

## Immigrant and Refugee Communities: Resiliency, Trauma, Policy, and Practice

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### Summary:

Children and families from immigrant and refugee communities entering new lives in the United States are at risk of traumatic adjustment. Federal policies impact them directly and indirectly, privileging some while challenging others. It is incumbent upon social workers, as professionals committed to social and economic justice, to comprehensively understand the range of obstacles facing immigrants and refugees and empower them in their struggle to make a healthy adjustment. This article weaves together multiple policy and practice strands with discussion of the needs, strengths, and traumas experienced by immigrant and refugee individuals and families. The responses of a small metropolitan community to the needs of diverse immigrant and refugee populations are presented as an exemplar.

**Keywords:** Refugees, immigrants, trauma, resiliency, social policy

### Article:

#### *INTRODUCTION*

Worldwide, ethnic and geographic conflicts are displacing the largest number of refugees in history. By the mid-1990s, there were 40 million refugees, including 20 million outside their homeland (Hokenstad & Midgley, 1997). This displacement "is perhaps the most serious crisis facing human kind today" (p. 110). Global changes in the social, economic, and political landscape have combined with the 1965 Immigration and Nationality Act (INA), resulting in a shift in the immigrant and refugee populations entering the United States (U.S.) (Kamya, 1997). The INA intensified the focus on kinship ties as a basis for immigration, increasing the number of women, children, and older adults in this population.

The transition from homeland to a new country is a stressful experience for immigrants and refugees. For many immigrants and refugees, the loss of friends, family, community, and country is followed by arrival in a new land, finding a home, encountering a new language, adjusting to a new and different environment, and locating employment. For some, the process of migration is made more traumatic when it involves violent experiences or the abrupt departure from their homeland (Drachman, 1995).

The experiences and concerns of immigrants and refugees often overlap. Immigrants, individuals and families granted legal permanent residence by a host country, face the stress of acculturation, loss, and change (Kamya, 1997). Refugees, those fleeing their homeland under circumstances of persecution or oppression, face even greater stressors. Fearing persecution, refugees cross national boundaries searching for safety (Kamya, 1997). They may leave their homeland in order to survive (Hench, 2001 a) and suffer from the effects of trauma, persecution, and violence (Ajdukovic & Ajdukovic, 1993).

Immigrant and refugee individuals and families are a diverse group with unique sociocultural backgrounds and needs (Norton-Staal, 1994). They are, as a rule, an asset rather than the burden they are frequently perceived to be (Benson, 1990). Refugees are "capable of helping themselves ... [and] often re-create their communities while in exile.... They also support each other economically" (Hokenstad & Midgley, 1997, p. 110). Yet, there are concerns and issues which accompany immigrants to the U.S. These are additive and multilayered, with

interactions across the individual, family, community levels, and movement between the implications and responses of policy and practice. While many immigrants and refugees adapt to their new life without additional assistance, others need services (Drachman, 1995), supports, and resources from the community. During phases of migration, families and individuals may face the effects of violence as well as the loss of networks, income, physical and emotional security, and support services (Djeddah, 1995; Hokenstad & Midgley, 1997). Cultural traditions oftentimes clash with new circumstances (Hench, 2001b) and stress becomes a common experience.

Immigrants and refugees are increasingly heterogeneous. Their needs, as they flee violence and economic oppression, interact with the profession of social work, with social workers playing a vital role in the provision of services that “enhance the welfare of refugees throughout the world” (Hokenstad & Midgley, 1997, p. 111). The commitment of the profession to strengthening diverse populations and the emergence of social justice as an organizing value of social work practice (*Code of Ethics*, National Association of Social Workers, 1996, revised 1999; *Curriculum Policy Statement* of the Council of Social Work Education [CSWE], 1992; *New Educational Policy and Accreditation Standards*, 2002) places social work at the center of the response to the global shifts in populations (Hokenstad & Midgley, 1997). The focus on the intersection of, and interaction between, the individual and the social, the complexities of culture and ethnicity, and the promotion of social and economic justice (Hokenstad & Midgley) can orient the response.

The social justice perspective, strengths model, and multicultural practice methods precipitate the empowerment of people to actively participate in change efforts. Moving into practice with immigrants and refugees from these perspectives provides a focus for assessing the applicability of theories, practice methods, and service delivery arrangements from a social justice context (Swenson, 1998), and provides a framework for integrating policy practice. Just services are built from strengths, are culturally informed, and operate from an empowering base. An array of practice methods, congruent with social justice perspectives, is available to social workers responding to the needs of newly arrived immigrants and refugees. These interventions can be applied while working with individuals, families, groups, and communities.

“The strengths perspective demands a different way of looking at individuals, families and communities. All must be seen in the light of their capacities, talents, competencies, possibilities, visions, values, and hopes, however dashed and distorted these may have become through circumstance, oppression, and trauma” (Saleebey, 1996, p. 298). For social justice to prevail, social workers must acknowledge and honor the unique characteristics and circumstances of immigrant and refugee populations who seek assistance in adjusting to their new environment.

Within cross-cultural practice, the social worker accepts culture as paramount to helping the relationship. Culture can be understood as the method by which we receive, rationalize, and give meaning to our own unique experiences in the world (Saleebey, 1994). The National Association of Social Workers (2001) has recently proposed standards for cultural competence in social work practice that include an expectation for developing knowledge and skills that reflect an understanding of the role of culture *and lived experiences* in the helping process. NASW expectations of cross-cultural practice also include empowering diverse populations to access needed goods and services as well as advocating for language appropriate information and referrals, without which newly arrived immigrants and refugees are less informed about rights, responsibilities, and resources.

