

# Gendered Immigration: Implications and Impact on Social Work Education

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**Abstract:** *Gendered immigration is a frame of reference for contextualizing the need for gender-specific immigrant services. Like other immigration societies, the United States disproportionately pays less attention to immigrant women. This article is a conceptual examination of the critical challenges faced by immigrant women from a global perspective. Special attention is given to the importance of social work education regarding service delivery structures for an increasing number of immigrant women in the United States.*

**Keywords:** *Gendered immigration, immigrant women, immigrant services, social work and education*

## INTRODUCTION

Since the last half of the 20<sup>th</sup> century, the landscape of immigration in the United States has been reshaped by non-European female dominance. Currently, women constitute half of the total 95 million international migrants and accounted for 55.4 percent of the total immigration population in 2000 (UNFPA, 2006). Approximately half a million women immigrate to the United States each year. The majority of female immigrants to America originate from Asia, South America, and Africa (Houstoun, Kramer, & Barrett, 1984).

Despite the increasing number of female immigrants, there has been disproportionate insensitivity to gender-specific migration experiences, diversity in policy agenda setting, and human service delivery systems (Espín, 1999; Pittaway & Bartolomei, 2001; Pittaway & Pittaway, 2004; Rehn & Sirleaf, 2002). Hondagneu-Sotelo (1999) noted that feminism and immigration were rarely coupled in the public sphere, although they are two of the most radically transformative forces that have significantly reshaped immigration in the United States. As noted by several immigration studies scholars, social work practitioners and various social science scholars are among the few public figures who are aware of the needs and strengths of women immigrants, and who theorize and share immigrant women's stories while illustrating the importance of the intersection of immigration and gender (Agger, 1994; Berger, 2004; Pittaway, 1999; Veer, 1992;). Thus, it has become more crucial to recognize that women immigrants have been situated in a critical position where powerful resistance is represented by multiple discrimination and oppression against them. This discrepancy is clear where unavailability and the inadequacy of immigration services, especially gendered-specific immigration services coexist with underutilization of services.

The primary focus of this article is to contribute to what Pedraza calls "gendered understanding of the causes, processes, and consequences of migration" (1991, p. 304),

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and to contribute to social work knowledge on how gendered immigration experience affects immigrant women's acculturation and their relationship with human services organizations. While Witmer and Culver (2001) have criticized the overemphasis on pathogenic aspects of immigrants and revealed the resilience of immigrants in their work, knowledge on gendered immigration is equally important. The latter perspective includes not only information about the challenges that immigrant women face, but it also highlights the strengths that immigrant women utilize to cope with these challenges.

Understanding the challenges and needs of immigrant women call for attention and protection from the host society and mobilization of political, social, fiscal, and psychological resources. In addition to the aforementioned challenges, a greater vulnerability of immigrant women stems from a lack of access to necessary human capital, barriers to uncertain legal status, and a supportive human services sector. These challenges, coupled with the stress of motherhood in a new setting, culminate into the essence of why it is important to understand and study immigration from a gendered perspective. Espín (1999) stated that because of the role that mothers play in culture preservation and gender norm transformation, the strengths perspective not only leads to successful acculturation of the first generation of women immigrants, but it also brings positive effects on second and third generation of women immigrants. More appealingly, from a macro perspective, the United Nations *Security Council Resolution 1325* addresses the importance of women's strength and participation in finding strategies to stop wars (UN, 2000). Therefore, the acknowledgment of immigrant women's strengths and the roles that this strength plays in the resettlement process for them and their families is important for the development of policies and programs that provide the needed assistance for successful resettlement.

Ultimately, this article will draw attention to the following aspects that are required for a better understanding of gendered immigration from a social services perspective: (1) critical assessment of our knowledge construction of gendered immigration; (2) examination of the critical challenges faced by women immigrants; and (3) impact and implication of gendered immigration from a social integration perspective on social work education.

### **EPISTEMOLOGY OF GENDERED IMMIGRATION STUDIES**

Knowledge about gendered immigration and gender specific treatment in resettled countries has been developed among U. S. social scientists since the 1970s. This knowledge construction has taken an interdisciplinary research approach that has traditionally integrated demography, sociology, women studies, politics, social work, and nursing. This has culminated into three stages: women's perspective, gender perspective, and transnational feminism. The stages illustrate a transformation of our knowledge among the immigrant women population. They each highlight various aspects of growth in our understanding of the challenges, strengths and processes that are inherently a part of the resettlement process.

