



The “Wrong Kind” of Immigrants: Pre-migration Trauma and Acculturative Stress Among the Undocumented Latinx Community

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Abstract

There has been an increase in Latinx immigration to the United States as citizens of Mexico and Central America move to escape perilous situations in their countries of origin. These immigrants’ traumatic experiences may include gang violence, political oppression, war, and physical or sexual abuse, among other experiences, many related to increased drug trafficking activity. While Latinx immigrants often experience acute acculturative stress, particularly if they are undocumented, it is frequently overlooked that the experience of acculturation will be worse if they suffered traumas in their countries of origin prior to immigration. Additionally, prevalent anti-immigration rhetoric in the United States can heighten acculturative stress, including symptoms of depression and anxiety. This paper will review the literature relevant to the relationship between pre-migration trauma, mental health, and immigration status in the Latinx population. A case example illustrating the accumulation of acculturative stress as a result of pre-migration trauma will also be discussed. Recommendations about best clinical practices in working with this population will be offered.

Keywords Acculturative stress · Trauma · Undocumented · Immigration · Latinx · Pre-migration

“No one leaves home unless home is the mouth of a shark” (Shire 2015).

Introduction

Many Latinx immigrants, particularly those who are without family members or friends in the United States, face social isolation upon migrating to the United States. This isolation may be magnified when these individuals are unable to secure emotional and financial support due to their undocumented immigration status, which often results in an inability to obtain stable employment or public benefits, including health insurance and access to mental health services (Martinez-Donate et al. 2017; Parra-Cardona and DeAndrea 2016). Despite the notion that these individuals come in pursuit of “the American Dream,” many Latinx people migrate

to obtain refuge from dangerous conditions such as gang violence, conflict, and war in their home countries (Archuleta and Lakhwani 2016; Murphey 2016). While the immigration debate garners national attention, there is minimal media coverage of the specific mental health challenges posed by an immigrant’s exposure to such adverse circumstances in their country of origin.

Seeking mental health treatment could be a path to overcoming such stressors. However, mental health services are rarely an option for undocumented Latinx people. This is mainly due to legal status barriers and fears, lack of access to health care, and the stigma against or around mental health treatment in the Latinx community (Fortuna and Porche 2014; Ortega et al. 2018; Polk et al. 2018). A growing body of literature has examined the relationship between mental health and immigration status in the Latinx population. A study conducted by Garcini et al. (2017a, b) found that, out of 248 undocumented Mexican immigrants near the California-Mexico border, 23% were at risk of mental health disorders such as Major Depressive Disorder (14%), Panic Disorder (8%), and Generalized Anxiety Disorder (7%). Furthermore, in a subsequent study with the same sample, Garcini et al. (2017a, b) determined that almost half of the

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participants (46%) met the criteria for clinically significant psychological distress.

Individuals immigrating to the United States must learn or adapt to new customs and norms, as well as a new language, in addition to the challenges of the relocation itself. Difficulty associated with this adjustment, previously known as culture shock, is now known as *acculturative stress* (Williams and Berry 1991). DeVlyder et al. (2013) describe acculturative stress as “tension or strain associated with the acquisition of a second-culture that may result in adverse physical or mental health effects” (p. 224). Undocumented immigrants experience a sense of loss related to missing their homeland or country of origin. These immigration-related stressors can have a significant effect on mental health.

Research has assessed the association between acculturative stress and mental health. However, there is scarce research linking pre-migration trauma with acculturative stress and assessing the combined impact of the two factors on mental health. The purpose of this paper is to highlight, through a review of the literature and a case illustration, that acculturative stress may be more pronounced for undocumented Latinx immigrants if they have experienced traumas prior to immigrating. Through analysis of the case study and existing literature, this paper aims to highlight implications for best practices around assessment of undocumented Latinx immigrants.

Literature Review

Pre-migration Trauma

Many Latinx people migrate to the United States to escape perilous situations in their countries of origin. The recent influx of migrants from Central America includes people who might have experienced gang violence, political or other oppression, war, physical and sexual abuse, and increased drug trafficking activity (Ciaccia and John 2016; Cohn et al. 2018; Franco 2018). Currently, there is a vast amount of research into the relationship between acculturative stress and adverse mental health outcomes among the Latinx immigrant population, with minimal mention of the participants' trauma histories (Cervantes et al. 2018; Sirin et al. 2013; Wong et al. 2017). As prior traumatic experiences can contribute to any psychological distress immigrants present with, examining trauma history in immigrant populations is critical.