## **BACKGROUND**

United States (U.S.) immigration laws set the stage for the justice experienced by, and meted out to, immigrants. Thus, an understanding of immigration law is crucial for social workers working with the immigrant community. Harsh immigration policies can complicate adjustment (Drachman, 1995), and social work, as a profession, plays a role in advocating for economically and socially just policies (Hokenstad & Midgley, 1997).

World migration patterns, heavily influenced by “the conscious design of U.S. immigration and naturalization laws” (Lopez, 1996, p. 37), are reflected in the racial and ethnic composition of the nation. “Federal law

restricted immigration to this country on the basis of race for nearly one hundred years, roughly from the Chinese exclusion laws of the 1880s until the end of the national origin quotas in 1965” (p. 37). Nativist sentiment ebbed and flowed with war and economic transitions culminating in the 1882 Chinese Exclusion Act, which expanded to eventually encompass all people from Asia. There were parallel efforts that attempted to exclude people from Africa. The early 1920s witnessed efforts to establish quotas for immigrants from specified regions and with the depression came “mass deportations of people of Mexican descent ... more than half of them U.S. citizens” (p. 37). Although racial restrictions were *dismantled* in 1965, “arguably racial discrimination in immigration law continues” (p. 37).

The INA of 1952 was a response to post-war nationalism and a reaction to the influx of immigrants. It codified many existing provisions into one federal act, regulating and monitoring immigration as well as the behavior of immigrants once in residence. The act imposed numerical limits on immigrants from various countries; organized a government body and procedure whereby immigrants could be itemized, contained, and controlled; and instituted procedures both for recognizing immigrants as legitimate or *naturalized* citizens of the United States and for deporting those who were not so considered. Since 1952, the INA has been modified and supplemented on several occasions, at times curtailing and at other times expanding, the rights and benefits of immigrants and refugees (Padilla, 1997).

The Immigration Reform and Control Act of 1986 (IRCA) further modified INA restrictions and regulations such that some 2 million long-term undocumented workers were legalized, most of who were from Mexico, Central America, and the Caribbean (Padilla, 1997). Also in 1986, as a part of the Omnibus Budget and Reconciliation Act of 1986, *legal* immigrants were entitled to receive Medicaid benefits, as long as they otherwise met criteria for eligibility. With the passage of the Immigration Act of 1990 (P.L. 101-649), temporary protective status was granted on a case-by-case basis to people from countries suffering from armed conflict or natural disasters. Immigration from the northern regions of Latin America was expanded (Rolph, 1992).

In 1996 Congress passed a tripartite of bills, which included the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (P.L. 104-208), the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) (P.L. 104-193), and the Anti-Terrorism and Effective Death Penalty Act (AEDP) (P.L. 104-32). These three acts work cumulatively to restrict the benefits, freedom, and opportunity of immigrants in the U.S.—particularly those immigrants whose legal status is in question. The PRWORA has been especially devastating for immigrants as one aspect of the bill forbids immigrants who arrived in this country after August 22, 1996, from receiving federal means-tested benefits, such as Medicaid, Temporary Assistance for Needy Families, and food stamps during the first 5 years of their stay in the country unless they became U.S. citizens. *This prohibition includes those who enter and reside in the country legally.* There are exemptions to this rule but they are few and are not qualified for easily (Richardson & Fox, 1998, as cited in Reidy, 2000).

The IIRIRA, through its increasingly stringent regulations on the admission of immigrants, and through its expansion of INS powers to detain and deport immigrants, has also exacted a toll on immigrants. Among its provisions, the IIRIRA imposed new limitations on the acceptance of refugee and asylum seekers by expanding the power of INS officials to summarily deny a proper hearing. Under the IIRIRA, *legal* immigrants, who leave the country and return (even for a brief vacation or family visit), are subject to investigation and possible imprisonment without due process if they have any kind of a criminal record—including minor infractions (Progressive, 1997).

Overall, the 1996 reforms have been particularly damaging for immigrants with limited economic means. While immigration laws have always restricted immigrants at risk of becoming a *public charge*, prior to 1996 a person could counter this classification by showing evidence of their nondependence on the U.S. benefits system (Stickney, 1998). The 1996 changes, the provisions of the PRWORA, and the IIRIRA act together to significantly alter the admissibility of evidence in such a way as to make the public charge classification

unavoidable for all but the most financially secure and well-established immigrants (Fox & Zimmerman as cited in Stickney, 1998).

### ***Refugees: Politics and Numbers***

The Refugee Act of 1980 (P.L. 96-212) gave legal status to asylees and refugees. It established the Refugees Resettlement Program, which provided funds for income support, health services, job training, and social services for refugees. In this act, a *refugee* was designated as a person who was granted permission while *outside* the U.S. to enter the U.S. legally because of harm or feared harm in her/his country of origin due to her/his race, religion, nationality, political opinion, or membership in a particular social group. An *asylee*, by contrast, was granted legal status from *within* the U.S. because s/he had suffered from or feared harm upon return to her/his country of origin due to her/his race, religion, nationality, political opinion, or membership in a particular social group. The Refugee Act declared that the number of refugees/asylees would be determined annually by presidential determination and that agents from the Immigration and Naturalization Service (INS) would be responsible for making the determination. The implementation of this law has been selective and petitions for refugee status have generally been regarded much less skeptically than those for asylum status (B. Stickney, personal communication, January 2001). Although not officially or objectively outlined as such, the standards for being accepted as a refugee are much less stringent than those for being accepted as an asylee once in the U.S.