The key focus of the "women's perspective" stage is "women and migration" (Hondagneu, 2003), which reveals prior characteristics of immigration studies: women

exclusion and invisibility, androcentric biases, and gender discrimination. During this period, the image and voice of immigrant women began to enter into the sphere of immigration studies, especially women as a measurable variable in quantitative immigration studies on labor markets and earnings comparisons. Furthermore, during this early stage of knowledge construction, feminist scholars began to address the nature of multi-oppression of immigrant women, the otherness of immigrant women and men while emphasizing the otherness of immigrant women. In response to the complexities of immigrant women and their resettlement outcomes, a gender perspective was expressed in a 1984 Special Volume of *International Migration Review* on Women and Migration. This response led to knowledge creation of the second stage of gender specific migration research.

In the second stage, “gender and migration” replaced “women and migration” as a key theme in immigration studies. The gender perspective suggests that a gendered society, not women alone, positioned not only the cause, but also the treatment of women’s disadvantaged resettlement processes and outcomes. Research at this stage began to recognize intra-group differences. At this point, immigrant women were viewed as another outcome of gendered perspectives. Therefore, within the context of immigration studies, immigrant women were no longer viewed as a homogeneous group. Instead, it acknowledged that there is great diversity among immigrant women in relation to their resettlement outcomes within the context of their socioeconomic status, women’s liberation, health and mental health status, and gender relations from their specific cultural context. This evolution in gendered immigration led to transnational feminism, the third stage of gendered immigration.

By the mid-1990s, transnational feminism emerged as a part of the transnational perspective of immigration research. From a transnational perspective, immigration acknowledges the fact that people are engaged in their home country and receiving country simultaneously which results in a back and forth movement of people, goods, money, services, and ideas between nations and states (Mazzucato, 2006). Although this perspective is not a new phenomenon within the realm of immigration, new technological advances have made the movement of communication between large distances possible with much greater frequency, speed and regularity than in the past (Mazzucato, 2006). Through this wave of understanding, the simultaneous perspective of immigration from a transnational immigration stance has led to newly informed scholarship with a focus on the transnational feminist perspective of immigration. Women and their role in back and forth movement across nations and states goes beyond earlier labor market studies that were conducted during the first stage of gendered immigration knowledge development. (Hondagneu-Sotelo, 1999; 2003; Mazzucato, 2006).

The development of transnational feminism is rooted in postcolonial theory and it is defined as a contemporary feminist praxis in the globalization era (Grewal & Kaplan, 1994; Kaplan, Alarcon, & Moallem, 1999). This approach pays attention to the intersection of national boundaries, class, race, gender, and sexuality. Transnational feminist agenda theorizes a global communication network that facilitates transnational dialogue among women in the world. Research on disadvantaged immigrant women and human service delivery which employs transnational feminism is tied to the following

theories to better understand and serve immigrant women: gender relations, migration theory, identity theory, acculturation theory, globalization theory, post-positivism, otherness theory, and empowerment theory (Agger, 1994; Berger, 2004; Meguid, 2006; Pittaway, 1999; Veer, 1992).

The aforementioned enriched theoretical approaches allow immigration study from a transnational feminism perspective to concentrate on the intersection of mobile women across national boundaries and nations. Furthermore, it is differentiated from international feminism in that it focuses on transnational feminism networks. That, in turn, offers the desirability and possibility of a political solidarity of feminists across the world. For human services professionals, transnational feminism offers a space to obtain knowledge for and from immigrant women networks and dialogues, which contextualizes migrant women experiences while facilitating solidarity amongst migrant women (Mohanty, 2003). More importantly, this perspective serves as an entry point for researchers to begin to truly see, hear, and understand the diversity of immigrant women's experiences and the complexities that play a significant part in supporting or hindering their successful resettlement.

### **COMPLEXITIES AND DIVERSITY OF GENDERED IMMIGRATION**

Since 1965, the high degree of diversity among immigrant women has been a great frustration for those who seek a single theoretical framework or service model for understanding the experiences of all immigrants. In fact, some researchers refer to this unfamiliar diversity as inconsistent findings in immigrant studies (Yakushko & Chronister, 2005). This frustration stems from stereotyping, an assumption that treats immigrants as the "other" without differentiation. Recent research illustrates the frustration of immigrant women due to ignorance of diversity by the conventional wisdom of the host society (Berger, 2004; Peleikis, 2000). Murty (1998) noted the challenges of racial, cultural, linguistic, and religious diversity among immigrant women, and recognized the positive effects of the awareness of the diversity by the host society as an aspect of designing appropriate and responsive health care delivery structures.

