

CREATING OPPORTUNITY FOR IMMIGRANT WOMEN AND GIRLS IN THE CHICAGO REGION

RECOMMENDATIONS FOR THE CHICAGO
FOUNDATION FOR WOMEN'S CIVIC PLAN

by Heartland Alliance's Research & Policy Division

February 2015

HEARTLAND
ALLIANCE

ENDING POVERTY

Paper Information

Project team: Maggie Schultz Patel, Kimberly Drew, Amy Terpstra, Katharine Sidelnik, Cristina Perez, Amy Rynell, and Samantha Tuttle

Suggested citation: Schultz Patel, M., Terpstra, A., Sidelnik, K., Drew, K., Perez, C., Rynell, A., & Tuttle, S. (2015, February). *Creating opportunity for immigrant women and girls in the Chicago region: Recommendations for the Chicago Foundation for Women's Civic Plan*. Chicago: Heartland Alliance's Research & Policy Division.

We gratefully acknowledge The Chicago Foundation for Women for their support of this project.

Heartland Alliance's Research & Policy Division

33 W. Grand, Suite 500
Chicago, Illinois 60654
312-870-4949
www.heartlandalliance.org/research
research@heartlandalliance.org

Heartland Alliance's Research & Policy Division was established in 1989 as a vehicle for achieving systemic policy change to improve the quality of life for low-income and vulnerable individuals and families. Today the division is focused on the realization of human rights through ending poverty, homelessness, and chronic unemployment by engaging in research on social issues and solutions, policy and systems change, and field building. Employing a multidisciplinary approach, the division includes the Social IMPACT Research Center, Heartland Alliance's Policy & Advocacy Team, and Heartland Alliance's National Initiatives on Economic Opportunity.

Copyright © 2015 by Heartland Alliance's Research & Policy Division.

All rights reserved.

Table of Contents

Executive Summary	4
Introduction	8
Immigrants by the Numbers	9
Economic Security	10
Health	17
Freedom from Violence	24
Conclusion	30
Appendix A: Glossary of Terms	31
Appendix B: Summary of Benefit Eligibility by Immigration Status	33

This report is available for download at <http://socialimpactresearchcenter.issuelab.org/home>

EXECUTIVE SUMMARY

Illinois is home to 1,774,726 immigrants, which constitutes 14 percent of the entire state population.¹ A full 90 percent (1,598,907) of these immigrants live in the Chicagoland area.² Immigrant women in particular often face unique barriers to establishing economic security, health, and freedom from violence.

In partnership with the Chicago Foundation for Women, Heartland Alliance's Research & Policy Division sought to understand what economic, health, and violence-related issues are most pressing for immigrant women in the Chicago region, their families, and their communities. These findings are the result of a research and information gathering process with Chicago-area immigrant women, social service providers who work with immigrant communities, a literature review on related topics, and a scan of change efforts in other states and localities related to issues impacting immigrant women and their families.

This report documents the key issues facing immigrant women in the Chicago region and prioritizes those concerns into actionable micro- and systems-level recommended change efforts. The Chicago Foundation for Women is building the concerns of immigrant women into their Civic Plan, and other community organizations and advocates can learn from the voices of impacted women themselves to ensure their efforts are aligned with the true needs and desires of the community.

Recommendations by Responsible Party

The following recommendations emerged from this process. The recommendations are summarized here by responsible party. The full report outlines the evidence that justifies each recommendation's inclusion in the report. In some instances, these recommendations could be implemented at multiple levels, in which case recommendations are included at each relevant level.

Human Service Providers and Philanthropic Organizations

Economic Security

RECOMMENDATION: Increase education and outreach to immigrant communities to prevent scams targeted at undocumented immigrants, including those related to filing immigration paper work, legal representation, and access to benefits/resources.

RECOMMENDATION: Invest state and local resources toward addressing scams targeting undocumented immigrants and non-native speakers and enforcing consumer protection laws aimed at prohibiting fraud.

¹U.S. Census Bureau's 2013 American Community Survey 5-year estimates program.

²Ibid.

RECOMMENDATION: Invest in programs that help immigrant families' access education or work, such as childcare. This includes improving collaboration between community-based service providers, refugee resettlement organizations, and childcare resource and referral networks, and also building capacity within the immigrant community to offer quality childcare.

Health

RECOMMENDATION: Improve access to health and human services in Illinois for immigrant women and their families by implementing strategies including but not limited to increasing education, outreach, and enrollment; improving access to interpreting services; increasing the translation of key documents; and improving language access and cultural competency in program provision.

RECOMMENDATION: Increase access to food and nutrition programs by conducting targeted outreach to immigrant families to ensure that those eligible to receive SNAP and WIC are actually receiving it.

RECOMMENDATION: Ensure the well-being of immigrants by providing culturally responsive healthcare and improving the cultural competence of physicians and other healthcare providers.

RECOMMENDATION: Structure programming (and funding) to support more seamless, holistic service provision for immigrants, and create opportunities for service and healthcare providers to partner, co-locate, and offer services using flexible schedules, so that immigrants who are connected to education or job training, for example, have an easier time meeting all of their needs.

RECOMMENDATION: Facilitate opportunities for immigrants to socialize with each other and other community members to (such as social clubs/events/volunteer opportunities).

Freedom from Violence

RECOMMENDATION: Engage law enforcement and immigrant communities to work together toward reducing violence against immigrant women and girls and increasing community engagement on anti-violence issues.

RECOMMENDATION: Train law enforcement on human trafficking to increase identification and help victims of human trafficking find the support they need to reclaim their lives.

RECOMMENDATION: Increase investments in trauma-informed housing, emergency shelter, mental health and community-based services that meet the unique needs of immigrants who have experienced violence, trafficking, torture, domestic violence and sexual assault.

RECOMMENDATION: Train human services staff, medical providers, legal service providers, and other community stakeholders on human trafficking to raise awareness of the issues, increase identification and help victims of human trafficking find the support they need.

RECOMMENDATION: Increase staff training and modify service models to improve the delivery of culturally competent domestic violence services to immigrant women and their children. Promote best practices within the field so that organizations can replicate and build on effective service models.

RECOMMENDATION: Human service providers should incorporate a trauma-informed approach to service delivery to enhance the quality of care for immigrant women and children by including screening for trauma exposure and using evidence-informed practices.

State Policymakers

Economic Security

RECOMMENDATION: Invest state and local resources toward addressing scams targeting undocumented immigrants and non-native speakers and enforcing consumer protection laws aimed at prohibiting fraud.

RECOMMENDATION: Make work more accessible and viable by increasing the state minimum wage, extending basic worker rights and protections to occupations that are commonly held by immigrants, such as in-home or agricultural work, and ensuring strong enforcement of labor laws so that those laws provide meaningful protections for workers.

RECOMMENDATION: Invest in programs that help immigrant families' access education or work, such as childcare. This includes improving collaboration between community-based service providers, refugee resettlement organizations, and childcare resource and referral networks, and also building capacity within the immigrant community to offer quality childcare.

RECOMMENDATION: Create state eligibility requirements that allow access to public benefit programs (Medicaid, SNAP, and TANF) for foreign-born survivors of trafficking, domestic violence, and other serious crimes *before* they obtain qualified immigrant status.

Health

RECOMMENDATION: Improve access to health and human services in Illinois for immigrant women and their families by implementing strategies including but not limited to increasing education, outreach, and enrollment; improving access to interpreting services; increasing the translation of key documents; and improving language access and cultural competency in program provision.

RECOMMENDATION: Increase access to food and nutrition programs by conducting targeted outreach to immigrant families to ensure that those eligible to receive SNAP and WIC are actually receiving it.

RECOMMENDATION: Expand eligibility for Medicaid to all legal non-citizens, regardless of when they were granted legal status, and connect more immigrants to private health insurance.

RECOMMENDATION: Ensure that no one—regardless of their immigration or insurance status—lacks access to critical healthcare services.

Freedom from Violence

RECOMMENDATION: Help law enforcement focus on their primary mission of upholding public safety and ensuring everyone feels safe contacting law enforcement by enacting policies that compel police to provide needed documentation to support individuals and families who are seeking immigration relief, and limit police cooperation with immigration enforcement.

RECOMMENDATION: Increase investments in trauma-informed housing, emergency shelter, mental health and community-based services that meet the unique needs of immigrants who have experienced violence, trafficking, torture, domestic violence and sexual assault.

Federal Policymakers

Economic Security

RECOMMENDATION: Grant access to federally funded public benefits to all legal non-citizen residents, regardless of the number of years they have lived in the United States.

Health

RECOMMENDATION: Expand eligibility for Medicaid to all legal non-citizens, regardless of when they were granted legal status, and connect more immigrants to private health insurance.

Freedom from Violence

RECOMMENDATION: Increase investments in trauma-informed housing, emergency shelter, mental health and community-based services that meet the unique needs of immigrants who have experienced violence, trafficking, torture, domestic violence and sexual assault.

RECOMMENDATION: Increase the annual cap on visas for crime victims and improve access to other forms of immigration relief offered to survivors of violence to ensure that no victim of violence is turned away from services due to a shortage of available visas, time limits, or access barriers.

