A SOCIAL WORKER’S TOOL KIT FOR WORKING WITH IMMIGRANT FAMILIES

Healing the Damage: Trauma and Immigrant Families in the Child Welfare System

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EXECUTIVE SUMMARY
Most immigrant families function well in many domains and never come in contact with the child welfare or child protection systems. But when they do, it becomes especially challenging to untangle the range of factors that contribute to their capacity to protect and nurture their children.

The reality that immigrants and refugees come from dramatically different backgrounds and have definitions of family or family composition that may be different from that of the families child welfare workers are accustomed to serving makes their situation even more difficult. Moreover, the strengths of immigrant children are frequently missed. Despite the potential survival strengths and resiliency of these families, caregivers or child welfare staff sometimes perceive them as troubled and unresponsive to offers of help.

Immigrants and refugees often experience severe, chronic exposure to traumatic events that place them at risk of consequences that may include alterations of neurophysiology, brain morphology and brain function; persistent hyper-reactivity and impulsivity; negative beliefs about the world at large and people in general; limited social skills and capacity for problem solving; multiple externalizing behaviors, often in association with substance abuse; and problems with authority. In addition, living in an environment of trauma, poverty and discrimination combine with these experiences to result in attitudes and behaviors viewed by adults as pathological, but which were probably adaptive in the past.

Given what is known of the impact of exposure to violence and traumatic experiences (attachment problems, depression, conduct disorders, etc.) and the increased risk for post-traumatic stress disorders, an assessment of the impact of lifetime exposure to violence provides a more solid basis for the development of a collaborative service plan with interventions that will assist families and support children.

These guidelines are designed to assist child welfare and other community-based agencies working with children and families respond to needs of immigrant families exposed to family violence (child maltreatment and domestic violence) and community violence, as well as current sources of traumatic stress.

The first section of this tool kit provides a rationale for assessing and addressing traumatic stressors when working with immigrant families in the child welfare system. The second section describes concrete strategies to integrate the elements of good child welfare practice with trauma-informed care. The third section discusses the essential areas that need to be reviewed to expand organizations’ capacity to serve these families. The last section responds to the most frequently asked questions about immigrant families that enter the child welfare system. Appendices A, B, and C provide definitions, a case example and additional available resources for child welfare staff working with immigrant and refugee families.
Section I. Overview of Child Welfare Practice With Immigrant and Refugee Families

The child welfare system is a service delivery system, shaped by myriad federal and state policies, for the protection of children and the stability of families. Services take many forms: they support families in their role as primary caregivers to children, prevent child abuse or neglect, preserve families in crisis while ensuring the safety of children in the home, protect children who have been abused or neglected, provide temporary substitute out-of-home care, and secure adoptive families or other permanent living arrangements for children who are not able to return home. Child welfare agencies also help youths make the transition to independent living.

Within each service area in child welfare, there is an underlying philosophy of family-centered and child-focused practice, meaning that the safety, permanency and well-being of children is the focal point of decision making, with a service array designed to build the capacity of the entire family to care for and protect the child. Recent efforts in child welfare call for services to be provided to children and families within the communities they reside and to include community leaders, key stakeholders and affiliated service providers in identifying and developing these services.

Child Welfare Practice With Immigrant Families

Child welfare agencies are facing many challenges in providing services to an increasingly diverse population of children and families. Caseworkers must be able to respond to people of all cultures and backgrounds, and policies guiding practice need to highlight the importance of cultural understanding and sensitivity. With the increase of immigrants in the U.S., it is imperative that child welfare workers provide culturally appropriate services to these families, particularly recent immigrants.

Given the multiple challenges caseworkers face, they need to be adequately prepared to address the needs of the immigrant population. The complexity of problems that many of these families face requires that services and interventions become more multifaceted and concentrated for each population. A trauma-informed practice framework that encompasses family-focused, community-based and culturally competent strategies may assist child welfare staff in accessing critical supports and resources in refugee and immigrant communities to facilitate positive outcomes.

Exposure to Violence and Other Toxic Stressors: A Serious Public Health Issue

Exposure to violence and other sources of toxic or traumatic stress is considered a serious public health issue around the world because of its impact on individuals, families, communities and society. Stressors may have an impact on social, physical and emotional development. The unaddressed consequences of traumatic experiences impact the family’s capacity for safe partnering and nurturing parenting.

A strong relationship with a caregiver is the most critical protective factor in a child's life. It is also the protection that children in the child welfare system, especially those from immigrant families with emotional scars due to their lifetime exposure to violence, typically lack. When the lack of relationships is compounded by ongoing experiences of instability due to poverty, lack of supports and disruptions in the family cycle, these problems begin to multiply. As they grow, these young people can be found in many systems as they become runaways, delinquents, substance abusers and dropouts. Immigrant youths with similar problems, many of whom experienced abuse, neglect, domestic violence or other traumatic stressors, never come to the attention of child welfare.

