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Understanding the Mental Health Needs of Immigrant Women with a History of Trauma

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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2017

Abstract

Understanding the Mental Health Needs of Immigrant Women with a History of Trauma:

An Action Research Study

by

Shalunda Denise Allen-Sherrod

MS, Grambling State University, 1994

BS, Oakwood College, 1991

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

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Abstract

A significant percentage of undocumented immigrants who come to the United States include women suffering from trauma and abuse. In Southwest Texas, many immigrant women begin their stay in the United States, as residents of an immigration Residential Detainment Center (RDC). Social workers in RDCs are challenged to understand their roles and responsibilities in treating the mental health need of these women. The purpose of this study was to explore the perceptions of social workers, in RDCs, regarding their roles and responsibilities in meeting the mental health needs of immigrant women with a history of personal trauma. Using action research methodology, 3 focus group discussions were conducted with 4 licensed clinical social workers (LCSW) who had experience working with immigrant women with histories of trauma and abuse, living in RDCs. The theoretical concept of ecosystems undergirded the analysis of the data collected from focus groups and explored the themes related to roles and responsibilities, types of trauma, aftercare, services, and social, political, and structural barriers. The outcomes of this research study suggested LCSW social workers recognized a need to expand service provisions beyond the walls of the RDC by helping immigrant women connect with community resources that will aid in their settlement in the United States, if granted asylum. When considering positive social change, the social workers considered how their intervention could affect access to goods and services, as well as the utilization of community mental health resources for the immigrant women, with histories of trauma and abuse, and their families.

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Dedication

This Doctor of Social Work degree is first dedicated back to God who gave me the wisdom, knowledge and understanding needed to successfully complete this program. I know that everything I am, and everything I have accomplished, I owe to God the Father, Son, and Holy Spirit. To Them I say thank you!

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sister, Juanita Allen, I thank you for always encouraging me to press toward the prize. Your support is greatly appreciated. To my spiritual parents, Pastor and Debra Goodloe, thank you for your love and support throughout the years. I love you both.

Table of Contents

List of Tables iii

Table 1. Demographics of Participants……..37

Table 2. Codes and Themes……...46

List of Figures iv

Section 1: Problem Statement and Background of the Problem 1

Action Research in Social Work Practice 4

Organization of Paper 5

Problem Statement 6

Research Question 8

Purpose Statement.....9

Nature of the Project 10

Methodology 11

Theoretical Framework 16

Significance of the Study 17

Values and Ethics.....19

Section 1/Part 2: Review of the Professional and Academic Literature 22

Literature Review Related to Key Concepts.....22

Theoretical Perspective 27

Background and Context.....33

Methodology 36

Table 1 40

Ethical Procedures 44

Section 3: Analysis of the Findings 47

Data Analysis 48

Findings 55

Theme Development 56

Summary 64

Application for Professional Practice 66

Solutions for the Clinical Social Work Setting 68

Implications for Social Change 70

Individual 70

Summary 72

References 74

Appendix A: Reflexive Journal 89

Appendix B: Invitation 90

Appendix C: Telephone Script 91

Appendix D: Interview Guide 92

Appendix E: Initial Codes 94

Appendix F: Second Coding 95

List of Tables

Table 1. Demographics of Participants……..37

Table 2. Codes and Themes……...46

List of Figures

Figure 1. Final Codes and Themes……...……47

Section 1: Problem Statement and Background of the Problem

Long-standing concerns for the United States on both local and national levels are the legal aspects of immigration. The issue of much debate includes the current number of undocumented immigrants, defined as those who entered the United States without inspection, residing in the country and seeking asylum (Niven, 2012). A significant percentage of this population includes women suffering from domestic violence, an act of personal assault, in their home countries and *en route* to the United States (Kulwicki, Aswad, Carmona, & Ballout, 2010; Niven, 2012). Researchers suggested there is a growing concern these individuals suffer mental health related issues as a result of the physical, sexual, and emotional abuse endured during various points in their lives (Kulwicki et al., 2010). Niven (2012) discussed concerns regarding undocumented women immigrants having pre-existing mental health issues and experiencing additional stressors based their detainment by Immigration Customs and Enforcement (ICE) upon their arrival at United States borders. Additionally, the stress related to their confinement triggers mental health problems (Messinget et al., 2013; Niven, 2012).

In May 2006, ICE implemented the practice of family residential detention in the United States. Non-Governmental Organizations (NGOs) (a group of nonprofit agencies) incensed by the mere existence of a residential detainment center (hereafter referred to as RDC) housing women and children, intended to shut them down (Hennessey-Fiske (n.d.). According to the Los Angeles Times, the NGOs demonstrated their outrage by filing legal injunctions in a California Federal Court. The newspaper reporters documented the increased media attention, both local and national. The media coverage chronicled the detainment of women and children who, due to domestic abuse suffered in their home

countries have fled to the Unites States seeking asylum. According to the L.A. Times reporter, one RDC currently holds approximately 1798 women and children Hennessy-Fiske, (2015). Gustafson and Iluebbey (2013) posited many immigrant women who are seeking asylum had suffered personal trauma, intimate partner violence (IPV), and abuse at the hands of the abuser in their home country. Since the 1990's, international immigration of women has changed significantly. Researchers estimated millions of women had left their countries of origin, escaping physical, emotional, and sexual assaults, seeking asylum from trauma, IPV, and abuse (Etiler & Lordoglu, 2012; Gustafson & Iluebbey, 2013). Because of this physical, emotional, and sexual abuse, these women are three to five times more likely to suffer mental illnesses such as depression, suicide, posttraumatic stress disorder (PTSD), and substance abuse (Miszkurka, Zunzunegui, & Goulet, 2012).

The issue of domestic violence is one of the leading causes of female injury. In fact, researchers have estimated that approximately 25% of all emergency room visits relate directly to domestic violence (Gagnon & Stewart, 2013). Although this problem is pervasive worldwide, it can take on specific cultural manifestations, such is the case with immigrant populations (Kulwicki et al., 2010). Women represent approximately 41% of all undocumented immigrants, totaling over 3.2 million women in the United States (Adams & Campbell, 2012; Gustafson & Iluebbey, 2013). Physical assaults are a frequent method of victimization experienced by these women (Adams & Campbell, 2012). The manifestation of mental health disorders is an adverse outcome for immigrant women victimized by domestic violence and abuse (Messing et al., 2013; Schmidt, 2014).

The clinical social work practice problem I addressed in this action research project was understanding social workers roles and responsibilities in providing mental health services to immigrant women with histories of trauma, to include massacres, assassinations, executions, IPV, and abuse while residing at a RDC. To accomplish this goal, I worked with stakeholders in the field to develop a collaborative understanding of the social worker's roles and responsibilities. My action research study contributes to social change by documenting my exploration of these social workers' understanding of their roles and responsibilities when providing clinical intervention with this population and challenges they face on macro, mezzo, and micro levels. I addressed the macro social work practice challenges by examining with the participants, the LCSW social workers, or stakeholders, the creation, and implementation of laws and policies related to victimization of immigrant women. In focusing on mezzo-level challenges, I examined current community engagement activities and existing social support programs for immigrant women with histories of trauma. Finally, I investigated the micro challenges such as access and utilization of individual social support services targeted for victims of domestic violence. Researchers suggested one of the difficulties in meeting the needs of immigrant women who have suffered trauma and abuse is the inability of service providers to meet their needs in culturally appropriate ways (Ben-Natan, 2014). Ben-Natan (2014) further posited that social workers must understand the unique stressful life experiences related to political, economic and cultural conditions of this population. Therefore, this study seeks to understand social worker's roles and responsibilities in

providing clinical mental health intervention to detained immigrant women with a history of trauma and abuse.

Action Research in Social Work Practice

I used an action research methodology to gain an in-depth understanding of the roles and responsibilities of social workers working with vulnerable populations. Action researchers target a specific goal of learning from these social workers any systemic challenges they encounter when, for example, providing mental health social work services in a detention facility, to immigrant women with a history of trauma. Zhang, Levenson, and Crossley (2015) supported using an action research model of inquiry as a systematic way to facilitate people's ability to find and create practical and workable solutions to their everyday life's problems and concerns (Zhang et al., 2015). Action researchers can potentially provide community agencies, such as the RDCs, the means for raising the level of effectiveness in the provision of services to their clients (Zhang et al., 2015). Outcomes of action research inform decision makers so they can develop strategies aimed at benefiting the detention facility residents by allowing them to receive the needed mental health services, uniquely formulated for immigrant women with a history of trauma. As a previously employed social worker in an RDC, I had the opportunity to meet and consult with other facility social workers who discussed the need to understand the social workers' roles and responsibilities in addressing the mental health needs of women who are immigrants with a history of trauma.

At RDCs, social workers are key members of the mental health team. Using the action research process, I invited licensed clinical social workers (LCSW), currently or

previously employed at RDCs to participate in action-focused groups. Eliciting information from social workers intervening with immigrant women with a history of trauma at the detention facility assisted me in identifying the challenges they faced in providing clinical services. The overarching goal of the focus groups was collaboratively reaching an understanding of the roles and responsibilities of social workers, in addition to identifying feasible and sustainable solutions to systemic social work practice challenges.

Organization of Paper

This action research proposal includes an abstract and four major sections. The first sections, entitled problem statement, and background of the problem, highlights the research question, purpose statement, nature of the project, theoretical framework, significance of the study, values, and ethics, and an academic literature review. In the project section, I present background information about the clinical social work problem, my methodological strategy; including steps I took to collect data, as well as ethical procedures for the project. The third section, analysis of the findings, includes the data analysis techniques I employed, along with validation and legitimization of my outcomes. In concluding the document, I provide my recommendations for future research, potential practice strategies, and discussed implications for social change based on my findings. I summarize the action research project in the final section.

Problem Statement

In the clinical social work practice problem, I identified the need to understand social workers roles and responsibilities in providing for the mental health needs of detained immigrant women with histories of trauma and abuse. To their detriment, minimal research exists focusing on the social workers understanding of their roles and responsibilities in meeting the mental health needs of these women. A part of understanding the social worker's roles and responsibilities includes awareness of the mental health needs of detained immigrant women with histories of trauma and abuse. Gaps in current literature preclude developing an overall understanding of the mental health needs of immigrant women, thus providing opportunities to explore this social issue at RDCs. To understand the social worker's roles and responsibilities in providing mental health services to the women at the RDCs, I recruited social workers who have experience working in an RDC and licensed by the State of Texas. The recruited LCSWs participated in focus-action groups to understand, from their shared perspectives, their roles, and responsibilities in providing mental health services to women in their care.

A general review of the research literature suggested immigrant women, specifically from Central America, South America, and Mexico have endured traumatic experiences of many kinds. However, IPV and abuse are notably the most common traumatic experiences of the women from these countries (Gonzales, Kaltman, Serrano, & Guarnaccia, 2011). Other researchers such as Hancock, Ames, and Behnke (2014) discussed the victimization and acts of domestic violence perpetrated against immigrant women seeking asylum in the United States, including sexual, physical, and emotional

abuse. The offenders of such abuse often include the victims' boyfriends, husbands, members of drug cartels, and gangs (Gagnon & Stewart, 2013; Miszkuraka et al., 2012). Hancock et al. (2014) further noted immigrant women are also vulnerable to physical and sexual assaults in route to refuge in the United States by coyotes (persons who smuggle immigrants into the United States for a fee) responsible for their transport.

In the past few years, researchers placed increased attention on abused immigrant women with mental health diagnoses. For example, Perez, Johnson, Walter, and Johnson (2012) discussed victims of trauma-related sequelae, which included IPV, posttraumatic stress disorder (PTSD), depression, suicidality, and other psychiatric conditions. Researchers Messing et al. (2013) further indicated immigrant women who experience trauma are at risk of poor health and mental health outcomes, as well as intimate partner homicide or femicide.

Researchers noted women with histories of trauma have substantial mental health challenges (Gagnon & Stewart, 2013; Kaltman et al., 2011). As a result of the high prevalence of trauma faced by immigrant women arriving in the United States, researchers reported increased numbers of the women suffer from some form of mental illness, predominately PTSD (Kaltman et al., 2011). This social phenomenon, as manifested in lives of the women in RDCs creates the need for LCSW social workers to understand their roles and responsibilities when responding to the mental health needs of immigrant women with a history of trauma (Kaltman et al., 2011).