INTRODUCTION

Even the best laid policy and program solutions for immigrants may not result in optimal impact if the target immigrant groups haven't been involved in informing both the solution and implementation. In partnership with the Chicago Foundation for Women, Heartland Alliance's Research & Policy Division sought to understand what economic, health, and violence-related issues are most pressing for immigrant women in the Chicago region, their families, and their communities. These findings are the result of a research and information gathering process with Chicago-area immigrant women, social service providers who work with immigrant communities, a literature review on related topics, and a scan of change efforts in other states and localities related to issues impacting immigrant women and their families.

The effort to understand the experiences and ideas of immigrant women and girls is important for moral reasons, yes, but there are also very real, practical implications for grounding change efforts in the true experiences and ideas of immigrants: immigrant women, girls, and their families are a sizable, growing, and important demographic in the Chicago region and in Illinois (see page 9). If programs and policies are not attuned to their concerns, our collective institutions, families, and communities will weaken.

Immigrants are not a monolithic group. They vary on country of origin, language, cultural practices, length of time in this country, predicating circumstances, and in numerous other demographic and social ways. These differences should be important considerations for policy makers and programs and others interacting with diverse immigrant communities. For the purposes of this paper, we presume immigrant diversity is understood, even if its implications warrant some reminders. Instead, we focus more on the various legal statuses immigrants may have, because when it comes to being able to access systems of care and institutions in this country, a person's legal status matters a great deal and is a common denominator across diverse immigrant communities and experiences.

This report documents the key issues facing immigrant women in the Chicago region and prioritizes those concerns into actionable micro- and systems-level recommended change efforts. The Chicago Foundation for Women is building the concerns of immigrant women into their Civic Plan, and other community organizations and advocates can learn from the voices of impacted women themselves to ensure their efforts are aligned with the true needs and desires of the community.

A NOTE ABOUT METHODS

To answer the central question of what the most pressing issues for immigrant women in the Chicago area are, Heartland Alliance conducted a review of recent research on the subject, pulled secondary data from places like the Census Bureau and Bureau of Labor Statistics, and conducted qualitative research with staff familiar with this population and members of this population who were currently or formerly participants in a range of immigrant-focused services. Heartland Alliance staff that work with immigrant populations participated in a semi-structured focus group. Focus group participants included staff working in programs specializing in legal advocacy and in programs serving unaccompanied minors, undocumented immigrants, refugees, asylees, and survivors of domestic violence, torture, or trafficking. The interviewed immigrant women were referred by staff and were all women who had not experienced explicit trauma or who staff considered to be relatively far along on the path of recovery from trauma.

Immigrants by the Numbers

Reliable estimates for immigrants, especially at local levels and for immigrants with more stigmatized or less common statuses, are difficult to come by. But the data that are available help paint a picture of why the concerns of immigrants are so important. Refer to the Glossary at the end of this report for how these various populations and statuses are defined.

Immigrants³

Illinois is home to 1,774,726 immigrants, 14% of the entire state population. 50% of Illinois immigrants are female.

90% (1,598,907) of these immigrants live in the Chicago 6-county region.

Chicago is home to the largest number of Illinois immigrants, 569,328, 21% of the city's population.

Non-Citizen Immigrants⁴

54%, 955,759, of all Illinois immigrants are not citizens, and 48% of them are female.

53%, 854,505, of all Chicago region immigrants are not citizens.

59%, 336,565, of all Chicago immigrants are not citizens.

Undocumented Immigrants

An estimated 511,000 undocumented immigrants live in Illinois,⁵ comprising 26% of the immigrant population and roughly 4% of the overall state population.⁶

60% of the undocumented immigrants in the United States live in six states: Illinois, California, Texas, Florida, New York, and New Jersey.⁷

An estimated 183,000 undocumented immigrants live in Chicago, 48% of whom are female.⁸

An estimated 63,000 undocumented immigrants live in suburban Cook County, 50% of whom are female.⁹

Refugees and Human Trafficking Survivors

From October 1, 2014 through January 31, 2015, Illinois had 849 new individual refugees arrive (358 cases), which puts the state in the top ten nationally for number of refugees.¹⁰ The largest portions came from Malaysia (28%), Iraq (20%), and Turkey (10%).¹¹

Between 2007 and 2012, there were 162 reports of instances deemed highly likely as human trafficking in Illinois—fifth highest number of cases in the nation.¹²

³U.S. Census Bureau's 2013 American Community Survey 5-year estimates program.

⁴Ibid.

⁵Tsao, F. (2014). *Illinois' undocumented immigrant population: A summary of recent research by Rob Paral and Associates*. Chicago: Illinois Coalition for Immigrant and Refugee Rights.

⁶Passel, J., & Cohn, D. (2014, November). *Unauthorized immigrant totals rise in 7 states, fall in 14*. Washington, DC: Pew Research Center. Retrieved from <http://www.pewhispanic.org/interactives/unauthorized-immigrants-2012/>

⁷Krogstad, J.M., & Passel, J.S. (2014, November). *5 facts about illegal immigration in the U.S.* Washington, DC: Pew Research Center. Retrieved from <http://www.pewresearch.org/fact-tank/2014/11/18/5-facts-about-illegal-immigration-in-the-u-s/>

⁸Tsao, F. (2014). *Illinois' undocumented immigrant population: A summary of recent research by Rob Paral and Associates*. Chicago: Illinois Coalition for Immigrant and Refugee Rights.

⁹Ibid.

¹⁰Refugee Processing Center (2015). *Reports*. Retrieved from <http://www.wrapsnet.org/Reports/AdmissionsArrivals/tabid/211/Default.aspx>

¹¹Ibid.

¹²Polaris Project. (2011, November). *Human trafficking in the United States: National Human Trafficking Resource Center 2007-2012*. Washington, DC: Author.

ECONOMIC SECURITY

Overview

A central concern for immigrant women and their families is economic stability. As one staff member who works with immigrants in the Chicago region commented, among this group, “*the economic stress is so heavy.*” The pressure of being able to provide for their family intensifies the myriad other stressors associated with getting accustomed to a new country. Individuals and families move to the United States for a variety of reasons—to flee persecution, violence, or grueling poverty, to reunited with family—but across the board, among their first concerns is being able to find work immediately so that they can support themselves and their families while they begin the hard work of adjusting to their new lives.

Limited access to work, quality jobs, and safety net programs when work is not available or possible are all realities for many immigrant women and girls. While many people who are native to the United States certainly experience economic hardship, the barriers, perceived or real, to good jobs and supports to help them along the way leads to a more difficult road to economic security for many immigrants.

Jobs and Earnings

Nationally, immigrant women are more likely to work in low-wage service occupations than their native-born counterparts, 32% versus 20%, respectively.¹³

Immigrants who are not citizens have among the lowest earnings:¹⁴

- Approximately 21% of non-citizen immigrants in Illinois have an annual household income below the poverty level.
- 30% of non-US citizens in Illinois have an annual household income at 100 to 199 percent of the poverty level.
- In Illinois, the median earnings for non-citizen immigrant women working full time is \$24,652, compared to \$42,165 for native women.
- In Chicago, the median earnings for non-citizens working full time and year round is \$23,283 for women, compared to \$27,829 for men.

Poverty

Immigrants have higher poverty rates than people who are native born.

- 19% of immigrants are poor in the United States compared to 15% of native-born.
- 16% of immigrants are poor in Illinois compared to 14% of native-born.
- 15% of immigrants are poor in the Chicago metro region compared to 13% of native-born.

¹³Bureau of Labor Statistics. *Table 4. Employed foreign-born and native-born persons 16 years and over by occupation and sex, 2013 annual averages.* Available at <http://www.bls.gov/news.release/forbrn.t04.htm>

¹⁴U.S. Census Bureau's 2013 American Community Survey 5 year estimates program

As a subset of immigrants, those who are not citizens are more likely to be poor.

- In Illinois, 21% of non-citizen immigrants are in poverty and an additional 30% are low income, with annual household incomes between 100 and 199 percent of the poverty level.¹⁵
- In the Chicago metro region, 17% of non-citizen immigrants are in poverty and an additional 28% are low income, with annual household incomes between 100 and 199 percent of the poverty level.¹⁶

Female-headed non-citizen immigrant households are among the most economically vulnerable.

- In Illinois, 42% of households headed by a female non-citizen immigrant are in poverty, compared to 30% of native-born female-led households. Among female non-citizen immigrant-headed households, the poverty rate increases to 49% and 51% if there are related children under 18 years old or below 5 years old in the household, respectively.¹⁷
- In the Chicago metro region, 39% of households headed by a female non-citizen immigrant are in poverty. The poverty rate increases to 46% for those with children under 18 years old and 57% among those with children under 5 years.¹⁸

English Proficiency

While there are many barriers to getting a quality job or for accessing safety net programs for immigrants, language is a very basic, yet prominent one.

