four stated that several of her Latino clients have been profiled by law enforcement in a similar way. Participant six, who is Somali, shared her personal experience of being profiled repeatedly by the Transportation Security Administration (TSA) at the airport. Although participant six is a U.S. citizen, she jokes with her Somali friends that “when you’re traveling, don’t think you’re American because you’re not!” Participant six enjoys traveling and leaves the country about once a year. Every time she comes home, instead of hearing “welcome home” from the TSA agent, she hears “welcome,” implying that this is not her home. She will then, without fail, get questioned for two hours and have her luggage searched before finally being free to go. She also routinely gets patted down while going through security. She says “I know they say it’s random, but I don’t think it is.”

Interpersonal Discrimination

Six of nine participants, as well as all three participants in the lost group interview (in other words, all of the immigrant participants plus two service providers) endorsed experiencing or having clients experience what Sue et al. (2007) have labeled microaggressions. Microaggressions are racist or xenophobic comments, actions, or behaviors that occur in everyday interpersonal interactions. Sue et al. (2007) divide microaggressions into three categories: micro-assaults, micro-insults and microinvalidations. Micro-assaults are direct, derogatory comments or actions and have been likened to “old fashioned discrimination” (Sue et al., 2007, p. 274). Micro-insults are more subtle, indirect comments or behaviors which perpetrators are often unaware of. Examples include a store manager following a person of color
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around a store to make sure he or she doesn’t steal anything or commenting in surprise at how good someone’s English is. Microinvalidations are comments that deny or negate someone’s experience with race and racism. An example would be white person telling an African American colleague that he or she is “color blind”, or telling a Latino friend that he or she shouldn’t be so sensitive about race issues.

In the present study, participants mentioned witnessing or experiencing the first two forms of microaggressions (micro-assaults and micro-insults), and reported that these increased in schools and communities after the presidential election. Examples of the micro-assaults include students writing derogatory comments on bathroom stalls about immigrants, classmates telling Latino students to “go back to Mexico,” and someone writing “F*** you” on a Somali person’s car. Participant eight shared an example of a micro-insult she received from a potential landlord at an apartment showing. The landlord gave participant eight’s husband a dirty look because he had come to the apartment showing in dirty work clothes and asked the couple in a doubtful tone “do you think you’ll be able to pay the rent?” implying that they were poor and inferior. Participant three told of a client who had great difficulty adopting a dog because the adopting agency feared that the client would abuse the dog (based not on evidence but on the fact that the client was Latino and Spanish-speaking). Finally, participant six shared that her coworkers expect her to be loud and a storyteller because she is Somali. She says her coworkers ask her why she is so quiet and doesn’t tell stories. It is unlikely that her coworkers are intentionally being disrespectful, but they are applying generalizations about Somalis to her and are therefore micro-insulting her.

In addition to discrimination based on immigration status or race, two participants talked about gender discrimination in the form of violence against women. When first asked about her
experiences with discrimination, participant eight immediately replied that when she lived in California, she felt gender discrimination much more strongly than racism or xenophobia. She said that women often felt like they had to sleep with their bosses to get and keep jobs, and domestic violence was widespread. In fact, participant eight has a U-visa which she qualifies for because of her experiences with domestic violence and sexual assault.

Interestingly, three participants have heard immigrant clients or acquaintances say that they have come to expect and accept discrimination as a part of life. They say that “this is just the way it is” for people in their situation. From the perspective of participant two’s mother, it was only natural for potential landlords to tell her to go back to her country (granted, this took place several decades ago). Participant five’s client did not want to seek legal recourse for her landlord’s sexual harassment because she felt that it was normal; having fled domestic violence, she had come to expect poor treatment by men. From participant three’s perspective:

...most people are just glad to be in the country to have an opportunity to work and earn money and to provide for themselves and their families. And, so I think that those people kind of just accept that they might be discriminated against based on their status or the color of the skin or the language they speak. I guess more of a resignation.

In other words, many immigrants see discrimination as a necessary hardship that they must accept in order to pursue economic opportunity and a better life for their families.

When asked for ideas regarding how to promote greater social cohesion in an increasingly multicultural society, two participants (two and six) said they wish that more white people were exposed to other cultures. They argued that genuine interactions are the only way to promote a better mutual understanding. Participant two, an Indian American lawyer, admitted that when she first started working with Somali clients, there were aspects of their culture that
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“irked” her, but twelve years later, she has a positive attitude toward the Somali community.

Participant six, a former Somali refugee (now a citizen), recalls that as a young child in Somalia, the only white people she ever saw were young female missionaries and old male doctors, and so she thought that all white people were like that. Likewise, white people in the United States will hold onto stereotypes and generalizations about Muslims unless they personally interact with Muslims, she says. She added that because only about 2% of the U.S. population are Muslim, most Americans are unfortunately unlikely to become acquainted with Muslims.