During the summer of 2015, I worked on site at a residential detainment center. At that time, I had the opportunity to work with other licensed clinical social workers

who shared their social work practice related challenges. While attending weekly staff meetings and case consultations, we identified mental health challenges endured by the women during their matriculation at the RDC. I decided to pursue this topic in my action research project and benefited further by increasing my awareness of the mental health needs of immigrant women with histories of trauma. In addition, I gained an understanding of the social workers' roles and responsibilities when providing services to women in this vulnerable population. Providing additional information on how the social workers perceived their roles and responsibilities could assist them during their work at RDCs. Along with me, the social workers can identify and define the problems and potential solutions to ameliorate the women's suffering. The residents of RDCs could benefit from the enactment of the recommendations of this action research project.

Research Question

The overarching research question guiding this study was, "How do social workers, in RDCs, understand their roles and responsibilities in meeting the mental health needs of immigrant women with a history of personal trauma?". I collected and analyzed the social workers' responses to open-ended interview questions to contribute to the scholarly literature related to this topic. In formulating the outcomes based on responses to this research question, I considered that other information could emerge such as possible barriers to providing effective mental health services to immigrant women with a history of trauma.

Purpose Statement

The purpose of this action research was to explore social workers' roles and responsibilities for meeting the mental health needs of immigrant women with histories of trauma residing at the RDCs. In conducting the study, I also had to gain an understanding of the mental health needs of these detained immigrant women with histories of trauma. I conducted focus groups and reviewed the salient literature to accomplish my goals.

Over the past few years, researchers recognized the need to understand how trauma exposure, specifically domestic violence, is associated with mental health disorders among immigrant women in the United States (Kaltman et al., 2011; Tewary, Jani, & Anstadt, 2012). Researchers discussed the connection between domestic violence, IPV, and mental health issues as they related to White and Black women (Becker et al., 2012; Lipsky, Kernic, Qiu, Wright, & Hasin, 2014). However, a gap remains in current clinical social work practice addressing the social workers' roles in understanding the mental health needs of immigrant women with a history of trauma (Bitton, 2014; Kaltman et al., 2011). Through conducting this action research project, I sought to assist social workers in developing a collaborative understanding of their roles and responsibilities when intervening to remediate psychological distress experienced by abused immigrant women at detention facilities. Additionally, they can use the information to develop or improve upon mental health services provided to immigrant women with histories of trauma.

The findings from my action research study informs my current clinical practice by improving my understanding of how social workers in RDCs perceive their roles and responsibilities. In my current role as a researcher and clinician, I benefit because I often encounter immigrant women with similar histories of trauma and abuse. As I enhance my knowledge of the unique needs they present, I will be able to provide improved mental health services to the immigrant women with histories of trauma. As a licensed clinical social worker, formerly employed at an RDC, I also have the advantage of having first-hand experiences with chronically abused immigrant women. My advocacy efforts will focus on ensuring effective social work intervention for this population. It also enhances my skills when providing supervision to other social workers in my current employment setting. The outcomes of my study can inform my current practice by highlighting the importance of understanding the social workers' roles and responsibilities in treating vulnerable populations. Future researchers can use the knowledge gained through understanding the social worker's roles and responsibilities in treating the needs of immigrant women to address the needs of other immigrant women, who may not be in a residential detention facility but have experienced similar trauma in their lives.

Nature of the Project

A successful action research project involves the stakeholders and those centrally affected by the issue (Sturdy, Smith-Merry, & Freeman, 2012). In this research project, I served as a co-learner along with other participants, who were social workers with RDC experience. Collectively, we sought to understand the roles and responsibilities of RDC social workers in treating the mental health needs of immigrant women with histories of

trauma and abuse using action research methodology. Gagnon and Stewart (2013) and Norton et al. (2011) suggested action research is an effective model when investigating issues related to immigrant populations. The researchers found action research produced outcomes with increased chances of effecting changes in policies and practices (Gagon & Steward, 2013; Norton et al., 2011).

Following their example, I decided to examine the clinical social work practice issue of concretizing the perspectives of social workers regarding their roles and responsibilities in treating the mental health needs of abused immigrant women in RDCs. I used an action research methodology to develop a collective understanding of the roles and responsibilities of RDC social workers when delivering clinical services to immigrant women with a history of trauma. To do so, I facilitated focus groups to engender a collaborative assessment of the roles and responsibilities of the social workers at an RDC.

Methodology

Action research provides the RDC social workers a means for understanding and raising the level of effectiveness in the provision of clinical services to abused immigrant women on the multiple levels. The process of action research allows the RDC social workers to understand complex issues associated with providing the most effective mental health services to this population (Norton et al., 2011).

The methods used in action research are useful in helping me to understand the roles and responsibilities of social workers in providing mental health services to abused immigrant women in RDC. In the role of an action researcher, it is important for the

stakeholders, who are the LCSW social workers, to understand their roles and responsibilities, as articulated using an epistemological paradigm (Anderson-Meger, 2014; Iacob, Popescu & Ristea, 2015). The epistemological philosophical orientation in this action research supports my ability to understand the knowledge I acquire during the process and what I believe about the topics (Anderson-Meger, 2014; Iacod et al., 2015). Gringeri, Barusch, and Cambron (2013) highlighted four major concepts included in epistemological perspectives, theory, paradigm**,** reflexivity, and power dynamics. While I did not directly engage the social workers on issues related to power dynamics, the outcomes reflected concerns related to their inability to effectively advocate with program administrators on behalf of the immigrant population they served (Gringeri et al., 2013). Employing a constructivist paradigm, I considered how social workers make meaning of their interactions and experiences with the residents from their personal worldviews (Sandu, Alexa, & Ponea, 2012). I infused their individual beliefs into my analysis of how it influenced their social work practice. The combination of these philosophical orientations helped me understand how the social workers conceptualized their interventions directed at addressing mental health services RDCs for abused immigrant women better.

Action Research Terminology

The term co-learner in this action research project included the social workers from RDCs, as well as myself, as the researcher. My role in this process was to lead the LCSW social workers' in the process of inquiry-guided learning regarding their roles and responsibilities in treating the mental health needs of immigrant women with histories of

trauma (Carstens & Howell, 2012; Hall, 2014; Lee, 2012). Leading the focus groups by asking questions, increased the engagement and thereby the learning we all embraced during the process (Carstens & Howell, 2012). As co-learners, the social workers and I wanted to understand the roles and responsibilities for serving the mental health needs of the immigrant women.

The terms stakeholder, co-learner, and participants in this action research project refers to the LCSW social workers. As a result of this action research study, the LCSW social workers, as stakeholders, benefited by gaining an enhanced knowledge of their roles and responsibilities in providing intervention to this population. They were able to exchange ideas, express the difficulties and challenges in their work, and contemplate their realities in a safe place, without fear of judgment because of the mutuality of the group (Skattebol & Arthur, 2014). The participants, identified as co-learners, engaged in the process of inquiry that provided an opportunity to identify possible solutions to the clinical social work problem (Skattebol & Arthur, 2014). Together we worked to develop an understanding the roles and responsibilities of social workers in meeting the mental health needs of immigrant women with histories of trauma.

Data Collection and Analysis

In using action research methodology, I secured Institutional Review Board (IRB) approval from Walden University before inviting the LCSW Texas social workers, with previous experience in RDCs, to participate in various action-focused groups. The focus groups provided a platform for data collection and discussion regarding actions and possible solutions to respond to the identified needs of this population. I documented the

data using audio-tapping devices, after gaining permission from the social workers, also identified as key stakeholders and co-learners. I transcribed the words directly from the focus group audiotapes, which I later categorize into codes and major themes (Norton et al., 2011). I present detailed procedures I used for recruitment, data collection, and data analysis in section two.

Limitations

The LCSW participants represented a homogeneous population, sharing educational and professional backgrounds, which included having worked with this vulnerable population, specifically (Suri, 2011). Homogeny in this context restricts my transferability the outcomes to the broader population of LCSW social workers (Pearson, Parkin, & Coomber, 2011; Suri, 2011). However, the results of this action research project could have implications that are transferable to social workers intervening with other similar populations such as legal immigrants or immigrants with other kinds of trauma (Suri, 2011). At this time, there are just a few RDCs governed by ICE in the United States, serving women and children in the same facility. I could not find comparable studies on women who are immigrants with a history of trauma living in residential facilities. To overcome this constraint, I incorporated literature related to other groups of women with similar histories but housed in other residential programs. The research findings are specific to social workers employed in residential detainment centers.

When considering the limitations of my study, it is equally important to consider any biases, which intersect with the research (Peredaryenko & Krauss, 2013). For

example, I accounted for my personal biases as a researcher and a clinical social worker by using a reflexive journaling process (Corbin Frazier & Eick, 2015; Czarniawska, 2016; Peredaryenko & Krauss, 2013). To account for and address personal biases, I engaged in a process of constant self-reflection (Corbin Frazier & Eick, 2015; Czarniawska, 2016; Peredaryenko & Krauss, 2013) by documenting my reactions in a logbook and journal (Appendix A). I used the logbook throughout the data collection process, beginning with the first group forum and journaled periodic reflections to make my personal experiences, thoughts, and feelings a visible and an acknowledged part of my research.

Presenting myself as a researcher and clinical social worker may have influenced responder bias (Dustin, 2013; Walsh, 2013). Taking into consideration that the participants may have provided answers they believe I am seeking instead of focusing on the actual concern or problem (Dustin, 2013; Walsh, 2013). I used an interview guide and follow-up open-ended questions to promote and encourage the social work participants to share their stories in their words (Appendix D).

Another relevant limitation, which had the potential to affect the outcome of this action research project, emulated from the recruitment of the LCSWs. It is possible one or more of the participants felt pressured to participate because of the involvement of their peers (Dustin, 2013). During the initial group forum, I reminded all participants they could withdraw from the study at any time and reaffirmed their participation was strictly voluntary. Lastly, the LCSWs who did not participate in the study could present

an additional limitation. The additional input from those social workers may have changed study results.

Theoretical Framework

I used the Ecological Systems Theory (EST) to ground my research. The theory constructed by Bronfenbrenner in the 1970's, placed emphasis on understanding individuals, their environment, as well as understanding the nature of people's interactions with families and communities (Becker et al., 2012; Christensen, 2016; Paat, 2013). Becker et al. (2012) further suggested that social environments directly influence individuals' thoughts and behaviors. By using EST, I gained an understanding of the social workers' roles in addressing the mental health needs of abused immigrant women in RDCs by viewing the issues from a holistic and inclusive perspective.

According to Becker et al. (2012), there is a direct link between the science of ecology, meaning interdependence among organisms, and the profession of social work. EST is a framework integrating the interactions of different environmental settings into a person-process model (Becker et al., 2012). For the purpose of this action research, EST functioned as a framework of knowledge, explaining the relationship between the mental health needs of the immigrant women with a history of trauma and the social workers' understanding of their professional roles and responsibilities in addressing these concerns (Paat, 2013). The fundamental framework of EST helped to explain the environmental factors contributing to the mental health of immigrant women with histories of trauma (Christensen, 2016; Paat, 2013). The environmental influence of the individuals on micro, meso, and macro levels informed the social worker's understanding of their roles

and responsibilities for providing mental health to immigrant women with histories of trauma (Paat, 2013). The intrapersonal and interpersonal influences are consistence with micro-level factors in a person's environment (Christensen, 2016; Rogers et al., 2013). Organizational factors influence the meso-level of one's environment (Christensen, 2016). Equally important are the cultural and religious norms influencing the macro level of someone's environment (Becker et al., 2013; Christensen, 2016; Rogers et al., 2013). System theory is useful in the understanding of the various influences, which ultimately shape mental health service utilization by abused immigrant women (Christensen, 2016; Paat, 2013). Thus, it is critical for the social workers at RDCs to understand their roles and responsibilities when providing mental health services to immigrant women with a history of trauma. The premise that human development occurs through constant evolving and interconnecting environments is the basis of EST (Becker et al., 2013; Rogers et al., 2013).