- In Illinois, 86% of foreign-born individuals identified speaking a language other than English in their home. 41% of foreign-born individuals identified as able to speak English as “less than very well.” These numbers increase for non-US citizen individuals: 93% of non-US citizens speak another language other than English at home and 64 identified speaking English “less than very well.”¹⁹
- Illinois is home to nearly 1.5 million people with limited English proficiency, making it home to the fifth largest limited English proficiency population in the nation.²⁰

Policy and systems changes can improve access to work and to programs and services that may improve economic security and stability for immigrant families. In recent years, policy changes at the federal and state levels have started to make some inroads to increase economic security for immigrant women and girls. For instance, Deferred Action for Childhood Arrivals (DACA), grants administrative relief from deportation, allowing a non-citizen to remain in the United States on a temporary basis and to obtain work authorization, and the Illinois Dream Act aims to improve access to education for immigrant youth. Despite these and other policy efforts, there are still gaping holes in the immigration and safety net systems. Vulnerable immigrant women and girls are often

¹⁵U.S. Census Bureau's 2013 American Community Survey 5 year estimates program.

¹⁶Ibid.

¹⁷Ibid.

¹⁸Ibid.

¹⁹Ibid.

²⁰Lopez, F., Quinones, L., & Kunapareddy, S. (2014). *The Affordable Care Act (ACA): A reflection on immigrant access in Illinois*. Chicago, IL: Illinois Coalition for Immigrant and Refugee Rights.

underserved or entirely excluded from good jobs and the programs and protections we currently have in place to help families achieve economic security.

Recommendations to Address Economic Security for Immigrant Women and Girls

PRESSING ISSUE: Current immigration policies and loopholes create extreme vulnerability among undocumented immigrants, impeding their economic security and safety and making them targets of predatory products and services.

RECOMMENDATION: Increase education and outreach to immigrant communities to prevent scams targeted at undocumented immigrants, including those related to filing immigration paper work, legal representation, and access to benefits/resources.

RECOMMENDATION: Invest state and local resources toward addressing scams targeting undocumented immigrants and non-native speakers and enforcing consumer protection laws aimed at prohibiting fraud.

Language barriers, fear of deportation, and unfamiliar systems can put immigrants on precarious footing when it comes to being able to secure the financial resources needed to meet basic needs. These realities can coalesce into immigrants being very vulnerable to coercion or scams that drain what little economic resources they have.

A theme highlighted in the focus group conversation was the vulnerability of immigrants, especially when they are new arrivals in a new country. The combination of not understanding all of the local customs and regulations with community members who are savvy to what some of those misconceptions might be leaves this group as an easy target. As one staff explained, in many Latin American countries, public notaries are the equivalent of attorneys in the U.S.,

FEARS RELATED TO IMMIGRATION STATUS: THE ELEPHANT IN THE ROOM

The paths to citizenship in the United States are limited. For many undocumented individuals and families, their lives are filled with uncertainty. Fear of immigration enforcement can seep into every area of life – from keeping immigrant families from connecting to programs and services that could help them maintain economic security and health to preventing a victim of violence from reaching out to the police for fear of being reported. Real or perceived stigma and uncertainty related to immigration status can be a strong barrier for individuals and families who could benefit from resources currently available. For many of current policies available to New Americans to be truly meaningful, and for many of the recommendations herein to add the most value, the federal government must work to expand our immigration policies to allow more immigrants without status to live and work in the United States legally and develop greater pathways to citizenship.

...so Latinos come here, go to a notary public and are being taken advantage of...because they believe that [the notaries] are attorneys. ...you'll have immigrants working their butts off to pay back a notary public or someone in the community. It doesn't translate, and no one understands that this person is misrepresenting themselves. And here are people forking over thousands of dollars for 'immigrant services'.

In a particularly damaging instance of this, one interviewed woman who came to the U.S. on a work visa and sought status as a permanent resident lost upwards of \$15,000 to an attorney who was supposed to be filing the proper documentation on her behalf. In the end, he took the money and did not file the paperwork. She went to a bar association to complain, and representatives there assured her they would rectify the situation. Their solution, however, was to send her to get the money back from the attorney on her own. The attorney responded by returning half of her money and bullying her into not making a formal complaint, and she was too afraid and intimidated to continue pursuing the case. On top of that, the window of time she had to apply to stay in the country legally had passed while all this was going on, so she was therefore left without recourse.

There are currently local efforts to address these and similar concerns that emphasize consumer protection from fraudulent businesses.²¹ While this is a good step, taking a double-pronged approach to protection that also includes empowering immigrant consumers with knowledge of their rights will decrease the likelihood that they are taken advantage of in the first place.

PRESSING ISSUE: There are large gaps in existing labor laws which both undermine economic security and safety. In addition, critical supports for employment success, such as education and child support, are often underfunded and in limited supply.

RECOMMENDATION: Make work more accessible and viable by increasing the state minimum wage, extending basic worker rights and protections to occupations that are commonly held by immigrants, such as in-home or agricultural work, and ensuring strong enforcement of labor laws so that those laws provide meaningful protections for workers.

RECOMMENDATION: Invest in programs that help immigrant families' access education or work, such as childcare. This includes improving collaboration between community-based service providers, refugee resettlement organizations, and childcare resource and referral networks and also building capacity within the immigrant community to offer quality childcare.

While a risk for all immigrants, undocumented immigrants, in particular, often endure substandard labor practices by employers due to their lack of work authorization, dire need of income and their fears of deportation. This vulnerability due to immigration status was echoed during the interviews with immigrant women. As one woman explained, *"They [potential employers] look at you and say...you don't have papers. How do you want me to pay you even the minimum [wage]? You are not in a position to ask me...you don't have anything to be asking me for this."*

²¹Mayor's Press Office (2013). *Mayor Emanuel announces results of sting operation targeting fraudulent immigration service providers.* [Press Release].

Abuses can involve anything from being paid less than the minimum wage to being forced to work under duress in labor trafficking situations. For those experiencing trafficking, they may even be under direct threat, worried that traffickers will harm them or their families if they don't comply. Individuals left in this vulnerable position will often remain in exploitative situations because they have limited employment alternatives, they have limited means to enforce their rights, or are in fear of being reported to immigration. As focus group staff explained, *"They are coming here looking for economic security and they get caught up in the exploitation. It's the driver of the abuse because [the pursuit of economic security] brings them here."*

Gaps in labor laws or poor enforcement acutely impact immigrants, particularly those who are undocumented or in occupations that fall in the cracks of the labor law gaps, like domestic work. Over one third (37 percent) of undocumented immigrants report being paid at less than the minimum wage. In particular, nearly half (47 percent) of undocumented immigrant women report that they make less than the minimum wage, as compared to 30 percent of undocumented immigrant men and 16 percent of native-born respondents.²²

Similarly, *"because domestic workers are often immigrants—documented and undocumented, less educated, and women, their situation makes it easy for them to be taken advantage of and there is little recourse."*²³ Historically, domestic workers have not been guaranteed the basic protections offered to most other workers, including a guaranteed state hourly (minimum) wage, meal breaks, and overtime. Domestic workers are also at a higher risk of abuse (verbal insults or threats, sexual harassment, and violence). Even when they are experiencing abuse, domestic workers indicate that they often don't feel comfortable standing up for themselves.²⁴

The economic security of immigrant women is also often complicated by the need for quality, affordable childcare, an issue that came up repeatedly in both the focus group and interviews. As one staff member explained, childcare is essential, *"just to go to English classes or to go to a job if the woman is the primary provider...or [if] they both need to work."* Securing consistent childcare is often challenging for these women, as *"A lot of times you need to have a job first before you can qualify for childcare benefits. And they're away from their families (grandparents, aunts), which is who would provide childcare in their home countries, so women don't really understand how to access childcare here."*

Interviewed women also pointed to childcare responsibilities as a major barrier to obtaining their own economic security. In particular, women spoke of being inhibited from accessing services of any kind until their childcare was straightened out, as caretaking was their primary role and responsibility.

Many women talked about wanting to work or pursue education but needing to stay home with their small children until they are older. They either can't afford childcare or don't feel comfortable leaving their children with strangers. One woman talked about struggling with fluctuating hours and the resultant threat of losing her childcare if her hours fell below the minimum hour requirement as

²²National Employment Law Project. (2011). *Workplace violations, immigration status, and gender: Summary of findings from the 2008 unregulated work survey*. Retrieved from

http://www.nelp.org/page//Justice/2011/Fact_Sheet_Workplace_Violations_Immigration_Gender.pdf?nocdn=1

²³Appelbaum, L. (2010). *Why a Domestic Workers Bill of Rights?* Research & Policy Brief. (6). Los Angeles: UCLA Institute for Research on Labor and Employment.

²⁴Burnham, L., & Theodore, N. (2012). *Home economics: The invisible and unregulated world of domestic work*. Oakland, CA: National Domestic Workers Alliance. Retrieved from <http://www.domesticworkers.org/homeeconomics/>

mandated by the Illinois Child Care Assistance Program. To cope with these challenges, several women spoke of only pursuing employment or educational opportunities that allow them to bring their children with them.

