

Working with Refugee and Immigrant Communities

Thoughts for Those Developing Cultural Competency Plans



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Overview

Since 1975, over 3 million refugees have made new homes in the United States; this is more than any other country in the world. According to the US Department of State, the US is expected to admit an additional 75,000 refugees in FY2010. As Cultural Competency Plans become an essential component of the National Children's Alliance (NCA) Standards for Accreditation it is imperative that Children's Advocacy Centers (CACs) across the nation become familiar with the refugee and immigrant populations living in their community.

In early July 2010, Kori Tudor, an Outreach Coordinator (OC) from the Midwest Regional Children's Advocacy Center (MRCAC) visited Nebraska to research the issue of increased juvenile delinquency among the Sudanese refugee population. Working in collaboration with Child Protection International (CPI), a Minnesota based child rights organization, Ms. Tudor and five representatives from CPI met with representatives from various government agencies, CACs located in the Omaha and Lincoln areas as well as with Sudanese community leaders. After meeting with the various key players it became apparent that the many difficulties and barriers faced by the Sudanese population are widespread across refugee and immigrant communities not only in Nebraska but across the United States. Such challenges often lead to increased interventions from Child Protective Services (CPS) and Law Enforcement (LE).

The goal of this brief report is to outline the main challenges faced by refugee and immigrant communities that may lead to an intervention by a Multidisciplinary Team (MDT) and will provide practical recommendations to help CACs better serve these communities.

Challenges & Barriers

"Three quarters of the miseries and misunderstandings in the world would finish if people were to put on the shoes of their adversaries and understood their points of view"

~ Mahatma Gandhi

The first step to recognizing the barriers that face those who have sought refuge in the US or of those who have chosen to immigrate to the US is to try and understand the situation from their perspective. Imagine having to leave your home due to war or unrest and moving to a country where you don't speak their language and don't understand the laws and cultural norms. For example, perhaps some of you work with East African populations. Imagine having to pick up everything and move to Somalia without any preparation. Would you understand their laws and customs? Would you be able to do something as simple as to ask where to find the nearest bus or train?

I. LANGUAGE BARRIERS

One of the greatest struggles and frustrations of recent refugees and immigrants is the inability to communicate in English. Similarly, it may be one of your greatest challenges as a CAC to provide services to communities that do not speak English as their primary language. When Refugees arrive in the US they are only given a two-week language course and are given no further assistance thereafter.

Within a month of their arrival, Refugees are expected to find a job to support themselves and their family. Coupled with the fact that the largest industry in which refugee's work is meatpacking—i.e., a workplace in which earplugs are worn and

composed almost entirely of a minority population¹ — one can see that there is little opportunity for parents to learn English. In addition, Dech Machar, a Sudanese Advocate at the Lincoln Asian Center’s (LAC) Fusion Project, points out he has heard a number of stories from Sudanese community members who were fired from their jobs as a result of miscommunication brought about by the language barrier.²

Children, on the other hand, are placed in the public school system and learn English much faster than their parents. Consequently, children often become their parents’ interpreters and act as a buffer between them and the rest of society. Karen Parde, the Refugee Program Coordinator for the Nebraska Department of Health and Human Services (DHHS), notes that when children receive disciplinary notices from their schools requiring parent signatures, the child does not often tell the full truth to their parents while interpreting the notice. Parents have told her, “We feel like we’re in a foreign country in our own home,” as a result of this parent/child language divide.³

Moreover, it is not uncommon for parents to be absent at court hearings or other mandated appointments should their children have a confrontation with the law. Often parents cannot read the notices delivered to them, or their children use their English proficiency to their advantage and do not interpret correctly. State officials may see this as a lack of supervision or responsibility on behalf of the parents and can lead to

¹ “The Speed that Kills You: The Voice of Nebraska’s Meatpacking Workers,” *Nebraska Appleseed 2009 Report*, p. 25. Accessed at <http://www.neappleseed.org/meatpackers/> on 28 July 2010.

² Dech Machar. Personal interview. 8 July 2010.