Generally, Eastern European immigrants have been granted refugee status liberally with as many as 65,000 individuals admitted yearly. By contrast, the limit on admission of refugees from the African continent has historically been set low, with a maximum of 2,000 throughout the 1960s, 1970s, and 1980s—time periods in which many regions in Africa, such as Chad, Liberia, Angola, and Sierra Leone, were undergoing severe turmoil and civil war. In 1992, during the crisis in Somalia, the number remained low (3,000), increasing only in the late 1990s to 5,000 and then to 7,000. Although the number for the African continent increased in the year 2000 to 12,000 and in 2001 to 20,000, there are still some 3 million African refugees living in Africa under dire and threatening circumstances. The contrast between the treatment of refugee petitions from Nicaragua and El Salvador has also been striking. While approximately 75-80% of refugee/asylum applicants from Nicaragua in the 1980s were accepted, only 2-3% from El Salvador were accepted during those times (B. Stickney, personal communication, November 2000).

### **ISSUES OF CHILDREN AND FAMILIES**

Worldwide, immigrants and refugees are too often exposed to extremely stressful and traumatic experiences, not only when they are forced from their homes, but throughout their displacement. Almquist and Brandell-Forsberg (1995) suggest that the more difficult the refugee/immigrant experience, the more complex the adaptation process. Immigrant and refugee populations can be described as suffering from traumas and stresses, persecution and danger, losses and isolation, uprooting and violent change. Lives are further stressed as the result of a lack of adequate housing, poor or unfamiliar diet, separation and loss of family members, changes in financial status, loss of social status, and loss of jobs or the inability to transfer skills (Ajdukovic & Ajdukovic, 1993).

The more divergent the cultures of the homeland and the adopting country, the greater the potential for difficulty with adjustment (Drachman, 1995). Lack of control over their lives and feelings of helplessness, as well as problems with health status, can compromise the psychological status of immigrant and refugee individuals and families. Domestic violence including child abuse, marital discord, substance abuse, economic hardship, school problems, and parent-child conflict have all been reported as consequences of the stress of relocation (Ajdukovic & Ajdukovic, 1993; Drachman, 1995; Jacob, 1994). The complexity and interaction of effects, combined with a lack of culturally appropriate resources, further compromises adjustment (Ajdukovic & Ajdukovic 1993; Weiss & Parish, 1989). In addition, cultural differences and unfamiliarity with the customs of the U.S. limit access to social, legal, and medical services (Wong, 1987).

More than three-quarters (80%) of refugees are women and children (Djeddah, 1995). The problems they experience are those of other poor women and children in developing countries: inadequate food and drinking water, malnutrition, anemia, respiratory diseases, unregulated fertility, high birth rates, and high rates of maternal and child mortality. The well-being of mothers directly impacts the health of children. Since gender-based inequality is intensified within an environment of extreme violence, attention to women's empowerment and the safety and security of children is vital (Djeddah, 1995).

### *Roles and Relationships*

The literature has identified several arenas in which role change or loss occurs, including economic, gender, family power, and life cycle (Foner, 1997; Pettys & Balgopal, 1998). Immigrants as well as refugees are influenced by the policy and values of the dominant culture in the arenas of marriage, family, and kinship, as disseminated by the mass media, the schools, and other institutions. Issues around dating and marriage, as well as family responsibilities, are challenged when children are exposed to cultural values and norms of the U.S. (Pettys & Balgopal, 1998). The educational system further precipitates gender conflict by exposing girls to co-education and new roles (Norton-Staal, 1994).

The shifting of economic and power arrangements along with changes in the traditional marriage patterns contribute to the changes in gender roles (Norton-Staal, 1994). While immigrant women may experience an elevation in status by gaining more economic freedom, the earning power of males may decline, further reducing male authority and drastically changing the dynamics within the family. Women find they have more power and are eager to adopt values that enhance their positions just as young people generally support new norms that provide greater freedom (Pettys & Balgopal, 1998).

Intergenerational relationship patterns are impacted as well. The maintenance of cultural heritage and traditional values can conflict with struggles to assimilate (Norton-Staal, 1994). Relationships can be disrupted as children learn a new language and adapt to new values. Children may accrue power within the family while elders may experience a decline in status when they no longer have control over valued resources (Pettys & Balgopal, 1998). The loss of roles and familiar economies may cause a crisis of identity (Norton-Staal, 1994). In her book *The Spirit Catches You and You Fall Down*, Anne Fadiman vividly describes how these changes are seen among a particular group of immigrants, the Hmong. Fadiman describes how a former Hmong judge, who is now an assembly line worker in a box factory, frames the dilemma, "When you have no country, no land, no house, no power, everyone is the same" (Fadiman, 1997, p. 206); and how a former battalion commander describes the consequence, "We have become children in this country" (Fadiman, 1997, p. 206). A role-play paints the picture:

... [the presenter] cast them [six members from the audience] as a grandfather, a father, a mother, an eighteen-year-old son, a sixteen-year-old daughter, and a twelve-year-old daughter. "Okay," she told them, "line up according to your status in your old country." Ranking themselves by traditional notions of age and gender, they queued up in the order ... with the grandfather standing proudly at the head of the line. "Now come to America," said Dr. Lee. "Grandfather has no job." Father can only chop vegetables. Mother didn't work in the old country, but here she gets a job in a garment factory. Oldest daughter works there too. Son drops out of high school because he can't learn English. Youngest daughter learns the best English in the family and ends up at U.C. Berkeley. "Now you line up again." As the family reshuffled ... its power structure turned completely upside down with the youngest girl now occupying the head of the line and the grandfather standing forlornly at the tail. (Fadiman, 1997, pp. 205-206)

