Title: Impact of Anti-Immigrant Rhetoric and Policies on Frontline Health and Social Service Providers in Southeast Michigan, U.S.A.

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Abstract

Rising hostility towards immigrants characterized the 2016 Presidential election in the United States (US) and subsequent policy priorities by the new presidential administration. The political shift towards aggressive policies targeting undocumented immigrants is far-reaching and extends into other communities that convive con—or coexist with—immigrant communities. Our study aims to examine the rippling effects of these anti-immigrant policies and rhetoric on health and social service providers in Southeast Michigan who predominantly serve Latino immigrants. Between April and August 2018, we conducted in-depth individual interviews in two Federally Qualified Health Centers and a non-profit social service agency at a county health department. We interviewed 28 frontline health and social service providers. After coding and thematic analyses, we found that staff members' experiences in supporting immigrant clients was congruent with definitions of secondary trauma stress and compassion fatigue, whereby exposure to clients' trauma combined with job burden subsequently impacted the mental health of providers. Major themes included: 1) frontline staff experienced a mental and emotional burden in providing services to immigrant clients given the restrictive anti-immigrant context; and 2) this burden was exacerbated by the increased difficulties in providing these services to their clients. Staff described psychological and emotional distress stemming from exposure to clients' immigration-related trauma and increased mental health needs. This distress was exacerbated by an increased demand to meet clients' needs, which involved explaining or translating documents into English, assisting with legal paperwork, referring clients to mental health resources, addressing increased transportation barriers, and reestablishing trust with the community. Our

findings add qualitative data on the mental health implications for frontline providers who support Latino immigrant clients impacted by immigration and highlights the need for further research and resources that address the workplace-related stress generated by heightened immigration enforcement.

Key Words: Health and social services, immigration, secondary trauma stress

What is known:

- Restrictive immigration enforcement has negative spillover effects impacting Latino communities overall
- Secondary trauma stress is experienced by staff supporting traumatized and marginalized clients
- Secondary trauma is characterized by psychosocial and emotional distress, coupled with job burden

What this paper adds:

- Qualitative findings on the mental health implications for frontline providers who support Latino immigrant clients
- How a disruptive political environment contributes to work-related stress and anxiety among health and social service providers

Introduction

Anti-immigrant sentiments in the United States (US) have ebbed and flowed over the past century (Pierce et al., 2018). With nationalism on the rise (Gusterson, 2017), many prominent voices in the media and US politicians are framing immigration to the US as an "imminent threat" to national security, employment, and culture (Pierce et al., 2018), rather than an asset to economic and social progression (Moses, 2009). The 2016 US presidential election amplified the anti-immigrant ideology, as then Republican candidate Donald Trump centered immigration policy as a leading national election platform issue, amplifying anti-immigrant rhetoric through pointed attacks, particularly aimed at immigrants from Mexico and Central America (Reilly,

2016). Perhaps most notable was Trump's plan to "build a wall" between the US-Mexican border as a security measure against migration primarily from México and Central American countries—a proposal that would evolve into larger, socio-political acrimony and stricter immigration policies towards Latino immigrants.

Since taking office, the current administration has outspokenly endorsed more restrictive immigration policies aimed at removing undocumented individuals from the US (including those who have lived in the US for decades) and limiting immigration to the US overall. Although the previous US administration under Barack Obama also imposed stricter immigration and deportation policies, they were, for the most part, focused on the removal of undocumented immigrants with criminal records and those apprehended at the border (Pierce et al., 2018). Despite some pushback from Congress and the judicial system, the current administration enacted several anti-immigrant policies, including broadening the priority criteria for deportations (Exec. Order No. 13768, 2017), increasing the number of immigration enforcement officers (Medina & Jordan, 2017), increasing large-scale workplace raids (Carlton, 2019), revoking protections for undocumented individuals brought to the US as children (Department of Homeland Security, 2017), and separating children from parents apprehended at the border (Pierce et al., 2018). The administration continues to push for restrictive immigration policies, such as ending asylum from Central American countries (U.S. Department of Justice, 2018), creating an uncertain future for many immigrants who currently reside in the US. Moreover, these policies (Center for Migration Studies, 2019) are coupled with harsh anti-immigrant rhetoric that often uses dehumanizing, targeted language specifically towards Latino immigrants, further generating a hostile socio-political environment. Consequently, many Latino immigrants and their families live in perpetual fear of deportation and ultimately being separated from family members.

