

Assessment of Issues Facing Immigrant and Refugee Families

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This article identifies the different problems immigrants and refugees face in the United States, especially socioeconomic and psychosocial concerns that often relate to the experience of migration. Traditional familial roles and responsibilities are frequently challenged, exacerbated by sociocultural differences and inadequate understandings between the new arrivals and the host country. Essential in assessments of immigrant and refugee families is evaluating resources for social, economic, and cultural integration; discriminating between realistic and unrealistic expectations; evaluating families' problem-solving abilities; exploring family functioning within the context of heritage; identifying the transferability of work skills; and gauging families' learning capabilities and motivation for adaptation.

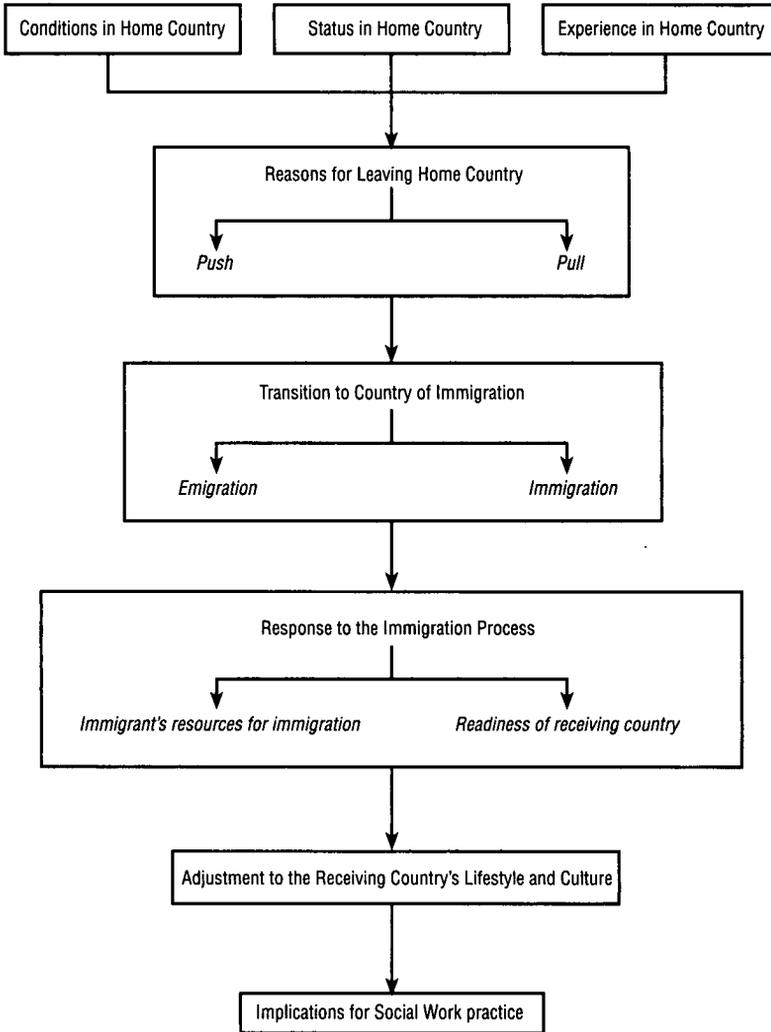
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Immigrants, refugees, and asylum seekers flock to the shores, airports, and borders of the United States annually, and in increasing numbers. Contrary to popular perception, they do not automatically adopt U.S. culture as they cross the border. Practitioners working with new arrivals must focus not only on immigrants' time in this country but also on their reasons for leaving their homeland, their experience of migration, their resources to function in unfamiliar environments, and the receptiveness of the new host country (both politically and socially) to their presence. Furthermore, practitioners should remember that immigrants, regardless of their longevity in the United States, are frequently faced with a duality of cultures and must function with norms and expectations that often conflict. Figure 1 provides a framework for the salient factors in the immigration process, regardless of country of origin or destination.