Significance of the Study

Various researchers documented the rise in mental health diagnoses among abused immigrant women (Bitton, 2014; Etiler & Lordoglu, 2012; Stewart, Gagnon, Merry & Dennis, 2012). I sought to understand the social workers' perspectives on their roles regarding service provision and challenges preventing effective social work service delivery. By engaging in this action research study, I established a better understanding of social workers' roles and responsibilities when providing mental health services to immigrant women with a history of trauma. This study enhanced aspects of social work practice by increasing the social workers understanding of their roles and responsibilities

in meeting the mental health needs of immigrant women with a history of trauma. In the group forums, the social workers articulated some positive practice suggestions for meeting the mental health needs of immigrant women with histories of trauma and abuse. These suggestions outline some practical strategies that can produce significant changes in the provision of mental health services for detained immigrant women with a history of trauma.

This action research project is relevant to the participants and me as the co-learner because its purpose and mission is to understand social worker's roles and responsibilities in meeting the needs of immigrant women with a history of trauma. Assisting social workers in identifying and comprehending their roles and responsibilities in addressing the mental health needs of immigrant women with histories of abuse represents opportunities for significant social change. Ben-Porat (2010) posited social workers who understand their roles and responsibilities can effectively intervene and provide education to immigrant women with histories of abuse, can break the barriers and obstacles at the individual, group, and community levels. Having no knowledge of these levels impedes interventions, which to address their trauma. For this population, change efforts increase their chances of living productive lives and contributing to positive outcomes for their families. Additionally, the community at large benefits due to cost savings for entitlement program and services that are the result of effective mental health care interventions and positive outcomes in immigrant women's mental health care (Donnelly et al., 2012).

Addressing Gaps in Social Work Practice

My action research project aimed to understand social workers roles and responsibilities in meeting the mental health needs of immigrant women with histories of trauma and abuse, specifically those who detained in an RDC. As a result, I found various gaps in social work practice related to treating immigrant women with histories of trauma. As an action researcher, I first sought to understand the roles and responsibilities of clinical social workers at RDCs in meeting the mental health needs of immigrant women with a history of trauma. During this process, I also wanted to understand the methods of intervening systemically on micro, mezzo, and macro levels to fill the gaps in current knowledge concerning the identified population. Another potential implication for positive social change includes the ability to disseminate the research results and outcomes to social workers located at RDCs. Sharing these research results creates the potential for improvement in clinical mental health services to other immigrant women with histories of trauma. Another opportunity for the dissemination of the research results includes presenting at professional conferences.

Values and Ethics

It is important to note the primary goal of social workers, according to the NASW Code of Ethics (2008), is to enhance the well-being of individuals, community, and society as a whole. To understand the psychosocial needs of immigrant women RDCs, social workers providing services must take into account various ethical considerations. One of the key values of the NASW Code of Ethics (2008) is the value of service. The ethical principle supporting the value of service, posits social workers' primary goal is to

help people in need address prevailing social problems. In actualizing my action research study, I used my knowledge, values, and skills to work with the social workers in RDCs to generate knowledge to serve social work clients better (NASW, 2008).

Another key value from the NASW Code of Ethics (2008) is the emphasis social workers place on respecting the dignity and worth of each person they serve. Effective service to clients includes being sensitive to the cultural differences existing among client populations (NASW, 2008). Inherent in the cultural experiences of many immigrant women is the predisposition to accept domestic violence and a commitment to the principle of secrecy and confidentiality within family units (Kulwicki et al., 2010). Researchers posited that women who are experiencing trauma could experience curtailed autonomy, which limits their decision-making bases on their fearful or co-dependent relationships (Ben-Natan, 2014). The NASW Code of Ethics (2008) emphasized the need for social workers to respect the right to self-determination for each client. However, when their autonomy is impaired, the NASW Code of Ethics (2008) states, social workers could limit the client's right to self-determination, when believing the client's actions or potential actions could result in physical or emotional harm to self or others, without violating the dignity and worth of the client.

In this action research study, I respected participants' confidentiality by obtaining IRB approval and following a strict and comprehensive process to maintain their privacy. Social workers consider several ethical issues when engaged in action research processes (NASW, 2008). They maintain the confidentiality of the participants by obtaining

informed consent documentation before engaging participants in the research process and ensuring appropriate storage of confidential information (NASW, 2008).

Section 1/Part 2: Review of the Professional and Academic Literature

Problem and Purpose

Throughout this section, I reviewed salient literature addressing the clinical research problem: Understanding the roles and responsibilities of social workers employed at a Southwest Texas facility in providing mental health services to abused immigrant women. The purpose of this action research is to help the social workers employed at this facility better understand the mental health needs of abused immigrant women in RDCs while engaged in a collaborative process leading to the improved comprehension of their roles and responsibilities. Collectively, we also gained a clearer perspective of challenges existing on macro, mezzo, and micro levels based on prior studies related to the topic. In the following section, *the literature review*, I discussed current literature related to women and trauma, IPV and mental health, and immigration and residential detainment. The theoretical perspective of immigrant women with histories of trauma and abuse residing in RDCs is also presented.

The aim of my literature search is to provide relevant information to assist in developing a collective understanding of the roles and responsibilities of social workers in RDCs when responding to the mental health needs of abused immigrant women (Bergnehr, 2014; Nilsson et al, 2011).

Literature Review Related to Key Concepts

Women in Trauma

Domestic violence (DV) and intimate partner violence (IPV) against women are pervasive worldwide public health and social problem (Gagnon & Stewart, 2013). Research suggest that approximately 42.4 million women in the United States are victims of trauma and abuse that includes rape, physical violence, and stalking by in intimate partner (Stockman, Hayashi, Campbell, & Fann, 2015). Immigrant women are disproportionately represented in this group. In fact, this is especially true among Latinas, with special emphasis on women from Mexico, Central America, and South America (Ganann, 2013). Godoy-Ruiz, Mason, Vidal, and McKenzie (2015) further suggested that foreign-born women are at higher risk of experiencing IPV than their American-born counterparts. Understanding that not all cases of DV or IPV, against immigrant women, are reported each year, it is difficult to determine the exact prevalence of the problem (Paat, 2014). It is posited that the nature and severity of DV and IPV among immigrant women is very diverse (West, 2016, Paat, 2014). It is often identified as violence ranging from physical aggression, sexual invasions, to psycho-emotional abuse (Fuchsel, Hysjulien, 2013, Kaltman et al, 2016; Paat, 2014). Victimization of these women creates adverse outcomes for women's physical and mental health (Gagnon & Stewart, 2013). I will present additional information on these mental health outcomes in relation to IPV in the following sections.

Immigrant women with a history of trauma, specifically those from Central America, South America, and Mexico, suffer a tremendous amount of mistreatment in their home countries. These immigrant women, or refugees, believe that the United States is a place of refuge where women flee to for asylum from the sexual assaults,

physical, and emotional abuse of intimate partner relationships (Miszkurka et al., 2012). Researchers Brown, Schale, and Nilson (2010) defined refugees as those individuals who are unwilling or unable to return to their home country due to fear of persecution, further trauma, and abuse. The offenders of such abuse include the victims' boyfriends, husbands, members of drug cartels, and gangs (Messing et al., 2013). Additionally, individuals, often identified as *coyotes*, contributed to further abuses of women seeking asylum (Hancock et al., 2014). High prevalence of trauma faced by the women from these countries, resulted in developing post-traumatic stress disorder (PTSD) and other psychological maladies (Kaltman et al., 2011; Kulwicki & Ballout, 2015).

IPV and Mental Health

Researchers commonly defined IPV as an array of violent actions in the context of an intimate relationship (Gagnon & Stewart, 2013). Domestic violence, on the other hand, refers to violent actions taking place in a home setting (Miszkuraka et al., 2012; Singh et al, 2011). Both are social concerns transcending socio-economic status, nationality, and culture (Ben-Porat, 2010; Niven, 2012; Peredaryenko & Krauss, 2013). Immigrant women with a history of trauma are at increased risk of developing psychological disorders requiring the professional help of mental health providers (Bergnehr, 2016; Messing et al., 2013). Kirchner and Patiño (2011) reported immigrant women with histories of IPV have an increased prevalence of depression and post-traumatic stress disorder (PTSD). The symptoms related to these disorders correlate to immigrant women's quality of life (Sarikkis, 2012; Singh et al, 2011; Stockman et al., 2015).

In a study conducted by Donnelly et al. (2012), immigrant women with a history of trauma receiving treatment for mental health problem were resilient, strong, and determined to employ self-care strategies and address their mental health concerns. The aim of my literature search is to provide relevant information to assist in developing a collective understanding of the roles and responsibilities of social workers in RDCs when responding to the mental health needs of abused immigrant women (Bergnehr, 2014, Nilsson et al, 2011).

In a study conducted by Molina and Alcantara, (2013), they found several factors that posed increased risk of psychological stress to immigrant women. Consistent with current research they found that family conflict and burden are consistently associated increased mental health concerns (Rung et al., 2016; St. VII, 2014; Young & Wheaton, 2013). Researchers commonly defined IPV as an array of violent actions in the context of an intimate relationship (Gagnon & Stewart, 2013). Domestic violence, on the other hand, refers to violent actions taking place in a home setting (Miszkuraka et al., 2012). Both are social concerns transcending socio-economic status, nationality, and culture (Ben-Porat, 2010).

Immigrant women with a history of trauma are at increased risk of developing psychological disorders requiring the professional help of mental health providers (Messing et al., 2013). In a study conducted by Donnelly et al. (2012), immigrant women with a history of trauma receiving treatment for mental health problem were resilient, strong, and determined to employ self-care strategies and address their mental health concerns.

Social Workers' Roles and Responsibilities

One of the crucial roles of social workers in treating the mental health needs of immigrant women with a history of trauma is helping them overcome the barriers to social service utilization. Immigrant women face social, cultural, and political obstacles preventing them from seeking formalized help from social service agencies (Kyriakakis, Panchandeswaran, & Edmond, 2015). Although many immigrant women who flee the emotional trauma of abuse and persecution understand they need some form of social service assistance, they often do not have a clear knowledge of the specific help they require (Consedine, Chentsova-Dutton, & Krivoshekova, 2014; Yi, 2014). What is known, is they require physical protection and asylum, as well as economic assistance basics to survive. Their needs may include, food, shelter, and clothing. For these reasons, researchers documented immigrant women seeking the help of friends and family before utilizing social services (Kyriakakis et al., 2015; Zapata Roblyer, Carlos, Merten, Gallus, & Grzywacz, 2016). A recent study conducted by Fuchsel and Hysjulien (2013) suggested a need for a mental health provider, such as a social worker, to use a culturally specific domestic violence intervention model when assessing the needs of immigrant women with histories of trauma and abuse.

Immigration and Residential Detainment Center

In 1986, Congress passed the Immigration Reform and Control Act (IRCA). Shortly thereafter, increased arrest and criminalization rates were observed among immigrants in the United States; precursor events to deportation and detainment (Lawston & Escobar, 2010). In 1996, the United States Congress implemented other

legislative acts, such as the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA), Anti-Terrorism and Effective Death Penalty Act (AEDPA), and the Personal Responsibility Work Opportunity Reconciliation Act (PRWORA) (Lawston & Escobar, 2010). These laws effectively merged immigration with state dependency and criminality. The events of September 11 (commonly referred as "9/11") further fueled the anti-immigrant sentiment (Lawston & Escobar, 2010). Citizens in the United States witnessed an increase in the integration of immigration law into criminal law as a way of dealing with the immigration challenges (Holland, 2014; Ismaili, 2010; Lykes, Brabeck, & Hunter, 2013). Also on the rise has been the implementation of residential detainment facilities that house, men, women, and children (RDC) (Saldivar& Price, 2015; Sarikakis, 2012). In May of 2006, the United States Department of Homeland Security (DHS) began detaining immigrant women and children and expanded the facilities in December of 2013 (Hennessy-Fiske, 2015; Martin, 2011).

Theoretical Perspective

The ecological model is a useful guide for social workers working with abused immigrant women while simultaneously struggling with their mental health needs (Becker et al., 2012; Paat, 2013). The ecological model helps social workers understand the previous victimization of women at-risk of re-abuse if the underlying issues remain unaddressed (Perez et al., 2012). I used this theory as it incorporates the spheres of influences shaping mental health utilization by abused immigrant women from diverse cultures (Becker et al., 2012; Paat, 2013). Through the lens of the ecological model, the microsystem consists of both the interpersonal and intrapersonal factors shaping service

utilization (Becker et al., 2012; Nilsson et al., 2011). Social workers must have an understanding of how immigrant women, with a history of trauma, perceive these factors as positive or negative in their individual lives and circumstances (Becker et al., 2012; Paat. 2013).