The current anti-immigrant socio-political climate has grave implications for the health and wellbeing of undocumented Latinos and their families (Williams & Medlock, 2017). In response to this hostile, anti-immigrant environment, undocumented Latinos have adopted "protective measures," including avoiding public spaces that risk interactions with law enforcement, which might put themselves or family at risk for deportation. Since the 2016 presidential election, undocumented Latinos are forgoing visits to health centers, reducing trips to the grocery store, and limiting altogether how often they leave their homes (Fleming et al.,

2019). These coping measures generate additional barriers to important health and social services faced by this community (Pedraza, 2017). Moreover, studies suggest that the combined stress of anti-immigrant rhetoric and restrictive policies has led to declining health outcomes among both documented and undocumented Latinos in the US (Nichol Cruz et al., 2018). For example, a recent study showed a higher pre-term birthrate among Latina women after the 2017 presidential inauguration compared to before the election, hypothesizing that the increase in pre-term births was due to socio-political stressors experienced by Latina mothers, such as increases in immigration enforcement and anti-immigrant rhetoric (Krieger, et al., 2018). As the Trump administration continues to push for more restrictive immigration policies, in combination with abrasive anti-immigrant rhetoric, Latino immigrants and their families continue to feel the consequence(s) of this hostile socio-political climate—consequences that spillover to the broader community of individuals who are connected to Latino immigrants.

Spillover

Latino immigrants and their families are living in fear due to heightened immigration enforcement and anti-immigrant rhetoric. Lopez et al. (2017) found that US-born Latinos and Latinos with US citizenship demonstrated secondary post-traumatic stress following an immigration raid, suggesting that policies targeted at undocumented Latinos in fact impact the Latino community more broadly (Williams & Medlock, 2017; Philbin, et al., 2018; Fleming et al., 2019). Although immigration-related laws and policies that may ostensibly target undocumented immigrants, they in fact spillover to US Latinos generally, generating fear, anxiety, and trauma among this community (Novak, et al., 2017; Krieger, et al., 2018; Fleming et al., 2019).

Given these spillover effects on the Latino community overall, there is also likely an impact on the broader network of people who are connected to undocumented Latino immigrants, like community health and social service providers who support this community. However, little research has examined this relationship. There is however a growing body of literature examining the impact of client mental health and trauma on health and social service providers (Adams et al., 2006). Studies reveal that health and social service workers working with clients exposed to direct or indirect traumatic events often experience psychological or emotional distress themselves—referring to these secondhand symptoms as Secondary Trauma Stress (Figley, 1995, 2002).

Literature on Secondary Trauma Stress emphasizes that clients share accounts of their traumatic experiences with health and social service provides because of their trusted relationships—thus these staff members play a crucial role in both hearing accounts of trauma and supporting clients (Figley, 2002). Lusk and Terrazas (2015) found that caregivers who worked with Mexican and Central American refugees at the US Southern border often experienced Secondary Trauma Stress from hearing about their clients' traumatic experiences, noting that staff were often the first person(s) with whom refugees shared their stories. Moreover, community health and social service staff often work with particular communities, like Latino immigrants, because of their personal connection/dedication, such as proximity to the community, self-identity shared with the community, or overall dedication to ensuring the health and wellbeing of their clients (Ferguson et al., 2009; Lusk & Terrazas, 2015). Importantly, literature on Secondary Trauma Stress emphasizes the need to identify and address secondary trauma among providers to mitigate potential long-term mental health consequences that can impact providers and their ability to care for clients (Figley, 1995, 2002).

