

ADOLESCENT IMMIGRANTS AND REFUGEES
TRENDS, ISSUES, AND CHALLENGES
Presented by Sarah Alexander, LICSW

DESCRIPTION OF THE REFUGEE POPULATION

Refugees are people who have had to leave their home country and are faced with life in a different country, usually without common family units. For the past 20 years there have been huge influxes of people from Southeast Asia that have come to the United States. Those numbers are now decreasing, but refugees still arrive from Vietnam, Cambodia and Burma. Similarly, the once large numbers of families from the former Soviet Union have decreased. Current, there are increasing numbers of people arriving from Africa and the Near East, including refugees from Iraq, Iran, and Afghanistan, all with different languages and cultures.

Service delivery that is responsive to this increased diversity is more complex. Knowledge about where the individual or family has come from is necessary and it makes sense to think regionally rather than geographically or nationally. As an example, there are many conflicts going on in Africa, and consequently there is an influx of refugees from the countries involved in the conflicts, such as Sierra Leone, Rwanda, and Somalia. The refugees come with different religions and cultural understandings. Many are Muslims. Islam as a predominate religion worldwide makes it imperative that programs are knowledgeable about this religion. Refugee flow, however, has changed over the years. Adding to the range of diversity is the fact that it has become more common for isolated individuals rather than entire families to immigrate, as countries are tending not to have such large masses of people exodus at one time. This increases the diversity in the population that is arriving and puts more pressure on this service system to respond to the diversity.

More refugees arrive now with little cultural orientation, unlike in prior years when they would have had as much as six months of orientation in refugee camps. People arrive with as little as 12 hours of cultural orientation. Many have ongoing mental health issues and have experienced tremendous trauma.

REFUGEE YOUTH AT HIGHEST RISK

A. YOUTH WHO COME TO THIS COUNTRY WITHOUT PARENTS AND WELL FUNCTIONING FAMILY MEMBERS. These youth are at the highest risk. Often they arrive with family members other than their parents, sometimes arriving with neighbors or friends. Some come with siblings, such as an older brother or sister who is caring for the younger one.

B. YOUTH WHOSE PARENTS FACE CONFLICT. The parents may be dealing with difficulty in their marriage or other significant family issues.

C. YOUTH WITH LEARNING DISABILITIES OR OTHER DISABILITIES. Some of the disabilities may be easy to manage, while others may be difficult to identify. The youth may not have had access to education or the education they have received was not appropriate to their learning capabilities.

D. YOUTH WHO HAVE LOST SIGNIFICANT EDUCATION BECAUSE OF WAR OR TIME SPENT IN A REFUGEE CAMP. Some youth arrive here far behind their American peers in their education. They need a lot of academic support while also addressing how to help them earn money and allow them to do things that teenagers want to do. They are not going to want to sit in school for years and not earn money.

E. YOUTH WHO HAVE A PARENT WHO HAS LIMITED FUNCTIONING BECAUSE OF DISABILITY, WHETHER WAR RELATED OR NOT, AND YOUTH WHO HAVE BEEN SEPARATED FOR A LONG TIME FROM OTHER FAMILY MEMBERS. For example, in the Vietnamese population, there are families that have been reunited years after some family members have escaped. Sometimes this has occurred ten or more years later. Many changes occur with those long separations. In other situations, family members deal with separation from family members who chose to stay in their country of origin or have fled to different countries. Refugee or immigrant youth also face separation related to inter-generational conflict. This conflict parallels what most teenagers experience developmentally. However, for the refugee youth it is complicated and it is enhanced. Youth acculturate faster than their parents, taking on many aspects of the American culture - the language, clothing styles, mannerisms, slang, ways of

doing things - that parents do not accept. School offers primary socialization experiences for youth that further separate parents and children and these factors can make the inter-generational conflict worse. Communication becomes increasingly difficult between the generations and the youth may end up in shelters or in the criminal justice system as family relationships disintegrate. Refugee and immigrant youth live in two worlds. They live with their families' cultural customs and in a very different community environment. They struggle with the contrast between those two worlds - confusion on how to talk, to act, to think, with a different language, different ways of responding to people, different ways of giving opinions. Family expectations contrast with expectations in American schools and in clubs and social systems in which they are involved. A Cambodian worker was heard to say "Kids aren't supposed to have opinions, they don't know anything." This is opposed to expectations in American schools, where teachers support young people expressing their thoughts and opinions.

FAILURES OF TYPICAL SUPPORT SYSTEMS FOR FAMILIES/ PARENTS

A. SCHOOLS ARE ONE OF THE CRUCIAL PLACES TO MONITOR AND IDENTIFY PROBLEMS - PROBLEMS AT HOME AND INTER-GENERATIONAL CONFLICT -BUT SCHOOLS OFTEN FAIL. Refugee parents have little experience in advocacy and have no idea of where to go, how to approach people, or how to get the appropriate services for their children. Refugee or immigrant parents may not know what a guidance counselor is and often do not understand the integration of extracurricular activities and organizations and the importance of those activities for teenagers. They may not trust systems given their trauma histories and they may particularly want their daughters at home, near the family. This can be very problematic for youth who want to participate in school activities with peers.

