

Understanding How Immigrant Families Navigate Trauma

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Learning Objectives

- How does trauma might look like in immigrant populations
- Effects on children
- How to use this information; working effectively with these families
- What does it take to serve these families / how to be part of the change?

Walk away with....

- ► Greater Knowledge, Skills, Awareness
- ► Examining assumptions about immigrant families
- ► Trauma, what it is, and what it looks like across various groups
- ▶ Impact of socio-political and socio-economic factors
- ► How trauma (seen and unseen) impacts our work
- ► Relationship building, eliminating the power differential, build trust, self-disclosure, addressing matters of race and prejudice
- ▶ Validating their experiences
- Strategies
- ► Gender roles the spectrum of traditionalism

Immigrant Families

- One in seven U.S. residents is an immigrant, while one in eight residents is a native-born U.S. citizen with at least one immigrant parent.
- ▶ In 2018, 44.7 million immigrants (foreign-born individuals) comprised 14 percent of the national population.
- ► The United States was home to 21.9 million women, 20.3 million men, and 2.5 million children who were immigrants.
- The top countries of origin for immigrants were Mexico (25 percent of immigrants), India (6 percent), China (5 percent), the Philippines (4 percent), and El Salvador (3 percent).
- In 2018, 39.4 million people in the United States (12 percent of the country's population) were native-born Americans who had at least one immigrant parent.

Trauma and immigrants

- **▶** Loss of identity and familiarity
- ► Lack of resources to help them cope in a new environment.
- ► Children of immigrants tend to show higher rates of anxiety and depression.



Additional risk factors...