Given the mental health impacts on staff working with marginalized groups exposed to trauma, it is important to understand ways in which current immigration policies and anti-immigrant climate are impacting service providers who work with immigrant clients. Our study examines the impact of heightened immigration enforcement on the experience, including mental health and workplace challenges, of frontline health and social service staff who serve Latino immigrants. Although this paper focuses on US anti-immigrant policies and rhetoric, this is a global issue that warrants a larger conversation on immigrant rights to health care and inclusive health care policies that extend to immigrants, regardless of citizenship status.

Methods

In this paper, we draw on data from a larger community-academic partnership among two Federally Qualified Health Centers (FQHCs) in Detroit and Washtenaw County, Michigan, and a non-profit social service agency within the Washtenaw County Health Department. As a community-based participatory research collaborative (Israel, Schulz, Parker, & Becker, 2008), our research questions and approaches were guided by these three organizations who serve undocumented Latino clients daily.

We approached and recruited 28 frontline health and social service providers (i.e. staff who directly interact with clients). All approached staff were eligible to participate and subsequently chose to participate in our study (n=28). We interviewed staff at these organizations to investigate how the nation's anti-immigrant climate and recent changes in immigration policy have impacted immigrant clients and staff. All study procedures were approved by the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board (IRB-HSBS). This study was exempt from review by a full IRB committee due to its low-risk procedures (de-identified qualitative surveys with clinic staff).

This manuscript focuses on findings from our interviews with frontline providers at these three locations and explores their perceptions and experiences of how the political climate has changed how they provide services to Latino immigrant clients and their families.

Study Sites

In Michigan, there are over 130,000 undocumented immigrants, most of whom reside in urban/suburban regions of the state (Pew & Center, 2016). Our three study sites are home to undocumented Latino immigrants and their families.

Detroit is considered a "border town" because of its locality near a busy land border between the US and Canada. As such, Customs and Border Patrol (CBP), and often Immigration and Customs Enforcement (ICE) are often active in the region. The Detroit FQHC is located within a predominately Latino neighborhood, positioning them to serve the local Latino population. The Washtenaw County FQHC has locations in Ann Arbor and Ypsilanti and also serves a large Latino immigrant population. The non-profit social service agency within the Washtenaw County Health Department connects immigrants with social service programs and resources and provides a safety-net health insurance. At all three sites, staff members often provide bilingual services in English and Spanish.

Study Participants, Data Collection and Analysis

We developed an in-depth interview guide to explore the perceptions of frontline staff on the experiences of their immigrant clients, staff, and these agencies given the changes in immigration policy enforcement in the period before and after the 2016 presidential elections. We asked providers questions relating to recent changes at their agencies, including how this socio-political climate influenced how they were supporting their undocumented clients. The

interview guide was created in collaboration between researchers and leadership at the three sites.

From April to August 2018, we conducted individual in-depth interviews (IDIs), with providers at each agency. Leadership at each agency helped identify providers to approach for participation (convenience sampling). Agency leadership also informed which roles were important to interview due to their intimate knowledge of and connection with Latino immigrant clients. Frontline providers were interviewed during lunchbreaks or another convenient time, in a confidential space on-site, and were ensured that their participation would not be shared with supervisors or others at the agency. Informed consent procedures were conducted prior to the interview, providing detailed information about the study, assuring staff there were no penalties for declining to participate, and requiring participants to provide verbal consent (we did not collect signatures to protect participant identity). Although leadership often knew which staff members were interviewed, our research team took care to remove any personal identifiers attached with data and presented the findings generally to ensure confidentiality of participants within their organizations. We interviewed a diversity of providers to represent a variety of perspectives from those who serve immigrant clients.

All interviews were audio-recorded, transcribed verbatim by trained research assistants, analyzed thematically by the research team, and coded in NVivo 12 for emerging themes. We used an interpretive description approach to inform our data collection and analysis (Thorne et al., 1997). This approach aims to generate knowledge from qualitative data with the pragmatic aim to improve health outcomes (Thorne, 2016). Findings are presented thematically using illustrative quotes (with pseudonyms) as examples.