PRESSING ISSUE: There are gaps in existing safety net programs and policies, and supports tend to be underutilized by immigrants, both of which undermine economic security.

RECOMMENDATION: Grant access to federally funded public benefits to all legal non-citizen residents, regardless of the number of years they have lived in the United States.

RECOMMENDATION: Create state eligibility requirements that allow access to public benefit programs (Medicaid, SNAP, and TANF) for foreign-born survivors of trafficking, domestic violence, and other serious crimes *before* they obtain qualified immigrant status.

While education and employment are the most straightforward pathways to economic security, these options are often inadequate, inaccessible, or infeasible for some immigrants, so subsidized basics such as healthcare, housing, food, childcare, and added income are critical to compensate for lack of employment or low wages.²⁵ The need for public benefits among vulnerable subsets of the general population has been well-documented, and research demonstrates the efficacy of public benefits in moving low-income families out of poverty.²⁶ However, there is a significant gap in public benefits eligibility and access for immigrant families, even for those who are in the United States legally (see the box on page 16).

In addition, providing access to basic public benefits is crucial for helping immigrant women who have additional vulnerabilities, such as survivors of violence. First and foremost, the supports can give these women the economic footing they need to reduce their key vulnerability—the need for money to buy basic necessities—that will greatly diminish their odds of being further victimized since they no longer have to rely on their abuser for these things. Additionally, public benefits can help them begin on the path to self-sufficiency.²⁷

Concern for basic economic security is a factor for many immigrant women experiencing domestic violence who remain in the abusive situation. According to focus group staff, many women experiencing domestic violence fear how they will support themselves and their children without the abusive partner's income, particularly in light of the challenges of finding quality employment among those who are undocumented. As one ESL and adult literacy teacher explained,

We have a very high rate of domestic violence, and there's just so many barriers between them and assistance. They're not going to go to the police if they're undocumented, and I can't get them to go to any other organizations. They're also saying, "well the people at that organization just want me to leave my husband, but where am I supposed to live? I don't know where or if I could afford it"...But really the practical issues of separating from the situation, they'll tell me, are not being

²⁵The Annie E. Casey Foundation. (2010). *Improving access to public benefits: helping eligible individuals and families get the income supports they need*. Baltimore, MD: The Anne E. Casey Foundation.

²⁶Ibid.; Fox, L., Garfinkel, I., Kaushal, N., Waldfogel, J., & Wimer, C. (2014). *Waging war on poverty: Historical trends in poverty using the Supplemental Poverty Measure*. Cambridge: National Bureau of Economic Research.

²⁷National Immigrant Justice Center. (2013). *Priority principles to address violence against women in comprehensive immigration reform*. Washington D.C.: National Immigrant Justice Center.

addressed when they look for help. So they just come to the teachers for advice, but they won't talk to anyone else. They don't trust anyone else. But it's mostly a financial thing. They can't afford to leave. And then they wind up missing work, missing English class because they're hurt, so there's a lot of layers to them getting access to help.

Staff familiar with survivors of trafficking and torture pointed to the gap in eligibility for public benefits as a major barrier to stabilization. Once they have come forward, survivors often must wait a substantial period of time—anywhere from several months to years in some cases—to obtain official classification as a trafficking or torture survivor. While they wait, they are essentially in limbo because they are not legally authorized to work or eligible to receive supportive mainstream benefits. This leaves them without a safety net at a time when they are often at their most vulnerable and traumatized. Even among those who obtain special work authorization, jumping into the workplace may not always be feasible while they are recovering from the trauma they experienced, which is where some temporary benefits could help stabilize them.

MAZES, GAPS, AND HOLES: ELIGIBILITY FOR PUBLIC BENEFITS

Asylees, refugees, and other humanitarian cases are eligible for the full range of public benefits for at least 5 to 7 years after entry, while many other legal permanent residents (LPRs) are not eligible for the first 5 years they are in the country.

LPRs who have been in the country under 5 years and do not have substantial work history (40 work quarters) are ineligible for federal benefits such as Social Security, the Supplemental Security Income (SSI) program, and Medicare.^{1,2}

LPRs who have been in the country under 5 years are ineligible for critical public benefits such as Medicaid, TANF (unless the recipient is under 19), and SNAP (unless the recipient is under 19 or has 40 quarters of work history).³ The substantial work history required for SNAP is defined as 40 “qualifying quarters” of work credits, about 10 years of work history, while not receiving federal benefits.⁴

¹U.S. Social Security Administration. (2014). *Understanding Supplemental Security Income SSI eligibility requirements – 2014 edition*. Retrieved January 30, 2015, from <http://www.ssa.gov/ssi/text-eligibility-ussi.htm>

²The Official U.S. Government Site for Medicare. Retrieved January 30, 2015, from www.medicare.gov

³Illinois Department of Human Services. (2013). *Family & community services manuals*. Retrieved January 30, 2015, from <http://www.dhs.state.il.us/page.aspx?item=16628>

⁴U.S. Social Security Administration. (2014). *Program Operations Manual System (POMS)*. Retrieved on January 30, 2015. Retrieved from <https://secure.ssa.gov/poms.nsf/lnx/0500502135>

HEALTH

Overview

Newly arrived immigrants face the challenge of navigating a healthcare system rife with cultural expectations, assumptions, and procedures that are often completely foreign to them. The difficulty of acculturation, scarce finances, and working in jobs without employer-based health insurance coupled with the high cost of healthcare in this country, can, as one interviewed woman put it, make healthcare seem like “a luxury.” Undocumented immigrants are especially likely to be uninsured and go without acute or preventive healthcare.

Insurance

- In Chicago, while just 2% of native-born individuals are uninsured, 8% of immigrants are uninsured. Among non-citizen immigrants, a majority (53%) don't have health insurance coverage.²⁸
- Without health insurance coverage, individuals are likely to avoid or delay care, which can lead to diseases going undiagnosed until late-stages, when treatment options are less available, and increasing the likelihood of death in a shorter amount of time than those with health insurance.²⁹
- Individuals without insurance have poorer recovery experiences after acute conditions or accidents, which can increase their risk of death.³⁰ Additionally, delaying medical care or delayed recoveries affects an individual's ability to work or to maintain a constant level of productivity.³¹

Use of Healthcare

- Nationally, low-income immigrant children with either public or private insurance are less likely to visit a doctor's office as compared to their native-born counterparts: Out of those with private insurance, 44% of immigrant children visited the doctor the prior year versus 69% of native-born children. For those on public insurance, 62% of foreign-born children visited the doctor versus 71% of native-born.³²
- It does not appear that either insured or uninsured immigrants are compensating for this lack of office visits by seeking care in the emergency room: 6% of uninsured immigrants visited the emergency room compared to 14% of the native-born. The rate is a little higher for immigrants with public insurance coverage at 17%, but it is still lower than their US-born counterparts—25% of whom visited the emergency room.

²⁸Social IMPACT Research Center's Analysis of the U.S. Census Bureau's 2013 American Community Survey 5 year estimates program.

²⁹National Immigration Law Center. (2014). *The consequences of being uninsured*. Los Angeles: CA: National Immigration Law Center. Retrieved from <http://www.nilc.org/uninsured.html>

³⁰Ibid.

³¹Ibid.

³²Jewers, M., & Ku, L. (2013). *Healthcare for immigrant families: Current policies and issues*. Washington, DC: Migration Policy Institute. Retrieved from <http://www.migrationpolicy.org/research/health-care-immigrant-families-current-policies-and-issues>

- Undocumented women in the Chicago area have fewer prenatal visits compared to the general population and have less access to preventive services, such as Pap tests.³³
- Several interviewed undocumented women relayed instances of going without healthcare for a variety of ailments ranging from a rotting tooth to a broken elbow.

Recommendations to Address Health for Immigrant Women and Girls

PRESSING ISSUE: Immigrants face significant barriers to accessing the healthcare and nutrition supports and services that are available to them, which can lead to negative health outcomes.

RECOMMENDATION: Improve access to health and human services in Illinois for immigrant women and their families by implementing strategies including but not limited to increasing education, outreach, and enrollment; improving access to interpreting services; increasing the translation of key documents; and improving language access and cultural competency in program provision.

RECOMMENDATION: Increase access to food and nutrition programs by conducting targeted outreach to immigrant families to ensure that those eligible to receive SNAP and WIC are actually receiving it.

RECOMMENDATION: Ensure the well-being of immigrants by providing culturally responsive healthcare and improving the cultural competence of physicians and other healthcare providers.

Among immigrants who qualify for an array of health-focused public programs, there are numerous barriers to access, a reality that was echoed by staff familiar with this population. The challenge of finding services offered in a culturally competent manner is a familiar but persistent barrier, particularly among those whose first language is something other than Spanish. As a staff member who works with survivors of torture explained,

Some of our African women who are Francophone....definitely get less and are seen as an irritant because no one speaks French...Our system doesn't work for them, even though we have a law that says you can't discriminate by language or culture, but we do. Everyone knows this. As soon as you step away from Spanish, which is at least recognized as universal but shockingly is not. But when you get into French, Arabic, Congolese...forget about it, these women are never going to feel responded to culturally [with the current system].