Building from the existing body of knowledge on immigrant women, this section draws on three complexities with an understanding of diverse perspectives of gendered immigration: education, violence, health and mental health, and access to services as major aspects of women's immigration experience. As transnational feminism suggests, all immigrants experience social, cultural, and psychological difficulties when they crossed geopolitical borders despite differences in gender, age, class, educational background, professional status, and personality. Excitement, culture shock, loss, feeling of rejection, sense of alienation, confusion, feeling of being out of control, and acculturation stress are typical psychological effects of immigration among voluntary and forced immigration (Berger, 2004; Espín, 1999). The "gender-specific immigration experience" is the first complexity of immigrant women that provides an insight into their experience through their lens.

Gendered immigration adds the gender indicator to highlight individual aspects of immigration experiences and argues that immigrant women share common immigration

experiences which differ from immigrant men. These experiences include lower social status, higher rate of dependence on the social welfare system, higher rate of health and mental health issues, traumatized pre-immigration and post-immigration experience, multiple family and work responsibilities, barriers to health services, social services, and education (Agger, 1994; Fowler, 1998; Gany & Bocanegra, 1996; Jensen, 2006; Meyer et al., 2003; Veer, 1992).

Gender-specific immigration experiences cannot simply refer to disadvantages because this perspective falls in line with the past pathogenic aspect of immigration studies that scholars have worked to change through continued knowledge development (Witmer & Culver, 2001). Current research, however, that includes the voice of women immigrants, illustrates women immigrants' extraordinary resilience, flexibility, and effective problem solving skills (Agger, 1994; Berger, 2004; Pittaway, 1999; Pittaway & Pittaway, 2004). Despite multiple oppressions, immigrant women generally adapt faster to their new environment than their male counterparts. The immigration experience empowers immigrant women's negotiation power and gender role expectations with both the home culture and the host culture (Berger, 2004; Mazzucato, 2006; World Bank, 2006). Research also shows that immigrant women often remit more financial support to their extended family in their home of origin more than men. This, in most cases, is a gender shift within the women's cultural context (Berger, 2004; World Bank, 2006). Although in general, these aspects of gender-specific immigration experiences have been reported across various ethnic immigrant groups, new scholarly knowledge also provides an opportunity for acknowledging and understanding the diversity within and across immigrant women.

## **Education**

The first complexity that highlights the within-group diversity among non-European immigrant women is that they are more diverse in their countries of origin, socioeconomic status, education background, and professional status. In 2000, 69% of Indian immigrants aged 25 or older reported having college degrees, almost three times the proportion of the native population. During the same time period, only 4.2 percent of Mexican immigrants had graduated from college (Portes & Rumbaut, 2006; Zhou, 2002).

Immigrant women can be found in both highly skilled professional specialty occupations and unskilled labor-intensive occupations. Studies show that 51 percent of Indian immigrants are in professional specialty occupations, twice the proportion of native workers. The proportion of Mexican immigrants who reported having such jobs was fewer than 5 percent (Portes & Rumbaut, 2006; Zhou, 2002). Meanwhile, female immigrants from the Philippines and Jamaica are concentrated in nursing (primarily as Certified Nursing Assistants-CNA), and those from Mexico and Central America are disproportionately concentrated in domestic work or menial factory jobs (Zhou, 2002).

Ager, Ager, and Long (1995) examined the gender experience of Mozambican refugees and found that gender inequalities exist in education, income, work burden, and health. Portes and Rumbaut (2006) research provides evidence that immigrant women's income and education levels are statistically significantly lower than their immigrant

male counterpart. In addition to their inferior educational status, immigrant women are also disproportionately affected by various type of violence as a part of their immigration process that can be traced from their country of origin to their new host country. That leads to various levels of stress and trauma for these female immigrants.

### **Violence**

Research on domestic violence against immigrant women have focused on Asian, Mexican, Central American, and South American women in family reunification. Frye et al. (2005) found that in New York City, an immigrant's background was associated with intimate partner perpetrated homicide. From 1990-1999, over 40 percent of the reported homicides were among immigrant women and 54.4 percent of all intimate partner homicides were immigrant women. Both of these statistics indicate that immigrant women are at a higher risk of violence, especially intimate partner violence. Orloff (2002) and Raj and Silverman's (2002) work showed evidence that immigrant women became extremely vulnerable to domestic violence due to their immigration legal status.