Sources of Traumatic Stress for Immigrant Families

Immigrant families may be at particularly high risk of poor outcomes in the child welfare system because the effects of traumatic experiences may be exacerbated by highly stressful conditions such as poverty, social marginalization, isolation, inadequate housing and changes in family structure and functioning. Some of the sources of toxic stress for immigrant families are peri-migration trauma and migration stress, post-migration or resettlement stress, acculturation stress, domestic violence and fear of deportation.

The salience of sources of traumatic and daily stressors is likely to vary by age and gender for individual families; for example, children may be particularly vulnerable to school-related problems, while some families may struggle with domestic violence or high rates of other health-related problems. Common factors that may point to risks and vulnerabilities of immigrant families and children are the child’s vulnerability, caregiver capacity, the quality of caregiving, the home environment and the social environment.

Making Child Welfare Systems More Trauma-Informed

In a trauma-informed organization, staff members are aware of the pervasiveness and impact of traumatic stress and of the many paths to recovery, and programs and policies are sensitive to the impact of exposure to violence. Clients are not automatically assumed to have a mental illness or to need psychiatric services. Trauma-specific services are available for those with severe and persistent trauma-related symptoms and those who want such services, but they are not seen as a substitute for other needed services.
In the case of refugee and immigrant groups, trauma-informed staff understands that current behavior may be the result of adapting to dangerous or frightening circumstances of the past and that living in an environment of poverty, discrimination and environmental stressors can lead to attitudes and behaviors that are seen by adults as pathological, even though they may have been adaptive in the past. Trauma-informed staff is able to go beyond the adaptive functions of the seemingly negative behaviors of immigrant and refugee families impacted by traumatic events and to recognize that there is the additional possibility that such behaviors continue to be adaptive due to ongoing trauma.

Section II. Guidelines for Integrating Child Welfare Practice With Trauma-Informed Care

Within child welfare agencies, practice is guided by a multitude of policies and procedures that are institutionalized through the agency and direct most aspects of service delivery. The integration of good child welfare practice with trauma-informed care and services needs to respect these existing structures while overlaying specific areas at each stage of delivery. Each of the stages is described below, with details on the application of trauma-informed care to culturally competent child welfare practice.

Engagement

The work with immigrant families requires a strong focus on engagement at first contact and throughout. To engage immigrant families, workers must approach the family from a position of respect, engage them on a concern for the children’s safety and well-being, and focus on family strengths, including traditions, values and lifestyles, as the building blocks for services as a catalyst for service delivery. In addition, focusing on issues that are of immediate interest to families and communicating an appreciation for their circumstances helps build the trust needed to engage in other services.

Intake

The goal of the intake stage is to gather information on safety and risk to determine future child welfare involvement. During this stage it is important to focus on:

- What are the child and family’s immigration status?
- Are the child’s needs being met? Does harm or threat of harm result from unmet needs?
- Are culturally relevant emergency services needed to keep the child at home (e.g., services for domestic violence, chemical dependence or other poverty-related conditions)?

Safety and Risk Screening or Investigation

The goal of the investigation is to determine whether the child has been abused or neglected and/or predict risk of maltreatment in the future, and identify the person responsible for the maltreatment. Important considerations with immigrant families include:

- Are conditions related to safety the result of poverty factors?
- Are there differences between culturally based parenting and maltreatment (i.e., neglect, medical neglect, nutrition or inadequate supervision)?
- Has a cultural conflict occurred because of different child-rearing beliefs and behaviors?
- What is the potential for harm of these cultural differences?

Comprehensive Family Assessment

The goal of comprehensive assessment is to gather and analyze information that will support sound decision making regarding the safety, permanency and well-being of the child and to determine appropriate services for the family. Workers can gather information on:

- Events before migration, such as extreme poverty, war exposure or torture;
- Peri-migration trauma or psychological distress occurring at the time of leaving the country of origin;
- Events during migration, such as parental separation, hunger or the death of traveling companions;
- Experiences of rejection and suffering if seeking asylum, such as chronic deprivation of basic needs;
- Survival as an immigrant, such as experiencing substandard living conditions, lack of income or racism; and
- Transgenerational acculturation differences, particularly between adolescents, parents and grandparents.