**Differences Across Immigrant Groups**

Participants one, three and five emphasized the vulnerability of undocumented immigrants compared to immigrants with legal status. Participant three, a therapist, says that she has noticed that her documented clients are “much calmer” than her undocumented clients. She said they are able to devote more energy to the needs at the top of Maslow’s hierarchy such as self-esteem and self-actualization, whereas undocumented immigrants are working hard just to meet their basic needs at the base of the pyramid (Maslow, 1943). According to Maslow’s theory, human needs can be organized into a hierarchy from most basic to more sophisticated. This hierarchy of needs is usually portrayed visually as a pyramid, with the following needs from bottom to top: physiological, safety, belonging, esteem, and self-actualization (Maslow, 1943). Four participants pointed out that refugees have legal protections that give them more stability. For example, they are able to work legally from the time they arrive, and they qualify for most forms of public assistance, including social security disability benefits, none of which are available to undocumented immigrants.

Participants four and five, both immigration lawyers, described the positive, transformative impact that obtaining a green card has on clients. With this newfound status,
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clients feel empowered to do things they never would have thought possible, such as participating in protests and applying for well-paid jobs. Similarly, participant six shared that when she became a citizen in 2000, it felt like a weight had been lifted off her shoulders. She said that even though her mother was the person responsible for completing all the paperwork for the family and taking the civics test, she still felt the burden second hand.

For the most part, the interviews did not touch on immigrants from Europe. Participant five, however, did share that she had a client from The Ukraine who felt that her whiteness and American accent protected her from deportation. The client had been charged with a criminal offense that, if it were to result in a conviction, could get her deported. When participant five explained it to her client, her client said “How would they even know?” incredulous that she could be targeted by ICE. This is an isolated incident that cannot be generalized to all European immigrants. However, it does align with the Danso and Lum’s (2013) findings that European immigrants face less discrimination than immigrants of color in Minnesota.

Similarities among Immigrant Groups

An overwhelming theme in the interviews that encompasses all immigrant groups is the fear of deportation. Eight out of nine participants endorsed fearing deportation themselves or having clients or family members who fear deportation. According to immigration law, undocumented immigrants are the legal category most vulnerable to deportation. Nevertheless, participants reported that clients and acquaintances who had no rational reason to fear deportation (e.g. lawful permanent residents with no criminal background) nevertheless feel extremely fearful of being deported. Even participant six, a U.S. citizen, admitted that she is afraid that her citizenship will be taken away and that she has been “secretly saving money” in case she has to leave the U.S. Several participants mentioned that rumors about deportation
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(both accurate and inaccurate) have been spreading, and as a result a general sense of panic has ensued in immigrant communities.

The interviews took place at a unique point in U.S. political history, immediately following the inauguration of President Donald Trump. President Donald Trump has been vocal in his support of aggressive anti-immigration policies from the beginning of his campaign. More recently, he has made targeted comments against Somalis and has rattled Muslim communities with his executive orders. It would have been interesting to see what differences, if any, there would have been in participants’ comments on fear if the interviews had taken place before Donald Trump arrived on the political scene.

Another important similarity across immigrant groups which was previously alluded to under the “micro discrimination” section is that most immigrants, regardless of legal status or country of origin, experience some form of discrimination in their everyday interactions with so-called “Americans.” Immigration status is invisible, but ethnicity, language and culture are not.

Conclusion

This research project began with the assumption that discrimination against immigrants would increase proportionately to increasing levels of legal vulnerability. In other words, the less stable the immigrant’s legal status, the more severe discrimination he or she would experience. Throughout the course of the interviews, it became clear that the relationship between legal status and discrimination is not so simple. Undocumented immigrants are undeniably vulnerable because they cannot work legally, cannot obtain a driver’s license and do not qualify for public assistance, among other factors. So, if one understands “discrimination” to mean the promotion of policies that negatively target a group of people, then yes, undocumented immigrants face the greatest discrimination of any other immigrant group.
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Discrimination, however, is a broad term. Two main kinds of discrimination naturally emerged in the data: systemic and micro. A more specific operationalization of discrimination was missing in the formulation of the research question and questionnaire. In terms of micro discrimination, there was little difference across immigrant groups (both according to immigration status and nationality). Based on this small sample of qualitative interviews, it appears that no immigrant group is immune to racist or xenophobic comments. European immigrants may be less vulnerable to this form of discrimination because of their whiteness, but they are not immune either. Moreover, the powerful anti-immigrant rhetoric in the political atmosphere has negatively impacted all immigrants, regardless of legal status. Even immigrants who are lawful permanent residents or even naturalized citizens with no criminal background and no logical reason to fear deportation are terrified.