Ward and Vann (2002) and Jansen (2006) reported gender-based violence in refugee settings where women's bodies were called a battleground. Although rapes and sexual violence are the top two identified forms of gender-based violence that refugee women experience in situations of armed conflict, other gender-based violence also greatly contributes to refugee women's disproportionate vulnerability. Child sexual abuse, forced or coerced prostitution, sex trafficking and other forms of sexual exploitation are determinants of refugee women suffering, social stigma, and a wide range of health and mental health concerns. For many, they suffer violence in silence in their home country that in some cases continues in the host country (Meguid, 2006). The violence in their home country can be linked to those in refugee camps where some women also experience intimate partner violence as a backlash to their redefining gender roles which is a major aspect of post-immigration stress for women immigrants from various parts of the world (Jansen, 2006; Meguid, 2006; Nicholson, 1997). In fact, Espín (1999) found that most immigrant women identified a change of gender role expectations as a major consequence of immigration that can be positive and negative for women and their families. These shifts in gender roles and family commitment have forced women to remain trapped and isolated in an abusive relationship since their legal status and family structure is totally controlled by the abusive intimate partner.

### **Health and Mental Health Factors**

Current research illustrates that immigrant women were healthier at the point of their initial arrival in their host country. One common explanation is that of the health requirements mandated through immigration law. However, after their arrival, immigrant women experience higher health risks when they suffer physical exhaustion and psychological distress as a result of migration and access disparities within the health care setting (Meleis, 2002). Immigrant women commonly experience psychological distresses, post-traumatic stress disorder (PTSD), victimization, adaptation strategies, and identity changes (Berger, 2004; Frye et al., 2005; Portes & Rumbaut, 2006; Yakushko & Chronister, 2005). Some emphasize negative physical, emotional, and mental health

outcomes of migration and acculturation, and depict “loneliness and depression as a feature of everyday life” (Anderson, 1987, p. 422). Portes and Rumbaut (2006) documented the association between immigration and mental disturbances through history, and pointed out that specific acculturation led to widely different mental health outcomes.

Several studies have also highlighted the health and mental health needs of refugee women and suggest that refugee women may be at greater risks than other immigrant women as a result of their migration experience (Gagnon, Marry, & Robinson, 2002). Like refugees, asylum seekers are forced to flee their country of origin as a result of war and human rights abuses. Many of them experienced politically motivated rape, sexual slavery, prostitution, female genital mutilation, and other forms of gender-related persecution. Studies have found that women refugees who survive gender-based violence normally suffer poorer physical conditions and post-traumatic stress that is directly connected to re-victimization of violence in their host country (Jansen, 2006; Meguid, 2006; Nicholson, 1997).

The incidence rate of PTSD among female asylum seekers is very high. Although international tribunals have included gender-related claims, the extent of coverage in the United States for gender claims is inconsistent with international norms (Bastien, 2002; Meguid, 2006). In fact, many female asylum seekers are traumatized by the detention experience, which is usually ignored by the host country. Bastien (2002) examined the physical and psychological impact of long-term detention on women asylum seekers and found double standards in the treatment of women and men asylum seekers around their living conditions, process time and support in understanding the process.

The World Health Organization (WHO) identified seven common mental disorders among refugees and asylum seekers: depression, acute psychosis, chronic or long-term psychosis, mental disorders caused by hurtful and frightening events, mental disorders caused by beatings or other injuries to the head, emotional disturbances associated with intense fear and worry, and emotional disturbances related to poor sleep (1996). In light of this knowledge, most resettlement agencies lack the funding needed to screen for any type of mental illness and counseling services. This is leaving a number of immigrants, specifically women, with the lack of support and services needed to cope with the mental challenges that are brought on by their past experiences and current acculturation process.

Aranda et al. (2001) tested gender difference in depressive symptoms among Mexican Americans and found that immigrant women differ from men in terms of the sources of stress and social support associated with depression. For immigrant women, family and marital relationship were identified as significant sources of stress and social support. Others have also found that family context was a determinant of women’s health (Nimmagadda & Balgopal, 2000). The health and well-being of immigrant women is further compromised because of how they view and define health. Meadows, Thurston, and Melton (2001) found that immigrant women in their study viewed “health” as a physical experience, while abuse, emotional and mental health were not seen as part of illness, though they spoke freely about their feelings of sadness, depression, anxiety, and the traumatized past. These findings are consistent with other qualitative studies

emphasizing the physical and mental health of immigrant women (Berger, 2004; Gruner-Domic, 2000).

Different conceptualizations of health and mental health indicate the degree of health and mental health inequality and disparities among immigrant women. Meleis (2002) claims that the host society misinterprets immigrant women's responses to illness and health, and states that the result is that immigrant women experience greater health risks than their non-immigrant women and immigrant men counterparts. The lack of available and affordable gender specific immigrant services, gendered health disparities and higher rates of barriers to quality health care and mental health services lead immigrant women into greater health risks (Meleis, 2002).