Some researchers have explored details of immigrants' pre-migration trauma. Dotson and Frydman (2017) indicated that women and girls from Central America, particularly Honduras and El Salvador, are at substantially more risk of having experienced gender-based violence in their home

countries. In interviews with migrants who were part of the widely publicized caravan in 2018, Bubacz and Flores (2018) noted individuals reported experiencing sexual abuse, rape, domestic violence, and fear for their lives, and stated these were reasons for leaving their countries of origin. In a study conducted by Keller et al. (2017) with a sample of migrants arriving at the U.S. Border from Central America, 83% of participants identified violence as the motive for leaving their country of origin. Among those, 49% of participants from Honduras, 45% from El Salvador, and 22% from Guatemala reported witnessing someone perpetrate physical violence against a family member. Significant minorities of participants from each nation reported having a family member murdered in their country of origin: from Honduras, 37%; from El Salvador, 34%; from Guatemala, 20%.

Although there has been an increase in violence across Central America, the Northern Triangle has a decades-long legacy of trauma arising from civil wars, corruption, and militarized governments (Labrador and Renwick 2018). This is worth noting, as immigrants who experience trauma in such historical contexts may present with distinct psychological symptoms. The legacy of previous conflicts, particularly those conflicts' impact on families, often combine with current traumatic incidents in patterns of manifestation that reflect both strands of trauma (Bith-Melander et al. 2017). The concept of historical or intergenerational trauma has been studied in the offspring of populations such as combat veterans (Dekel and Goldblatt 2008), Cambodian Khmer Rouge survivors (Field et al. 2013), and Holocaust survivors (Yehuda et al. 2001). These studies showed that Post-Traumatic Stress Disorder (PTSD) in parents who experienced a traumatic historical event had a significant impact on their offspring (Lehrner and Yehuda 2018). The distress experienced by the offspring varied, with symptoms ranging from depression and anxiety to PTSD (Dekel and Goldblatt 2008; Field et al. 2013; Yehuda et al. 2001). Due to this intergenerational transmission of symptoms, a legacy of trauma can affect generations, independent of what traumatic events are occurring in the present.

Historical context aside, there is evidence of a high incidence of mental health issues among immigrants arriving from what they describe as violent situations in their Central American nations of origin. In the 2017 study by Keller et al. further findings indicated that 32% of participants had symptoms of PTSD, 24% had symptoms of depression, and 17% of the sample met criteria for both disorders. In a study conducted with four Latin American immigrants, Torres Fernández et al. (2017) indicated that experiences of trauma in the participants' home countries emerged as a shared theme. They further analyzed the emotional impact of trauma exposure, which was identified as the key motive of migration to the United States. Along with the emotional toll of trauma exposure, participants also endorsed feelings

of fear and being overwhelmed due to their undocumented immigration status in the United States. Kaltman et al. (2011) found that, out of 28 participants, 89% of immigrant women from Central America, South America, and Mexico living in the United States described experiencing one or more types of violence. Notably, participants reported that, although these traumatic experiences occurred in their countries of origin, post-traumatic stressors associated with immigration, such as the deprivation of essential resources, exacerbated their psychological symptoms. Kaltman et al. (2011) noted that a limitation of their study was the small sample size; the experiences of this limited population cannot be generalized to other Latinx immigrants, but is an important consideration for future studies.

As migrants from Central America have experienced an anomalous rate of civil unrest and violence, research has been conducted exploring the influence of Political Violence (PV) and trauma symptoms on Latinx immigrants (Lesser and Batalova 2018; Martinez 2018; Médecins Sans Frontières 2017). One of the few studies to consider Latinx immigrants' acculturative stress in the context of their personal histories was conducted by Chu et al. (2012). This study examined the connection between immigration status and PTSD with participants who identified as survivors of PV. Irrespective of the specifics of abuse and trauma experienced, the study determined that the strongest predictor of PTSD was immigration status. Other studies, however, have found that psychiatric disorders often pre-date migration. Fortuna et al. (2008) explored the presence of psychiatric disorders in a sample of 1630 immigrant Latinos in the United States. Eleven percent of these immigrants reported exposure to PV and 76% described additional lifetime traumas. In this study, PV-reporting immigrants who also reported symptoms of at least one psychiatric diagnosis such as depression, PTSD, or substance use or abuse, were found to be just as likely to report that these symptoms had occurred pre-migration as they were to report that the symptoms had begun post-migration.