Similarly, a recent study of barriers to accessing health and human services found that children with non-English speaking parents are less likely to participate in Medicaid/CHIP than a child with at least one English speaking parent, which highlights the need for outreach and education.³⁴

³³Committee on Health Care for Underserved Women. (2009). *Healthcare for undocumented immigrants*. ACOG Committee Opinion No.425. American College of Obstetricians and Gynecologists. *Obstetrics and Gynecology*, 113: 251–4. Retrieved from <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Undocumented-Immigrants>

³⁴Fortuny, K., & Chaudry, A. (20 11). *A comprehensive review of immigrant access to human services*. Washington, DC: The Urban Institute.

On top of the need for linguistic and culturally responsive services, staff also spoke of the extreme learning curve of navigating the complexity of the U.S. healthcare system and talked of the assistance many, even relatively educated immigrants, need to get a foothold. In addition, misinformation about eligibility and access frequently finds its way to new immigrants, often spreading by word of mouth. According to staff, mentors or case managers that come from a similar cultural background can be instrumental to meeting this population where they are and helping navigate the complex rules and systems, but funding for this type of work is extremely limited.

These challenges are consistent with those identified in a recent review of common barriers to accessing health-related services among New Americans. Based on feedback from a network of 29 community organizations throughout Illinois, the Illinois Coalition for Immigrant and Refugee Rights identified the spread of misinformation as a persistent barrier. Immigrants often rely on word-of-mouth information from members of their community due to limited English proficiency, fears of deportation among mixed-status families, and the complexity of many application processes.³⁵

This issue of misinformation is echoed in news coverage related to the Affordable Care Act. An illustrative example highlighted the experiences of undocumented women in Illinois who were in fact eligible to receive healthcare coverage while pregnant or with a child.³⁶ However, due to a lack of awareness of these special accommodations, the lack of information is “double-edged,” since it’s not only patients but also many healthcare providers who are unaware of these services.

Further illustrating the point on the nutrition side of things, past research on SNAP utilization found that almost half of eligible Latinos do not receive SNAP assistance. In many cases, children are eligible for SNAP benefits even if their parents’ legal status renders the parents ineligible. The low SNAP uptake appears to be due to concerns about ineligibility due to citizenship status, misunderstanding of family members’ eligibility, and confusion over whether they will be obligated to pay the money back.³⁷ Some legal permanent residents, refugees and other humanitarian immigrants such as survivors of human trafficking qualify for SNAP if they otherwise meet the eligibility criteria. Yet research shows that qualifying noncitizens make up about seven percent of the SNAP caseload, though they participate at lower rates than eligible citizens.³⁸

Beyond the outreach and education needed for immigrants to know about and feel comfortable accessing the nutrition and healthcare services they are eligible for, several staff also related stories in which state or local program administrators were unaware of their own policies, demonstrating a need for training and outreach at the administration level as well. For example, one staff member related an experience of a family with refugee status who lost the paperwork usually used to verify documentation:

They were going to a soup kitchen because the Social Security office didn’t understand,

³⁵Lopez, F., Quinones, L., & Kunapareddy, S. (2014). *The Affordable Care Act (ACA): A reflection on immigrant access in Illinois*. Chicago, IL: Illinois Coalition for Immigrant and Refugee Rights.

³⁶Misra, T. (2013, April). Pregnant women in Illinois without legal status face barriers to prenatal coverage. *Medill Reports Chicago*. Retrieved from <http://news.medill.northwestern.edu/chicago/news.aspx?id=220407>

³⁷Skinner, C. (2001). *SNAP take-up among immigrant families with children*. New York: National Center for Children in Poverty.

³⁸Mathematica Policy Research (2015). [Graph illustration Feb 6, 2015]. *A Digital Exploration of the Supplemental Nutrition Assistance Program (SNAP)*. Retrieved from [http://www.mathematica-mpr.com/our-focus-areas/nutrition/data-visualizations/SNAP?utm_source=SilverpopMailing&utm_medium=email&utm_campaign=Explore%20SNAP%20Data%20Visualization%2002%2005%2015%20\(1\)&utm_content=&spMailingID=10583176&spUserID=MTYwMjMyMDUwNQs2&spJobID=480483325&spReportID=NDgwNDgzMzI1S0](http://www.mathematica-mpr.com/our-focus-areas/nutrition/data-visualizations/SNAP?utm_source=SilverpopMailing&utm_medium=email&utm_campaign=Explore%20SNAP%20Data%20Visualization%2002%2005%2015%20(1)&utm_content=&spMailingID=10583176&spUserID=MTYwMjMyMDUwNQs2&spJobID=480483325&spReportID=NDgwNDgzMzI1S0)

local workers, that they could [verify eligibility] with different documentation... it's part of their own policy, they just didn't know because it's very rare. But this family was just completely without food. Which they could have gotten if the people at [the Social Security office] understood the law. It's a training problem.

PRESSING ISSUE: Some immigrants are not currently eligible for health insurance coverage or critical health services based on their legal status, which impacts personal, family, community, health, and even financial stability.

RECOMMENDATION: Expand eligibility for Medicaid to all legal non-citizens, regardless of when they were granted legal status, and connect more immigrants to private health insurance.

RECOMMENDATION: Ensure that no one—regardless of their immigration or insurance status—lacks access to critical healthcare services.

There are significant health consequences that result from not having health insurance. Being uninsured is related to lower rates of preventive care, poorer health, and a greater likelihood of death. In fact, uninsured adults are 25 percent more likely than adults with health insurance to die prematurely.³⁹

Fifty-seven percent of uninsured non-citizens meet the income requirement to receive Medicaid, but because they are ineligible for the program, they have to rely on community health providers, which usually do not ask about immigration status.⁴⁰

Nonetheless, access to health coverage presents one of the largest challenges for immigrant women and children. Of the 1.8 million uninsured Illinoisans an estimated 15 percent were ineligible for coverage under the Affordable Care Act due to immigration status.⁴¹ These individuals are likely to remain uninsured despite the rollout of the Affordable Care Act and Medicaid expansion.⁴²

Undocumented immigrants are not eligible for Medicaid, tax subsidies on the marketplace, nor are they able to purchase insurance through the marketplace at full cost.⁴³ While refugees and asylees are eligible for Medicaid, the gaps in access to the program remain high. Under federal law, lawfully present immigrants are subject to a 5-year waiting period for Medicaid. While lawfully present immigrants will be able to purchase private coverage on the health care exchange and receive tax credits to help them afford insurance without a 5 year waiting period, for the lowest income individuals and families, affording insurance on the marketplace is a challenge. Further, a large

³⁹American's uninsured crisis: Consequences for health and healthcare: Hearing before Committee on Ways and Means, United States House of Representatives, (2009). (testimony of Dr. John Ayanian, Harvard Medical School). Retrieved from <http://www.iom.edu/~media/Files/Report%20Files/2009/Americas-Uninsured-Crisis-Consequences-for-Health-and-Health-Care/Ayanian%20IOM%20Ways%20and%20Means%20Testimony%203-11-09.pdf>

⁴⁰Appleby, Julie. (2013). *FAQ: Obamacare and coverage for immigrants*. Oakland, CA: The Henry J. Kaiser Family Foundation. Retrieved from <http://kaiserhealthnews.org/news/health-care-immigrants/>

⁴¹*How will the uninsured in Illinois fare under the Affordable Care Act?* (2014, January 6). Retrieved from <http://kff.org/health-reform/fact-sheet/state-profiles-uninsured-under-aca-illinois/>

⁴²Ibid.

⁴³Ibid.

number of legal non-citizens are employed in jobs that do not offer employer-sponsored insurance and/or pay low wages, greatly impacting access to health insurance.⁴⁴

Beyond the cost to individuals and their families, high rates of uninsurance have consequences that reverberate through a community. For example, investment in health infrastructures, such as hospitals and doctor's offices tend to be made in areas with high rates of health insurance, which leaves hospitals in areas with low rates of health insurance to struggle with recruiting health professionals, can lead to longer wait times for medical services, and can create less availability of preventive or specialty care.⁴⁵

While Illinois has state-funded programs to fill in the health coverage gap for low income, lawfully residing immigrants who otherwise would not be eligible for federal Medicaid and child health insurance, this is limited to children and pregnant women.

PRESSING ISSUE: Healthcare services are often disconnected from other services and programs immigrants prioritize, such as ESL classes—resulting in lower utilization of equally important health services including mental health.

RECOMMENDATION: Structure programming (and funding) to support more seamless, holistic service provision for immigrants, and create opportunities for service and healthcare providers to partner, co-locate, and offer services using flexible schedules, so that immigrants who are connected to education or job training, for example, have an easier time meeting all of their needs.