### **Access to Services**

Meleis' work highlights the fact that immigrant women rarely have their own access to health care and other human services in general, and to health insurance in particular (2002). Immigrant women who have access to services are less likely to have chronic illnesses (Gany & Bocanegra, 1996; Kelaher, Williams, & Manderson, 1999).

Compared with other demographic groups of the population, immigrant women shared a common status of access and utilization of health services and social services. Research suggests that immigrant women make considerably less use of mental health care services than native-born women (Meleis, 2002). Moreover, immigrant women more frequently use social work facilities and women's crisis intervention centers than native women. Furthermore, they consult social work agencies and women's crisis intervention centers nearly one and half times more frequently than mental health care services. Research shows that age and language has an impact on the service utilization of immigrant women (Have & Bijl, 1999; Kelaher et al., 1999). Meanwhile, an Australian study showed that predictors of health service utilization were different for men and women. While age and lack of English proficiency appeared to be barriers to health service use for immigrant women, visa category and country of origin were more important determinants of health service use for immigrant men (Kelaher, et al., 1999).

Beyond age and English proficiency, research has identified three other main barriers to immigrant women's use and access to human services: socioeconomic status, legal restrictions, and cultural norms (Have & Bijl, 1999; Raj & Silverman, 2002). Malgady and Zayas, Kaplan, Turner, Romano, & Gonzalez-Ramos (2001) implied cultural and linguistic factors in psycho-diagnosis. While evaluating the impact of linguistics, Ziguas (2001) found that the use of bilingual staff directly led to less use of crisis intervention services and hospitals, better long-term improvement in social functioning, better compliance with medication, and greater satisfaction with services and its cultural sensitivity.

An in-depth understanding of immigrant women and their need for human services and barriers to access to such services can be extremely beneficial for U.S. social work professionals as a foundation for facilitating better service delivery structures. This knowledge, combined with a deeper understanding of the gendered immigration process can be used to design stronger curricula that include a micro and macro perspective.

## IMPLICATIONS FOR SOCIAL WORK EDUCATION

Although most U.S. social work programs are struggling with the inclusion of various aspects of diversity and international social work practice, the understanding of gendered immigration can no longer be ignored. As we continue to embrace the “good” aspects of globalization, we cannot ignore the challenges that we have as a global society from an increasing pull toward global understanding. This increased need for continued understanding of the global environment is most apparent in work with immigrants, refugees and asylum seekers (Nash, Wong, & Trlin, 2006). Increasingly, literature on globalization and international social work practice and education specifically links social work practice to resettlement, issues of citizenship, inclusion and participation in civil society (Nash et al., 2006). According to Powell (2001), civic social work is defined by a concern for the rights and needs of citizens—immigrants, asylum seekers and refugees seek integration (as opposed to assimilation) in their host country. They often join the poor and oppressed in an ongoing struggle for genuine inclusion and participation in an effort to exercise their civic right as well as duties. This new civic practice moves our educational learning as social workers away from the practice of assimilation into the practice and understanding of social integration.

Social integration has been defined by the United Nations as an inclusionary goal, implying equal opportunities and rights for all human beings (UN, 1994). Therefore, this perspective of social integration as a means for becoming ‘more integrated’ also implies improving life chances (UN, 1994). This civic and social integration approach as a part of social work practice with immigrants, refugees and asylum seekers is the foundational aspect of a new field of practice. From this perspective at a macro level, this new field of practice involves human rights, social justice and advocacy work, while at the meso level, community work plays an essential role, and at the micro level problem-solving with individuals and their families occurs (Nash et al., 2006). Thus, as a profession, we must begin to re-examine our social work curricula and begin to take a more inclusive approach to understanding the dimensions of gendered immigrations and how it intersects with our human services delivery systems and policy structures. This approach will need to take on a micro, mezzo, and macro frame of professional knowledge, skills, policy, and advocacy perspective. This perspective means that we need curricula that go beyond classes that include immigration aspects and gender dynamics as a topical area---we now need classes that are specific to understanding these issues and dynamics from a gendered perspective. As a profession, from a global perspective, we are the common thread within and across societies that play an integral part in the resettlement and cultural adaptation process with respect to immigrant women and their families. Therefore, social workers have to move to the front line of this struggle to ensure that the voices of immigrant women are heard and become the common bond across regions to create one voice for the rights of immigrant women as a part of their citizenship in a civic society. Furthermore, our professional commitment to integration (with inclusion and participation in all spheres of various social activities), rather than a focus on assimilation, from new settlers and the host population is a critical component to the successful outcome of the resettlement process (Nash et al., 2006).