Findings

Characteristics of the Sample

We interviewed a total of 28 frontline providers across each study location: 13 staff from the Detroit FQHC, 5 staff from the Washtenaw County FQHC, and 10 staff from the Washtenaw County Health Department non-profit agency. Interviewed staff represented a variety of professional roles, including medical providers, medical assistants, receptionists, enrollment specialists, patient advocates, and others. Majority of participants were female (n=24), bilingual

in English and Spanish (n=23), and self-identified as Latino/a (n=18). We used pseudonyms in place of staff members' names to ensure confidentiality and anonymity.

We identified two major themes: 1) frontline providers experienced both mental and emotional burden in providing services to immigrant clients given the restrictive anti-immigrant context; and 2) this reported burden was exacerbated by the increased challenge in providing these services to their clients. In this section, we detail both of these themes and provide illustrative quotes using pseudonyms.

Increased Mental and Emotional Burden: Unpacking Client-Experienced Trauma and Distress

As we asked frontline providers to explain recent changes at their agencies given the heightened immigration enforcement and anti-immigrant rhetoric. Most of the providers spoke to how their perceptions of the mental health needs of their clients had increased. Providers expressed, since the 2016 presidential election, they have seen an increase in stress, anxiety, depression, and trauma among their undocumented clients—an outcome of increased fear and immigration-related [traumatic] events. Adriana, a community health worker at the Detroit FQHC who has worked with the clinic for over 10 years, explains how undocumented Latino clients and their families are responding to this socio-political climate:

> *"…things have changed [since 2016]…with how things have changed between politics* and the economy, we*'ve seen a lot of people leave [the US] and go back to their home countries…there's a real fear of being stopped [by law enforcement]…just the fact that racial profiling does exist, feeling like you always have to look over your shoulder."*

Adriana goes on to describe how this fear of law enforcement, combined with anti-immigrant rhetoric stemming from political media, causes many undocumented clients to feel too afraid to even leave their homes. She expressed that this confinement is affecting their clients' mental health: "…they're stressed, they're depressed, they have anxiety." Adriana's account of how changes in immigration enforcement and rhetoric is causing increased mental health distress among their undocumented clients was similarly described by many other interviewed staff.

Providers also explained that increased mental health needs among undocumented clients were often coupled with emotionally-taxing stories of first or second-hand accounts of [traumatic] experiences with immigration, such as the recent deportation of a family member or being detained by ICE. In listening to their clients' traumatic experiences with immigration enforcement, staff explained that they often internalized the emotions of their clients, expressing

that they would experience individual-level stress, anxiety, and fatigue, especially since there was very was little they could do to help their client(s) with the situation. Several frontline staff even cried during interviews as they described the emotional challenge of hearing the inhumane treatment of their clients and/or clients' families. In effort to respond to these challenging situations, many staff members described needing to "separate" their own emotions in these moments:

> *"…you can't ultimately fix the situation [when a client's family is detained], but what* you can do in the interim is to help that patient calm down because it is a traumatic, very *stressful time and people often panic… you have to train yourself to put on that poker* face and just be there for the *patients. And sometimes you're able to hold it together until you walk out the door."* (Jennifer, community health worker, Detroit FQHC)

Jennifer's quote captured a common narrative expressed by frontline staff: to best support their clients they needed to balance providing services or support to clients while internally battling their own emotional responses in these traumatic situations. Although some staff adopted measures to handle these situations, often by suppressing or hiding their emotions in the moment, many still acknowledged the increased emotional burden of their jobs in the post-election climate.