The normative developmental changes in immigrant and refugee family relationships are coupled with the additional challenges of acculturation and adaptation to a new society (Tseng & Fuligni, 2000). A subtle mix of messages exists regarding the degree to which one is to assimilate. Although some diversity is expected in terms of maintaining cultural norms and practices, there is also an expectation that one is to assimilate into the mainstream. English language acquisition for children may create strain within the family, but lack of English

speaking skills can cause difficulties and create barriers to accessing information and resources (Wong, 1987). Within immigrant families from East Asia, the Philippines, and Latin America, for example, children rapidly learn and adopt the English language, whereas their parents may maintain use of their native languages. This puts the children in an unfamiliar position of control as the primary means of interaction with mainstream society (Tseng & Fuligni, 2000). These double messages create confusion for immigrant and refugee parents and their children (Pettys & Balgopal, 1998). In cultures that emphasize collectivism and family, adaptation of some family members to Western values of privacy and individualism can drive wedges into the family, creating not only familial conflicts, but also interpersonal conflicts.

### *Children and Adolescents*

For child and adolescent immigrants and refugees the dilemmas can produce competing processes—the developmental processes of growth pitted against the dramatic experiences of escape and displacement (Ajdukovic & Ajdukovic, 1993; Garbarino, Dubrow, Kostelny, & Pardo, 1992). Immigrant and refugee children and adolescents experience the losses of important others, financial capacity, parental support/protection, and home. The impact of these losses is layered and additive. Stress is increased with disruptions in education, family separation, and the impact of living with distressed adults (Ajdukovic & Ajdukovic, 1993; Almquist & Brandell-Forsberg, 1995). Children may be at high risk of mental health issues because they are more vulnerable and dependent on adults for their care while their coping skills are developing (Ajdukovic & Ajdukovic, 1993). Refugee children exposed to persecution show symptoms of post-traumatic stress disorder (PTSD), anxiety, depression, sleep disturbances, dependency, and difficulties with concentration (Almquist & Brandell-Forsberg; Garbarino et al., 1992). Lower socioeconomic status, longer period of displacement, homes in a conflict zone, and larger families may contribute further to heightened difficulty with adjustment (Ajdukovic & Ajdukovic, 1993).

Counteracting the above mentioned stressors, a positive personality disposition, and a supportive family and community all contribute protective factors. These factors help children develop resiliency in surviving trauma (Ajdukovic & Ajdukovic, 1993). Children immigrating with families exhibit a resilience that is more illusive for children facing horrors and disruption without familial support (Garbarino et al., 1992). At times, family members can provide witness for the traumatic experiences of children (Almquist & Brandell-Forsberg, 1995). Some children in war-torn areas, however, may have been exposed to traumatic incidents that are not known to their parents (Almquist & Brandell-Forsberg). Even very young children have the ability to talk about traumatic experiences and memories, but children may not do so until asked and even then usually will not do so in front of their parents (Almquist & Brandell-Forsberg).

### **FAMILY AND COMMUNITY RESPONSES**

While shifting family patterns may cause stress, family relationships, values, and history provide support and strength in transitioning to the new country. Families come to their adopted country in search of peace, security, and success (Hench, 2001b); and family goals and hopes for the future provide a basis for planning. Community-based assistance that works with the family, and within cultural traditions, facilitates the adaptation of refugees to the new environment (Norton-Staal, 1994). A family or family-like environment is a source of care, protecting individuals from the negative impact of stress (Djeddah, 1995). A study of a community of Southeast Asian immigrants in Garden City, Kansas, reflects the value of extended family support. Living in crowded conditions, adult family members all worked while older children and the elderly provided childcare. The pooling of resources led to a gradual improvement in conditions for all members of the family (Benson, 1990).

Experiences post-migration, including the effects of social policies, family life, relationships, isolation, and the success or failure of plans and goals, affect adjustment (Jacob, 1994) as immigrants and refugees cope with new cultural systems cognitively, attitudinally, and behaviorally (Kamya, 1997). The interaction of coping mechanisms and the migration process are multilevel involving internal resources, availability of support, and stressors experienced (Kamya, 1997). Intervention designed to remediate the disruption can facilitate the reorganization of the common experiences of trauma and loss.

Examination of the relationship between stress and coping within immigrant populations reveals a connection between stress, self-esteem, spiritual well-being, and coping (Kamya, 1997). Assimilation of non-European immigrants may be more complex and require direct intervention (Wollons, 1993). Refugees of countries in Latin America, Africa, and Asia experience additional stress due to discrimination based on physical features (Jacob, 1994). Wollons' study (1993, p. 197) of Mexican American assimilation indicates the importance of infusing hope and "teach[ing] children to believe in the power of their own heritage." Mindful of the implications for practice with African immigrant/refugee populations, professionals need to exhibit a sensitivity to, and express an interest in, the spiritual well-being of African immigrants and refugees (Kamya, 1997).

### *Social Services*

The demand for public and private social services among refugees has been increasing (Jacob, 1994). Socially just services are needed to assist immigrant and refugee communities in coping with not only past traumas and conflicts, but also stresses associated with adjusting to their new environments. For service delivery to be accessible and appropriate, it must include full disclosure of rights, responsibilities, and resources. For service to be accessible and appropriate, information must also be provided in the languages of the immigrant and refugee populations. Without access to language appropriate information, either through the use of a trained interpreter or written material in one's own language, immigrants and refugees remain dependent on others with limited ability to fully participate in their own adjustment.