While arguing that social work practice with refugees and immigrants requires specialized knowledge of the significantly unique issues of these populations, Potocky-Tripodi (2002) provides a very comprehensive account of best practice that are essential to this new and challenging field. In fact, she has systematically explored the many factors that practitioners need to recognize as important in the lives of this client group while using an analysis that reflects the micro, meso and macro levels of service (Nash et al., 2006; Potocky-Tripodi, 2002). According to Potocky-Tripodi (2002), a good practitioner should be informed about human rights and social justice issues, as well as international and local law surrounding immigrants and refugees' service delivery systems available to their clients. They should also look at key problem areas such as health, mental health, family dynamics, cultural diversity, language, education and economic circumstances and must be culturally competent to understand these aspects from a gendered perspective. Following the same perspective, Powell (2001) has proposed 10 core practice principles that inform civic social work as a new form of practice. The most prominent among these principles are social inclusion, trust and respect for clients and for their views on what works for them in order to promote users' participation and empowerment that is missing at various levels in our current practice with immigrants and refugees. Potocky-Tripodi (2002) and Powell's (2001) work challenges social workers to broaden their perspectives while acknowledging the centrality of citizenship and inclusion as a part of their professional commitment to immigrant and refugee populations. This approach also acknowledges the importance and impact of working with this population from a gendered perspective that highlights the new knowledge structure for understanding the diversity of women in this population. Furthermore, it provides the profession with a foundation for creating a curriculum that is inclusive of these issues to ensure that we have trained workers able to address the many challenges that the population faces. These include challenges that impede upon women's ability to successfully resettle in their new civil society and become its active participants.

This approach gives social work students and practitioners an opportunity to further understand the impact of the policy beyond dominant societal groups. Furthermore, this perspective can be viewed at the micro and macro level as an important component for ensuring that these women become a part of the helping system structure within the agency and community setting. For this fact, the call for social workers to understand and specialize as migration professionals is long overdue. The time to commit, strategize, and implement this perspective is "now." As social workers, we can change the impact of globalization and immigration on women. In turn, this will change the immigration process for the entire family.

## CONCLUSION

This article has reviewed some of the existing body of knowledge on gendered immigration and its theoretical development. Based on transnational feminism, three attributes of immigrant women are depicted to gain a better understanding of immigrant women and their contexts. The article finds that in general, research has rethought, reconstructed, and reexamined gendered inequality and equality, and made immigrant women's voices heard, and their image seen. From a transnational perspective, focus has

been placed on the institutions and identities that immigrant women create through their simultaneous engagement in two or more countries adding to their voiced experiences (Mazzucato, 2006). On the other hand, there are a number of biases in gendered immigration research. Diversity and strengths perspective are key values for gender-specific immigration practice, policy, research, and education. This article suggests that a subcategory of gendered immigration should be included in social work education to create a better understanding of working with this population from a social integration perspective that allows them to fully become a part of their new society. As a profession, participation in future research on gendered immigration and the inclusion of gendered immigration in social work curriculum are two important and necessary next steps for the profession of social work. The aforementioned will give social workers an opportunity to better understand and engage in the diverse dimensions that immigrant women encounter as they engage in their new surroundings. Furthermore, increased participation in research and practice with immigrant women will increase our professional status in the international gender-specific immigration human services domain that is rapidly increasing globally.

## References

- Ager, A., Ager, W., & Long, L. (1995). The differential experience of Mozambican refugee women and men. *Journal of Refugee Studies*, 8(3), 265-287.
- Agger, I. (1994). *The blue room: Trauma and testimony among refugee women*. NJ: Zed Books Ltd.
- Anderson, J. M. (1983). Migration and health: Perspectives on immigrant women. *Sociology of Health and Illness*, 9(4), 410-38.
- Aranda, M. P., et al. (2001). Stress, social support, and coping as predictors of depressive symptoms: Gender differences among Mexican Americans. *Social Work Research*, 25(1), 37-48.
- Bastien, M. (2002). Detention of women asylum seekers in the United States. In Woodrow Wilson International Center for Scholars and the Migration Policy Institute. *Women immigrants in the United States* (pp. 117-128). Washington, DC: Woodrow Wilson International Center for Scholars and the Migration Policy Institute.
- Berger, R. (2004). *Immigrant women tell their stories*. New York: Haworth.
- Espín, O. M. (1999). *Women crossing boundaries: A psychology of immigration and transformations of sexuality*. New York: Routledge.
- Fowler, N. (1998). Providing primary health care to immigrants and refugees: The North Hamilton experience. *Canadian Medical Association Journal*, 159(4), 388-391.
- Frye, V., et al. (2005). Femicide in New York City: 1990-1999. *Homicide Studies*, 9(3), 204-228.
- Gagno, A. J., Marry, L., & Robinson, C. (2002). A systematic review of refugee women's reproductive health. *Refugees*, 21(1), 6-17.