Becker et al. (2012), Nilsson et al. (2011) and Rogers et al. (2013) discussed how the ecological model, developed by Bronfenbrenner (1979), investigated social issues from the micro, meso, exo, and macrosystems levels. The microsystem level of social worker's intervention focuses on providing mental health solely on the individual level. Although providing micro level intervention is beneficial to the clients, it is limited in meeting the mental health concerns that surface from community or societal issues (Nilsson et al., 2011; Rogers et al., 2013). The mesosystem, also a part of the ecological model, reflects the inter-connections between an individual and their surrounding systems (Becker et al., 2011; Nilsson et al., 2011). Advocacy with the community where immigrant women reside characterizes this level of interaction. Exosystem exploration examines the organizational and cultural competence interventions provided by the social workers to immigrant women, with a history of trauma. This level of intervention reflects social worker's advocacy for systemic issues such as poverty and discrimination. Macrosystem focuses on the political and economic climate influencing the immigrant women's home or host environment. Exosystem intervention on the part of the social workers includes strengthening the connections between immigrant women and the political and economic community.

Competence and Culturally Sensitive Social Work Practice

The empirical literature related to the clinical social work interventions with immigrant women suggested the issues transcend socio-economic status and culture (Messing et al., 2013; Paat, 2013). Bitton (2014) and Paat (2013) effectively discussed how women who immigrate to the United States incur multiple difficulties acclimating to a new environment. Researchers continue to emphasize the need for therapeutic support from culturally competent and sensitive social workers (Hancock et al., 2014; Messing et al., 2013).

Rising numbers of undocumented women with histories of trauma migrate to the United States each year (Ben-Natan, 2014). Researchers have suggested that immigrant women often experience continued re-victimization (Miszkura et al., 2012; Paat, 2013; Perez et al., 2012). Recently, contemporary researchers approached this phenomenon by emphasizing the need for culturally competent social workers to address the mental health needs of abused immigrants (Hancock et al., 2014; Messing et al., 2013). They defined cultural competence in three ways, 1) Social workers have awareness of their values, beliefs, and biases; 2) Knowledge of their clients' values, beliefs, and biases; and 3) Knowledge of culturally appropriate and sensitive intervention strategies (Hancock et al., 2014; Messing et al., 2013).

The ability of social workers to identify and advocate for the mental health needs of abused immigrant women is one of the strengths of culturally competent practices (Khamphakdy-Brown, Jones, Nilsson, Russell, & Klevens, 2006; Messing et al., 2013). However, one of the weaknesses inherent to culturally competent practices is the scarcity of research completed on the use of risk assessments instruments designed to identify

immigrant women at-risk or with histories of trauma (Messing et al., 2013). To provide these immigrant women with culturally competent care, practitioners need assessment tools that accurately evaluate the severity of trauma (Messing et al., 2103; Paat, 2013).

Gaps in the Literature

Messing et al. (2013) highlighted the limited available research literature related to trauma among immigrant women. However, researchers consistently documented the fact that immigrant women are at elevated risk of trauma, both in their home countries and in the United States (Donnelly et al., 2011; Tewary et al., 2012). I was unable to find salient literature regarding the roles and responsibilities of social workers in treating the mental health needs of immigrant women with histories of trauma in RDCs. Researchers have, however, suggested that studies are needed to understand how immigrant women with trauma histories access mental health services (Kaltman et al., 2011). There is also a great need for additional studies related to assessment instruments for social workers providing mental health services to this population (Messing et al., 2013; Paat, 2013; Stockman et al., 2015). Consequently, researchers have confirmed the relationship between trauma and mental health of immigrant women (Messing et al., 2013; Paat, 2013; Stockman et al., 2015). In other words, there is a link between mental health conditions and having a history of trauma. Currently, there are psychosocial barriers preventing immigrant women with a history of trauma from accessing and utilizing mental health services (Etiler & Lordoglu, 2012). My study contributes to the dearth of literature by increasing awareness of social workers' roles and responsibilities in meeting the mental health needs of immigrant women with histories of trauma in RDCs. By

understanding this social work practice issue, the aim is to identify feasible and sustainable solutions to enhance the mental health of immigrant women with a history of trauma.

A review of the research literature consistently revealed that DV, trauma, and abuse are the leading causes in increased mental health cases among immigrant women (Stockman et al., 2015). Several researchers (Donnely et al. (2011); Modi, Palmer, & Armstrong, 2014) have documented the underutilization of mental health services by abused immigrant women. They further found that immigrant women with histories of trauma and abuse suffered more than just physical injuries but also incurred emotional scars, which manifested in lower self-esteem, depression, fears, and other mental health related issues (Donnely et al., 2011; Modi et al., 2014; Paat, 2013; Zapata Roblyer et al., 2016).

Another significant study by Tewary et al. (2012), illuminated the growing concerns related to the mental health of abused immigrant women, as the number of undocumented immigrants immigrating to the United States continues to rise annually. Difficulties of migration and acculturation, along with the pervasive issue of trauma and abuse place immigrant women at high risk of poor physical, emotional, and mental health Tewary et al., 2012; Zapata Roblyer et al., 2016). Social workers employed in RDCs seek to understand their roles and responsibilities in mitigating these harmful outcomes. I recruited licensed social workers, who have experience working in RDCs to participate in this study. Four LCSWs responded. They had experience in RDCs and agreed to take part in three action-focused groups to identify a collective understanding of their work

duties and responsibilities. The focus groups also provided a platform for data collection and discussions regarding the social workers understanding of the mental health needs of immigrant women with histories of trauma and abuse.

Section 2 -The Project

The purpose of my action research is to understand social worker's roles and responsibilities when attending to the mental health needs of abused immigrant women at residential detention centers. Additionally, my intention is to assist social workers in comprehending these roles in relationship to macro, mezzo, and micro challenges they face when delivering clinical services to residents in RDCs. In this section, I discuss the background and content of the project, present research recommendations, review the methodology used to collect and analyze the data, and identify the ethical procedures. In addition, I focused on describing, the roles of the co-learners, stakeholders, and participants, along with their relationship with the RDCs. Included is an explanation of the methodology, including the rationale for sample size, procedures, and strategies. Within in the source of data and data collection section, I presented the prospective data, instruments, and existing resources surrounding the research topic.

Background and Context

Action research is a process by which the researcher, practitioners, and stakeholders work together (Huang, 2010; Zhang et al., 2015). The purpose of the action research is to identify the problem, define it, help find solutions, and bring an understanding of the roles and responsibilities of social workers who are providing mental health services to immigrant women with histories of trauma. In addition, the recommendations of action research use empirical evidence to inform the understanding of this particular phenomenon (Groundwater-Smith & Irwin, 2010).

Professional practitioners' definition

The clinical social work practice problem, as I defined it, involved creating a participatory and practical process by which the RDC social workers identify effective clinical interventions to meet the needs of abused immigrant women. In this process, all involved parties explored the unique and challenging mental health needs of the residents in RDCs in an attempt to understand the roles and responsibilities of social worker in providing clinical mental health intervention. As a researcher, I benefited from this study as well. Having first-hand knowledge of the chronic abuse suffered by immigrant women encourages me to advocate for effective social work interventions. As a result of this research study, social workers who participated have a better understanding of what their roles and responsibilities are in treating immigrant women with histories of trauma. The residents in RDCs could benefit from this study by receiving culturally informed mental health intervention from social workers who understand the mental health needs of this population. By understanding that trauma and abuse take on specific manifestations with immigrant women, social workers are able to be intentional about meeting their needs in ways that are culturally inclusive. In the long-term, I see everyone involved benefiting from my research by allowing knowledge creation to move beyond mere research in theory, into a practical life changing clinical practices.

Institutional Context

Residential Detainment Centers are part of a combined effort of United States, Immigration Customs and Enforcement (ICE) and Corrections Corporation of America (CCA). The two entities established the program to address the unprecedented number of undocumented immigrants attempting to cross the border of the United States. Based on

my experiences, the managing agency, CCA, provides overall safety and security at the locations of RDCs. The mission of the CCA and ICE is providing an open, safe residential environment, which includes education and social services for resident immigrants. Residents detained at their facilities remain there while awaiting due process hearings before immigration courts.

The clinical social work practice setting includes one social service team that employs approximate 20 persons on the social service staff. The team consists of approximately 12 full-time LCSW social workers. The social workers on the team are responsible for providing mental health services to the women and children detained at the facility.

Co-learners

The researcher and the LCSWs in this action research project all served as co-learners in the process. In my action research project, I have identified the social workers as participants, co-learners, and stakeholders. One of the goals of this study was to empower and motivate participants to engage in addressing aspects of their clinical social work practice responsive to meeting the mental health needs of the women in RDCs.

My role as a researcher of this action research study was to be a co-learner in the process of understanding the roles and responsibilities of the social workers, in RDCs, when treating the mental health needs of immigrant women with histories of trauma. I intended the information gleamed from this study to ultimately influence social workers thinking and behavior relative to providing mental health services to immigrant women with histories of trauma (McNiff & Whtiehead, 2010). In describing how action research

influences the trajectories of the outcomes, other positive outcome is encouraging social workers to think differently, which influences their behavior (McNiff & Whitehead, 2010; Skattebol & Arthur, 2014). As a facilitator of action research, I also provided leadership and direction to other participants, in the process (Skattebol & Arthur, 2014). The intention was to create knowledge and generate living theories of practice, which contributes to a social and cultural transformation of how social workers in RDCs renders mental health services to immigrant women with histories of trauma (McNiff & Whitehead, 2010).

Methodology

Participants

Participant selection is a critical part of this action research process. The action research participant selection has two objectives. The first includes those who provide the most relevant and richest form of information related to the study, and the second those who possess the broadest range of knowledge on the issue possible (Sullivan, Hegney, & Francis, 2013). After receiving approval from Walden University's Institutional Review Board (IRB approval # 07-19-16-0464020), I began recruiting potential candidates for my study. Accessing a public website roster, sorted by city and zip codes, I selected zip codes for cities between 100-200-mile radius of a RDC facility. I sought to recruit those who have clinical social work experience providing services to immigrant women with a history of interpersonal violence and interfacing with detention centers.

Initially, I made contact via United States mail, sending letters of invitation and requesting responses from those with clinical experiences providing mental health

services to immigrant women with a history of interpersonal violence in detention centers. I mailed approximately 60 letters to LCSWs from the website I accessed. I initially received two responses. One volunteer had not worked with the identified population but provided referrals to agencies where candidates meeting my cirteria worked. I did not make contact with any additional agencies. The other respondent, however, had experience working with my identified population. Once I made positive contact with the social worker who met the criteria, who shared the information with other social workers in a RDC. From this point, I used the technique of snowball sampling to recruit additional participants. This is a technique where potential study subjects share the invitation flyer with other LCSWs among their acquaintances, who may also contact me regarding their interest in the study (Heckathorn, 2011). I soon received calls from three additional social workers who expressed interest in learning more about the research. All participants recruited using snowball sampling made contact with me, via a telephone call or a text message. Articulated in a personal mail invitation (Appendix B), I provided each participant with information about the research project. I followed up with a telephone call in which I introduced myself to each potential participant (Appendix C). Eventually, all four participants agreed to take part in the group forums. At that point, I emailed an informed consent form to each potential participant. Once the participants read and agreed to participate, they each sent me an email stating, "I consent". This process, approved by the IRB, allowed for a faster response, as well as made the process easy for each participant.

Once all participants agreed to join and returned the informed consent forms, we established a set meeting time to begin our weekly discussions. At that time, I explained the use of Adobe Connect teleconferencing program. This program allowed for the participants to all meet at one time via, phone and video conference, at their convenience and in the comfort of their homes. Prior to each meeting, the participant received an Adobe Connect reminder email. The reminder email included the internet and or telephone access number, as well as the date and times of the video conference call. Due to the variations in each participant's schedule, it was difficult to establish a common time to meet. Over the course of the next four weeks, we altered the meeting schedule at least two times. During the initial focus group meeting, there were four participants, including myself. The second and third focus group session consisted of five participants, including myself. In all, I facilitated a total of three focus group meeting before reaching data saturation. I offered each participant an opportunity to answer the research question, as well as contribute additional information relevant to the action research study and encouraged them to ask questions about anything they did not understand.