The results of this study should be understood in context. For example, the findings could be due to the condensed period in which PV exposure, immigration, and diagnosis occurred. The events reported by subjects in this study often occurred in rapid succession, and contributed toward a period of general upheaval in the subjects' lives, making it plausible that their self-reporting of when the symptoms began might not be accurate. Nonetheless, it is crucial that the possibility of pre-existing trauma be considered, since when clients present with psychiatric symptoms post-migration, their mental health needs are commonly attributed to acculturative stress and not trauma exposure (Foster 2001). In those instances, the underlying cause of symptomatology can be overlooked and therefore left untreated or unaddressed.

The sheer prevalence of PV across much of Latin America demands that practitioners treating immigrants from the region for mental health symptoms be cognizant of their potential exposure to trauma. Many individuals emigrating from the region have been exposed to PV and experience mental health symptoms associated with this exposure. Eisenman et al. (2003) analyzed the rates of exposure to PV and its impact on mental health among Latinx adult primary care patients. This study's sample consisted of 919 participants who immigrated to the United States from Central America, South America, and Mexico. Findings revealed that 54% of participants reported incidents of PV in their home countries, and of those who were exposed to PV, 36% had symptoms of depression and 18% had symptoms of PTSD.

Acculturative Stress and Mental Health

Acculturative stress is common and well-documented by mental health researchers. Research shows immigrants suffering from acculturative stress may present with depression, anxiety, PTSD, pervasive fear, and substance use disorders (Roche et al. 2018; Shekunov 2016; Szaflarski et al. 2017). Suarez-Morales and Lopez (2009) analyzed the relationship between acculturative stress and anxiety in Hispanic pre-adolescents living in Miami-Dade County. Participants reported difficulties in concentration and symptoms of worry linked to acculturative stress. Bulut and Gayman (2015) examined the link between self-reported psychological well-being and acculturation among foreign-born Latinx and Asian immigrants in the United States. In this study, participants rated their mental health utilizing a self-reporting, five-point Likert scale, ranging from 1 ("poor") to 5 ("excellent"). Outcomes indicated that recently-arrived Latinx and Asian immigrants had significantly worse mental health via the self-reporting scale than participants in the assimilated or bicultural sample groups. Bulut and Gayman (2015) highlighted the importance of rating mental health through self-reporting measures, as they rely on the clients' own perspectives. This differs from the symptoms documented by clinicians that are based on a traditional set of criteria for mental health and may not accurately match the clients' experiences.

Other research has looked specifically at acculturative stress combined with trauma. Thibeault et al. (2017) analyzed the influence of acculturative stress and adverse events on internalizing symptoms for migrant youth. The sample consisted of 87 participants who recently immigrated to the United States from Latin America, Asia, the Caribbean, and Africa. Findings revealed that a larger number of traumatic events experienced pre-migration were linked to an increase in acculturative stress, and subsequently, negative mental health psychopathology.

Uncertainties around legal status contribute to experiences of acculturative stress and can also affect the mental health of immigrants. Arbona et al. (2010) found that legal status correlated with depression through increased acculturative stress for undocumented individuals when compared to their documented counterparts. The undocumented Latinx immigrants in this study were more likely to be alienated from their family unit and have less ability to speak English than documented Latinx immigrants. Arbona et al. (2010) noted that a limitation of their study was that the data obtained was more than a decade old. As a result of the current anti-immigration rhetoric and divisive political climate in the United States, the undocumented participants may be experiencing even higher levels of acculturative stress due to increased risk of deportation and/or increased perception of risk. In a study conducted with Latinx, mixed-status immigrant families, Green (2019) demonstrated the pervasive fear participants experienced linked to the risk of deportation, and the emotional impact of this threat. Several of the participants identified the 2016 election of President Trump as the catalyst for the increase in fear and anxiety they experienced as undocumented immigrants in the United States (Green 2019).