The justice model provides guidance for a broad range of activities such as case management; advocacy; individual, organizational, and community support, empowerment, and development; mediation; supervision and agency directorship; and development of change agents (Swenson, 1998). The range of supportive services similarly encompassed in a social justice approach includes education, counseling, disease prevention, and reproductive health care (Djeddah, 1995). There are several important issues to consider in guiding services for immigrant consumers. Why did s/he leave her/his country of origin? Was s/he forced out? Did s/he flee? Did s/he arrive in the U.S. legally? If not, what are the safe ways to provide her/him assistance and support? If so, how can we protect her/his legal status and maximize her/his opportunities? What kinds of adjustments has s/he had to go through? What is the extent of cultural, linguistic, locational, social, religious, economic and personal adjustment s/he has endured? How has her/his role in society and in her/his family changed? What is the nature of the continued adjustments s/he is likely to face? What supports and connections can we provide her/him to soothe the trauma of relocation? What work can be done to enable a continuation of her/his native practices and customs, as well as association with people from similar backgrounds?

Therapeutic interventions must be adapted to fit within the framework of the cultural norms of immigrants and refugees. Ethnically or multiculturally sensitive practice recognizes the significance of race and cultural as integral to understanding a person in his/her environment, race and ethnicity are recognized as central to a person's daily interactions within her/his environment and to her/his sense of self. Multicultural practice provides both social workers and vulnerable populations with an appreciation for their particular cultural experience and identity (Swenson, 1998).

Therapeutic interventions need adaptation to fit within the framework of the immigrant and refugee cultural norms. Responding to a range of different consumers in culturally appropriate ways is complex. It involves learning new ways of thinking about global constructs; it requires patience with self and others; it requires watching and listening for how people experience themselves in the context of their own life experiences; and it requires rethinking some of the well-known assumptions about the social work profession (Green, 1999). Culturally competent, ethnically sensitive services are grounded in knowledge of historical context and current policies and events. Therefore, interventions within a cultural context must include understanding the experiences, perceptions, and needs specific to a given immigrant or refugee community.

Culturally competent practitioners move beyond the ethnocentric view, disconnecting from Western models of services and presentation where necessary. The labeling of services must be framed in language familiar to the traditional community. To accomplish this, social workers must have more intimate knowledge of the various

immigrant and refugee populations, and access to culturally appropriate community resources that can meet the needs of the populations being served. The ability to help others find and make use of resources is a critical skill for social workers working with marginalized and oppressed populations (Green, 1999).

Culturally appropriate programs are designed to fit the needs of the particular immigrant and refugee group. Crisis intervention models, for example, have been adapted in culturally appropriate ways to help refugee populations cope (Weiss & Partish, 1989). Sensitive and responsive programs for immigrant and refugee populations should include services which not only help children cope with stress, but also empower mothers. Children need assistance to facilitate continuing their education, reestablishing peer relationships, and developing new peer relationships (Ajdukovic & Ajdukovic, 1993; Almquist & Brandell-Forsberg, 1995). Further, programs to improve communication skills help families better negotiate the circumstances of their changed lives. Healing can then occur as people are pulled together to relearn trust and heal within the context of community and family.

Social workers are particularly well-prepared and well-versed in the skills necessary for working with immigrant and refugee communities (Hokenstad & Midgley, 1997). They can provide counseling services; engage in policy and advocacy activities that impact the lives of immigrants and refugees; support community-building activities; and facilitate the development of refugee organizations (Hokenstad & Midgley, 1997). Social work professionals, as mental health counselors, case managers, and problem solvers, respond to the PTSD, depression, grief, trauma, and other mental health concerns of immigrants and refugees (Hokenstad & Midgley, 1997; Van Soest, 1997). They can also mediate the transitions. A model used by a school in Miami provides an example. Social work interns mediated a transition for Haitian families to the norms of the school system in the U.S. The mediation was bidirectional, educating school personnel as well as family members about each group's relative values, expectations, and goals. By so doing, the relationship between the Haitian parents and school personnel was greatly improved as they learned to better communicate with and appreciate each other's struggles and successes (Bronstein & Kelly, 1998).

Where services can be provided in the first language of immigrants and refugees, it greatly increases accessibility (Jacob, 1994). Therefore, social workers who speak the language and understand/belong to the culture of a particular immigrant community are an invaluable resource. They have been found to decrease feelings of vulnerability among a group of immigrant clients (Weiss & Partish, 1989) while providing education and facilitating communication. According to Bronstein and Kelly (1998), the presence of social work interns who were from the same culture and spoke the language of the immigrant population served, were, at least in part, responsible for the success of their program. The impact of ethnic similarity may change in relation to acculturation status (Mokuau, 1987). Ethnic similarities have been found to be more significant for newly arrived immigrant/refugee families than for those families who are well-established.

## **COMMUNITY EXEMPLAR**

### ***Context***

Nestled in New England at the crossroads of the urban and the rural, Portland is unlike any other city or town within the state of Maine. With a population of 65,000, it is the state's largest city, with some districts exhibiting characteristics of inner-city urban life. Portland's peninsula is the city's most densely populated area. It has a high rate of poverty, homelessness, substance abuse, and crime. Many of the city's social service agencies, including City Hall itself, are located on the peninsula.

While the state of Maine is the *whitest* in the nation according to the most recently released 2000 Census Report, Portland is remarkably diverse. Since the turn of the century, Portland has been a magnet for immigrants from Greece, Ireland, Italy, Poland, and other countries in Europe. In addition, like many other cities and towns in the state, Portland has a significant population of residents of Franco-American heritage. Furthermore, the city has a small number of African Americans who have been natives of Maine for three generations or more. However, it is in the last 20 years that this diversity has changed exponentially.