Using my interview guide (Appendix A), I separated the forum sessions into three areas. Each meeting lasted approximately 60-70 minutes. Using the Adobe Connect audio recorder and the Smart Recorder on my cellular telephone, as a backup, I recorded each session from beginning to end. I converted the contents into a Microsoft Word document file, and hand transcribed the audio documents word for word using the

verbatim method. Following the transcription process, I saved each file and stored the document in a folder of my database.

The final sample included five LCSW social workers currently working in an RDC, and myself. Social workers participated in the study on a voluntary basis. Collectively, we had experience working with immigrant women who had histories of trauma and abuse and detainment at a RDC. One social worker missed the first focus group meeting. However, all participants were able to participate in the second and third focus groups. I realized that it might be difficult and unrealistic to anticipate all LCSW social workers would be available to meet at the same time. The participant who missed the first session was able to answer some of the questions during our review in session three. Therefore, I considered the answers and analyzed them as a part of the final research outcomes.

Demographics

Boeije (2010) posited the purpose of qualitative research is to describe and understand social phenomona in terms of the meaning people bring to them. In order to understand and answer the research question, I conducted three focus group forums with five LCSW social workers, including myself. Although all the LCSW social workers had current or previous experience working in residential detainment centers serving immigrant women with histories of intimate partner violence (IPV) and trauma, they also worked with other diverse populations and were deemed experts in these fields. One social worker had accumulated over 42 years of social worker experience, with three years working in RDCs with immigrant women. This social worker was not only a

LCSW but also obtained a Ph.D. in social work. Another social worker reported having 34 years of social worker experience, over 18 years of school social work and three years of experience in RDC with immigrant women. As a participant of the study, I included my 25 years of experience in the field of social work and one year of experience working with immigrant women with histories of trauma and abuse. A fourth social worker had 18 years of social work experience and a nine-year history working with immigrant populations. The fifth social worker identified her experiences as working with various populations over the span of her six-year career. However, she had a little less than a year of experience working in RDCs with immigrant women.

Table 1.
Demographics of Participants

Gender	Years of Social Work Experience	Years of Immigration
F	42	3
M	34	3
F	25	<1
F	18	9
F	6	<1

Source of Data/Data Collection

I used focus groups to collect data for my research project. Due to the distance between the research and the participants, I held the forums via video conferences. The use of video conference technology, i.e. real time communication with both sound and picture, makes collaborative learning between the researcher and the social workers

possible despite geographical distance (Nilsen, 2011). The focus groups represent a means of generating interactive dialogue among the participants and myself. I facilitated one group, weekly, for three weeks, with the RDC social workers. The group meetings concluded when I reached saturation of the data (Marshall, Cardon, Poddar & Fontenot, 2013). Data saturation occurs when no new information results from the input of the participants and the content becomes redundant (Marshall et al., 2013). When the participants articulated answers to all the research questions and agreed they had no additional input to add to the topic discussion, I felt we reached the point of saturation. Once I obtained consensus from the group, we determined there was no need for additional focus group meetings.

Upon gaining consent from the participants, I audio-recorded each the focus groups. The first focus group session lasted approximately 65 minutes, the second approximately 60 minutes and the last group 62 minutes. A 17-question guide with interview questions aligned with my research question, problem statement, and methodology assisted me in querying information from the participants (Appendix D). I separated the questions into sections, which I presented separately at each focus group. The first section, questions 1-8, explored the social workers' knowledge about the clinical social work practice issue while establishing a research rapport. The second section, questions 9-11, explored the social worker understanding of their current roles and responsibilities in treating the mental health needs of immigrant women with histories of trauma and abuse. Section 3, questions 12-17, served as review questions, allowing for introspection regarding what we discussed and what remained for future considerations.

During the first focus groups, I presented the study, provided an understanding of the issues, and supported the participants in defining the problem and identifying solutions. In this focus group session, I asked the participants to answer and discuss the first eight of the 17 interview questions. During the second focus group, they responded to and discussed questions nine-seventeen. The last group meetings served as a follow-up, providing me with the opportunity to clarify answers given by participants, as well as formally finalize the group meetings. During this process, I reminded the participants that their personal information would remain confidential and unpublished. I also informed the participants at the conclusion of the study that I would make the research findings available, upon request. Finally, I thanked all the participants for time and willingness to contribute to the research.

As part of the data collection process, I used two types of audio-recording devices to record each focus group session, in case one failed. I transcribed the group meeting within the next 2-3 days following each session. To ensure accuracy, I listened to the audio recordings a second time and transcribed each session using the verbatim transcribing method.

At the beginning of the action focus groups, I observed the voice tones and how participants presented an awareness of the subject matter. Once I transcribed the recordings, I began the process of content analysis, which included a careful review of the recorded focus group forums. Checking for clarity at numerous points of the analysis contributed to the dependability and confirmability of the outcomes of the study (Houghton et al., 2013; White, Oelke, & Friesen 2012). The process of checking for

clarity included taking time to ask participants to elaborate on an answer given, or asking if they understood the question(s). I separated the recordings in order of date recorded and began reading the data to gain a sense of the information I captured. After I completed organizing and preparing the data, I utilized content analysis to identify common themes and concepts, which emerged during the focus groups discussions. Using different color highlighters to illuminate the content, I then started coding the data. The coding process included a hand coding qualitative method, utilizing the highlighters to emphasize the common words or phrases, themes, and concepts. Reflecting back to the research question, I highlighted words and phrases that directly or indirectly addressed the research question. In the selection codes, I considered the *who*, *what*, *when*, *why*, and *how*, to understand how the social workers viewed their roles and responsibilities in meeting the mental health needs of immigrant women with histories of trauma and abuse better. I used the same highlighted colors for words or phrases that seem connected to each other as it related to answering the research question. After several passes through the data, I identified approximately 120 codes (Appendix E). Once I identified the codes, I began to identify common and recurring themes within the data and gathered them into similarity groups. Initially, I identified seven groups and sorted the codes under the themes. Based on additional analysis and reflection, I then consolidated the seven themes into five major themes. Based on the action research outcomes, I compared the ecological systems theory to see if it accurately aligned with my clinical research problem. Key elements identified in the data collection process of

the study t included the social workers' perceptions of their ability to meet the mental health needs of abused immigrant women.

Ethical Procedures

I adhered to specific requirements of Walden's IRB and made sure I avoided any activity that could potentially harm the participants. One important and prominent research tool is the informed consent document, which explains the purpose and procedures I would use in conducting the study. It also described how I would protect the participants' identity and assure confidentiality of all data collected from the sample group, including storage procedures. The execution of the informed consent ensures the research participants are aware of any potential risk, as well as their rights to refuse to participate or withdraw from the study at any point of the process. I explained there would be no compensation related to their voluntary agreement to be part of my study (Klitzman, 2013). Establishing sound ethical procedures is a critical part of any action research project. For example, during the focus groups I was the only researcher present and did not have a supervisor at the meetings to avoid creating stress for participants. Referrals for emotional support were available if needed. However, no one articulated or identified a need for additional emotional support.

The forums took place via video conferencing using Adobe conference services. This conference service provides advance call control, mute/unmute attendee lines, real-time participant status, and audio recording. Each participant was able to log into the conference from the comfort of his or her home, or location of their choice. I maintained the controls for the conference calls, ensuring no one else has access to the recordings.

The participants agreed to maintain the privacy and identity of the group members and not share the content of the sessions with anyone outside of the meeting.

It is my duty and obligation, as the researcher, to assure all information is safe and secure. At the conclusion of the data collection process and the research study, I stored all participant data on the hard drive of my computer, in a password-protected file. I also backed up the files on a removable secured drive to protect against computer failure and placed them in a locked file cabinet in my home office. For additional safety, I assigned a pseudonym to each participant and obscured any identifying information from the final report. Per Walden Unnniversity IRB requirements, I will securely maintain the collected data for no less than five years. As the single researcher in this action research project, I am the only one with access to the locked file cabinet, except Walden's IRB and my committee members upon request.

Summary

Throughout this section, I explained the use of focus groups to collect data responsive to the research questions and aligned with the ecosystems theory. I presented my recruitment process and how I organized and conducted the group meetings. In addition to attending to ethical concerns, I described how I intended to collect, transcribe, and analyze the information offered during the group sessions consisting of LCSWs, with experience working in RDCs. Participants attended at least three meetings, discussing their views on the roles and responsibilities of social workers in providing mental health services to abused and traumatized immigrant women detained in residential facilities. In

the following section, I will provide additional detail on how I collected and analyzed the information the participant social workers offered in the following sections.

Section 3: Analysis of the Findings

The purpose of this action research was to understand the roles and responsibilities of the social workers in addressing the mental health needs of immigrant women with a history of trauma, who reside in residential detainment centers. In this section, I present a brief review of the purpose and research questions I posed to address the problem I identified as the lack of clarity of the role and responsibilities of social workers intervening with this vulnerable population. I include how I collected, tracked, and organized the data. The analytical process I underwent to determine the relevancy and meaning the social workers attached to their experiences, leading to a description of the thematic outcomes.

Validation and legitimation process is the next phase of section three. I described the areas where I used reflexivity and how it improved the data collection and analysis process. Following this, I described the findings of the project in terms of the purpose, goals, and variables included in the study. I also outline and discuss the important learning points in this action research study and identify specific findings influencing this area of clinical practice. Lastly, in concluding this section, I discussed unexpected findings resulting from the focus group discussions. I also summarized answers to the research questions, leading to providing transitional material from the findings that contribute to the recommended solutions. I collected the data during three, one-hour focus groups with a sample of five LCSW social workers who worked or had worked in an RDC. The participants discussed their perceptions of the roles and responsibilities of social workers when intervening with the target population, along with other issues

related to their experiences. I transcribed the audio recordings of the meetings and analyzed the data to draw conclusions and make recommendations.

Data Analysis

The first step in my data analysis process was to transcribe the recorded group forums verbatim. After transcribing the data collected from the audio recordings, I started a systematic process of coding the raw data. The process entailed recognizing and identifying the parts of the text, which contained information relevant to answering the identified research question. I identified 60 codes in my initial review of the data (Table 2). These codes identified some aspect of the social worker's view of their roles and responsibilities in treating the mental health needs of immigrant women with histories of trauma and abuse. In the process of coding my data and for analysis, I read and re-read the transcriptions. In subsequent review of the data, I identified approximately 60 additional codes (Table 2). Following this step, I moved to a second cycle of coding and system of categorization, which included determining the intersectionality of data points to link them together (Glaer & Laudel, 2013). Although there are various ways to connect empirical information, for the purpose of this research I used the indexing themes methodology (Glaer & Laudel, 2013). The process requires ordering the data by attaching codes to the part of the text containing the information (themes). This step also included reading and re-reading the data to ensure I did not miss themes or other details. Next, I began searching for patterns in the data collected. I highlighted words and phrases that I thought were significant, as well as those that were repetitive in relationship to the research question. In this phase, I focused on patterns in the data

