



**THE CENTER ON
IMMIGRATION
AND CHILD WELFARE**



IMPACT OF IMMIGRATION ON CHILDREN & FAMILIES & PROVIDING SUPPORT

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ABOUT THE CICW

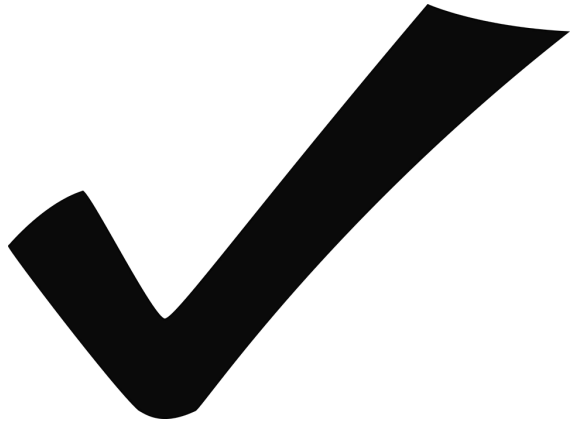
The Center on Immigration and Child Welfare (CICW) is a national professional network with the mission to improve programs and policies related to immigrant children and families involved in the public child welfare system to achieve positive outcomes of safety, permanency and well-being. We envision a world where children of immigrants thrive in their families and communities.

For more information about our mission and work:

- Visit our website at www.cimmcw.org
- Find us on Facebook, Twitter, and Instagram.
- Sign up for monthly E-News!



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OBJECTIVES

- Help social workers, child welfare workers, and other service providers recognize the impact of immigration policies and processes on children and families, including child welfare system involvement.
- Identify strategies, models, and best practices that mitigate the traumatic impact of immigration policies on children and their families.
- Utilize case scenarios and discussion to apply workshop concepts to participants' experience.

REVIEW OF PREVIOUS WORKSHOP

IMMIGRATION 101 & LEGAL TRAINING

- ✓ Demographic overview of immigrant and refugee population in CA and US.
- ✓ Review of the current immigration system and legal relief options.
- ✓ Recent trends in migration, including influx of unaccompanied minors.
- ✓ Relevant immigration policies and procedures that impact family unity and child well-being.



THE IMPACT OF IMMIGRATION ON CHILDREN & FAMILIES

THE UNIVERSITY OF
MICHIGAN

WOMEN'S CENTER

VIOLENCE AND TRAUMA EXPOSURE BEFORE & DURING MIGRATION

COUNTRY OF ORIGIN

- **Homicide** rates in Honduras (1st), El Salvador (2nd), Venezuela (3rd), Guatemala (14th) and Mexico (18th) rank within top 20 in the world.
- Globally, 4 of 10 homicides occur in this region, with more than a quarter of victims under the age of 20 (UNICEF, 2014).
- High rates of **femicide** that often go unprosecuted.

MIGRATION JOURNEY

- Vulnerable to **human and drug trafficking**
- 60% of women and girls crossing the U.S.-Mexico border experience **sexual assault** (Amnesty International, 2010).
- About 20,000 migrants are **kidnapped** each year. Estimated ransom is \$50 million each year.

AT THE BORDER

- At least **1,544 cases of murder, rape, torture, kidnapping, and other violent assaults** against asylum seekers and migrants due to the Migration Protection Protocols
- At least **6,356 kidnappings, sexual assaults, and other violent attacks** due to Title 42