Acculturative Stress and Discrimination

Acculturative stress is not limited to undocumented immigrants; it can also affect immigrants who have legal status. Finch et al. (2000) conducted a study of Mexican women living in the United States, including U.S. citizens. The study discovered that, in addition to finding that acculturative stress was associated with depression symptoms, participants who were U.S. citizens still experienced depression symptomatology associated with discrimination due to perceived legal status. Participants experienced the acculturative stress normally associated with outsiders because of discrimination they experienced and their perception that other Americans questioned their immigration status and/or their right to be in the country (Finch et al. 2000). Several studies have shown that discrimination and/or perceived discrimination can be experienced as a component of acculturative stress. Stone and Han (2005) sampled a group of 578 Mexican–American second-generation adolescents and analyzed the link between perceived discrimination and school performance. Findings indicated that perceived discrimination was linked to subsequent school refusal and diminished performance.

Held and Lee (2016) examined the relationship between perceived discrimination and mental health by place of origin. Study participants consisted of 2503 Latinx adults, categorized into subgroups based on their nation of origin (Cubans, Puerto Ricans, Mexicans, and other Latinos). The results of the study indicated that perceived discrimination

strengthened the likelihood of having a psychological disorder. The authors found that 14.3% of participants were rated as having an anxiety disorder, while 8.9% were rated as having a mood disorder. Mexicans were found to possess a higher chance of having a psychological disorder due to perceived discrimination when compared with Puerto Ricans. Puerto Ricans are U.S. citizens, and therefore have legal status. The researchers posited that, because of their legal status, Puerto Ricans may feel more secure and thus be less likely to fixate on perceived discrimination than their Mexican counterparts. The authors discussed that participants who identified as Mexican, the considerable undocumented portion of whom lived in constant fear of deportation, struggled with an ongoing anti-immigration rhetoric, which complicated their migration experience. The researchers were not able to control for immigration status, which was noted as a limitation in the study. Yet the constant stream of media reporting on undocumented immigration may create a situation in which Latinx immigrants are likely assumed to be undocumented by others, and/or, as described above, to feel hyper-aware of the potential for discrimination regardless of their legal status. Joseph (2011) found that, out of 49 Brazilian migrants who immigrated to the US and subsequently returned to Brazil, 50% reported they had experienced discrimination related to being perceived as Hispanic and undocumented. In a study evaluating the prevalence of encounters with ethnic intolerance among undocumented Mexican immigrants, Garcini et al. (2018) determined that 55% of the participants felt they had been on the receiving end of interpersonal discrimination. Findings also indicated that 69% of the participants reported being discriminated against as a result of their legal status or lack thereof.

Case Example

Consistent with many of the research findings noted above (Arbona et al. 2010; Keller et al. 2017; Torres Fernández et al. 2017), the following case example—which is actually a composite of multiple cases—illustrates the accumulation of stressors consisting of both acculturative stress and pre-migration trauma. Identifying details have been made intentionally vague to protect the confidentiality and identity of the clients discussed.

Isabella, a 29-year-old, single, Spanish-speaking, Central American woman with an 11-year-old-son, Luis, was referred to a community counseling center by her son's elementary school due to his behavioral issues. During the phone call during which Isabella was screened for counseling services, she reported her recent arrival to the area from Guatemala and difficulty managing her son's current behaviors. Isabella said her son Luis had become increasingly reactive in the recent weeks; she stated Luis would yell, scream, run out of the house, and disobey rules, and

appeared incapable of sitting still for even a minimal amount of time.

During the intake appointment, Isabella disclosed to the clinician that she and Luis were both living in the United States with an undocumented immigration status and identified this as a significant stressor for the family. Isabella and Luis had made their way to the United States by walking across the Mexico-Guatemala border and during their journey, were detained by U.S. Immigration and Customs Enforcement (ICE) for 3 months in a location referred to as the “icebox,” holding cells so called because of their frigid temperature. Isabella detailed having to sleep in an overcrowded room, on a concrete floor, with only a foil blanket to keep both her and Luis warm, during the entirety of their detention. She reported not knowing when they would be released, and the pervasive fear of being sent back to Guatemala, where she was afraid that she or Luis would be murdered.