Moreover, staff explained how the constant exposure to clients experiencing these traumatic or challenging events created an emotional burden for them—one that they often did not have the time nor training to address. Brian, a family medicine physician, captures this sentiment as he describes the emotional challenge of trying to support his patients:

> *"When you are here [in the clinic] and that stress,* man, *the stress, it's crazy and you know, as I was a little bit emotional earlier, it's like you see it so often [clients' traumatic experiences with immigration enforcement]…it just gets buried down and you don't really get to like assess what's really happening because you can't sit there with a patient and cry. You have to try to be that resource and the person that's gonna do, you know, believe that you can find them the answer." (*Detroit FQHC)

Brian describes his challenge in balancing his professional responsibilities and personal reactions to hearing clients' stories—a taxing process that elicited stress and emotions. Like Brian, many staff members stated that their jobs have become psychologically and emotionally more taxing as a result of heightened immigration enforcement and anti-immigrant rhetoric. Moreover, this

socio-political climate has also generated additional job responsibilities for staff, contributing to the distress they experience.

Increased Challenge in Providing Services Given Socio-Political Climate

Frontline staff reported that their day-to-day work responsibilities have become more challenging as a result of heightened immigration enforcement. Staff spent additional time and energy trying to meet the increased needs of their clients—often going above and beyond what is required of their job. Furthermore, staff put in this extra labor to ensure their clients received "the care they deserved" (Brian, family medicine physician, Detroit FQHC). As a result, staff incorporated another layer of services, which sometimes involved explaining or translating documents into English, assisting with legal paperwork, referring clients to mental health resources, addressing increased transportation barriers, and reestablishing trust with the community.

Particularly among social service providers, clients requested assistance translating and understanding important documents. These requests had increased in response to clients' growing fear of immigration enforcement and mistrust of government organizations. When clients requested this assistance, providers needed to allocate part of the appointment time to help them, complicating how staff provided general services to their clients. As a consequence, staff explained that they often did not have enough time to cover important health topics. Moreover, some providers even described how these more complicated appointments made wait times for subsequent clients much longer—forcing staff to feel rushed as they moved from client-to-client.

Specific providers (usually those who speak Spanish) spent additional time after hours translating documents and submitting paperwork on behalf of their clients. This labor was often outside the bounds of their job, but these staff members became a 'go-to person' because clients felt they could trust them, and clients did not know who else they could safely turn to. Frontline staff explained that their clients requested this type of assistance because these agencies had staff who were Latino/ and/or spoke Spanish and had a trusted relationship with the community—whereas other governmentally-affiliated agencies were perceived as risky spaces that could be connected to law enforcement. As a result, providers felt obligated to serve their clients and families, regardless of the additional, unpaid labor involved.

In some cases, undocumented clients needed to submit paperwork that ensured health and social services for US-born children, like health insurance or even registering children to attend school. Fernanda, a bilingual service representative, describes her experience helping clients with their documents:

> *"I make myself a little bit more available in terms of the si*tuations where people are afraid. So, like, I have families who might have to turn in like income documentation for *their kids' insurance and I'm like 'Oh hey, I know you don't know how to use your email,* but you can just take a picture and send that over,*' and that's how I submit stuff [for clients]."(*Washtenaw County Health Department non-profit agency)

Providers were also asked to assist with legal-related documents or applications. Clients requested assistance with Power of Attorney (POA) forms, which give legal guardianship of their children to trusted family or friends in case they were detained or deported—an emotional task for both the staff member and their client. These requests for POAs were an example of another common request from clients following the 2016 presidential election. Although undocumented clients had previously requested help with these forms in the past, staff expressed that there was a significantly higher volume of requests now, adding additional labor to their workload. Kati, the director of enrollment and advocacy services at the Washtenaw County Health Department non-profit social service agency, described her role in helping clients with POA forms:

> *"I was doing POAs every day, multiple powers of attorney…*in the case that parents literally are picked up, are deported and they're leaving behind children...the parents designate and appoint somebody to act on their *children's* behalf...terminating parental rights, taking away a parent's rights, it's a really high burden, a really high burden…these parents, they don't want to be separated from their kids.*"*

As Kati notes, arranging POA forms involved confronting the reality of having one's family separated. In describing this process, Kati—a white, US-born citizen—explained her reaction: "I personally cannot imagine what that would feel like…no one's taking my family away, my kids are not gonna be separated from me…these stories are just all the time….these are people I know, these are people I meet. It's horrible." Moreover, many staff expressed not having any prior knowledge about these legal processes or paperwork, and often felt underprepared to help their clients in that capacity (as it was not part of their job). Some providers explained that they would spend time at home, after work hours, reading up on immigration policies and teaching

themselves about changing policies so they could better support their clients—this again captures the additional, unpaid labor exerted by staff. This was particularly common among social service staff.

