Immigration and Latin American child refugees through the lens of trauma

Underexplored Territories in Trauma Education: Charting Frontiers for Clinicians and Researchers

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Learning Objectives

- Express three facts about Latin American child refugees and/or immigrants

- Describe typical trauma-related issues for Latin American child refugees/immigrants

- Specify three ways to adapt treatment for this specific population
Immigrant children given many labels (i.e., unaccompanied minors, refugee, asylum-seeking, separated, trafficked, forced)

Recent influx of immigrant children from Latin American countries presents a need which clinicians should be prepared to address

Immigrant children are one of the most vulnerable groups in need of adequate services

Increase in Immigration

Violence is main cause for the increase

Immigrant Children

- Immigration affects children:
  - Left behind by one or both parents who migrate
  - Accompany their migrating parents
  - Migrate alone (independently of parents and adult guardians)

- Undocumented and **unaccompanied minors** are potentially at greater risk for harmful situations, traumatic stress, and PTSD

Kraut, 1994; McLeigh, 2013
Unaccompanied Minors

- **Unaccompanied minors** “Are defined in statute as children who lack lawful immigration status in the United States, are under the age of 18, and are without a parent or legal guardian in the United States or no parent or legal guardian in the United States is available to provide care and physical custody.” - U.S. Citizenship and Immigration Services (USCIS)
Unaccompanied Minors

Crossing the U.S.-Mexico Border, Without Parents, at Increasingly Younger Ages

Total apprehensions of unaccompanied minors at the border

<table>
<thead>
<tr>
<th>Age Group</th>
<th>FY 2013</th>
<th>FY 2014*</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 years old and younger</td>
<td>38,759</td>
<td>46,932</td>
</tr>
<tr>
<td>Teens</td>
<td>91%</td>
<td>84%</td>
</tr>
<tr>
<td>16% 12 years old and younger</td>
<td></td>
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</tbody>
</table>

Apprehensions of unaccompanied minors at the border, by age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>FY 2013</th>
<th>FY 2014*</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 years of age and younger</td>
<td>283</td>
<td>785</td>
</tr>
<tr>
<td>6-12 years of age</td>
<td>3,162</td>
<td>6,675</td>
</tr>
<tr>
<td>13-17 years of age</td>
<td>35,314</td>
<td>39,472</td>
</tr>
</tbody>
</table>

Source: Pew Research Center analysis of U.S. Customs and Border Protection, Enforcement Integrated Database records
Honduras Sends Largest Number of Unaccompanied Young Children to U.S.

Apprehensions of unaccompanied minors on the U.S.-Mexico border, by country of origin

<table>
<thead>
<tr>
<th>Country</th>
<th>FY 2014*</th>
<th>FY 2013</th>
<th>Total Minor Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honduras</td>
<td>27%</td>
<td>20%</td>
<td>13,244</td>
</tr>
<tr>
<td>El Salvador</td>
<td>22%</td>
<td>17%</td>
<td>9,835</td>
</tr>
<tr>
<td>Guatemala</td>
<td>10%</td>
<td>5%</td>
<td>11,449</td>
</tr>
<tr>
<td>Mexico</td>
<td>3%</td>
<td>3%</td>
<td>17,219</td>
</tr>
</tbody>
</table>


The cities sending the greatest number of child refugees to the United States
Child arrivals by location of origin, January 1 through May 14, 2014.

The Journey: On La Bestia

Approximately 1500 miles

Tulsa, OK → Boston, MA = 1583 miles

Travel for a week to several months

Amnesty International, 2010; Immigration Policy Center, 2014; Migration Policy Institute, 2014
The Journey: On La Bestia
The Journey: Fort Sill, OK

- Approximately 1800 children passed through the state
  - Reunited with family
  - Permanent shelters
  - Removal proceedings

- 241 unaccompanied minors still living with sponsors in OK

- Removal proceedings for many
  - < 1/3 have attorneys → 90% deported

- Local groups provide aid
  - TU’s Immigrant Rights Project
  - Catholic Charities

Putnam, 2014
Immigrant Children and Trauma

- 1004 recent immigrant schoolchildren; 8-15 years old
- 16%: Depression symptoms
- 32%: PTSD symptoms

- High levels of violence exposure (personal victimization & witnessing violence) in previous year and lifetime
- Boys and older children more likely to have experienced violence
- Girls higher prevalence of PTSD and depression
- PTSD symptoms were predicted by both recent and lifetime violence exposure, even when depressive symptoms and gender were controlled

However, not specific to Latin American populations and languages

Jaycox, et al., 2002
Refugee Children and Trauma

- Refugee children display a high prevalence of PTSD symptoms:
  - Rates between 50-90%

- Wide range of traumatic events:
  - 20% war exposure
  - 14% forced displacement

- Also display symptoms of:
  - Anxiety
  - Depression
  - Nightmares
  - Insomnia
  - Behavior problems
  - Academic difficulty
  - Somatic problems

How does this relate to Latin American immigrant children?