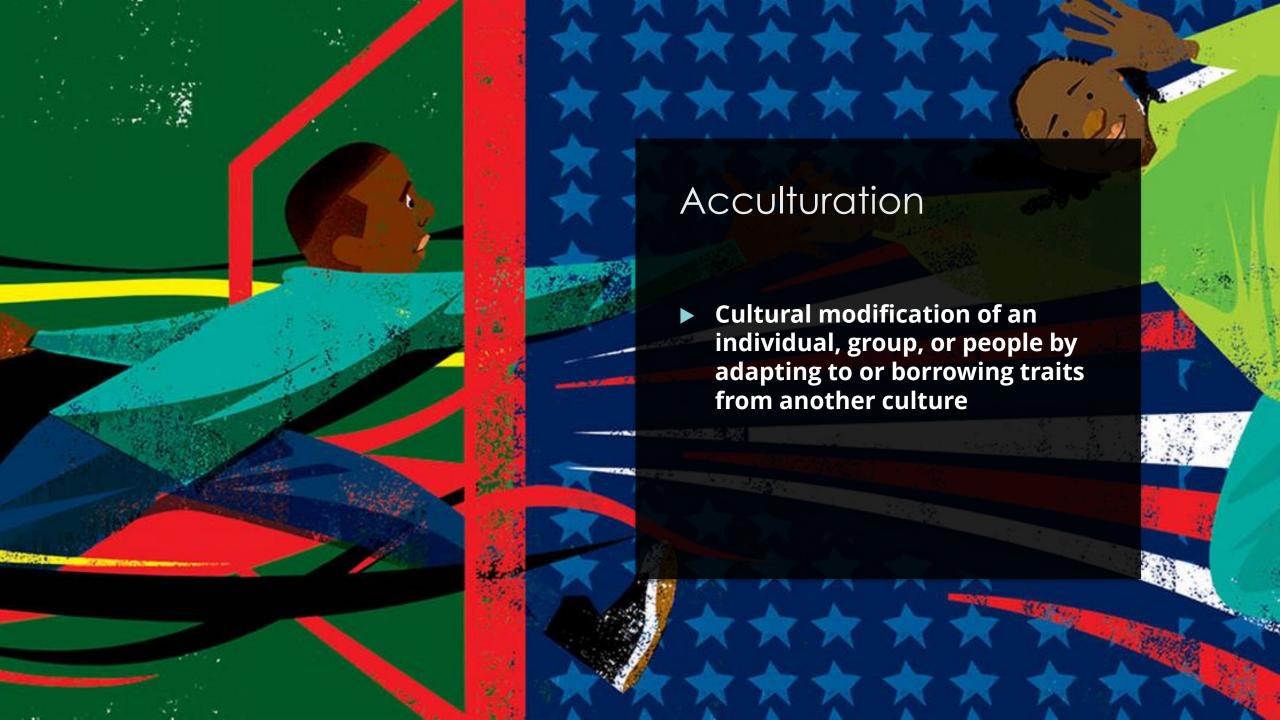
Immigration Experience

Anti-Immigration Discrimination

History of Civil War or Oppressive Dictatorship

Estrangement from family & country of origin

Culture-Related Intergenerational Conflicts



Who am I... who are we?

- Immigrant families are already adjusting to a significant change
 - Leaving their country of origin
 - Customs & traditions
 - Family
 - generations



Pressure to assimilate....

► The process through which individuals and groups of differing heritages acquire the basic habits, attitudes, and mode of life of an embracing culture.



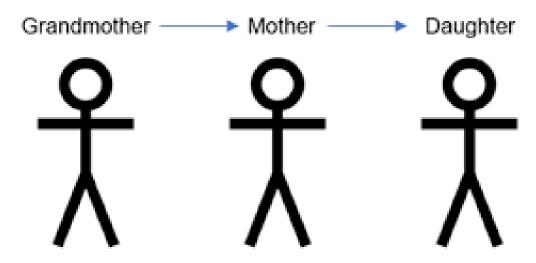
Children are already developing their identities, which presents with its own challenges

Furthermore, their country of origin may be experiencing collective trauma such as war, oppression, economic hardship, and other forms of injustice

Intergenerational trauma / Transgenerational trauma

Intergenerational /
transgenerational trauma
affects one family. While
each generation of that
family may experience its
own form of trauma, the
first experience can be
traced back decades.

Transgenerational trauma:



Three types of trauma...

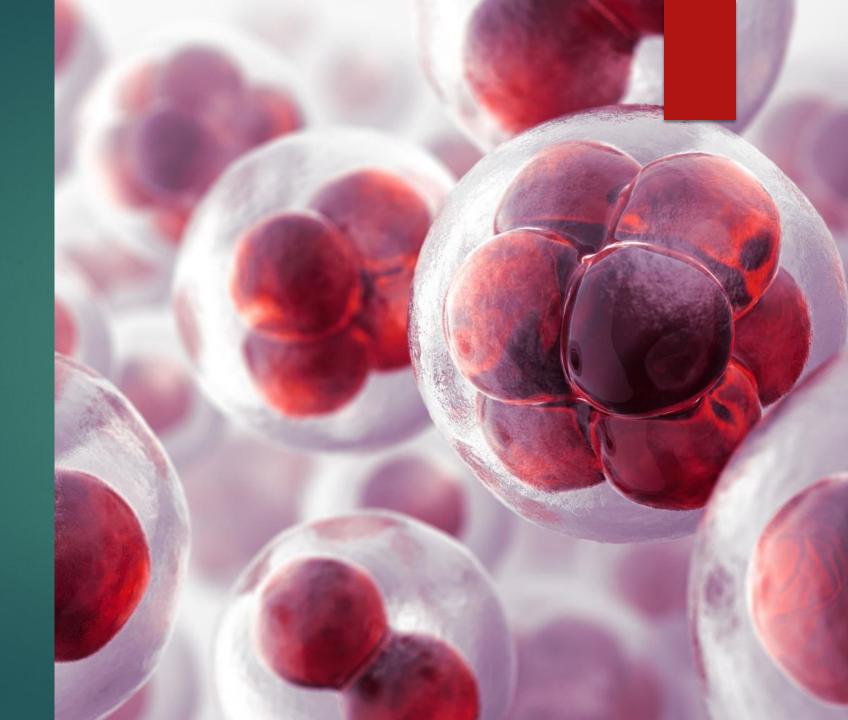
- Acute trauma results from a single incident.
- Chronic trauma is repeated and prolonged such as domestic violence or abuse.
- Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

Trauma can be passed on through parenting practices, behavioural problems, violence, harmful substance use and mental health issues.