In some cases, providers even assisted clients in locating family members that had been recently detained by immigration enforcement. Again, these additional tasks were not only draining and burdensome, but also generated anxiety, stress, and sadness among staff members.

Providers also emphasized that the anti-immigrant climate has exacerbated clients' health issues, especially those living with chronic health conditions. As a result, staff also spent additional time during appointments to address how immigration-related trauma or fear was impacting their clients' health condition(s). In many cases, clients were experiencing depression, anxiety, and stress related to immigration, requiring staff to connect them with mental health services, which were already limited.

In more extreme cases, staff members spend additional time convincing clients to attend their health or social service appointment(s) because elevated fear of immigration enforcement caused many clients to forgo critical health care. Jimena, a Women, Infant, and Child (WIC) customer service representative explained that many pregnant, undocumented clients were missing their prenatal appointments because they were too afraid to leave their homes:

> *"We want to get the service [prenatal care] out there, to make sure that their bab*y is okay and everything. But it takes longer [arranging appointments] *because they're* unable [to leave their homes and come to the clinic]. It takes longer to assist these appointments. I*t's hard. It's so hard."* (Detroit FQHC)

Jimena further explained that transportation barriers were already an obstacle for these clients prior to heightened immigration enforcement. Now, some of these clients do not come into the clinic at all—rather than spending that time providing in-person services to their clients, staff were working really hard to find other ways to get services to the clients. In some cases, staff provided health education and management services over-the-phone, which usually "watered down" (Linda, program manager, Detroit FQHC) the health information clients received. As frontline staff are dedicated to ensuring their clients receive excellent care and remain healthy, it becomes challenging when staff were unable to provide these services, or only provide some of the services because immigration-related factors complicate this process.

Combined with other clinics' policies (i.e. asking for driver's license) that could prevent undocumented immigrants from receiving services, frontline staff expressed the difficulty in referring immigrant clients to other necessary health or social services due to increased hostility towards immigrants. Staff spent additional time trying to identify and contact other health or social service agencies that support undocumented immigrants. One aspect of this challenge included receiving push-back from institutions that did not traditionally serve this population due to logistical or financial barriers (especially among non-FQHCs).

The increased negative socio-political rhetoric towards immigrants also created a hostile climate in some health and social service settings, contributing to fear already experienced by their clients—a common example was hearing anti-immigrant comments made by other clients in the waiting rooms. However, service providers or staff at other agencies sometimes contributed to these hostile accounts. Brian, a family medicine physician at the Detroit FQHC, describes an extreme example in which he was looking for a hospital to provide a life-saving surgery for his client, and the hospital responded by saying: "tell your patient to go back to their country." He followed up by saying that a surgeon at another hospital did provide pro-bono services for a different case, expressing that not everyone in the health care space is hostile, but when those sentiments emerge it makes his job as a provider much harder since he needs to spend more time figuring out a solution for a patient.

Moreover, frontline staff feared that if they did refer clients to another location, their clients might experience discrimination or difficulty in receiving that care—this generated a burden as staff scrambled to locate the appropriate and most promising referral for their clients. Staff would spend extra time just trying to locate facilities or providers that would assist their immigrant clients, because anti-immigrant policies and changes in those policies left very few options for their clients to receive services.

Although most frontline staff expressed that immigrant clients trusted their organizations, some staff did note a change in this trust, especially after the 2016 election. Fernanda explained this change and how it required their agency to reconnect with the community:

> *"…we have to kind of, a little bit, like step back a little bit and regain people's trust [trust* of immigration community]. Because anything affiliated with the government, you know, is scary…we are [Washtenaw County Health Department], we are still affiliated that way

with the government." (Bilingual enrollment specialist, Washtenaw County Health Department non-profit social service agency)

Reestablishing this trust required additional time and energy, sometimes outside of work hours, to reconnect with immigrant communities to ensure that these health and social service organizations were still safe spaces. This was noted as particularly important since clients were less likely to leave their homes or drive to locations that were deemed "too risky," due to immigration enforcement or policing. Frontline staff already promised to serve this community, and changes in immigration enforcement required staff to reestablish that trust with their clients.