- Gany, F., & De Bocanegra, H. T. (1996). Overcoming barriers to improving the health of immigrant women. *Journal of American Women's Association*, 51(4), 155-160.
- George, S. M. (2005). *When women come first: Gender and class in transnational migration*. Berkeley, CA: University of California Press.
- Grewal, I., & Kaplan, C. (Eds.). (1994). *Scattered hegemonies: Postmodernity & transnational feminist practice*. Minneapolis, MN: University of Minneapolis Press.
- Gruner-Domic, S. (2000). Strategic narrative: Latin American women. In J. Knorr, & B. Meier (Eds.), *Women and migration: Anthropological perspectives* (pp. 249-266). Campus Verlag: St. Martin's Press.
- Have, M. L. T., & Bijl, R. V. (1999). Inequalities in mental health care and social services utilization by immigrant women. *European Journal of Public Health*, 9(1), 45-51.
- Hondagneu-Sotelo, P. (1999). Gender and contemporary U. S. immigration. *American Behavioral Scientist*, 42(4), 565-576.
- Hondagneu-Sotelo, P. (Ed.). (2003). *Gender and U. S. immigration: Contemporary trends*. Berkeley, CA: University of California Press.
- Houstoun, M. F., Kramer, R. G., & Barrett, J. M. (1984). Female predominance in immigration in the United States since 1930: A first look. *International Migration Review*, 18(4), 908-963.
- Jansen, G. G. (2006). Gender and war: The effects of armed conflict on women's health and mental health. *Affilia*, 21(2), 134-145.
- Kaplan, C. Alarcon, N., & Moallem, M. (Eds.). (1999). *Between women and nation: nationalism, transnational feminism, and the States*. Durham, NC: Duke University Press.
- Kelaher, M., Williams, G., & Manderson, L. (1999). Towards evidence-based health promotions and service provision for new migrants to Australia. *Ethnicity and Health*, 4(4), 305-313.
- Malgady, R. G., & Zayas, L. H. (2001). Cultural and linguistic considerations in psychodiagnosis with Hispanics: The need for an empirically informed process model. *Social Work*, 46(1), 39-49.
- Mazzucato, V. (2006, March 19-21). Informal insurance arrangements in transnational context: The case of Ghanaian migrants' networks. Paper presented at CSAE conference "Reducing poverty and inequality: How can Africa be included?", Oxford University.
- Meadows, L. M., Thurston, W. E., & Melton, C. (2001). Immigrant women's health. *Social Science and Medicine*, 52, 1451-1458.

- Meguid, M. B. A. (2006). *Measuring Arab immigrant women's definition of marital violence: Creating and validating an instrument for use in social work practice*. (Unpublished dissertation). Ohio State University, Columbus, Ohio.
- Meileis, A. I. (2002). Immigrant women and their health. In Woodrow Wilson International Center for Scholars and the Migration Policy Institute, *Women Immigrants to the United States* (pp. 43-47). Washington, DC: Woodrow Wilson International Center for Scholars and the Migration Policy Institute.
- Menjívar, C., & Salido, O. (2002). Immigrant women and domestic violence. *Gender and Society, 6*(6), 898-920.
- Meyer, M. C., et al. (2003). Immigrant women implementing participatory research in health promotion. *Western Journal of Nursing Research, 25*(7), 815-834.
- Mohanty, C. T. (2003). *Feminism without borders: Decolonizing theory, practicing solidarity*. Durham, NC: Duke University Press.
- Murty, M. (1998). Health living for immigrant women: A health education community outreach program. *Canada Medical Association Journal, 159*(4), 385-387.
- Nash, M., Wong, J., & Trlin, A. (2006). Civic and social integration: A new field of social work practice with immigrants, refugees and asylum seekers. *International Social Work, 49*(3), 345-363.
- Nicholson, B. L. (1997). The influence of pre-emigration and post-emigration stressors on mental health: A study of southwest Asian refugees. *Social Work Research, 21*(1), 19-33.
- Nimmagadda, J., & Balgopal, P. R. (2000). Social work practice with Asian immigrants. In P. R. Balgopal (Ed.), *Social work practice with immigrants and refugees* (pp. 30-64). New York: Columbia University Press.
- Orloff, L. (2002). Women immigrants and domestic violence. In P. Strum & D. Tarantolo (Eds.), *Women immigrants in the United States* (pp. 49-57). Washington, DC: Woodrow Wilson International Center for Scholars and Migration Policy Institute.
- Oxman-Martines, P., et al. (2005). Intersection of Canadian policy parameters affecting women with precarious immigration status: A baseline for understanding barriers to health. *Journal of Immigrant Health, 7*(4), 247-258.
- Pedraza, S. (1991). Women and migration: The social consequences of gender. *Annual Reviews of Sociology, 17*, 303-325.
- Peleikis, A. (2000). Female identities in a "Globalized Village": A case study of South Lebanese migration to West Africa. In J. Knörr & B. Meier (Eds.), *Women and migration: Anthropological perspectives* (pp. 63-79). Campus Verlag: St. Martin's Press.
- Phan, L. T., Rivera, E. T., & Roberts-Wilbur, J. (2005). Understanding Vietnamese refugee women's identity development from a sociopolitical and historical perspective. *Journal of Counseling and Development, 83*(3), 305-312.