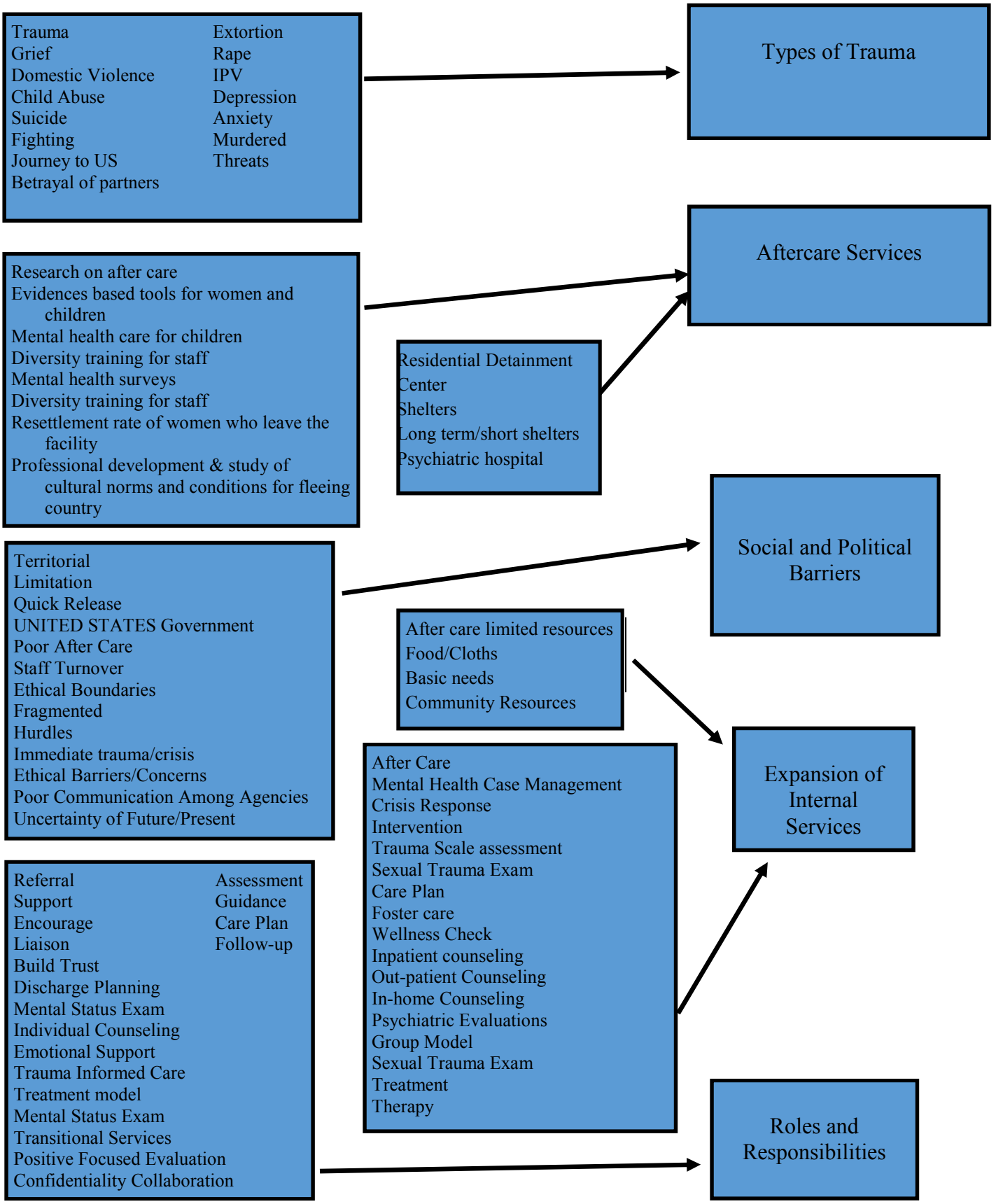
indicating connections between the trauma experienced by immigrant women detained in RDCs, to the social workers understanding of their roles and responsibilities in providing mental health services to these women. Arranging the formulated codes into clusters resulted in the emergence of seven overarching themes. Figure 1 shows an example of theme clusters with their associated formulated meaning. The identification of themes in this process followed a cyclical process, as I read each transcript again, along with the outcomes of the codified labeled emerging themes. This process of capturing themes unified the nature of the social workers understanding of their roles and responsibilities into a meaningful whole (Glaer & Laudel, 2013; Saldaña, 2016). At this stage, I also considered the use of my reflection journal to add transparency to my research process. Creating transparency in the research process was an important consideration, one that I engaged with by drawing on my reflexive journals at key points in my writing (Corbin Frazier & Eick, 2015; Czarniawska, 2016).

In Figure 1, I collated codes with similar functions and narrowed the themes down to five that represented the social workers understanding of their roles and responsibilities in treating the mental health needs of the abused immigrant women in their RDC. The themes that were the outcome of the coding and analysis process included, 1) Roles and Responsibilities, 2) Aftercare Services, 3) Types of Traumas, 4) Expansion of Internal Services Provisions, and 5) Political, Social, and Structural Barriers.

Table 2
Coding and Themes

Type of Traumas	Services	Roles & Responsibilities	After Care
Trauma Extortion Grief Rape Domestic Violence Child Abuse IPV Depression Suicide Anxiety Fighting Murdered Journey to UNITED STATES Betrayal of partners Victims of trauma Threats Abuse	Case Management Mental Health After Care Intervention Trauma Scale assessment Sexual Trauma Exam Care Plan Foster care Inpatient counseling Out-patient Counseling In-home Counseling Psy Evaluations Therapy Treatment Group Model Sexual Trauma Exam Crisis Response Wellness Check	Referral Discharge Planning Liaison Assessment Mental Status Exam Individual Counseling Build Trust Support Guidance Encourage Care Plan Positive Focused Confidentiality Emotional Support Evaluation Trauma Informed Care Treatment model Mental Status Exam Follow-up Collaboration Transitional Services	Research on after care Evidences based tools for women and children Mental health care for children Diversity training for staff Mental health surveys Diversity training for staff Resettlement rate of women who leave the facility Professional development & study of cultural norms and conditions for fleeing country
Type of Facilities Residential detainment Center Shelters Long term/short shelters Psychiatric hospital			**Social/Political/ Structural Barriers** Quick Release Immediate trauma/crisis Ethical barriers/concern Poor after care Poor communication among agencies Hurdles Poor after care Ethical Boundaries Staff turnover Limitation-9 U.S Government Fragmented Territorial Uncertainty of Future Uncertainty of Present
			Needs After care resources Limited resources Food/Cloths Basic needs Community Resources

Figure 1 Final Codes and Themes



Validation and Legitimation Process

As a previous employee of the same RDC, I entered the data collection process with a fair amount of forethought about the mental health treatment and intervention process provided to immigrant women with histories of trauma and abuse. My personal training and experience as a social worker taught me to minimize bringing my biases into the process, to maximize the space and inclusion of the participants to share their stories. However, using my reflexive journal helped me to embrace my role as a participant in the process of understanding the roles and responsibilities of the social workers in treating the mental health needs of immigrant women with histories of trauma and abuse.

The use of the reflexive journal also helped me remain open to new information shared by the participants, as well as their perspectives of the social worker's roles and responsibility in providing mental health services to the RDC residents (Corbin Frazier & Eick, 2015; Czarniawska, 2016). In some instances, self-reflection prompted me to change my approach during the research process, to employ methods I had not initially planned to use (Berger, 2015). For instance, using the reflexive journal I realized I needed to engage and explore the comments of all the participants, as opposed to just addressing each question as planned. In my reflexive journal entries, I noted the need to pace myself during the data collection process, allowing both the participants and myself an opportunity to process the information generated from the research questions fully. As a result of this time of introspection, I encouraged the participants to further elaborate on certain questions I posed to the group at the beginning of the next session.

Entering my thoughts and experiences into a personal reflexive journal allowed self-introspection and assisted with addressing my personal biases. I did not want any preconceived beliefs to impede my ability to analyze the data. Along with a logbook, I used throughout the data collection process, and beginning with the first group forum; I noted my personal ideas, perceptions, and feelings, and acknowledged them as I conceptualized the information shared by the participants. The use of the reflexive journal was also helpful during the coding stage, as it guided my search for words and phrases that chronicled how this data would ultimately supporting my findings. In this action research, I used the reflexive journal to examine my personal assumptions and clarify my individual belief system (D'Silva et al., 2016).

Validation in qualitative research requires the researcher to assess the accuracy of the findings of the study (Noble & Smith, 2015). One strategy for validation includes clarifying the researcher's personal biases, which I attended to by incorporating the use of the reflexive journaling. Throughout the data collection and analysis process, I made daily entries to record and review any experiences, which could hamper my ability to remain unbiased. Another strategy for validating the data included asking for clarification from the participants during the data collection process. Additionally, using the verbatim method of data translation required listening to the data several times to ensure accuracy in translation.

As stated in section 2, the homogeneity of the participants limited the transferability and generalizability of the outcomes of the study. Although the possibility exists for applying the learning to other social workers who serve detained immigrant

women who have other needs. Changing the demographics and composition of the population would severely limit generalizing the themes to inform other dissimilar groups of service providers. However, based on my previous employment in these types of facilities, I could conjecture the themes, types of trauma, services, aftercare, structural, political, and social barriers, and roles and responsibilities, would be consistent with the feedback from other LCSWs employed at similar locations.

The four LCSW participants represented a small sample size of the larger population sample. For the sake of this research study, I only considered the LCSWs who work with detained immigrant women suffering from trauma and abuse. Of the approximately 12 LCSWs in this particular facility, only four participated in the study. It would be difficult to generalize to larger groups of social workers, specifically those who are not providing services to immigrant women who have suffered trauma and abuse. I further posit that small sample sizes have the potential to bias the outcomes of a study (Hopkin, Hoyle, & Gottfredson, 2015; Pye, Taylor, Clay-Williams, & Braithwaite, 2016). Pearson et al. (2011) and Tracy (2010) suggested small size groups promote discussion and support the formation of relationship within the group. While not transferable, the detail offers researchers insight into a specific social phenome (Pearson et al., 2011). The outcomes of this action research project could have implications for populations of social workers who work in other residential settings, as well as those who provide community aftercare services to traumatized women released from detention.

The method used to assert trustworthiness included transcribing the data, verbatim, from the social work participants and repeating the analytical process numerous

times (Baskarada, 2014; Noble & Smith, 2015). Accurately transcribing data is vital to the reliability of the findings. Imprecise translations challenge the integrity of the findings and hampers confirmability of the analytical proceedings (Hussain & Sanders, 2012).

Findings

The purpose of this action research was to understand the roles and responsibilities of the social workers in addressing the mental health needs of immigrant women with a history of trauma, who reside in resident detainment centers. Understanding the social worker's roles and responsibilities in providing mental health services included considering possible barriers to providing effective mental health services to the service population. Researchers documented the difficulties experienced by immigrant women with histories of trauma and abuse, who transition from their countries of origin to the United States (Sturdy, Smith-Merry, & Freeman, 2012). At the border, ICE apprehends and confines immigrants to RDCs with little consideration given to the fact that they may have potential mental health challenges. Social worker participants engaged in lengthy dialogue regarding their roles and responsibilities in treating the mental health needs of the residence in this RDC. The outcome of these discussion centered on looking at the women and their mental health needs from a holistic or ecological perspective. In other words, the social workers discussed their role in providing good and services, embracing and meeting their cultural needs, as well as identifying aftercare and transitional services to aid in resettlement, if applicable.

Along with these recommendations, the findings identified five key themes that influenced the social workers understanding of their roles and responsibilities in providing mental health services to immigrant abuses women in RDCs. The themes identified included (1) Roles and Responsibilities, (2) Types of Traumas (3), Aftercare Services, (4) Expansion of Internal Services Provisions, and (5) Political, Social, and Structural Barriers.

Theme Development

Theme 1: Roles and Responsibilities

I introduced the topic of roles and responsibilities to the group in the first session. Understanding the social worker's roles and responsibilities in treating the mental health needs of immigrant women with histories of trauma and abuse was the essence of this study. One of the interview questions explored the social workers current understanding of their roles and responsibilities in treating the mental health needs of immigrant abuse women in their RDC. The responses of the social workers varied, yet covered the spectrum from providing emotional support and encouragement to placement and resettlement referrals. One social worker described her roles in this way, "I provide support, available information and guidance to the women so that they are aware that success is possible". Another remarked, "I determine their faith beliefs is a source of coping, and when capable, allowed them to share their story". Others understood their roles and responsibilities to be more hands on, providing one-on-one mental health assessments and treatments. The social workers stated they would often advocate for the resident's physical needs, such as accessibility to goods and services.

The participants identified what they currently viewed as their roles and responsibilities in treating the mental health needs of immigrant women in RDCs as providing support, building trust, providing information and guidance, individual counseling, and completing a good bio-social history. They recognized there would need to be a change in some of the current policies in order to facilitate social workers improving outcomes for this population. Two consistent recommendations for policy changes emerged during the discussions. They included the ability for the social workers to make community referrals and be involved in the coordination services for women upon leaving the facility.

The participants also supported expanding their roles to include advocacy with internal agents and external decision-makers. Adaptations within the facilities and in the broader community can enhance their acculturation or assimilation process into their new country of residence. Social workers can play a significant role in delivering cultural appropriate and targeted interventions, specifically in RDCs.