Discussion

Our findings revealed how changes in immigration policy, enforcement, and rhetoric have negative impacts that spillover to health and social service providers who support Latino immigrants and their families. Frontline staff reported increased psychological and emotional stress, including more frequent encounters with clients likely experiencing immigration-related trauma. This was coupled with additional work demands that contributed to the overall increased work-related stress experienced by providers. These findings align with literature on Secondary Trauma Stress, which highlight that health and social service providers, especially those supporting marginalized clients, often experience emotional and psychological distress, as well as physical burnout in the workplace (Cieslak et. al, 2013; Beck, 2011; Akinsulure-Smith et. al, 2018).

Literature on Secondary Trauma Stress emphasizes the importance of identifying and addressing fatigue among providers to mitigate potential long-term mental health consequences that can impact providers and their care to clients (Figley, 1995, 1996, 2002; Cheung & Chow, 2011). Previous studies on Secondary Trauma Stress demonstrates that tools and resources, such as self-care coping strategies, support groups, and trauma-informed care trainings, can mitigate and/or mediate these effects (Conrad & Kellar-Guenther, 2006; Bober & Regher, 2006; Bell, Kulkarni & Dalton, 2003). Additional studies explore the role of religion, community, and identity as protective factors against Secondary Trauma Stress (Luszczynska, Benight, & Cieslak, 2009). Mark Lusk and Sam Terrazas (2015) measured Secondary Trauma Stress among staff supporting Latino refugees and found that culture was a protective factor for Latino staff, noting that a strong familial support system, faith, and positive celebration of Latino identity and

customs served as coping strategies for work-related stress. These findings align with literature on how stress and trauma can be mediated through ethnicity and culture (Kim et al., 2014; Marsella, 2010).

In terms of limitations of our study, we relied on convenience sampling at three health and social service sites and had a relatively small sample size (n=28). Furthermore, we did not use any quantitative measures to capture work-related stress, trauma, or mental health outcomes among staff (i.e. the Secondary Trauma Stress Scale). Moreover, these findings only include data and analysis from our interviews with frontline staff (though later publications include findings from clients).

Future research and interventions should address Secondary Trauma Stress, and related workplace fatigue, faced by health and social service providers supporting Latino immigrant clients in a context of heightened immigration policies and xenophobic rhetoric. Possible interventions and support could include screening providers for Secondary Trauma Stress, providing coping tools and resources to mitigate onset of extreme stress, and facilitating trainings that normalize and education providers about Secondary Trauma Stress in the workplace.

Although we did not measure Secondary Trauma Stress directly, our findings align with themes around increased emotional, psychological, and labor burden that generates mental health needs among health and social service staff. Our study adds qualitative data that explores the mental health impacts of providers who support Latino immigrant clients impacted by immigration enforcement. Our study can serve as a foundation for future research on Secondary Trauma Stress among individuals working with clients who experience trauma related to immigration enforcement. Increasing awareness and support for health and social service providers in these spaces in turn supports the ability for these agencies to provide more equitable care to their clients.

Lastly, our findings call to a larger conversation on the broader implications of heightened immigration enforcement. On one hand, these changes in immigration policy, coupled with xenophobic political rhetoric, negatively impacts the health outcomes of undocumented Latinos and their families, likely exacerbating disparities faced by this community. Additionally, though, these policies that are intended to target undocumented immigrants in fact spillover beyond and generate harmful effects for the larger community. From a public health perspective, it is vital that we consider how laws and policies, enacted to

criminalize one group, further exacerbates inequities faced by this group, as well as poses negative implications for society as a whole.

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