Assessment of Exposure to Violence and Other Traumatic Stressors and Their Impact on the Family

An assessment of a family’s history of exposure to violence and its impacts provides a more solid basis for the development of a service plan with interventions that will assist the family in resolving concerns that led to its involvement with the child welfare system and will support the child’s development and well-being.
Assessment of Safety, Resilience and Developmental Needs of Children

As with all children who enter the child welfare system, the first consideration in assessment is whether the child is safe, and if not, what is needed to protect the child in the home, with extended family or in out-of-home care. To determine safety, the worker needs to assess not only the caregiver’s ability and willingness to assure the child’s safety, permanency and well-being, but also the child’s strengths and needs.

Case Planning and Implementation

The goal of case planning and implementation is to design a goal-oriented, individualized service plan that focuses on behavior outcomes. The plan describes the problems the family is facing, identifies risks to the child, describes strengths of the family and child, and presents the services and actions needed to achieve the desired outcomes. Important areas to explore include:

- Are there exceptions to Adoption and Safe Families Act timelines that need to be allowed in the best interest of the child because of complications of the immigration process?
- Do undocumented children who are separated from their parents due to immigration enforcement need child welfare services, including foster care placement?

Evaluating Progress

The goal of evaluating progress is to ensure that the case plan maintains its relevance, integrity and appropriateness. Critical considerations include:

- Does staff monitor the family’s timely access to a culturally competent array of services, allowing sufficient time to make adequate changes to provide a safe home for the children?
- What criteria are being used to determine that risk has been reduced?

Closure

The goal of closure is to determine if the children are safe and the parents are willing and able to protect their children, or if a need exists for an alternative permanency plan.

Special Considerations in Cases of Domestic Violence

Domestic violence does not equal child abuse and neglect; therefore, not all cases of domestic violence must be reported to child protective services. However, the rules regarding what constitutes abuse are up for interpretation.

Screening for Safety and Risk in Cases of Domestic Violence

Routine screening for safety and risk in cases of domestic violence and its impact on children is recommended at every phase of the child protection process with immigrant families. For safety reasons, however, it is important to review this information out of the presence of the alleged domestic violence perpetrator.

Assessment of Family and Cultural Issues in Domestic Violence Cases

Domestic violence occurs in every community and group. All cultures contain a range of contradictions; on one hand, there may be a perceived acceptance of domestic and sexual violence, while on the other hand, there are long-standing traditions of resistance to violence against women and children. Domestic violence should never be excused as a “cultural” practice.

Planning When There is Domestic Violence

One of the dilemmas of domestic violence and child abuse cases is how to keep children safe without penalizing the non-offending parent.

For children exposed to violence, the child’s needs (which may change over time) and progress are the constant frame of reference during planning and implementation. Staff, parents and community supports must be constantly mindful of the child’s attachment, safety, security and other needs and plan to obtain the most appropriate services to meet these needs.

Section III. Building Child Welfare Agency Capacity

Culturally competent child welfare agencies are able to transform knowledge and cultural awareness into interventions that support and sustain healthy client-system functioning within the appropriate context. Furthermore, cultural competence includes the ability to provide services that are perceived as legitimate for problems experienced by culturally diverse persons. What is important in these definitions is that cultural competence not only refers to a person’s ability to understand the experiences of a culture, but also relates to the person’s ability to provide meaningful assistance in accomplishing what the other person views as important. To build the capacity of the child welfare agency to respond to the needs of refugee and immigrant families, it is critical to review:

- Policies and protocols;
- Administrative supports;
- Staff training; and
- Community partnerships.
Section IV. Frequently Asked Questions

• How do I get a better understanding of an immigrant family's viewpoint to determine their needs and preferences?
• What is the best way to talk to immigrant caregivers about their children?
• What happens if the view of the parents is different from that of the agency?
• What can be done to support parents?
• How do you support the well-being of children who have been exposed to violence?
• What if I have safety concerns (for children or adults)?
• What is the difference between screening and specialized assessment for exposure to traumatic stress?
• What is the role of the child welfare agency in cases of domestic violence?
• How do I incorporate community context and cultural values of specific groups into my work?
About the Migration and Child Welfare National Network

Formed in 2006, the Migration and Child Welfare National Network (MCWNN) is a coalition focused on improving public child welfare system response and services to immigrant children, youths and families. Membership to MCWNN is free and members learn from each other's experience and expertise. Questions about joining MCWNN or about this tool kit can be referred to CWMN@americanhumane.org. MCWNN funding partners include the Annie E. Casey Foundation and the American Humane Association.

About the Tool Kit

This resource is part of A Social Worker's Tool Kit for Working With Immigrant Families, a multicomponent resource guide developed by the MCWNN. This and other full tool kits can be downloaded at www.americanhumane.org/migration. Please contact CWMN@americanhumane.org with your feedback on how to improve this tool kit and make it even more relevant to the child welfare community.

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