The pervasive tendency is to group immigrants and refugees together. Although refugees are immigrants and, after a year of residence in the United States, can adjust their official status to immigrant, the psychosocial profile of a large proportion of the refugee population has little in common with that of most immigrants. Regardless of the visa under which they come—if they have a visa at all—immigrants arrive on their own volition. They are *pulled* by the attractiveness of living in the United States, and they usually plan their entry carefully, selectively bringing some assets while relinquishing much at home. Regardless of the economic, civil, or political impetus to leave, the alternative of life in the United States may appear preferable, although the move may be dangerous or traumatic, as it is for many undocumented immigrants.

Refugees, on the other hand, are *pushed* from their homelands, and, heretofore, most have not come directly to the United States, instead arriving at the borders of countries that neighbor their homeland and serve as first countries of asylum. Refugees are selectively resettled in the United States or other nations based on guidelines defined by the host country. Most leave their homes

FIGURE 1
Framework for the Immigrant Experience



Source: A variation of this framework is presented in Segal, U.A. (2002). *A framework for immigration: Asians in the United States* (p. 4). New York: Columbia University Press.

unwillingly, and many would probably prefer to return if safety permitted. They leave home with little or no planning; flee with few, if any, tangible belongings; suffer inconceivable atrocities in the form of persecution, degradation, and violation; and witness the destruction of their fundamental rights and lifestyle. The most significant distinction, however, is a political one: refugee status as granted by the United Nations High Commission for Refugees (UNHCR). According to the definition presented in the 1951 United Nations Convention and the 1967 protocol that established the mandate for the UNHCR, a refugee is

any person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, or political opinion, is outside the country of his/her nationality and is unable or, owing to such fear or for reasons other than personal convenience, is unwilling to avail himself/herself of the protection of that country." (UNHCR, 1995)

This definition is accepted by U.S. Citizenship and Immigration Services—a division of the Office of Homeland Security and originally known as the U.S. Immigration and Naturalization Service—as stated in the amended Refugee Act of 1980, which governs the present policy admitting refugees into the United States (U.S. Department of Justice, 1999).

In recent years, disproportionately large numbers of entrants to the United States have been ethnic minorities from Asia, Africa, and South America, and an overwhelming majority makes this nation its permanent residence. Nevertheless, adjustment to a different society raises particular difficulties for many new Americans, and xenophobia, endemic among human beings, is prevalent among the U.S. citizenry as well. Disparity in perceptions of immigrants from different parts of the world (Short, 2004) exacerbates conflicts for newcomers.

Patterns of immigration have changed dramatically through the 20th century and into the 21st. Regardless of changes in im-

migration laws, however, most immigrants and refugees have encountered discrimination and oppression at some time. They have been historically denied opportunities because of the color of their skin, the accent with which they speak, or the clothing they wear. Despite difficulties, overt and institutionalized discrimination, and sometimes, few apparent resources, most immigrants to the United States stay, establish a living, and raise children in this country. Despite cultural conflicts, language barriers, or marginalization, most immigrants continue to find that the United States is still a land with more opportunity and freedom than their homelands, and they draw on all their tangible and intangible resources to survive here.

Cultural Competency

In working with immigrant populations, service providers must understand both the culture of the individual's country of origin and the immigration experience (Chan, 2003). Within this context, practitioners need to identify the circumstances under which the individuals left their homelands and what resources they brought. Second, they must recognize that almost all who come to the United States, either willingly or not, leave behind much that is familiar—culture, language, environment, climate, family, friends, social system, and norms of behavior. Women, in particular, may leave careers to follow husbands, having to re-establish their social and professional networks to a greater degree than their spouses (Salaff & Greve, 2004). Third, practitioners must acknowledge that, regardless of U.S. willingness to accept these new arrivals (ongoing immigration debates indicate substantial divisions), much that the nation has to offer immigrants and refugees is strange and bewildering, and, for most, their traditional support systems are now inaccessible.