³ Karen Parde. Personal interview. 8 July 2010.

misinterpretations of the home environment. It is important to seek full understanding in why these miscommunications may be happening before making false conclusions.

II. LACK OF EDUCATION ABOUT US LAWS & CUSTOMS

It is evident that another important challenge facing refugees and immigrants is a lack of education about US laws and customs. Many of you might refer to this concept as Culture Shock - a state of bewilderment and distress experienced by an individual who is suddenly exposed to a new, strange, or foreign social and cultural environment. This is often a result of difficulty in assimilating to the new culture, causing difficulty in knowing what is appropriate and what is not. Refugees and immigrants are immediately held accountable to the laws and customs of the US, even though they are not given any formal training or education about what it is they are supposed to be abiding by.

As was mentioned prior, each refugee and immigrant population is unique. Those arriving from Eastern European countries will have an easier time assimilating than those arriving from Sub-Saharan Africa. Children, however, assimilate much quicker due to their immersion in the public school systems causing a gap between children and parents similar to that seen in English language learning.

The following are examples of how the lack of education about US laws and customs can cause problems that may result in an intervention from your MDT.

Examples:

Mary Willis, a professor of anthropology at the University of Nebraska-Lincoln who has spent much time working with the Sudanese refugee population in Nebraska, provides the following example:

We had a family where a baby was pulled from a girl; she was 18, 19, 20—something like that. She was at the hospital and they ask who the father of the child was. She had the baby out of marriage so her father is the eldest male in the family present in the U.S. When they asked who was the father, [her father] said, “I am.” So they brought that as a case of incest...Her grandparents tried to get custody of the children but they thought the parents were too old...so they let the children—the babies—be adopted out into a white family never to see the grandparents again.⁴

In this as well as the cases of underage sex and parental guardianship, one can see that the problem is primarily one of legal terminology. Refugees are often confronted by the legal system due to differing cultural norms rather than intentional violation of legal rules. Many times refugees and immigrants are charged for violating minor regulatory laws, such as car seat regulations for children, simply because they have never been notified that this is what is expected of them.

One of the most cited reasons that refugees encounter the legal system is because of the tension between their cultural norms and corporal punishment laws.⁵ Law in the U.S bars disciplinary practices condoned in many refugee cultures. As Dech Machar states:

Many of the refugees are not educated so they do not understand how the laws and the system in this country work. You might do something that’s against the law without intending [it]. For example, disciplining a child, getting physical, that is what we used to do—here it is not something that is allowed...This has been a big problem, because nobody has informed them or taught them alternative ways of discipline.⁶

⁴ Mary Willis. Personal interview. 7 July 2010.

⁵ In Willis and Nkwocha’s study of Nebraskan Sudanese refugees, 42.2% stated they needed information about proper spousal conflict resolution in the U.S., and 45.2% stated they needed similar information for child discipline. Only 26.6% stated they were aware of U.S. legal rules governing child discipline. See Willis and Nkwocha, 28.

⁶ Dech Machar. Personal interview. 8 July 2010.

This discrepancy often results in a child's visit to a CAC and the launch of an investigation by a MDT.

The law is the law, and it is important that refugee and immigrant parents are aware of what they can and cannot do to discipline their children. However, it would not be effective to simply tell parents what the law is. Rather it is imperative to provide education and training to these new refugees and immigrants about alternative discipline techniques and provide them with the proper resources to be successful parents in their new home.

III. PREVALENT MENTAL HEALTH ISSUES

Many refugees have made their way to the US because they have been forced to flee their home country due to war, political unrest and economic hardship– all of which are traumatic experiences. Many of them have witnessed horrific violence and have experienced tragic losses to their family and communities. Therefore, it is no surprise that mental health needs among refugees are widespread. A large body of research has documented that refugee children exhibit symptoms of Post-Traumatic Stress Disorder (PTSD) at alarmingly high rates, as high as 75% in a community sample.⁷ It is evident that parents of these children also demonstrate a high likelihood of PTSD.