Boothby, 1994; Lustig et al., 2004
Latino Children and Trauma

- Latino/Hispanic Children prevalence rates:
  - Complex trauma, 72%
  - Exposure to domestic violence, 53%
  - Impaired caregiver, 47%
  - Emotional abuse, 42%
  - Traumatic loss, 42%
  - Physical abuse, 33%
  - Sexual abuse, 29%
  - Neglect, 27%
  - Community violence, 22%

- When compared to White/Caucasian controls:
  - Higher → Domestic violence, impaired caregiver, community violence
  - 3 Times Higher → Community violence

* Taken together, findings for trauma symptomology in Latin American immigrant children are unclear*

Lustig et al., 2004; National Child Traumatic Stress Network, 2012
Trauma Conceptualization: The Refugee Experience

RISK FACTORS

- Exposure to violence
- Disruption to schooling
- Traumatic loss
- Displacement
- Camps/detention
- Migration & Loss
- Acculturation
- Economic insecurity
- Separation from caregivers

PROTECTIVE FACTORS

- Individual factors
- Family functioning and presence of caregivers
- Access to education
- Availability of appropriate services (formal and informal)
- Community acceptance

Preflight → Flight → Resettlement

Assessment and Treatment Considerations
Provider Barriers

Knowledge about Immigration
- How and/or why child came here
- Child’s current state of distress and needs

Language
- Fluency in child’s language
- Applicability of assessments

Cultural Competency and Awareness
- Child’s conceptualization of mental illness
- Understanding child’s culture

Addressing Barriers

Knowledge about Immigration
- Self-education and community involvement
- Implications of immigration policy

Language
- Interpreters and cultural brokers
- Regular communication and teamwork

Cultural Competency and Awareness
- Cultural brokers and ongoing self-education
- Diversity-informed approach

Assessment

- **Reassure the child he or she is not in trouble!**
- Consider child’s linguistic skills
- Consider child’s developmental level
- Build rapport with the child:
  - Describe your role as a helper
  - Explain what mental health treatment is about
  - Explain purpose of the assessment process
  - Discuss the rationale for confidentiality and what it is
  - Let the child know they are in control – can stop the interview at any time
  - Emphasize that assessment process can be spread out over multiple sessions

Assessment

- Spanish versions:
  - Diagnostic Interview for Children and Adolescents—Acute Stress Disorder
  - Child PTSD Symptom Scale (CPSS)
  - UCLA Posttraumatic Stress Disorder Reaction Index for DSM-IV*
  - More research is needed

- Ideal to use comprehensive, individualized, and culturally-informed trauma assessment
  - Family history
  - Acculturation
  - Risk and resiliency factors
  - Ongoing exposure to trauma
  - Culturally-specific trauma symptoms (e.g., somatic complaints)
Treatment

- Best to employ **individualized and comprehensive treatment plan**
- **Trauma-Informed Cognitive Behavioral Interventions**
  - Ongoing psychoeducation
  - Family-focused
  - Community and group school-based
  - Primary health care provider
    - *Settings reduce stigma and increase access to care*
- Emphasize the utility of informal services in the community
- Psychopharmaceutical interventions have not been thoroughly evaluated in these groups

Birman, et al., 2005; Briere & Scott, 2013; de Girolamo, 1994; Friedman, Keane, & Resick, 2014; Ghosh Ippen, 2012; Kinzie, et al., 2006
Conclusions

- Identify issues related to trauma in treatment and assessment with immigrant children
- Strive to be educated on the differences and similarities between immigrant children and other populations susceptible to trauma
- Engage in continuous self-education to increase cultural awareness when working with special populations in need
Resources

- The National Child Traumatic Stress Network: Refugee Services Toolkit (RST) 
  [learn.nctsn.org/course/view.php?id=62](learn.nctsn.org/course/view.php?id=62)

- 2-1-1 Helpline [211oklahoma.org](211oklahoma.org)

- Community Service Council [www.csctulsa.org](www.csctulsa.org)

- **Immigration:**

  - Migration Policy Institute [www.migrationpolicy.org](www.migrationpolicy.org)

  - Immigration Policy Center: American Immigration Council [www.immigrationpolicy.org](www.immigrationpolicy.org)

- **Cultural Sensitivity/Awareness:**

  - Bridging Refugee Youth and Children’s Services (BRYCS) [www.brycs.org](www.brycs.org)

  - Cultural Orientation Resource Center [www.culturalorientation.net](www.culturalorientation.net)
QUESTIONS?
References


References


Risk of Persistent Trauma

- **Pre-migration**: History of trauma prior to leaving
  - Community violence
  - Poverty
  - Neglect
  - Abuse
  - Resources (*what does the literature say?*)

- **Migration**: Exposure to trauma during transit to new country
  - Sexual abuse
  - Crime
  - Trafficking
  - Method of transportation (i.e., *La Bestia*)

- **Asylum-seeking and/or relocation**: Ongoing experiences as part of the process
  - Racism and discrimination
  - Legal and foster system

*Amnesty International, 2010; Briere & Scott, 2013; Segura & Zavella, 2011*