Upon her release, Isabella was sent to live in the neighborhood where the counseling center was located, and fitted with an ankle bracelet until her next court hearing. She reported extreme hardships residing in the country without legal authorization, among them difficulties navigating language barriers and locating rental housing. She also reported intentionally isolating herself due to concerns of status disclosure. Isabella cited feeling further stigmatized by her unemployed status during the period when she was unable to find a job. Eventually she did find work, but it was an off-the-books job where she was barely making enough to provide for her son. One afternoon, after a dispute with her employer regarding his refusal to pay her for hours worked, the police were called, and she was arrested.

During her intake at the counseling center, Isabella mentioned that she had recently experienced difficulty sleeping, loss of appetite, lack of energy and motivation, and feeling overwhelmed, panicked, and generally unsafe. Isabella discussed her inability to calm Luis down when he was feeling distressed, and expressed the sense that she could not manage both of their intense feelings and emotions. She reported that it was challenging to reconcile assumptions she had made about coming to the United States and the reality of the life she was actually living as an undocumented immigrant.

During the assessment phase of treatment, the bilingual clinician assigned to work with the family did not conduct a pre-migration trauma assessment dating back to Isabella's childhood. When Isabella presented to an appointment one day at the counseling center, visibly upset and crying about seeing a police car parked in the garage of the center, the clinician reconsidered what might be the origin of Isabella's trauma, as the extremity of her emotion seemed to point to something more than acculturative stress and her

recent ICE detention. Isabella could not be calmed down after multiple attempts by the clinician.

Acting on her belief that Isabella's trauma may have roots further back in her past, the clinician conducted an extensive psycho-social evaluation focusing on Isabella's childhood. Isabella disclosed that she grew up in Guatemala during their 30-year civil war, which ended in 1996; she described a childhood riddled by poverty and surrounded by the violence that accompanied the use of force by the military, which significantly impacted the indigenous people of Guatemala. Isabella also explained that, as a result of the increasing gang activity and violence in Guatemala in recent years, her father was inexplicably murdered; she and Luis discovered his body when they went to check up on him after not having heard from him for a few days. In addition, she revealed she had been sexually abused at a young age. Isabella described multiple incidents of rape and sexual assault throughout adolescence and early adulthood, much of which went unreported to the authorities in her town since, as Isabella explained, no one could be trusted and there were concerns the family would be retaliated against for reporting. Isabella also reported a lengthy history of intimate partner violence, including in her relationship with Luis's father. During an incident wherein Isabella was physically abused by her partner, Luis intervened, resulting in the partner grabbing Luis by the neck and choking him. Isabella identified Luis's near-death experience as the impetus in her decision to flee Guatemala with him, without informing any family.

Isabella recalled how a lack of protection from the local police department during the war, and throughout her relationship with Luis's father, left her with a lasting distrust of authority. She stated this mistrust was exacerbated when she was detained by ICE after arriving in the United States.

Isabella also described the far-reaching impacts of the civil war on her family, including her own childhood anxiety and her mother's emotionally numb, disconnected affect. The family did not discuss the horrific things going on in their country and community related to the war, nor the various traumatic events Isabella had experienced herself. Isabella internalized from this that she was to remain silent about her experiences. She was especially reluctant about receiving mental health counseling, as seeking help from a mental health professional is often stigmatized in Latinx culture. On more than one occasion, Isabella repeated, “*la ropa sucia se lava en casa*,” an expression in Spanish used to capture the cultural belief that dirty laundry is not to be aired in public and private issues should remain in the home. Isabella said she only recognized how much she had been impacted by her traumatic experiences when she saw the police car at the counseling center and found it a reminder of both her past in her country of origin and her status as an undocumented immigrant.

Isabella admitted that her personal history—including mistrust of authority, legitimate fears for her own and her family's safety, and anxieties around status disclosure and possible deportation, made it difficult for her to trust the clinician working with the family. The clinician had to spend multiple sessions establishing rapport and assuring Isabella that her safety related to her immigration status would not be compromised. In order to go slowly, establish a safe environment, and earn the family's trust through the therapeutic alliance, the clinician extended her clinical timeline by seeing the family for more time during the beginning phase of treatment. Furthermore, the clinician had to inform herself of current immigration laws, and consult with the agency where she worked regarding confidentiality and her professional values as a social worker. Through the fundamental principles of social work, such as meeting the family where they are, the clinician was able to provide the family with a space to speak about cultural beliefs and values around mental health treatment. This in turn facilitated the opportunity to engage Luis in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) treatment and Isabella in her own trauma work that included a parenting component.