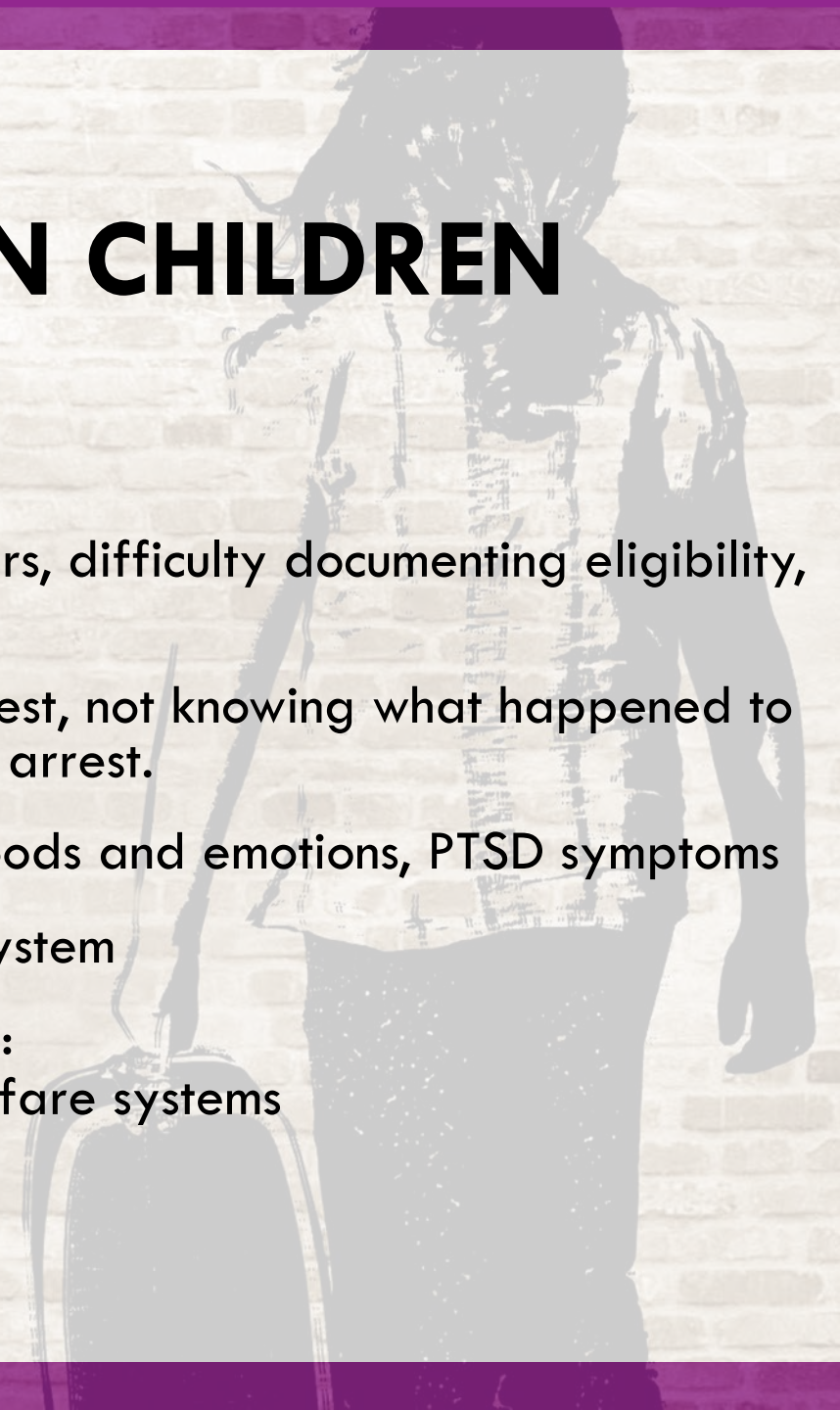
IMPACT OF IMMIGRATION ON PARENTS

- More likely to have experienced some form of trauma (physical or sexual assault, robbery, threats, extortion, witness to murder through process of immigration)
- Daily concerns about detection by authorities, deportation and separation from family members → “trust no one”
- Fear of retribution if voice concerns about unfair conditions
- Unmet needs for physical and mental health, lack of access to needed services
 - Avoid public benefits/supportive services for selves and children for fear of immigration consequences
- Acculturative stress, loss and adaptation