Immigrant women face many competing demands for their time and tend to prioritize the needs of their families over their own individual needs. According to staff who work with immigrants on a daily basis, this means that efforts to engage immigrant women in services that they may see as nonessential, such as mental health services, must be offered in a way that acknowledges the myriad other demands on their time. As one staff member put it, *“They’re already overloaded with ESL classes, work, and childcare...they don’t want to spend more time going to other appointments that they think are less important.”* Another staff member who teaches ESL classes and has had many students confide in her about domestic violence or other psychological trauma summed up the challenges of reaching this population: *“If I can get them to go and talk to someone, the help really isn’t practical for them. They don’t want to sit and do therapy: They’re thinking I need to go to English class, get a job, take care of my kids.”* This sentiment was further highlighted a separate focus group staff member who explained:

We have all these services/classes we want to offer them but they’re all siloed, they don’t have time to go to 12 different classes a week. If we could offer them once place to go, like a senior center except for immigrants and refugees, where they could get all of these things integrated and get their kids taken care of, that would help.

Despite competing interests and daily challenges, many immigrant women and children have a need for mental health and violence recovery services. In addition to healing from trauma or violence that may have brought them to the United States, staff discussed the heavy load of stressors this

⁴⁴Stephens, J., & Artiga, S. (2013). *Key facts on health coverage for low income immigrants today and under the Affordable Care Act.* Oakland, CA: The Henry J. Kaiser Family Foundation.

⁴⁵Ibid.

population tends to be under, including being worried about family back home who are under threat of violence or are simply struggling economically, and the stress of getting used to new customs, gender roles, and language.

One interviewed woman talked about how the stress of worrying about the family back in the home country has debilitated her mother, explaining, *“My mother sees me here, my brother here, and feels so sad for my sister back in [home country] who is waiting to come here. Her husband doesn’t have work, and things are very hard.”*

Another woman discussed the challenges of juggling everything, explaining how difficult it was for her to maintain attendance in her ESL classes because they did not offer childcare, classes were only offered at night, and the office was so far away from her home. It wasn’t until she enrolled in an ESL program that provided integrated services that she found she was able attend regularly. Though her example is limited to ESL, tutoring, and childcare, it demonstrates how much more likely people are to access offered services and programs if providers make it as convenient as possible. Integrating mental health care and violence recovery services into the places and programs immigrant women area already frequenting could go a long way to encouraging immigrant women to use them.

Another woman demonstrated the efficacy of this approach by relating that she would not have sought out help for coping with a recent instance of violence but her teacher noticed something seemed wrong and was able to send her directly to a violence recovery program associated with the school.

PRESSING ISSUE: Immigrant women, who are often more used to communal societies, can experience high levels of isolation and loneliness, impacting their mental health.

RECOMMENDATION: Facilitate opportunities for immigrants to socialize with each other and other community members to (such as social clubs/events/volunteer opportunities).

Staff frequently referred to social isolation and loneliness as major stressors for immigrant women, many of whom left their primary social network back in their home countries. Many of these women are coming from communal cultures in which they were accustomed to being surrounded by a supportive network of family, neighbors, and friends. As one staff explained, *“the loss of social support/ social network combined with loss of language, loss of culture, [and] loss of community is very difficult for people...”*

Similarly, nearly all of the interviewed women talked about just wanting to be involved in some way and wanting to help others, despite having their own challenging circumstances to deal with. A few participants talked about making the time to help their neighbors and other members of their community (with childcare, explaining certain customs and expectations) as much as they possibly could, despite the fact that they themselves were struggling. They related this in a way that indicated it was not just about being helpful to others; they themselves derived satisfaction, self-worth, and a sense of purpose from participating in communal life.

One woman, who was disheartened that she had successfully completed her ESL training because it meant she was no longer eligible to attend the school, spoke of her excitement when she found out she could come back to the school to volunteer. As she explained, *“I was so happy...I was making*

time to come to school, I can make the time to come and help, it's a great thing because I already got something from [the school], and if I can give something back, it's way better." Another woman talked about signing up to volunteer at a local hospital to work with children with cancer and how disappointed she was when she realized the hospital was moving downtown, since she wouldn't be able to afford the gas and parking fees.

The opportunity to connect and give back to their communities can promote community engagement and psychological wellness among a group that is less likely to pursue traditional counseling. Other qualitative research involving immigrant women and community development efforts found that volunteer opportunities out in the community can provide a gentle introduction to a new community while also allowing women to gain skills and positive social contacts.⁴⁶

⁴⁶Tastsoglou, E., & Miedema, B. (2003). Immigrant women and community development in the Canadian Maritimes: Outsiders within? *Canadian Journal of Sociology/Cahiers canadiens de sociologie*, 203-234.

FREEDOM FROM VIOLENCE

Overview

While violence against immigrant women has many similarities to violence against non-immigrant women, there are certain types of violence more likely to involve immigrant women. Further, with unique cultural experiences and norms, immigrant women's responses to violence and the reactions of other people, the systems of response, and the barriers to accessing needed help are likewise unique.

Data about the extent to which immigrant women experience different types of violence are very difficult to come by. First, crime data are rarely broken out by immigration status. Second, violent crime rates in general are believed by most experts to be chronically underreported.^{47,48} Third, this is even more so the case when crimes have social stigma attached to them or when the victim is fearful of retribution as the case may be for crimes related to domestic violence, gang violence, human trafficking, or sexual violence. All these issues are further compounded by the reality that the immigrant population tends to report violence even less than the non-immigrant population due to fears of deportation among undocumented immigrants and mistrust of law enforcement among immigrants in general based on experiences in the U.S. or in their native countries.

Though hard data on violence against immigrant women are elusive, violence against immigrant women is most certainly a serious and pervasive concern.

Experience of Violence

- Violence was raised as a top concern for immigrant women by the social service provider staff who work with them, even among staff who work in programs that have nothing to do with violence recovery services. In fact, provider staff estimated that fully 100% of their immigrant women clients have experienced violence of some type.
- Many interviewed immigrant women substantiated this. These women spoke to being exposed to violence in the form of domestic violence, gang violence both in their home countries and here in the U.S., and terrorism.
- Service providers (including those providing legal services, pro bono attorneys, social service organizations, domestic violence/sexual assault programs, law enforcement, and prosecutors' offices) identify the three most prevalent types of crimes experienced by their immigrant clients as domestic violence (51%), sexual assault (13%), and felonious assault, including murder or manslaughter (9%).⁴⁹
- Police chiefs, prosecutors, and court administrators from the 50 largest U.S. cities listed domestic violence as the crime least reported, but most common among immigrants.⁵⁰
- Immigrant women were significantly more likely to be killed by their intimate partners than U.S. born women, as 51% of intimate partner homicide victims are immigrants.⁵¹
- 48% of Latina immigrant women reported an increase in violence since they immigrated to the United States.⁵²

⁴⁷For a summary, see: Skogan, W. (2003). *Validity of official crime statistics*. Austin, TX: UT Press.

⁴⁸Skogan, W. (2003). *Validity of official crime statistics*. Austin, TX: UT Press.

⁴⁹Lee, N., Quinones, D., Ammar, N., & Orloff, L. (2013). *National survey of service providers on police response to immigrant crime victims, U visa certification and language access*. Washington DC: National Immigrant Women's Advocacy Project.

⁵⁰Davis, R., & Erez, E. (1998). *Immigrant populations as victims: Toward a multicultural criminal justice system*. Washington DC: National Institute of Justice.

⁵¹New York City Department of Health's Bureau of Injury Epidemiology. (2003). *Femicide in New York City: 1995-2002*. New York: New York City Department of Health and Mental Hygiene.

- Among refugees and asylees, the very nature of their respective immigration statuses suggests it is high likely they have experienced violence or politically-sanctioned torture in their home countries.

Human Trafficking

One particular form of violence, human trafficking, is much more likely to occur with immigrants.⁵³

- Chicago, with its large immigrant population, central geographic location, major transportation resources, and economic significance is a hub for human trafficking in the Midwest.
- The National Human Trafficking Resource Center received 25,269 substantive phone calls regarding human trafficking in 2013.⁵⁴ 666 of those phone calls came from Illinois.
- Provider staff discussed the manner in which desperate situations in home countries, the vulnerability of being undocumented, and threats of violence against family back in the home country combine to form a perfect situation for immigrants to be exploited and trafficked.
- During 2014, 552 unaccompanied children passed through Illinois, often fleeing violence in their home countries.⁵⁵

Recommendations to Address Violence Against Immigrant Women and Girls

PRESSING ISSUE: Law enforcement does not effectively coordinate with immigrant survivors of crime, but effective coordination is essential to pursuing legal recourse.

RECOMMENDATION: Help law enforcement focus on their primary mission of upholding public safety and ensuring everyone feels safe contacting law enforcement by enacting policies that compel police to provide needed documentation to support individuals and families who are seeking immigration relief, and limit police cooperation with immigration enforcement.

RECOMMENDATION: Engage law enforcement and immigrant communities to work together toward reducing violence against immigrant women and girls and increasing community engagement on anti-violence issues.

RECOMMENDATION: Train law enforcement on human trafficking to increase identification and help victims of human trafficking find the support they need to reclaim their lives.