According to the National Institute of Mental Health people with PTSD have persistent frightening thoughts and memories of their traumatic experience and feel emotionally numb, especially with people they were once close to. Those diagnosed with

⁷ Allwood MA, Bell-Dolan D, Husain SA (2002), Children's trauma and adjustment reactions to violent and nonviolent war experiences. *Journal of the American Academy of Child and Adolescent Psychiatry* 41: 450–457.

PTSD are also at higher risk for depression and drug and alcohol abuse, all contributing factors to child maltreatment. A recent study conducted by the Children of Alcoholics Foundation provides evidence that 40% of confirmed cases of child maltreatment involved the use of alcohol and drugs.⁸

Although Refugees undergo an in depth medical screening before they even arrive in the US, mental health screenings are not mandated and are rarely offered. Little to no education is provided to refugees about the symptoms of PTSD and other mental health disorders, and little resources are provided as to where to seek help should one be experiencing symptoms. Some instances of child maltreatment could be prevented if all refugees were given proper mental health screenings upon entering the country.

An important factor to remember when addressing the issue of mental health is to be aware that many refugee populations have a stigma towards mental health diagnoses. Khamisa Abdalla a Sudanese Advocate at Project Fusion in Lincoln Nebraska states her feelings about mental health, “I think the problem [is that] people don’t believe [in it]...If you see a doctor for mental problems they [the community] look at you like [you’re] crazy.”⁹ The majority of those interviewed in Nebraska agreed that the stigma behind mental health diagnoses often rests in the language used and that a reframing of mental health issues for the refugee population would be more effective. In addition, they suggested an increase of alternative and culturally diverse mental health services.

⁸ Children of Alcoholics Foundation, Inc. 1996. *Collaboration, coordination and cooperation: helping children affected by parental addiction and family violence*. New York: Children of Alcoholics Foundation.

⁹ Khamisa Abdalla. Personal interview. 8 July 2010.

Recommendations & Conclusions

The barriers and challenges detailed above is only a small snapshot of the many difficulties faced by refugees and immigrant populations across the nation however, it provides a good base as you develop your Cultural Competency Plan. The following recommendations are simple ways in which your CAC can prepare for working with refugee and immigrant populations.

I. EDUCATION

Before you even begin to start your Cultural Competency Plan you must educate yourselves about the communities with which you work. Become familiar with their language, cultural norms and customs and laws. Once you have established a baseline of information about the population begin to educate your MDT and brainstorm ways in which you can all work together to provide the best services for the child from that population.

After your MDT is familiar with the social and cultural characteristics of the population it is time for your CAC to get out into the community by networking with other agencies that provide services refugee and immigrant families. Participate and provide resources during cultural fairs, community meetings and other social gatherings. Perhaps this is the best time to promote your prevention programs or you could simply talk about why your CAC is important in the community. As was mentioned above, one of the largest challenges for refugee and immigrant families is the lack of education about US laws and customs including alternative discipline techniques.

II. FAMILY/ELDER ENGAGEMENT

Some refugee communities, particularly East African communities, have a circle of elders that are responsible for the community at large and weigh in on important issues. In these situations it would be beneficial for CACs to connect with these elder communities when planning community education or when facing a systemic problem within that particular community.

The phrase, “it takes a village to raise a child” holds true in many refugee communities. Perhaps you’ve noticed a refugee or immigrant child call others in the community that are not blood related their uncles, aunts or cousins. Family is an important aspect of many cultures and works as a support mechanism. As your CAC works with refugee and immigrant families keep the family and community at large in mind when creating a treatment plan.

III. REFRAMING

To overcome language barriers and communication breakdowns work on reframing your language and services to meet the need of the community at hand. Many times there are not direct translations for important concepts in the CAC world, such as mental health and forensic interview. Work with your MDT to reword/rewrite resources you may be giving out to families in need.

IV. PATIENCE

Remember to be patient and courteous to every family that enters your CAC. Working with refugee and immigrant families may seem particularly frustrating to your CAC due to language and cultural differences. However it is almost guaranteed that the family you are

working with is just as frustrated and anxious if not more. Remember, the first step to working with refugee and immigrant families is to try and understand the situation from their perspective.

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