Theme 2: Types of trauma

The social workers led the initial group forum discussion with the various types of trauma identified by the immigrant women in this facility. Identification of the types of trauma was a critical component of understanding the social worker roles and responsibilities in treating the needs of detained immigrant women, understanding the level of care may differ based on the severity of the trauma. In discussing these various types of traumas, the social workers indicated that all the LCSWs in the facility participated in a mandatory assessment training identified as the trauma-informed care

assessment model. The guidance assisted them in assessing the mental health needs of those who experienced trauma and abuse. However, some pointed out, they did not find it useful for this particular population. They highlighted the need for intervention and service provisions to take into consideration the economic, social, and political histories, along with the cultural beliefs of this population. They further suggested that strengthening social worker's knowledge in these areas would allow their practice to be culturally relevant for the population involved, in this case, detained immigrant women with histories of trauma and abuse.

Discussions surrounding the various types of trauma faced by immigrant women in this RDC was an important topic during the group sessions. The social workers, including myself, recounted traumas such as rapes, murders, suicide, physical, sexual, and emotional abuse, threats of harm to self or family members and intimate partner violence, and ranked them among the top forms of traumas reported by the women. One social worker described his experience of working with women who suffered domestic violence physically, emotionally, and sexually. He added extortion, witnessing a loved one's death, threats, the uncertainty of present and future to the list of frequently reported types of trauma on his caseload. Another social worker reported, rape, betrayal of the partner (sleeps with someone else and ends the relationship), missing partner, missing child during the journey to the United States were common types of abuse she had encountered.

As a previous employee at a RDC, I recalled the sadness I felt as the residents recounted the stories of trauma and abuse in our individual intake or counseling sessions.

I could then relate to the emotion in the social works voices as they too reflected on the many different stories of trauma and abuse they documented. The abuse manifested itself in many different ways, leaving lasting physical and emotional scars in the women. The results from those discussions led to the emergence of the theme, types of trauma.

Theme 3: Aftercare Service

A careful review of the data revealed consistent patterns of discussion focused on the social worker's desire to make sure the residents successfully transitioned from the RDC to life inside the facility, if they were granted asylum. Aftercare services was a predominant theme and frequently repeated during the group discussions. A part of understanding the social worker's roles and responsibilities in treating the mental health needs of the residents included providing the abused immigrant women with referral services to assist them with resettlement efforts in the United States. In some cases, depending on the level of mental health care required, the referrals services included linking them to outpatient mental health facilities.

Conversations emerging from the focus groups included concepts such as research on aftercare, evidence-based treatment tools for women and children, mental health serives for children, diversity training for the staff, and professional development on cultural norms and fleeing conditions. The social workers emphasized the importance of ensuring the residents receive additional goods and services after leaving the RDC. The participants engaged in rich dialogue surrounding how immigrant women with histories of trauma and abuse would survive the transition from the RDCs, where providers attended to their physical and mental health needs, to life outside the RDC,

with little to no access to care. The plight of these women and children rested deeply in the minds and hearts of the social workers, myself included. As the discussion progressed regarding the social worker's roles and responsibilities to help address these concerns, one social worker mentioned, "It would be helpful if they could have someone on the outside who can link them with referrals to community agencies". Another participant offered, "case management is needed when they leave our facility". "I think the damage of the abuse is extensive, especially if they ignored counseling upon exit from the detention facility" was a sentiment expressed by a group member. During the coding and analysis phase, it quickly became evident that there was a need for LCSWs to provide aftercare services was an overarching theme.

Theme 4: Expansion of Internal Services

The most frequently discussed topic, as it related to the social worker's roles and responsibilities in meeting the needs of the detained abused immigrant women, consisted of the desire of the social worker to see an expansion of the current internal services offered to abused immigrant women in the RDC. Social workers articulated the need to either add programs to their existing services or make improvements to those currently existing. The social workers all joined in mutual consensus when stating the need for external referrals to outside agencies. One social worker declared, "I think more effort should be made on community referrals." They identified the necessity to offer evidenced based assessment tools for immigrant women and children, because of the conditions causing them to flee from their countries of origin.

During one focus group, one of the participants identified a potential method for organizations and stakeholders to evaluate the services provided by the mental health staff at RDCs. She suggested that all residents have an opportunity to complete a survey prior to discharge. The survey would rate the client's mental health status upon arrival at the facility and before discharge from the facility, along with including information such as helpful services, which improved the client's coping skills and better equipped them for transitional living. The participants further suggested the survey include content related to community resources and referrals. They concurred that using an evaluation tool could inform social worker's perspectives on how they provided mental health services to immigrant women with histories of trauma and abuse.

Theme 5: Social, Political, and Structural Barriers

One of the major themes to emerge from the data was the idea of barriers that, in some way or another, influenced how social workers understood their roles and responsibilities in the delivery of mental health services to immigrant women with histories of trauma and abuse in RDCs. One social worker stated, "I think at the facility we work in, the parties involved are very sensitive and the political frame of the facility puts everyone on edge". Another social worker, speaking of social or structural barriers stated, "A lot of programs don't have interpreters, or Spanish speaking providers to help the women take advantage of available resources". Approximately 60% of the LCSWs in this particular RDC were bilingual. The remaining English speaking LCSWs had full access to an interpreter service, who provided 24-hours of access to the English-speaking staff at the facility.

During this process, I learned superivors disapproved of recommending additional follow-up for mental health or other concerns, once they discharged the resident from the RDC. One participant stated, "providing community resources are mostly discouraged". The directive given to the social workers by the administration was that outside community referrals were not a part of the direct mission of service. Another participant shared, "I was told that I should not make outside community referrals". The information helped me to understand the social worker's feelings of frustration with their inability to assist in the deployment of community resources and referrals for their clients upon release. They articulated an intolerance for the multiple layers of red tape prohibiting some aspects of service delivery. I understood the social worker's desire provide the best mental health care available, however, their superiors in this setting limited their ability to offer the amount of precise level of care they feel the women need. The information was vital to my study as it helped me to comprehend how the social workers see their roles and responsibilities in providing mental health care for immigrant women who have experienced trauma, in these types of facilities. Because social worker's training is to go the extra mile and extend themselves to provide the most appropriate resources, their perspective revealed the realities the participants employed at this site confronted. They described a highly structured and micromanaged facility, where they had minimal autonomy to provide the residents with what they deemed necessary.

During the group sessions, the LCSWs often repeated the term *limitations* as it related to the political and structural barriers preventing them from offering referrals including aftercare and transitional services. There was a consensus among the

participants that the political structures governing the daily operations of the facility prohibited them from providing a continuum of care to discharged women and their families. The constraints include collaborating and networking with outside community resources agencies.

I identified some important learning points while executing this study. The first was recognizing the need for quality aftercare and transitional services for immigrant women with histories of trauma and abuse, as identified by the participants. During the various discussions, social workers repeatedly articulated the importance of making community referrals a critical component of the discharge planning process, and the role of a social worker. The second point identified was the need for social workers to engage in community collaborations and partnerships. Social workers recognized immigrant women with histories of abuse and trauma arrive in the United States with minimal, if any, resources to sustain themselves and their families. The ability to help the women find employment, especially upon discharge was tantamount. Lastly, social workers recognized the existing political and structural barriers impeding the progress of the immigrant women with histories of trauma and abuse residing in RDCs. Private companies contracted by government agencies oversee the management of the facilities and security of the residents in RDCs. The privatization creates political and structural barriers hindering and adversely affecting the delivery of mental health services to immigrant women with histories of trauma and abuse.

The specific potential benefit of this area of clinical practice include identifying and informing other vested party's understanding of the social worker's roles and

responsibilities in treating the mental health needs of immigrant women with histories of trauma and abuse. The LCSWs who participated in this action research study consistency identified referral and aftercare services, expansion of internal services provisions, and political, social, and structural barriers as areas of clinical practice that affect the provision of appropriate mental health services to immigrant women with histories of trauma and abuse.

There were a couple of unexpected findings, which emerged while conducting this study. First, I was surprised to learn that the social workers are limited in their ability to provide mental health services, including community referrals and outreach. Many social workers pride themselves in providing holistic and comprehensive social services to their clients. One of the major disappointments articulated by the social workers was their inability to focus on the whole person. They expressed a sense of disparateness about their powerlessness to offer the mental health interventions they felt the women urgently needed. Researchers can consider examining the existing constraints to improving clinical practices with gender specific immigrant populations in greater details when conducting future studies.

Summary

The research questions in this action research focused on how the social workers understood their roles and responsibilities in meeting the mental health needs of immigrants with histories of abuse. The licensed social work participants described the various situations of trauma or abuse suffered by immigrant women who reside in RDCs. They shared their clients' descriptions of domestic violence, rape, threats of death, the

murder of loved ones, missing children, or spouses, along with physical and sexual abuse. The social workers identified various obstacles to providing mental health services to immigrant women with histories of trauma and abuse. Barriers identified by the social workers included poor aftercare, political and structural infrastructures, and limitations on community resources and referrals. They articulated a need for standard trauma or abuse assessments for the immigrant residents identified as potential victims.

Follow-up care for the residents was an area of great concern for all the social workers. They unanimously agreed aftercare service were severely lacking. Typically, facility staff release residents in a very short period, creating difficulties when attempting to plan for discharge and aftercare services. The participants repeatedly emphasized how management and supervisors discouraged them from making community referrals for continued care once the residents left the facility, a task the social workers clearly identified as their role and responsibility.

As the social workers discussed the effect their services have on the successful transition and settlement of the women in the target population, it became evident this research, though limited in scope, was challenging in many ways. The outcomes of my research point to enhancing social workers understanding and thereby professional practices when interfacing with immigrant women in residential facilities. The implications for social change include informing peers, internal and external organizations, along with policy makers, of the struggle social workers face when attempting to ameliorate the continued suffering of these vulnerable women and their children.

Section 4: Recommended Solutions

The purpose of this action research was to understand social worker's roles and responsibilities in treating the mental health needs of immigrant women with histories of trauma residing at the RDCs better. Researchers Corbin, Bilotto, and Masimo (2016) discussed the current global focus for social workers to understand the unique needs of the immigrant populations they serve. Intervention and service provisions must take into consideration the economic, social, and political histories, along with the cultural beliefs of this population. They further suggested strengthening social worker's knowledge in these areas would allow their practice to be multi-cultural and relevant for the population involved and in this case immigrant women with histories of trauma and abuse. Their roles would embrace being a culturally diverse agent, working on behalf of the detained female population.

Application for Professional Practice

Understanding the roles and responsibilities of social workers in treating the mental health needs of immigrant women with histories of trauma and abuse assists in improving professional practices, along with informing stakeholders of the issues related to providing services to the population. Through a series of discussion forums, the LCSWs and I identified referral and aftercare services, expansion of internal service provision, and political, social, and structural barriers, as areas impeding the delivery of mental health services to immigrant women with histories of trauma and abuse.

Similar to the literature presented in chapter two, immigrant women with histories of trauma and abuse, who transition from their countries to the United States, often have

some form of pre-existing mental health related illness. The phenomenon poses additional mental health related challenges for those who find themselves detained in an RDC upon their arrival. Researchers suggested there is a growing concern these individuals suffer mental health related issues from enduring various forms of abuse (Kulwicki et al., 2010). Authors Miszkurka, Zunzunegui, and Goulet (2012) stated violence against women is a major problem with potentially widespread implications for public health providers. They further underscored the various types of trauma includes physical, emotional, and sexual abuse (Miszkurka et al., 2012).

In the action research forums conducted, I asked social workers to discuss some of the various situations of trauma and abuse suffered by women residing in the detention facility. My findings of physical, emotional, and sexual abuse are consistent concerns for immigrant women who entered the United States and in most cases fleeing some form of persecution. My findings, based on the information shared by the LCSWs, also supported the outcomes, which indicated a need to understand what mental health interventions and treatments would best meet the needs of these immigrant women with histories of trauma and abuse.

This study adds evidence to the documented adverse effects of trauma and abuse on immigrant women, specifically those detained in RDCs. The application of the findings relates to two specific areas of clinical social work practice, mental health aftercare and community referrals, for immigrant women with histories of trauma and abuse. The implementation of mental health aftercare and the addition of community referrals are likely to remove barriers to social workers understanding of their roles and

responsibilities in treating the mental health needs of immigrant women with histories of trauma and abuse.