Thus, the stresses of a large proportion of immigrants and refugees in translocation are enormous. Among the many traumas

of the emigration–immigration process is culture shock in an alien environment; language, social structures, norms, expectations, and values substantially differ from those that have been elemental to the immigrants' understanding of themselves. In the United States, well-understood roles and relationships can change and established patterns of interaction may be questioned. When immigrants have the psychological capability of coping with these and other stresses of relocating to an unfamiliar culture, they are more likely to adjust and control the direction of their lives. On the other hand, they may experience post-traumatic stress disorder, as do many refugees. Without sufficient and appropriate social and emotional support, including possible therapy, they may fail to find the immigration experience satisfactory, remaining unhappy, resenting their lives in the new land, pining for their familiar homeland and culture, and, occasionally, engaging in socially inappropriate and dysfunctional behaviors (Segal, 2002). The practitioner, therefore, not only needs social work skills and cultural competence, but also must understand the breadth and the depth of the immigration experience.

Lum (2003) identified four components for cultural competence: cultural awareness, knowledge acquisition, skill development, and inductive learning. He suggests that *cultural awareness* is awareness of one's own life experiences related to culture and contact with other cultures, with a conscious assessment of how those experiences formed personal prejudices. *Knowledge acquisition* involves learning about other diverse groups, focusing on their demographic characteristics, their culture and experience of oppression, and their unique strengths, and then critically evaluating that knowledge. *Skill development* requires tempering patterns of social work intervention with knowledge about cultural diversity and self-assessment. Practitioners may need to develop nontraditional skills couched in understanding a client's culture. Finally, Lum suggested that through *inductive learning*—based on the knowledge and experience from the preceding components—

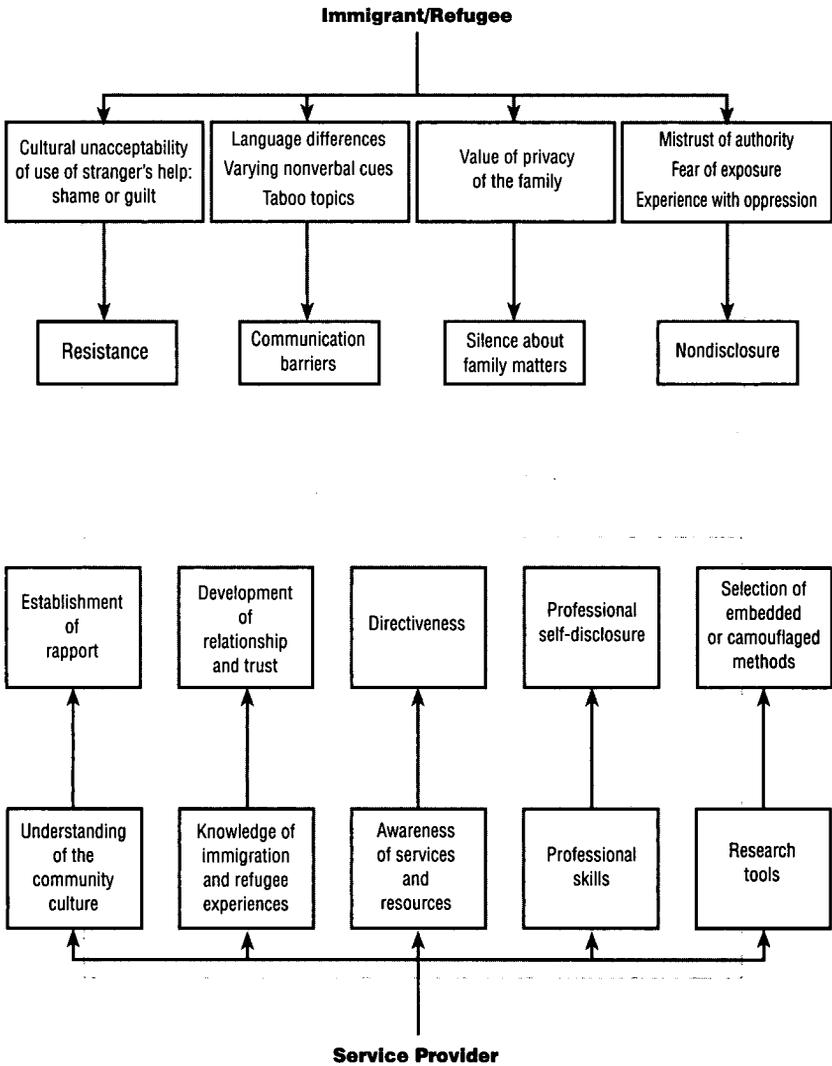
practitioners can take their understandings beyond clients to educate others in cultural competency.