Portland has become a resettlement site for primary and secondary refugees from many parts of the world. Portland's Office of Refugee and Immigration Services resettles 250 primary refugees (adults and children) annually. The steady increase in the number of secondary migrants (refugees moving to Portland within a year of their arrival in the U.S.) and relocated people (immigrants or former refugees in the country for over a year) further expands the population. Anecdotal evidence and a recent article in the *Portland Press Herald* (Hench, 2001 a) cite three primary reasons why Portland has become a magnet for immigrants and refugees: safety, good schools, and accessibility of services. The small size of the city, accompanied by more manageable social problems, less aggressive racism, and better schools facilitate the transition (Hench, 2001a,2001b).

Over 90% of the refugees resettled to Maine live in Portland. From the late 1970s to late 1980s, refugees from Afghanistan, Cuba, Southeast Asia (Cambodia, Laos, and Vietnam), and Eastern Europe (Czechoslovakia, Poland, and Russia) settled in Portland. With the 1990s, the city witnessed the arrival of refugees from Africa (Congo, Eritrea, Ethiopia, Rwanda, Somalia, and Sudan), and from the former Yugoslavia.

Refugees resettling from other U.S. cities are often part of the ethnic communities that are already established in the Portland area. This provides essential support for maintaining the culture, language, and religion of these immigrants' homeland (Hench, 2001 a). Family and friends provide further support as individual families try to adjust (Hench, 2001b). A human rights activist who came to Portland as a refugee more than a decade ago states, "Refugees are always trying to create a community to replace the ones that were lost to war, ethnic cleansing, religious and political persecution, and famine" (Hench, 2001 a, p. 4a). Within 6 months, most refugees in the area have an apartment and are working (Hench, 2001b). Still, time is needed to rebuild bridges to family and community for those who have suffered the violence of war and forced relocation. This healing requires the rebuilding of trust and the discovery of potential.

The response of the city of Portland to this influx of immigrant/refugee individuals and families has been multidirectional, providing a range of short- and long-term interventions. The network of services and resources has emerged piecemeal in response to perceived need. The range of services, however, is comprehensive, responding to the needs of recent arrivals, as well as children and families now settling into the community. The private nonprofit agency, Catholic Charities, focuses on the needs of new refugees while the schools, city, and nonprofit organizations work to provide the resources and supports that facilitate adjustment and recovery. Available programs range from trauma recovery; to language and job training/placement; to advocacy and empowerment.

### ***Refugee Resettlement Services***

Refugee resettlement services are provided in Maine by Catholic Charities, the largest private social service agency in the state. Since its inception, approximately 5,000 refugees have been resettled. Currently, 70% of Portland's refugees are Muslim and face the challenges of living in a region largely unfamiliar with their culture and religion. Further, as refugees, most have come to the U.S. under circumstances of tremendous adversity, have been witness to horrific violence, and have suffered great loss. As a result, symptoms of PTSD are commonly seen among Portland's refugee community.

Catholic Charities begins its sponsoring services when the agency sends representatives to the airport to meet new arrivals. Housing is then arranged as quickly as possible and a resettlement plan, which includes initial contact with governmental services and employment agencies, is prepared. The program serves individuals and families for one year, extending beyond the federally required six months. Within 90 to 120 days, most refugees (90%) become self-sufficient.

Furnished housing (federal regulations only require beds) and clothing are provided for the family. Benefits available to qualifying refugees include Medicaid for the first eight months, food stamps, and low-income housing. Services provided by Catholic Charities include cultural orientation, readying children for school, and identifying medical services; case managers are assigned to each household to help with issues of readjustment;

and a psychiatric nurse familiar with the cultural issues is on staff to meet the needs of individuals experiencing PTSD.

### *Portland Public Schools and Community Support Responses*

Portland Public Schools, in its mission, vision, and belief statements, stresses the significance of community in providing a holistic education for all its students. This philosophy has supported the development of a broad range of programs and services that support families and children while building inclusive community services. The multidimensionality is reflected in the range of services available—language development, academic support, esteem building, family empowerment, health assessment, adult education, and grief recovery. With the help of these services, parent-community partnerships have strengthened, and professional development has been provided for personnel from the schools and collaborating community service agencies. In the process, inter-organizational collaboratives have formed to creatively respond to the rapidly growing needs of the community.

The Portland public school system has witnessed and responded to double-digit increases in the enrollment of students who speak a language other than English. In fact, from August 2000 to January 2001, 316 students from diverse linguistic backgrounds entered the district, a 50% increase over the same time period in the previous year. Over the past five years the language minority student enrollment has increased by 146%, an average annual increase of 29%. As of January 2001, Portland Public Schools' Home Language Survey indicated that over fifty languages other than English are spoken in the district. In a district serving 8,000 students, this represents 12% of the enrollment.

In response to the great influx of students and families from diverse ethnic and cultural backgrounds, the Portland public school system coordinates and collaborates with existing programs, community-based organizations, and institutions of higher education. A partnership has formed between the district and Portland Housing Authority's Educational Centers. The Centers provide homework support for children and youth from the third grade through high school. Support is available daily until 7:00 p.m.

Portland's public schools also house a Multilingual Intake Center, which registers new students who have been identified as "language minority" through a Home Language Survey. The Center initiates students with a "one-stop" registration where all required forms are completed, a school nurse conducts initial health screening, and English language fluency assessments are administered. The Center is located on the peninsula, a home to many newcomers. Convenient, centralized registration occurs in an atmosphere of welcome and comfort. The data gathered informs enrollment projections, budget preparation, and educational planning.