Perhaps the moral of the story is that it is more productive to focus on what unites communities, as opposed to what differentiates them. As participant eight said:

I have Mexican American friends who are prejudiced against Somalis. They resent the benefits that they have. But I ask them why? What good does that do? You worry about you and not other people’s business. We are all human beings, all children of God. The most important thing is to be united.

With fear, hate and misinformation abounding, it is crucial for social workers and concerned citizens to stand in solidarity with immigrants, and for immigrants to stand in solidarity with each other.
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*Journal of Ethnic & Cultural Diversity in Social Work, 22*(1), 60-75.
doi:10.1080/15313204.2013.756733


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The Relationship between Legal Status and Discrimination Experiences

Across Immigrant Groups in Minnesota

I am conducting a study about discrimination experiences of different immigrant groups in the Twin Cities metro area. You were selected as a possible participant because you are either an immigrant or a professional who works at an agency that provides legal or social services to immigrants. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Lisa Rawlins, a graduate student at the School of Social Work, Catherine University/University of St. Thomas and supervised by Dr. Pa Der Vang, PhD.

Background Information:
The large numbers of immigrants who have sought refuge, economic opportunity and family reunification in the United States during the past few decades have led to an unprecedented level of cultural, ethnic and racial diversity in this country. The social work profession must rise to the challenge of meeting the varied needs of recent immigrant communities. The immigration experience is by no means uniform. Not only do immigrants come from every corner of the globe, they also come through different legal (or illegal) pathways, with which are associated different rights and benefits, or lack thereof. Multiple studies have shown that different legal statuses are associated with different socioeconomic and health outcomes for immigrants in the United States. Few studies have addressed the differences in experiences with discrimination across legal groups, however. The present study aims to address this gap in the literature.

Procedures:
If you agree to be in this study, I will ask you to answer 5-7 open-ended questions in an in-person interview while being audiotaped. The interview should last 30 to 45 minutes.

Risks and Benefits of Being in the Study:
For participants who have personal experiences with immigration and discrimination, the interview may bring up unpleasant memories regarding past experiences with discrimination. You are free to withdraw from the study at any time, and referrals to debriefing counseling will be provided. For participants who are not immigrants themselves, there are no known risks or benefits to being in this study.

Confidentiality:
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The records of this study will be kept confidential. Electronic records will be stored in a password protected file on my computer. I will delete any identifying information from the transcript, which will be shared only with the research chair and the research committee, consisting of two community members. The final research paper will be presented at St. Thomas University on May 15, 2017. The presentation will be open to the public. The audiotape and transcript will be destroyed by May 15, 2017.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty.

Contacts and Questions

My name is Lisa Rawlins. You may ask any questions you have now. If you have questions later, you may contact me at 612-839-5475. My research chair is Dr. Pa Der Vang and you can contact her at (651) 690-8647 or at pdvang@Stkate.edu. You may also contact the St. Catherine University Institutional Review Board at 651-690-6204 or at irb@stkate.edu with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audiotaped.

______________________________   ________________
Signature of Study Participant     Date

______________________________
Print Name of Study Participant

______________________________   ________________
Signature of Researcher     Date
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Appendix B

Interview Schedule

For Professional Participants:

1.) Describe your role working with immigrants.

2.) What are some of the different legal statuses of the immigrants you work with?

3.) What have your clients told you (if anything) about their experiences with discrimination? Have you noticed differences between immigrant groups?

4.) What role (if any) do you feel legal status plays in discrimination against immigrants?

5.) What techniques do you use to develop trust/rapport with legally vulnerable immigrants?

6.) Why do you think xenophobia is so strong in the United States right now?

7.) What recommendations do you have for how social workers can promote immigration reform? Recommendations for promoting understanding and acceptance of immigrant communities?

For Immigrant (Documented) Participants:

1.) What were your initial perceptions of U.S. citizens when you arrived? Of U.S. institutions? (e.g. schools, healthcare, social welfare) Did you feel welcomed? Feared? Ignored?

2.) How did your perceptions change over time?

3.) Have you experienced discrimination for being an immigrant? If so, please describe.

4.) Have you experienced discrimination for reasons other than being an immigrant? If so, please describe.

5.) What role do you think legal status plays in immigrants’ vulnerability to discrimination?
RESIDENCY STATUS AND DISCRIMINATION

6.) Why do you think xenophobia is so strong in the United States right now?

7.) What recommendations do you have for how social workers can promote immigration reform? Recommendations for promoting understanding and acceptance of immigrant communities?