The clinician was able to establish rapport with Isabella first by demonstrating consistency: scheduling a series of meetings to extend her clinical timeline in the beginning phase of treatment and being there for every session scheduled. The extended timeline also allowed Isabella to establish trust with the clinician at a comfortable pace, and open up about her experiences as she was ready. The clinician also communicated her concern for the best interests of Luis and Isabella by connecting Isabella to a local agency in the community that provides programs to meet the social service needs of new immigrant families.

Creation of a safe therapeutic space helped facilitate a discussion of a treatment modality to address the presenting symptoms of both Luis and Isabella. The clinician engaged Isabella in ongoing discussions of cultural values as part of the assessment process, and explored with Isabella how these cultural values may play a role in the treatment. Through conversations related to the family's concerns, the clinician explained how both Luis and Isabella could benefit from a treatment modality such as TF-CBT. After administering formal, standardized measures translated into Spanish to assess trauma symptomatology for both Luis and Isabella, the clinician had a session with the family to refer to the assessment results and discuss how Luis's presenting symptoms and Isabella's feelings of numbness, difficulties with sleep, and feelings of panic were related to past traumatic experiences. The family agreed TF-CBT would be the appropriate treatment model. In light of Isabella's concerns about her ability to manage her son's trauma as well as her own, the clinician engaged Isabella and Luis separately in trauma work at first. This way, as the clinician moved slowly

through the TF-CBT model with Luis, Isabella was learning emotion regulation skills through her treatment, and the clinician asked her to hear Luis's trauma narrative only once she had those skills in place.

Discussion

Coinciding Effects of Acculturative Stress and Pre-migration Trauma

Much of the literature posits that migrants from Central America are fleeing their homelands due to the increase in violence, corruption, and gang activity there, and resulting difficulty meeting basic needs (Ciaccia and John 2016; Franco 2018). Exposure to dangerous experiences prior to migrating can result in psychological challenges and contribute to the onset of mental health disorders (Chu et al. 2012; Fortuna et al. 2008; Keller et al. 2017). Upon arrival in the United States, however, most immigrants do not experience relief. Amid border detentions, an increase in ICE arrests and deportations, increased incidents of discrimination and racism, and a public discourse preoccupied with debates over "border security," acculturative stress is especially pronounced and prone to exacerbate mental health issues arising from pre-migration trauma. Many immigrants suffering the effects of trauma before arrival in the country will likely continue to have difficulty attaining emotional regulation after they arrive. It is essential to address the impact of intensifying stressors on mental health, particularly with an acknowledgement that these stressors may reactivate trauma symptoms from experiences that took place pre-migration.

The dearth of research examining the relationship between pre-migration trauma and acculturative stress is glaring, given that they so often coincide. As the case example outlined in this paper illustrates, acculturative stress, trauma history, and immigration status are deeply interconnected, as is the role they play in the manifestation of presenting symptoms. For immigrants who have experienced past traumatic events, having an undocumented status along with a growing sense of instability may lead to the escalation of adverse mental health outcomes. Continued research into marginalized populations residing in the United States will help practitioners gain a better understanding of how such factors, working in combination, impact mental health outcomes.

The case of Isabella and Luis demonstrates what a damaging combination pre-migration trauma and acculturative stress can be. Beginning in early childhood, Isabella and Luis had their sense of safety compromised by traumatic experiences. The culmination of these experiences resulted in Isabella deciding to leave behind everything she was familiar with and immigrate to the United States. For Luis,

being detained in a country Isabella had assured him would be better than home further eroded his expectation of security. He and his mother endured a triphasic experience of feeling insecure, as they were exposed to adverse events prior to immigration, during their journey to the United States, and following their arrival as undocumented immigrants. In addition to all of this, being born into a volatile socio-political landscape to parents who had already witnessed years of PV and destruction likely had an impact on both Isabella and Luis (Lehrner and Yehuda 2018).