The Center provides services to assist students in the development of their English language skills and the attainment of academic success. Activities enhance classroom instruction, curriculum, and assessment. Literacy instruction is provided through

1. literature-based reading programs and integration of visual and performing arts at the elementary level;
2. a project-based instructional program at the middle school level; and
3. career planning at the high school level.

Books and materials are available on loan to staff, parents, and community members in multiple languages. The Multicultural Multilingual Center also provides assistance in obtaining legal guardianship for children who arrive in the U.S. unaccompanied by adults.

Another valuable service the schools enable in the Portland area is The Portland Partnership. The Partnership is a nonprofit organization involving local businesses and parents, through which partnerships between the school and the community are established; and volunteers who can act as mentors, classroom aides, tutors, library

aides, technology specialists, and guest speakers are solicited and trained. The Portland Mentoring Alliance is another business-community organization that supports students at the Portland high schools. Its mission is to identify students who will benefit from the consistent mentorship of a caring and responsible adult.

Last year, Portland Public Schools also received federal funding for its 21st Century Community Learning Centers. The project is a consortium of five of the district's schools where 70%-85% of students receive free or reduced lunch. The focus of the project is to extend learning for underachieving students, including many English language learners, by providing after-school, summer school, and vacation week programs.

At Portland High School, a program entitled Upward Bound identifies students from low-income families, or those who would be the first generation to go to college, and supports them in their academic work to ensure graduation from high school and acceptance at a four-year institution of higher education. Many of the students served by Upward Bound come from diverse linguistic and cultural backgrounds.

In all of its work with diverse populations, the development and maintenance of self-esteem and pride in ethnic identity is a constant objective. To support this objective, Portland High School has created the International Club. The Club provides a forum for connecting students with common experiences. Participants share cultural traditions and support one another in navigating their new school, the school culture, and the culture of the larger society. In the spring, the International Club puts on a cultural show where students from various countries showcase their music, dances, costumes, and other traditions. School staff, parents, and community members are invited to witness the event. It is a venue whereby students' cultural identities receive solid validation.

A Parent Advisory Council (PAC) ensures the participation of bilingual or non-English speaking parents in the schools and in the education of their children. There are six different PACs representing major groups in the district: Khmer (Cambodian), Russian, Serbo-Croatian, Spanish, Vietnamese, and an African PAC serving Somalis, Sudanese, and other families from the continent of Africa. Parent/Community Specialists who are members of the major linguistic and cultural groups run the PACs. Adjusting and negotiating the culture of their adopted country, and developing fluency in a new language, can be stressful for immigrant families. Understanding this, the PAC's monthly workshops and/or classes focus on a range of issues designed to assist parents as they transition to life in the adopted country. Examples of workshops and classes include developing employment-seeking strategies, passing the U.S. citizenship test, finding and/or buying a house or an apartment, and learning how to protect one's self from consumer fraud.

The Portland Public Schools system provides other services for adults as well. Adult education classes are offered for those whose first language is other than English. With the assistance of this program, many newcomers have found employment opportunities as translators and support personnel. The University of Southern Maine also provides services through a pilot partnership, The Extended Teacher Education Program. Through this program refugees gain the certification needed to qualify for teaching positions.

Another collection of services afforded adult members of the Portland Public Schools' community is the professional development activities provided through district-wide workshops, school-based training, newsletters and bulletins, and graduate credit course offerings. Two after-school workshops are offered monthly. One focuses on language and academic issues related to English language learners, and the other on culture. Curriculum has been developed to foster increased cross-cultural understanding. Specific workshops include Refugee and Immigrant Women in Transition; Child Rearing Practices in Cambodia, Vietnam, Somalia, and El Salvador; Africa Is Not a Country; In Between Worlds: Voices of Asian-American Youth; What Is a Refugee?; and Under-standing Confucian Values.

### *The Center for Grieving Children*

At Riverton Elementary School, a program assisting former refugee children cope with grief and loss is offered in collaboration with another Portland agency, the Center for Grieving Children (CGC). Three years ago, after a

tragic death, a social worker from the public schools and CGC sought funds to provide services to the diverse immigrant and refugee cultural groups in the city. The program was created for children who have experienced multiple losses as a result of witnessing war crimes against family members. Group support, art therapy, and therapeutic play activities are offered. CGC provides intervention, which incorporates a strength-based resiliency response grounded in a client-centered philosophy.

To better understand the needs of refugee children and families, a panel composed of representatives from the refugee communities meets with CGC's facilitators annually. Participants from the various cultural groups educate CGC staff, consultants, and board members. Training is provided regarding the culture's attitude about and experience with death, and the rituals and practices related to death and mourning. CGC board members and staff learn culturally based methods for supporting children and families in maintaining traditions. Through this training, group facilitators communicate with and assist children and families expand their repertoire of responses and reactions.

### ***Other Community Resources and Collaboratives***

*The Immigrant and Legal Advocacy Project (ILAP).* ILAP is Maine's only nonprofit legal services agency assisting low-income noncitizens and their U.S. citizen family members with immigration law and related legal issues. Through its Immigration Clinic, ILAP offers attorney consultations, immigration application assistance, and brief intervention to resolve minor immigration complications. For persons who have complex immigration cases, ILAP offers full legal representation. Individuals before the Immigration and Naturalization Service (the INS), the State Department (the U.S. Consulate abroad), and persons in removal proceedings at the Immigration Court of Boston, the Board of Immigration Appeals, and in the Federal Courts are represented. ILAP assists criminal defense attorneys representing noncitizens in criminal matters, in order to help prevent noncitizens with U.S. citizen family members from becoming deportable because of criminal charges. Education and outreach services, workshops for immigrant community groups, and training on immigration law and related matters for service providers who work with noncitizens are also provided.