B. LACK OF ACCESS TO MANY OF THE SUPPORT SYSTEMS, PARTICULARLY LIMITED BY LANGUAGE AND VOCABULARY CONCERNING SPECIAL EDUCATION, AND TO COUNSELING AND MENTOR PROGRAMS. If the parents do not speak English at home and they do not have any understanding of what a "core evaluation" is, Pupil Evaluation Team meetings are lost on them as they are unable to advocate or even to ask questions that would lead to better services for their children. Long-range counseling focused on career goals should be done by a therapist who understands the culture of the family of origin and who is able

to define step-by-step what the young person will need to do to reach his or her goals.

C. LACK OF TIME FOR REFUGEE PARENTS TO SPEND WITH THEIR CHILDRE,

BECAUSE MANY OF THEM ARE WORKING MORE THAN ONE JOB AND LACK

TRANSPORTATION. Everything that needs to be accomplished within diminishing time constraints becomes even more difficult. Appointments may be missed as a result of parents not understanding how to schedule time, transportation, or how to communicate their needs or barriers.

D. FAMILY ISSUES MAY INVOLVE THE PARENTS' SENSE OF FAILURE.

Parents may have had to give up the things that they had been trained, educated or had planned to do and are working in much lower level jobs than they had expected. It is hard for them to feel competent and effective for their kids. The one thing that they can do well and with which they are familiar is to be good parents. If, in addition, their ability to parent is not working well, they feel totally defeated.

E. COMMUNITIES AND SUPPORT SYSTEMS DO NOT WORK WELL FOR REFUGEES

AND IMMIGRANTS.

Hindered by difficulties in language, there is a lack of trust of the support systems available in the community. The concept of seeking support is foreign to the refugee population. They may not understand or accept the use of self-help books, marriage counseling, legal aid or other supports. The lack of access to the traditional supports available in the community and the increased potential for family stress and conflict places the children at risk. The disintegration of the family and the complexity of issues surrounding divorce, such as custody, alimony, and legal intervention, all compound the stress and difficulty of accessing support systems.

F. AN UNDERSTANDING OF THEIR CHILDREN'S NEED FOR TREATMENT AND

THE COMPONENTS OF TREATMENT ARE DIFFICULT FOR REFUGEE AND

IMMIGRANT PARENTS. The youth and parents often are confused and have questions about medication, levels or types of treatment, the concepts of treatment, and other systems or services with which they may become involved. Parents may be antagonized by this society, which gives

shelter to a child that has run away from their family. Therapists need to be able to explain the systems and services and to help parents understand their value.

G. REFUGEE AND IMMIGRANT FAMILIES OFTEN LACK THE EXTENDED FAMILY AND COMMUNITY SUPPORT AVAILABLE IN THEIR OWN COUNTRIES. Loss of rituals as part of the cultural support system is particularly difficult, especially around death. Moreover, the increased social supports offered through social service agencies are not able to replace the supports lost or to deal with some of the trauma issues.

INDIVIDUAL AND PROGRAM ADVOCACY

Program interventions are crucial in working with refugee and immigrant youth. Financial support for refugee programs and collaboration among the programs are needed to achieve success. Examples of the kinds of simple but much needed programs are:

HOMEWORK HELP: This is one of the best ways to help the youth catch up and to establish trusting relationships.

TRANSPORTATION SUPPORT: There must be an emphasis on safety, particularly for parents to be reassured that their daughters will be able to get home from evening activities.

COLLEGE ACCESS AND GOAL ORIENTED ACTIVITIES: Support programs that teach youth how and when to fill out applications, how to set goals and how to find support, are essential.

CULTURALLY-APPROPRIATE ROLE MODELS: The refugee and immigrant youth need to have role models they can identify, relieving some of the stress induced by feeling the need to be "Americanized." Groups that help develop self-esteem and positive directions are helpful, especially if the group involves their own ethnicity. It is important to build the parents' acceptance of their children's activities rather than inducing gaps in family systems.

THERAPISTS THAT EMPOWER FAMILIES: Families and the youth often need strong case

managers or therapists who advocate, help with language barriers, navigate systems and provide role models, but who do not assume decision-making. Validation of the parental role is crucial in building trust and relationships between parents and children and between families and systems. Therapists need to be mindful of cultural norms in introducing American belief systems and practices and to be aware that while some changes may be needed, refugee families need not abandon their own ethnicity.

STRUCTURAL THERAPY: Strong support of the parental role is very important. Youth become acculturated more quickly than the parents and often are put in the position of translating for their parents and, in general, assuming parenting duties. It is important to help with integrating Western beliefs with the cultural values and practices of the family of origin, while strengthening and maintaining the parents' dominant role.

BICULTURAL CLINICAL INVOLVEMENT: It is recognized that there are not as many bicultural clinicians available to help with integration as would be desirable, particularly in view of the number of refugee and immigrant families arriving in America recently. However, the bicultural worker is the most effective at helping the refugee family as they have knowledge of both cultures and are going to be accepted more readily. A second model that works well is the native born clinician paired with an immigrant worker. In this way, the family gets a sense of both cultures through the two clinicians, although it may double the cost of the service.

About the Presenter

Sarah Alexander, LICSW, is the Coordinator of Social Services at the International Institute of Boston. She has work with refugees for the past 12 years, six of which have been with refugee youth. She has developed and managed programs to assist refugee youth and families in the Boston area.

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