Epigenetics

The study of how your behaviors and environment can cause changes that affect the way your genes work.







What does trauma look like in children?

Common Symptoms...

- Anxiety
- Depression
- Withdrawal
- Acting out
- Insomnia
- Over-Compensating
- Substance abuse
- Promiscuity
- Disproportionate anger
- Self-harm
- Aggression
- Psychosis









Effects on Children are compounded by...

Poverty

Inadequate housing

Single-parent families

Substance abuse problems

Stress related to acculturation and discrimination

Lower levels of education

Cultural history of oppression

Trauma...

Extreme stress that overwhelms a person's ability to cope.

► There are no clear divisions between stress, trauma, and adaptation.

Annual Conference of the Maryland Mental Hygiene Administration, "Passages to Prevention: Prevention across Life's Spectrum," May 1999. Esther Giller

Impact of Trauma

- ► Effects on the individual
- ► Effects on relationships
- ► Effects on development
- ► Effects on society

Trauma...

Trauma is defined by the American Psychological Association (**APA**) as "the emotional response someone has to an extremely negative event."

While **trauma** is a **normal** reaction to a horrible event, the effects can be so severe that they interfere with an individual's ability to live a normal life.

Let's know the difference

- Trauma
 - ▶ Falls on a continuum
 - ► Affects nearly all of us
 - Great variability across individuals

- PTSD (Post-Traumatic Stress Disorder
 - ► A psychological diagnosis
 - ▶ Focus is on treatment
 - ▶ Clinically significant

Post-Traumatic Stress Disorder (PTSD)

- Criterion A
- ► A. The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows:
- 1. Direct exposure
- 2.Witnessing, in person

Post-Traumatic Stress Disorder (PTSD)

CRITERION A (CONTINUED):

3. INDIRECTLY, BY LEARNING THAT A CLOSE RELATIVE OR CLOSE FRIEND WAS EXPOSED TO TRAUMA. IF THE EVENT INVOLVED ACTUAL OR THREATENED DEATH, IT MUST HAVE BEEN VIOLENT OR ACCIDENTAL.

4. REPEATED OR EXTREME INDIRECT EXPOSURE TO AVERSIVE DETAILS OF THE EVENT(S), USUALLY IN THE COURSE OF PROFESSIONAL DUTIES (E.G., FIRST RESPONDERS, COLLECTING BODY PARTS; PROFESSIONALS REPEATEDLY EXPOSED TO DETAILS OF CHILD ABUSE). THIS DOES NOT INCLUDE INDIRECT NON-PROFESSIONAL EXPOSURE THROUGH ELECTRONIC MEDIA, TELEVISION, MOVIES OR PICTURES.

B. INTRUSION SYMPTOMS (1/5 SYMPTOMS NEEDED)

1. RECURRENT, INVOLUNTARY AND INTRUSIVE RECOLLECTIONS

CHILDREN MAY EXPRESS THIS SYMPTOM IN REPETITIVE PLAY

2. TRAUMATIC NIGHTMARES *

* CHILDREN MAY HAVE DISTURBING DREAMS WITHOUT CONTENT

RELATED TO TRAUMA

Post-Traumatic Stress Disorder (PTSD)

PTSD (criterion B continued...)