One of the first systems of response many women encounter after experiencing violence is law enforcement. There are two key issues that stand as barriers to an effective law enforcement response to violence against immigrant women. First, the level of trust between many immigrant communities and local law enforcement is low due to concerns about deportation, instances of related harassment, and learned mistrust of authority based on experiences in their native countries.

⁵²Dutton, M. A., Orloff, L. E., & Hass, G. A. (2000). Characteristics of help-seeking behaviors, resources and service needs of battered immigrant Latinas: Legal and policy implications. *Georgetown Journal on Poverty Law & Policy*, 7(2), 245-305.

⁵³Human Rights Center, University of California, Berkley & Free the Slaves. (2004). *Hidden slaves: Forced labor in the United States*. Retrieved from <https://www.freetheslaves.net/Document.Doc?id=10>

⁵⁴National Human Trafficking Resource Center. (2014). *2013 Statistical Overview*. Washington, DC: Polaris Project.

⁵⁵U.S. Department of Health & Human Services, Office of Refugee Resettlement. *Unaccompanied children released to sponsors by state*. Retrieved February 15, 2015, from <http://www.acf.hhs.gov/programs/orr/programs/ucs/state-by-state-uc-placed-sponsors>

Second, the law enforcement system is often unresponsive or unwilling when asked to assist in providing documentation and certification for immigration purposes once cases reach certain points in the legal process.

According to a staff member familiar with the issue,

A lot of police officers don't understand the process, they don't want to help that person because they're anti-immigrant, and we see a lot of places where they will just across the board refuse to certify U-visas and we have some other places that are better (like Chicago) but still require some advocacy. For instance, we have a client whose daughter was murdered by her partner. She is now the guardian of her two U.S.-citizen grandchildren. She was trying to get a U-visa...though she was not the direct victim of the crime, she should be able to qualify for it. I think we finally are getting certification but it's taken about a year. Not everyone sticks with that process. Local law enforcement is huge. So [we're advocating for legislation that] would require timely certification, require police officers to undergo training, to have a point person to certify, and if there wasn't timely certification the person would have the opportunity to go to state court to challenge it or be certified by someone else.

Provider staff spoke to the level of mistrust between this population and law enforcement, some of which stems back to conceptions of law enforcement in their home country, but also anti-immigrant sentiments among law enforcement. Several women reported specific instances of harassment, poor treatment, and of generally being afraid to go to police. This is consistent with what legal advocates such as the National Immigrant Justice Center have asserted, which is that there is a “need to separate local policing from federal immigration enforcement. When victims think officers have a mandate to initiate deportation proceedings they will not call [police for help].”⁵⁶

Human trafficking is a crime that is often hidden in plain sight. Trafficking often goes undetected because individuals experiencing trafficking may blend in as typical community members working as nannies, wait staff, or manicurists, for example. While they know something is wrong, those who are experiencing trafficking or community members who suspect something often don't have the vocabulary to identify trafficking because it is not a well-known concept. Staff expert in addressing trafficking discussed the challenge of getting the community (and those currently experiencing trafficking) to identify the crime and the creativity often needed to do so. In one example, staff related a story about a woman who thought her neighbor, who presented himself as living alone, was buying too many groceries for one person and intuited that must be more than one person living there. This caused the woman to ask local law enforcement to investigate and resulted in the discovery of a trafficking situation.

Additionally, because of the nature of the crime, human trafficking survivors have slightly different systems of help and legal procedures that can be particularly trying to navigate. The T-Visa, which was created for immigrant survivors of trafficking, takes several months to apply for and another several months for processing. This gap leaves survivors in a vulnerable state of limbo in which they do not have legal status or employment authorization to support themselves, let alone the income to pay for food or housing. To address this vulnerability, Continued Presence (CP) was established as

⁵⁶Koop, L. (2013). *House Staff briefing in recognition of Domestic Violence Awareness Month*. Chicago: National Immigrant Justice Center.

short-term immigration relief that law enforcement can grant to individuals who may be victims of trafficking, regardless of whether a full investigation can be launched. Crucially, CP affords survivors work authorization, public benefits—including healthcare through Medicaid, SNAP to help afford food, and limited cash assistance to support living expenses. In addition, CP enables survivors to access workforce training programs to help them get employed faster and into jobs that provide a living wage while they are waiting for their T-Visa to be approved.

Expert staff relayed the reluctance local law enforcement often have toward pursuing trafficking cases, which can be difficult to prove, particularly in instances of suspected labor trafficking. In fact, according to staff, a labor trafficking case has never been prosecuted in Cook County, leaving law enforcement reluctant to pursue formal investigation. Despite the fact that the protocols are written to require only a victim’s credible statement to grant CP, local law enforcement often will not grant CP unless a formal investigation is being pursued, leaving survivors in a desperate situation.

PRESSING ISSUE: There are simply not enough violence recovery and related social services for immigrant women and their families to meet the need, and the services that are available are often not rooted in the unique needs of immigrants.

RECOMMENDATION: Increase investments in trauma-informed housing, emergency shelter, mental health and community-based services that meet the unique needs of immigrants who have experienced violence, trafficking, torture, domestic violence and sexual assault.

RECOMMENDATION: Train human services staff, medical providers, legal service providers, and other community stakeholders on human trafficking to raise awareness of the issues, increase identification and help victims of human trafficking find the support they need.

RECOMMENDATION: Increase staff training and modify service models to improve the delivery of culturally competent domestic violence services to immigrant women and their children. Promote best practices within the field so that organizations can replicate and build on effective service models.

RECOMMENDATION: Human service providers should incorporate a trauma-informed approach to service delivery to enhance the quality of care for immigrant women and children by including screening for trauma exposure and using evidence-informed practices.

Quite simply put, there are not enough violence recovery and support services for immigrant women. Some of the shortage has to do with existing programs not having the cultural and linguistic resources needed to reach and serve this population, but even more overarching than that, certain types of services are woefully underfunded. This is particularly true for housing.

According to provider staff, women fleeing violent situations in their home country often come to the U.S. with no more than the money to make the trip because they need to get out of a desperate situation, but there are often limited options for them once they arrive. For women who have experienced sexual abuse and/or are survivors of torture, the open nature of much of the emergency shelter system in the U.S. can be very re-traumatizing because they feel quite vulnerable in that open environment. Also, many service providers working with survivors of torture and other violence are not funded to provide housing, so survivors are often left with few if any options. There is very little

housing available for survivors of trafficking, which can be very destabilizing. Research involving trafficking survivors, their service providers, and law enforcement identifies secure emergency shelter and long-term transitional housing as the most acute and difficult to fulfill need.⁵⁷

A barrier to meeting the needs of survivors of trafficking, domestic violence, or other violent crimes is a lack of knowledge and understanding among service providers, law enforcement, and even victims who do not believe or understand they are a victim of crime.⁵⁸ Similarly, a recent study conducted to assess the extent to which the U.S. Department of Health and Human Services is meeting the needs of trafficking survivors echoes these findings, as common challenges identified included lack of knowledge or understanding of what services are available among both staff and survivors, appropriateness of services (culturally, gender appropriate, etc.) for survivors, and barriers to accessing services among the population (language access and transportation).⁵⁹

Existing services for immigrant women survivors of violence should be highly culturally competent and attuned to the unique cultural-related concerns of immigrants.

PRESSING ISSUE: Immigrant survivors of violence often fall through the cracks of current policy, leaving them in vulnerable and desperate situations.

RECOMMENDATION: Increase the annual cap on visas for crime victims and improve access to other forms of immigration relief offered to survivors of violence to ensure that no victim of violence is turned away from services due to a shortage of available visas, time limits, or access barriers.

When undocumented immigrant women experience violence and take steps to report it, they are in essence exposing themselves as undocumented. U-Visas are visas that victims of certain types of violence can get that provide the victim with a temporary legal status while their case is playing out in the courts. Staff members talked about the value of the U-Visa as a method of freeing immigrant victims of violence from fear of deportation or the need to rely on their perpetrator's legal status to remain lawfully in the U.S. The U-Visa is also helpful to law enforcement and the broader community because it encourages the reporting of crime in immigrant communities.

The number of U-Visas, as well as other types of Visas to help individuals who have experienced violence, is capped. For 6 years in a row, United States Citizenship and Immigration Services (USCIS) has approved the maximum number of U-Visas (10,000).⁶⁰ Recent estimates put the number of pending applications at over 79,000.⁶¹ Both of these realities suggest that the demand is far beyond the current supply and has been for some time. This cap leaves survivors in an extraordinarily vulnerable position, as those deemed eligible are placed on a waiting list for the U-Visas that will not be available until the start of the next fiscal year.

⁵⁷Owens, C., Dank, M., Breaux, J., Bañuelos, I., Farrell, A., Pfeffer, R.,...McDevitt, J. (2014). *Understanding the organization, operation, and victimization process of labor trafficking in the United States*. Washington DC: Urban Institute & Northeastern University.

⁵⁸ Ibid.