In addressing the clinical social work practice problem of developing a collaborative understanding of social worker's roles and responsibilities in treating the mental health needs of immigrant women with histories of trauma and abuse, the need for aftercare and ongoing community resource referrals have a direct effect on the provision of holistic services. The social workers identified systemic obstacles contributing to the lack of mental health follow-up and needed community referrals for their residences. Researchers showed how immigrant women who attempt to seek asylum, or escape their abusers often confront barriers related to service delivery. Systemic barriers often include failure, on behalf of community service providers to respond to the in ways that are culturally appropriate for the client (Kulwicki et al., 2010). An example of this is the lack of services to address the language barriers existing between immigrant women and community service providers. As a result, many residents draw upon informal support systems and practices, as well as other self-care strategies, to cope with their mental illnesses and its related problems (Donnelly et al., 2011).

Solutions for the Clinical Social Work Setting

The clinical social work practice problem addressed in this research study focused on developing a collaborative understanding of social worker's roles and responsibilities in treating the mental health needs of immigrant women with histories of trauma and abuse. The findings of my research suggest aftercare services and expansion of internal services provisions are key issues for redress in order to effectively provide solutions

attentive to the mental health needs of immigrant women with histories of trauma and abuse. Consistent with the discussions of the focus group, participants identified community referrals as the main need of immigrant women residing in RDCs, with histories of trauma and abuse. Participants recognized residents need to link to outside community resources. A qualitative research study, conducted by researcher Donnelly et al. (2011), suggested when immigrant women with mental health issues fail to seek care, it is often due to lack of information about where and how they can find resources. Based on the findings of this action research, I became aware of the need for expansion of internal services, to include evidence-based assessment tools, transitional services, discharge planning, and mental health services for children. The participants suggested immigrant women in the RDC currently do not receive these services, and as a result, they struggle with securing the proper resources for mental health care, as well as those related to successful resettlement.

Aftercare services and expansion of internal service provisions are two recommended solutions to the problem. The social workers themselves expressed a genuine desire and concern for providing the immigrant women in the RDC, with an opportunity for successful relocation. They recognize aftercare services, and expansion of internal service provision is a means of empowering this population and assisting them through to a successful transition from detainment to self-sufficiency. The participants of this action research, if allowed by those in authority, believe they could provide referrals to community resources for immigrant women with histories of trauma and abuse to address the basic needs of their families. The women would develop healthier mindsets,

enhancing their ability to seek the necessary mental and physical health assistance required to sustain themselves and their children.

As a community-based social worker, I will benefit from understanding the recommended solutions, having gained insight into how social workers see their roles and responsibilities and limitations when treating the mental health needs of immigrant women with histories of trauma and abuse. In addition, I increased my awareness of the social workers' roles and responsibilities when providing services to women in this vulnerable population. As a result of this research, I have knowledge concerning the importance of ongoing referrals and aftercare services. I recognize how these resources increase the opportunities of successful resettlement and improve the mental health outcomes of immigrant women with histories of trauma and abuse.

Implications for Social Change

In considering the ultimate mission of social worker as supporting diverse, vulnerable populations, wherever they exist, and contributing to improving their lives in significant ways, advocacy for social change on all levels of society is a major focus (NASW, 2008). We, as a profession, view change on the individual, organizational, and political levels of intervention. Similar to the theoretical construct of this study, micro, meso, and macro systemic efforts, lead to addressing issues from a holistic and inclusive perspective.

Individual

When considering positive social change at the individual level the roles and responsibilities of the social workers include considering the interactions within the

resident's physical environment. Social workers could advocate for the resident's physical needs, such as accessibility to goods and services. Secondly, an informed social worker is better able to provide services to meet the sociocultural needs of the residents, such as the availability of bilingual interpreters. Understanding the social worker's roles and responsibilities in treating the mental health needs of immigrant women with histories of trauma and abuse has the potential to affect positive social change on an individual and family or micro level of intervention. The outcomes can inform organizations such as RDCs to develop culturally appropriate services that address the needs of immigrant women with histories of trauma and abuse. The awareness of the struggles to properly assess and determine discharge strategies for the immigrant women with extenuating circumstances such as relocation to a new country presents opportunities for decision makers to support macro-system level policy changes. According to the NASW Standards for Cultural Competency and Social Diversity a social worker should, not only have a strong knowledge base of their client's culture, but also, be to provide services that are culturally sensitive (NASW, 2008).

Organizational

Social work participants spoke of the potential positive effect of social change, which could result from facility leaders understanding of the needs of these women to have access to mental health services and related information. One positive change would include advocacy, on behalf of organization leaders, to promote and support the utilization of available community resources through referrals and case management services, prior to and upon release from the facility. The social workers understand that a

part of their roles and responsibilities to meeting the mental health needs of these immigrant women with histories of trauma and abuse includes striving to improve access to information, services, and resources. Advocacy provides equality of opportunity for the residents active participation in the United States culture (NASW, 2008).

Policy

On a policy level, participants articulated the need to raise awareness of mental health and well-being among immigrant women with histories of trauma and abuse with legislators and decision makers. Consistent with current research on this topic, literature supported the potential for positive social change by increasing awareness of the need for mental health services by disseminating written translated materials in public settings (Kulwicki et al., 2010). It would benefit this population to have agents to explain the laws and responsibilities of citizens in American, as well as penalties for noncompliance.

Summary

Immigrant women flee their countries every day, seeking political asylum in the United States from trauma and abuse such as rape, murder, betrayal, physical, sexual, and emotional exploitation. They often arrive in the United States suffering from mental health crises, after a long journey that regularly includes additional physical and sexual abuse. Those placed in residential detainment centers often face additional stress and anxiety related to their confinement. LCSWs working in these facilities are usually the first responders; offering assistance to address their psychological disturbances. I used action research methodology to document social workers understanding of their roles and responsibilities in addressing the mental health needs of immigrant women who have

histories of trauma and abuse. Through a series of group forums, LCSWs employed in RDCs shared their understanding of their roles and responsibilities in addressing the issues and problems of those in the target population. The often-repeated theme in the responses from the social work participants involved was the need for the residents to have an adequate level of aftercare and to expand the internal and external community services currently offered the residences. My long-term goal is eventually to publish the results of this action research and present them at topic related conferences. I also intend to distribute white papers based on this and additional research I intend to conduct in the future.

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Appendix A: Reflexive Journal

Summary of what was done

NEW LEARNING
What did I learn that was new to me?
What insights did this new knowledge give to me?
Did it help me see something in a new light?
Did it help me understand something that I didn't understand before?

How do I think this might be useful (in practice, in my studies, in my life)?

Personal reaction

How did I feel about what was done? (Did it affect me emotionally and if so how?)

What did I like or enjoy and why?

What did I dislike and why?

What did I find easy to do or understand and why?

What did I find difficult or challenging to do or understand and why?

Action to be taken
Is there any action that I will take as a result of what was done?

Do I need to plug gaps in my knowledge?

Do I need to investigate or research further?

Appendix B: Invitation

Initial Contact: Invitation to Participate in an Action Research Study

Hello, my name is Shalunda Sherrod. I am a licensed clinical social worker (LCSW) and doctoral candidate. I wish to conduct a study regarding the roles and responsibilities of social workers in treating the mental health needs of immigrant women in Residential Detainment Centers (RDCs). Additionally, the focus of my action research is to assist social workers in comprehending challenges from macro, mezzo, and micro perspectives, as they intervene with the women living a detention facility.

As I just received ethical approval for my research study, I am ready to recruit potential participants. One of the sampling techniques I will use is referred to as snowball sampling. This is a technique where potential study subjects forward the invitation letter to other LCSWs or provide me with contact information for potential study subjects. You are free to share this invitation with other LCSW's working with immigrant women in RDCs.

If you are interested, I will send a formal research consent form that provides additional information about the study. You may also feel free to contact me with any questions at [redacted].

Thank you for your time and consideration in this matter.

Appendix C: Telephone Script

Hello, my name is Shalunda Sherrod. I am a licensed clinical social worker (LCSW) and doctoral candidate at Walden University. I am following up with you regarding your interest in participating in my research study; Understanding the Mental Health Needs of Women, who are Immigrants with a History of Intimate Partner Violence and Abuse.

If you are interested, I will email a consent form, informing you of the purpose of this action research. Once you have read the consent, please reply with the words "I consent" and email it back to me. Do you have any questions for me at this time?

Thank you for taking my call.

Goodbye.

Appendix D: Interview Guide

GROUP FORUM INTERVIEW GUIDE FOR SOCIAL WORKERS

SECTION ONE

1. Name _____ Position: _____

2. What are your current responsibilities, as a social worker in the Detention facility?

3. Discuss the various situations of trauma or abuse found in the detention facility?

4. Describe your knowledge and experience with victims of trauma.

5. What are some barriers to treatment or immigrant women with histories of trauma?

6. Do you have a standard trauma or abuse assessment for residents who have been identified as a victim of trauma? If yes

7. What is the standard protocol for assessment when women indicate that they have a history of trauma or abuse?

8. Can you share what kind of follow-up care you or your colleagues provide to the women who have histories of trauma or abuse?

SECTION TWO

9. What, in your opinion, are the social workers' roles and responsibilities in treating the mental health need of immigrant women in the detention facility?

10. What changes in policy, if any, would better facilitate your work and understanding of your roles and responsibilities in treating the mental health needs of immigrant women with a history of trauma?

11. What changes in the behaviors or attitude of the personnel at the detention facility?

would better facilitate your help with the immigrant women with a history of trauma and abuse?

SECTION THREE (Follow up questions)

12. What has happened?

13. What has worked?

14. How do the group members feel about the change?

15. What does the change mean to them?

16. What has to happen next?

17. Who else needs to be involved now?

Appendix E: Initial Codes

United States Government Trauma Extortion Mental health care for children Uncertainty of the present Child abuse Suicide Diversity training for social workers Crisis Response Transitional Services Staff Turnover Sexual Trauma Exam Collaboration Group Model Follow-up Mental Status Exam Treatment Therapy Psychiatric Evaluations Poor after-care Foster care Inpatient counseling Care plans	Limitations Shelter Care Psychiatric hospitals Grief Rape Domestic violence Limited resources IPV Depression Child Wellness Check Positive Focused Confidentiality Emotional Support Guidance Encouraged Build trust Intervention Long & short term shelter care Fragmented Short term care Uncertainty of the future Lack of money Mental health surveys Basic needs Case management Anxiety	Resettlement rate of women who leave the facility Professional Development & study of cultural norms and conditions for fleeing country Discharge planning Liaison Assessments Individual Counseling Treats Victims of Trauma Betrayal of partners Journey to UNITED STATES Murders Community Resources Ethical barriers Ethical concerns Fighting Poor Pregnant Diversity training for facility staff Territorial	Adequate care Food/cloths Shelter Mental health intervention Evidence based tools for women and children Basic needs Trauma scale assessments

Appendix F: Second Coding

United States Government Trauma Extortion Mental health care for children Uncertainty of the present Child abuse Suicide Diversity training for social workers Crisis Response Transitional Services Staff Turnover Sexual Trauma Exam Collaboration Group Model Follow-up Mental Status Exam Treatment Therapy Psychiatric Evaluations Poor after-care Foster care Inpatient counseling Care plans Murders Ethical barriers	Limitations Shelter Care Psychiatric hospitals Grief Rape Domestic violence Limited resources IPV Depression Child Wellness Check Positive Focused Confidentiality Emotional Support Guidance Encouraged Build trust Intervention Long & short term shelter care Fragmented Short term care Uncertainty of the future Lack of money Mental health surveys Basic needs Case management Anxiety	Resettlement rate of women who leave the facility Professional Development & study of cultural norms and conditions for fleeing country Discharge planning Liaison Assessments Individual Counseling Treats Victims of Trauma Betrayal of partners Journey to UNITED STATES Ethical concerns Fighting Pregnant Diversity training for facility staff Territorial Quick release Adequate care Food/cloths Basic needs Mental health Referrals	Litigious Love Hate Community Resources Evidence based tools for women and children Trauma scale assessments Shelter Clinical Social workers Social worker responsibilities Minimal Crisis Response Healing process History of abuse Fair treatment Lack of communication among agencies RDC's Treatment Model Hurdles Physically Impaired In home counseling Adequate care Anger Poor