- 3. Dissociative reactions (e.g. flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness *
- children may re-enact the event in play
- 4. Intense or prolonged distress after exposure to traumatic reminders
- 5. Marked physiological reactivity after exposure to trauma-related stimuli

Post-Traumatic Stress Disorder (PTSD)

C. PERSISTENT AVOIDANCE OF STIMULI ASSOCIATED WITH THE TRAUMA AFTER THE EVENT (1/2 SYMPTOMS NEEDED):

1. TRAUMA-RELATED THOUGHTS OR FEELINGS

2. TRAUMA-RELATED EXTERNAL REMINDERS (E.G. PEOPLE, PLACES, CONVERSATIONS, ACTIVITIES, OBJECTS OR SITUATIONS)

Post-Traumatic Stress Disorder (PTSD)

D. NEGATIVE ALTERATIONS IN COGNITIONS AND MOOD THAT ARE ASSOCIATED WITH THE TRAUMATIC EVENT (2/7 SYMPTOMS NEEDED):

1. INABILITY TO RECALL KEY FEATURES OF THE TRAUMATIC EVENT (USUALLY DISSOCIATIVE AMNESIA; NOT DUE TO HEAD INJURY, ALCOHOL OR DRUGS)

2. PERSISTENT (& OFTEN DISTORTED) NEGATIVE BELIEFS AND EXPECTATIONS ABOUT ONESELF OR THE WORLD (E.G. "I AM BAD," "THE WORLD IS COMPLETELY DANGEROUS")

3. PERSISTENT DISTORTED BLAME OF SELF OR OTHERS FOR CAUSING THE TRAUMATIC EVENT OR FOR RESULTING CONSEQUENCES

Post-Traumatic Stress Disorder (PTSD)

- Criterion D, continued...
- ▶ 4. Persistent negative trauma-related emotions (e.g. fear, horror, anger, guilt, or shame)
- ▶ 5. Markedly diminished interest in (pre-traumatic) significant activities
- ▶ 6. Feeling alienated from others (e.g. detachment or estrangement)
- ▶ 7. Constricted affect: persistent inability to experience positive emotions

Post-Traumatic Stress Disorder (PTSD)

- E. Alterations in arousal and reactivity that are associated with the traumatic event (2/6 symptoms needed)
- 1.Irritable or aggressive behavior
- 2. Self-destructive or reckless behavior

Post-Traumatic Stress Disorder

- Criterion E (continued):
- 3. Hypervigilance
- 4. Exaggerated startle response
- 5. Problems in concentration
- 6. Sleep disturbance

Post-Traumatic Stress Disorder (PTSD)

- F. Persistence of symptoms (in Criteria B, C, D and E) for more than one month
- G. Significant symptom-related distress or functional impairment
- H. Not due to medication, substance or illness

PTSD Dissociative subtype

- Meets PTSD diagnostic criteria
- Experiences additional high levels of depersonalization or derealization
- Dissociative symptoms are not related to substance use or other medical condition

Awareness

Danger in mislabeling or diagnosing what we do not understand

Stigmatlzing youth and families

Further marginializing youth who already struggle with adjustment and are at risk









We judge what we do not understand

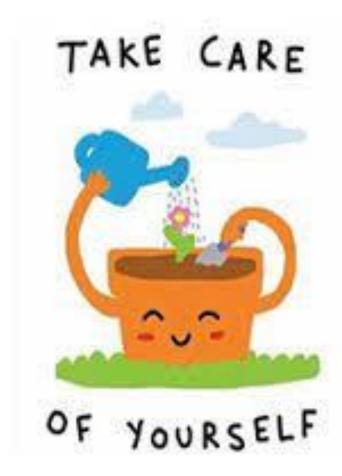
Becoming effective with families:

- Understanding their worldview
- Strength-based approach (identify their resilience)
- Emphasis on relationship and their experience of family
- Cultural identity / acculturation issues
- Religious beliefs; use of proverbs and "cuentos"
- Share your experiences
- Don't make assumptions
- Be supportive and nonjudgmental
- Ask for what they need
- Listen
- ▶ They are the experts on their family!

A word on self-care...

Self-Care is KEY when serving these families!

- We are more effective when we take care of ourselves
- ▶ Have good boundaries
- Understand that you cannot help everyone
- Good role-modeling
- Impact is far greater when you are healthy!





THANK YOU!!!