*New Mainers Mentoring Project.* The New Mainers Mentoring Project, sponsored by Portland's Department of Health and Human Services' Social Services Division, is in the process of implementation. Recognizing that new immigrants to the U.S. often arrive with education and skills, but without the knowledge needed to continue their careers in the U.S., this project was organized by a community collaborative of the Community Improvement Through Employment Project and business, social service, and education leaders. It was designed to meet the needs of highly skilled, professional immigrants. These individuals are partnered with mentors familiar with U.S. trades, regulations, and procedures. By working with mentors who share their native cultural understanding, but also understand the economic and social systems in the U.S., new immigrants are better able to realize their potential. The goal is to help new immigrants find jobs that more closely match their skill level. The program is developing curriculum on mentoring, cross-cultural relations, and career development.

*Health Services.* There is a range of health services available including an international clinic at Maine Medical Center that provides medical assistance to refugee families. The clinic provides initial and continuing medical assistance for adults. There is also a pediatric clinic. In addition, the Department of Mental Health and Mental Retardation has an office in the Portland area with a representative who understands and provides services within a cultural context.

*Refugee Organizations.* There are various refugee groups and churches providing services and assistance formally and informally. Many of the cultural groups are integrated into the PACs. Small, community-based organizations serving disenfranchised populations in the city have developed responses respectful of the needs of immigrant and refugee populations. In addition, there are ethnic specific groups. For example, the African Community Organization works within the community to help recent arrivals with their adjustment to new community boundaries within the adoptive country. The Sudanese and Serb communities are examples of communities that have recently succeeded in establishing their own church, space, and leader.

## IMPLICATIONS AND CONCLUSION

The services and resources of Portland, Maine, illustrate one community's actions and reactions to the rapidly expanding needs. Although not specifically designed as such, the city of Portland has been able to provide a cohesive response to the needs of the diverse immigrant and refugee populations resettling into the area. A comprehensive range of services is offered to meet the legal, educational, health, and social service needs of the individuals and families. Gaps in the formal service system are met by the informal developments of the cultural community to which the individuals and families belong. Because it is a small city, a high degree of collaboration and cooperation exists. The collectivity of the families and communities facilitates communication and cohesion. Organizations work together and community members share knowledge of resources. As the city grows, however, a formal mechanism will likely be needed to maintain the cohesiveness and comprehensiveness of the service system.

The experiences of Portland, Maine, are echoed in other communities. Services develop in a piecemeal fashion in response to immediate perceived needs. Quickly, however, practitioners recognize that agencies cannot deliver services in a vacuum. Networks of health, social, and legal service providers come together with issues of advocacy, policy development, availability, and access as the cornerstone of their agenda. The development of a network of services provides a mechanism for facilitating the entry and settling of immigrants and refugees.

These lessons teach us that networks and collaboration provide a "lifeline" in practice with immigrants and refugees. Comprehensive service development and provision moves practitioners beyond the use of direct practice skills to the development and inclusion of policy and advocacy skills. The just practitioner, who works with immigrant and refugee populations, is quickly reminded of the connection between direct practice and policy.

On a daily basis, practitioners working with immigrants and refugees face policies that prevent access to needed services. Participation in networks and collaborations affords the just worker the opportunity to influence the development of policies that directly affect client access to services. Together, agencies have a broader range of resources to influence policy as well as practice. In addition, practitioners have a forum for sharing the wealth of knowledge garnered through practice. This assists with the further development of informed and culturally sensitive practice.

Refugee and immigrant families not only need the sponsorship that eases transition, but also the services of programs which assist children and families with trauma recovery, legal advocacy, education/employment, and health care. From this initial framework, designed to meet the immediate needs, communities have formed collaboratives, which can provide a source for concerted, comprehensive expansion and development. Further, multidisciplinary approaches are critical to the provision of effective services for immigrant and refugee communities. Such services recognize that the legal, social, physical, and mental health needs, as well as the economic and cultural issues of immigrant communities, must all be considered in the design and implementation of any responsive program. In *ideal* programs, members of the refugee and immigrant communities are pivotal in the development and delivery of services. Finally, exemplary programs must take care to constantly assess community functioning and evaluate the impact of the services and resources—not by monitoring statistics, but by truly incorporating the ideas of the immigrant communities served and by regularly assessing this community's interaction with and perception of the program.

Just practice with immigrant and refugee populations requires an understanding of the complex interactions between personal and global history, including the past and continued trauma experienced by the individuals and families. Empowering practice is grounded at the intersection of the culture, values, and norms of the country of origin and the receiving country. Thus, services and supports must be tailored to meet the unique needs of the growing populations of immigrant and refugee children and adults, some of whom have experienced unimaginable horrors. A holistic community response is comprehensive, providing personal and political advocacy in combination with community building, empowerment, and recovery/healing services.

As this article was going to press, the horrific incidents of September 11, 2001, occurred. What the nation's responses, at the governmental, community, and personal levels, will mean for the future of immigrants and refugees, particularly those of Middle Eastern descent, cannot be fathomed at this time. One thing, however, can be definitively declared—the deprivations of social justice or restrictions on civil liberties that have been experienced by immigrants will, most likely, be furthered by this crisis. It is, therefore, even more vital for social workers to respond to the *call to arms* with our own call for justice—to represent and advocate for the millions of immigrants and refugees in this country who, though having absolutely no relationship to the events of September 11, will, nonetheless, likely be harshly punished by the country's responses to them.

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