Luis's growing reactivity after arrival in the United States suggests he was experiencing persistent physiological responses to even the smallest of threats. It is likely that the untreated trauma of his experiences in Guatemala contributed to these threat responses, but because his experiences upon arrival in the United States also involved significant stressors, it was easy for the clinician to overlook the earlier events. Similarly, Isabella's acculturation process was made more difficult by her untreated traumatic experiences and lingering symptoms thereof. In not conducting a complete pre-migration trauma assessment starting from Isabella's childhood, the clinician missed important components of Isabella's and Luis's lives. Both Luis and Isabella needed to be provided with a safe space in order to process their experiences.

To be sure, the acquisition of a new culture can result in a myriad of stressors that can impact psychological health for immigrants regardless of legal status. Research exploring the association between acculturative stress and mental health among immigrants has demonstrated psychiatric symptoms in the populations evaluated (Arbona et al. 2010; Bulut and Gayman 2015; Finch et al. 2000). However, when clients exhibit psychological distress post-migration, it is a mistake to assume this presentation first originated with immigration-related stressors. This viewpoint can lead to a misdiagnosis, resulting in an inadequate treatment plan.

Implications for Social Work Practice

When working with this population, clinicians need to consider that the immigration experience, including events leading up to immigration and the process of fleeing from one country to another, is often comprised of traumatic events, and a comprehensive trauma assessment must be conducted to ensure accurate identification and evaluation of symptoms. This assessment should also consider that historically, there has been a heritage of trauma and conflict in Central America over at least two generations (Labrador and Renwick 2018), and most of this trauma has gone untreated. A person with untreated trauma may present with symptoms that appear related to acculturative stress. In this situation, it is imperative to assess how post-conflict symptomatology influences ongoing, cumulative stressors, including

intergenerational trauma. Best clinical practices should include an assessment of trauma history encompassing pre-migration, in-journey, and post-migration experiences. It is also critical for the clinician to initiate a discussion about the client's immigration status and the clinician's role in ensuring it will not be disclosed. Furthermore, extending the clinical timeline wherever possible can help facilitate client comfort and the building of trust, especially important for a population prone to mistrust of systems.

Additionally, the cultural component of treatment is extremely significant, as this may play a role in treatment outcomes. The clinician should conduct a culturally competent assessment to identify any cultural values that may impact treatment, integrating specific cultural norms into the treatment. When families come from a culture where seeking mental health treatment is stigmatized, it is imperative for clinicians to explore and discuss these cultural values.

Conclusion

The literature reviewed in this paper emphasizes the negative mental health outcomes associated with difficult acculturation. The acculturation process can be even more fraught for undocumented immigrants given the current xenophobic climate. During the 2016 U.S. Presidential Election, Donald Trump blamed undocumented immigrants for the financial plight of many communities across the country (Thompson 2018). His rhetoric brought to the fore and emboldened a longstanding belief, among a segment of the current U.S. population, that immigrants are dangerous, lazy, subhuman, or otherwise degenerate. The intensification of anti-immigrant rhetoric, especially at the highest levels of government, and recent increases in ICE raids have caused many immigrants to experience a heightened level of perceived discrimination, leading to symptoms of psychological distress.

The need for psychological counseling services and treatment options among this population, therefore, is greater than ever. And, given the continuing violence in the Central American region, the urgency of the need is not likely to let up soon. The gap in literature identified by this paper, then, warrants further examination. Because of the threat of deportation and the associated risk of status disclosure, however, this population may be hesitant about participating in future research. Active engagement and the establishment of a therapeutic alliance is crucial in working with immigrant communities to alleviate these fears. Additionally, sensitive sampling methods, such as snowball sampling, may help researchers connect with the undocumented population. This research may bring to light some of the difficult challenges associated with migrating from a troubled situation and acculturating in a fraught new environment. Highlighting the

breadth and depth of these challenges can have both practice and policy implications.

Acknowledgements Special thanks to Dr. Jennifer Manuel, Dr. Briana Barocas, and Dr. Diana Franco for their helpful comments when reviewing this manuscript. I also thank Dr. Lena Green for her inspiring words on this academic and personal journey. Lastly, I thank my partners-in-counseling whose legal status is irrelevant while their status as human beings is not.

Compliance with Ethical Standards

Conflict of interest The author declares that the author has no conflict of interest.

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