⁵⁹Clawson, H., & Dutch, N. (2008). *Addressing the needs of victims of human trafficking: challenges, barriers, and promising practices*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

⁶⁰U.S. Citizenship and Immigration Services. *USCIS approves 10,000 U Visas for 6th straight fiscal year*. Retrieved December 11, 2014, from <http://www.uscis.gov/news/uscis-approves-10000-u-visas-6th-straight-fiscal-year>

⁶¹U.S. Citizenship and Immigration Services. (2014). *Number of 1-918 petitions for U nonimmigrant status (victims of certain criminal activities and family members) by fiscal year, quarter, and case status, 2009-2014*. Washington, DC: Author.

There are already several U.S. Senate bills in play with key provisions that would help survivors of violence at home or abroad access immigration relief. Senate Bill S744, the “Border Security, Economic Opportunity, and Immigration Modernization Act” recommends the increase of the U-visa annual cap.⁶² Senate Bill S744 would also eliminate the 1-year filing deadline for asylum seekers and allow asylum seekers to reopen cases that were previously denied solely on missing the 1 year timeline, as well as authorize expert asylum officers to replace the use of immigration courts for the granting of asylum claims.⁶³ Also important, SB 744 would expand alternatives to detention programs in an attempt to reduce the re-traumatization that such settings can have on asylum-seekers, many of whom are unaccompanied children.⁶⁴

⁶²Lutheran Immigration and Refugee Service. (2013). *Comprehensive immigration reform through Senate Bill S.744: Creation of roadmap to citizenship for undocumented immigrants*. Baltimore, MD: Author.

⁶³Ibid.

⁶⁴Lutheran Immigration and Refugee Service. (2013). *Asylum and asylum seekers*. Baltimore, MD: Author.

CONCLUSION

This report demonstrates how immigrants are a growing component of the Illinois and Chicagoland populations and have their own unique barriers to obtaining economic security, health, and freedom from violence. For The Chicago Foundation for Women and other funders, policy-makers, and service providers looking to ensure that the concerns of immigrant women and girls are substantively included in program, policy and system change efforts, this report helps facilitate a greater understanding of the current experiences of immigrants, from the perspective of immigrant women, the providers that work with them, and other research that has been done with immigrant women. The recommendations are logical next steps that if implemented, can greatly improve opportunity for immigrant women and girls.

Appendix A: Glossary of Terms

Affordable Care Act (ACA): ACA is a law that puts in place comprehensive health insurance reforms intended to improve quality and lower healthcare costs, add new consumer protections, and increase access to health care.

Asylee: Defined as “an alien in the United States or at a port of entry who is found to be unable or unwilling to return to his or her country of nationality, or to seek the protection of that country because of persecution or a well-founded fear of persecution. Persecution or the fear thereof must be based on the alien’s race, religion, nationality, membership in a particular social group, or political opinion.”⁶⁵

Deferred Action for Childhood Arrivals (DACA): Deferred Action for Childhood Arrivals is a policy that enables certain individuals who came to the United States as children and meet certain guidelines eligible to request consideration of deferred action for a period of 2 years, subject to renewal.

Human Trafficking Survivor: Legally defined in the U.S. as: “children under age 18 induced into commercial sex, adults aged 18 or over induced into commercial sex through force, fraud, or coercion, and children and adults induced to perform labor or services through force, fraud, or coercion.”⁶⁶

Illinois All Kids program (All Kids): The Illinois’ All Kids program offers no-cost or low-cost health care coverage for children in Illinois.

Immigrant: Anyone who was not a U.S. citizen or a U.S. national at birth. Also referred to as *foreign-born population*.

Lawful Permanent Resident (LPR): In the United States, lawful permanent resident is a person who is authorized to live and work in the United States of America permanently, but is not an American citizen.

Medicaid: Medicaid is a jointly funded, Federal-State health insurance program for certain individuals and families with low incomes and few resources.

Medicare: Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease.

Non-citizen immigrant: An immigrant who is either undocumented or has a non-citizen legal status.

Notario Fraud: Notario fraud occurs when individuals represent themselves as qualified to offer legal advices concerning immigration, but have no such qualification.

OVW: The Office on Violence Against Women (OVW) was created to implement the Violence Against Women Act (VAWA) and subsequent legislation.

Refugee: Defined as “any person outside his or her country of nationality who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution. Persecution or

⁶⁵Glossary. (2015, January 22). Retrieved from <http://www.uscis.gov/tools/glossary>

⁶⁶Polaris Project. *Human trafficking*. Retrieved February 6, 2015, from <http://www.polarisproject.org/human-trafficking/overview>

the fear must be based on the person's race, religion, nationality, membership in a particular social group or political opinion."⁶⁷

Social Security : Social Security is a social insurance program that provides retirement, disability, and survivor benefits to workers and their families. Workers pay payroll taxes while they are employed and employers pay matching contributions. Benefits are paid out as monthly income to support to workers and their families in retirement, or when they lose their livelihood due to career-ending disability or death of a family worker.

Supplemental Nutritional Assistance Program (SNAP): Formerly called Food Stamps, SNAP provides low-income families with supplemental income to buy food.

Supplemental Security income (SSI): Designed to help aged, blind, and disabled people with little or no income, SSI is a federal income supplement that provides cash to meet basic needs for food, clothing, and shelter.

T Visa: T visas provide immigration protection to victims of severe trafficking who are willing to assist in the investigation and prosecution of their traffickers.

Temporary Assistance to Needy Families (TANF): TANF, also called public assistance or welfare, provides cash assistance to very low-income families with children.

U Visa: U visas are available to crime victims who have suffered substantial physical or mental abuse as a result of the crime, and are helpful to government officials or law enforcement in the investigation or prosecution of criminal activity.

Undocumented Immigrant: An undocumented immigrant is a noncitizen without a lawful immigration status who entered the U.S. without proper inspection or was lawfully admitted but whose status expired or was revoked.

Violence Against Women Act (VAWA): The Violence Against Women Act (VAWA) is federal legislation that articulates the role of the federal government in stopping violence against women, including enhancing protection and help for victims and perpetrator accountability.

Women Infant Children program (WIC): WIC provides low-income pregnant, breastfeeding, postpartum women, children and infants with nutrition assistance.

⁶⁷Glossary. (2015, January 22). Retrieved from <http://www.uscis.gov/tools/glossary>

Appendix B: Summary of Benefit Eligibility by Immigration Status

IMMIGRATION STATUS	FEDERAL BENEFITS			CHILD CARE, CASH AND FOOD ASSISTANCE			MEDICAID PROGRAMS				REFUGEE ASSISTANCE	MARKETPLACE
	SOCIAL SECURITY ¹	SSI ²	MEDICARE ¹	TANF	SNAP	WIC	CHILDREN UNDER 19	ADULTS (19 AND OVER)				
							All Kids	ACA Adult	Family Care	Moms and Babies & MPE	19-64	0-64
Refugee, Trafficking victim or Asylee	Eligible	Eligible*	Eligible	Eligible	Eligible*	Eligible****	Eligible	Eligible	Eligible	Eligible	Eligible for 8 months from entry	Eligible
LPR Non-citizen in U.S. at least 5 years	Eligible	Eligible**	Eligible	Eligible	Eligible	Eligible****	Eligible	Eligible	Eligible	Eligible	NA	Eligible
Abused Noncitizen or their child or parent is admitted through VAWA	Eligible	Limited Eligibility ³	Ineligible	Eligible	Eligible under 18, or veteran, or disabled or blind, or LPR with 40 qtrs.	Eligible****	Eligible	Eligible	Eligible	Eligible	NA	Eligible
LPR under 5 years and does not have 40 work quarters	Ineligible	Ineligible***	Ineligible	Ineligible TANF can be issued to U.S. citizen children	Ineligible Eligible if under 18 All Kids Assist/SNAP or All Kids Moms & Babies/SNAP	Eligible****	Eligible	Ineligible Eligible if received ER care for life threatening health crisis	Ineligible Eligible if received ER care for life threatening health crisis	Eligible	NA	Eligible
Non-citizens who do not meet one of the above criteria (pre-certification)	Ineligible	Ineligible	Ineligible	Ineligible TANF can be issued to U.S. citizen child	Ineligible If eligible children in the home benefits can be issued for the child	Eligible****	Eligible	Ineligible Eligible if received ER care for life threatening health crisis	Ineligible Eligible if received ER care for life threatening health crisis	Eligible	NA	Ineligible
Deferred Action for Childhood Arrivals (DACA) Previously unauthorized non-citizen children who are eligible to live and work in U.S.	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible	Eligible****	Ineligible if 19 and older	Ineligible	Eligible if pregnant	Eligible if pregnant	Ineligible	Ineligible

Creating Opportunity for Immigrant Women and Girls in the Chicago Region

¹If individual has sufficient qualifying work quarters and Social Security taxes have been paid

²Must be 65+

³Only if on SSI 8/22/96; LPR prior to 8/22/96; LPR 5 years and 40 quarters

*Refugee rules apply even after status adjusts to LPR

**Must also have at least 40 work credits

***Eligible if Refugee or Asylee adjusted to LPR then Eligible

****Eligible if woman: is pregnant, breastfeeding or just had a baby; has infants and children under 5 years old; families with a low to medium income; be at medical nutritional health risk