- Pittaway, E. (1999). Refugee women—The unsung heroes. In B. Ferguson & E. Pittaway (Eds.), *Nobody want to talk about it: Refugee women's mental health* (pp. 1-20). Paramatta, NSW, Australia: Transcultural Mental Health Centre.
- Pittaway, E., & Bartolonmei, L. (2000). Refugees, race, and gender: The multiple discrimination against refugee women. *Refugee*, 19(6), 21-32.
- Pittaway, E., & Pittaway, E. (2004). Refugee women: A dangerous label. *Australian Journal of Human Rights*, 10(1), 119-135.
- Portes, A., & Rumbaut, R. (2006). *A portrait of immigrant America*. Berkley, CA: University of California Press.
- Potocky-Tripodi, M. (2002). *Best practices for social work with refugees and migrants*. New York: Columbia University Press.
- Powell, F. (2002). *The politics of social work*. London: Sage Publications.
- Raissiguier, C. (2000). Scattered markets, localized workers: Gender and immigration in France. In F. C. Steady (Ed.), *Black women, globalization and economic justice: Studies from Africa and the Africa Diaspora* (pp. 180-193). Rochester, VT: Schenkman Books, Inc.
- Raj, A., & Silverman, J. (2002). Violence against immigrant women: The roles of culture, context, and legal immigrant status on intimate partner violence. *Violence Against Women*, 8(3), 367-398.
- Rehn, E., & Sirleaf, E. J. (2002). *Women, war, peace: The independent expert's assessment on the impact of armed conflict on women and women's role in peace building*. New York: United Nations Development Fund for Women.
- United Nations. (1994). Social integration: Approaches and issues. United Nations Research Institute for Social Development Briefing Paper No. 1. World Summit for Social Development.
- United Nations. (2000). Security Council Resolution 1325. New York: United Nations.
- United Nations Population Fund. (2006) *A passage to hope: Women and international migration*. UNFPA State of World Population 2006.
- Veer, G. V. D. (1992). *Counseling and therapy with refugees: Psychological problems of victims of war, torture and repression*. New York: John Wiley & Sons.
- Ward, J., & Vann, B. (2002). Gender-based violence in refugee settings. *The Lancet*, 360 (Supplement 1), 13-14.
- Williams, C. L., & Westermeyer, J. (Eds.) (1986). *Refugee mental health in resettlement countries*. Washington, DC: Hemisphere Publishing Corporation.
- Witmer, T. A., & Culver, S. M. (2001). Trauma and resilience among Bosnian refugee families: A critical review of the literature. *Journal of Social Work Research and Evaluation*, 2(2), 173-187.

- World Bank. (2006). *Global economic prospects: Economic implications of remittances and migration*. Washington, DC: World Bank.
- World Health Organization. (1996). *Mental health of refugees*. Geneva: World Health Organization.
- Yakushko, O., & Chronister, K. (2005). Immigrant women and counseling: The invisible others. *Journal of Counseling and Development, 83*(3), 292-298.
- Zayas, L. H., Kaplan, C., Turner, S., Romano, K., & Gonzalez-Ramos, G. (2000). Understanding suicide attempts by adolescent Hispanic females. *Social Work, 45*(1), 53-63.
- Zhou, M. (2002). Contemporary immigrant women to the United States. In Woodrow Wilson International Center for Scholars and the Migration Policy Institute, *Women immigrants to the United States* (pp. 23-34). Washington, DC: Woodrow Wilson International Center for Scholars and the Migration Policy Institute.
- Ziguras, S. (2001). *Evaluation of the bilingual case management program in community mental health services in Melbourne*. (Unpublished Doctoral Dissertation). University of Melbourne, Victoria, Australia.

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