IMPACT OF IMMIGRATION ON CHILDREN

- Family economic hardship
- Difficulty accessing social services due to language barriers, difficulty documenting eligibility, mistrust and fear
- Significant levels of traumatic stress, due to witnessing arrest, not knowing what happened to detained parent, unstable caregiving in the aftermath of arrest.
- Psychological trauma, internalizing problems, negative moods and emotions, PTSD symptoms
- Higher risk of involvement or entering into child welfare system
- If in foster care, reunification may be compromised due to:
 - lack of coordination between immigration and child welfare systems
 - parent's inability to attend court hearings
 - policy misinterpretations and biases



SIGNS OF STRESS



EARLY CHILDHOOD

- Restlessness at bedtime or naptime
- Nightmares
- Fussiness or tantrums
- Themes of sadness and loss in drawings and play

MIDDLE CHILDHOOD

- Withdrawn
- Distractible
- Sad
- Angry
- Poor school performance/less motivated in general
- Refusing to go to school
- Physical complaints
 - e.g., stomach aches, headaches, etc.
- Sleep problems, nightmares

ADOLESCENCE

- May feel burden of increasing responsibilities
- May not feel ready to take on parental roles
- Fear and overwhelm expressed as anger
- Change in behaviors at home and at school

CASE VIGNETTE 1

P is a three-year-old boy who is wetting the bed at home and refusing to sleep with the light off. The social worker gets a call from mom because his pre-school called and said he was calling himself *la migra* and was trying to round up all the other kids at school, shoot them with an imaginary gun and put them in “jail.”

- How did you feel hearing this?
- If you were P’s social worker, what would you suggest to mom? What would you say to P?

CASE VIGNETTE 2

O is a 9-year-old girl. She was referred to the school social worker due to increasingly voicing anxiety and worries about her family. Parents reported that O started getting anxious after her father got a parking ticket and she learned that her father had to go to court. Parents and O worried about father being detained at court and deported. O has stated that she worried about having to move to Mexico because “I’m not Mexican”.

- Why do you think O didn’t identify as Mexican?
- How would you respond to O? What would you suggest to the parents?



PROVIDING SUPPORT TO CHILDREN IN IMMIGRANT FAMILIES



MITIGATING IMPACTS OF TRAUMATIC STRESS

- Facilitating supportive adult-child relationships
- Building a sense of self-efficacy and perceived control
- Providing opportunities to strengthen adaptive skills and self-regulatory capacities
- Mobilizing sources of faith, hope, and cultural traditions

Source: Harvard Center for the Developing Child

BEYOND ACEs

- Unique trauma challenges for immigrant children
- Under-identification of immigrant children's trauma experiences
 - Trauma instruments like the ACEs inventory are less likely to identify the types of experiences that immigrant and refugee children have because they focus more on experiences within the household environment as opposed to external factors e.g., acculturation, resettlement, political environment
 - Many mental health screening tools used to assess incoming migrants are not designed for young children

Source: Migration Policy Institute, 2019





CHAT

- **WHAT ARE SOME EXAMPLES OF TRAUMA-INFORMED PRACTICE(S) THAT YOU USE IN YOUR WORK?**

EVIDENCE-BASED APPROACHES

- **Child-parent psychotherapy**
 - Narrative building
 - Help the child use the parent as a stable and safe caretaker.
 - Support the parent's own feelings and history
- **Cognitive Behavioral Therapy**
 - Identify a child's distortions i.e. "*It's my fault,*"
 - Support children to have a realistic appreciation of the situation
 - Identify and build coping skills
- **Mindfulness and Somatic-based approaches**
 - Creating awareness of thoughts and feeling without acting on them
 - Meditation, body-centered practices such as yoga, dance

BEST PRACTICES IN SUPPORTING CHILDREN

- Acknowledge reactions --- yours and theirs
- Regulate -- our fears, anxieties, wishes, disappointments etc.
- Provide a space to talk about these things
- Create a positive story that competes with the negative, hateful messaging.
- Identify allies, supports, and positives in immigration.
- Support safety plans – coping mechanisms, contingency planning, protections for children
- Be aware of:
 - Reading level
 - Language spoken
 - Cultural style of communication
 - Race, ethnicity of provider