Developing the Professional Relationship

Several issues confound effective service provision and intervention when working with newcomers. Resistance, communication barriers, personal and family background, and ethnic community identity (Lum, 1992) are exacerbated by the experience of many immigrants and refugees, who closely guard information because of fear of exposure, past experience with oppression, and mistrust of authority. A number of immigrants and most refugees arrive from nations in which they do not have freedom of speech or choice. Their mistrust of authority, coupled with the possibility of deportation (made more real with the enactment of the 2001 Patriot Act), can erect formidable barriers against probes into lives, experiences, and feelings. In addition to ameliorating these fears through good rapport, service providers must establish credibility and expert authority, effectively using directiveness and appropriate self-disclosure (Figure 2).

Whether healthcare professionals, social service workers, or professionals in law and finance, practitioners must be aware of conditions that can hinder working relationships with many immigrants and refugees. To develop rapport, education about both general and specific immigrant experiences, adjustment to the United States, and the community culture is essential. Interventions, services, and resources must be offered with awareness of their implications for other cultures. Service providers need to explain processes in the context of the client's cultural norms. Only when service providers establish credibility, rapport, and sensitivity will immigrants and refugees provide sufficient information or comply with the guidelines of intervention. Self-disclosure must be used to increase credibility and authority, while *understanding* must be used to develop the relationship.

FIGURE 2
Working with Immigrants and Refugees



Source: From Segal, U.A. (2002). *A framework for immigration: Asians in the United States* (p. 377), New York: Columbia University Press.

Although many immigrants and refugees fear authority and seek to avoid it, individuals from many nondemocratic, non-Occidental cultures are socialized to respect and obey it. Despite the emphasis in the United States on allowing people to make their own decisions, several other cultures expect a clear directive once rapport and trust have been established between practitioners and clients, considering it the most effective means of resolving problems. Many non-Occidental immigrant groups traditionally use personal networks to resolve issues, only seeking outside help when they have exhausted their own resources. Even then, the client may not offer personal information. Research has found, for example, that lack of communication about domestic violence correlates with immigrant status and lack of direct questioning by the clinician (Rodriguez, Sheldon, Bauer, & Perez-Stable, 2001). The relationship between the social worker and the immigrant is not perceived as an equal partnership by the latter. Immigrants regard social workers as the ones with authority, status, and knowledge who can help provide answers; thus, directness, advice, and instruction can be most appropriate (Allen & Nimmagadda, 1999; Nimmagadda & Balgopal, 2000).

The barriers confronting those working with immigrants and refugees are substantially greater with newer arrivals to the United States; however, these issues may persist through the lives of the first-generation immigrant. The culture of privacy and silence is pervasive among most immigrants. Barring perhaps those influenced by the Western European tradition, most who seek assistance look for an authority with the knowledge and skills to guide them. As such, a directive approach may be the most effective. Sharing personal experiences similar to those of the clients should be done prudently. Self-disclosure that focuses on the practitioner's credentials and work with similar clients helps establish credibility and authority. A focus on personal experiences that imply an empathic understanding of the client's situation, on the other hand, may cause suspicion and concern that the practitioner is

struggling with similar issues and may not be in the best position to provide direction. Those who have avoided difficulties by anticipating them usually are considered better guides.

Although service providers must establish rapport and trust before the immigrant and refugee population will contemplate accepting assistance, the challenge is that traditional social work approaches may be inappropriate. There has long been discussion about the need to link theory and practice. Educators and theoreticians have written much about cultural diversity, the need to be ethnically sensitive, and services consistent with the sociocultural norms of clients. When practitioners recognize cultural variations, draw on client resources, and attempt to present options in a manner consistent with client norms, cultural dissonance can be reduced and the likelihood of service utilization may increase. Practice models must provide guidelines to integrate cultural awareness with Western-style interventions—synthesizing approaches that are of the greatest relevance to the client, yet in harmony with the practitioner's professional principles.

Problem Identification and Assessment

Even when resistance is lowered and a healthy rapport is established, identification of problems can be complex. Consistent with the social work mandate to be client-focused, practitioners' first intervention explorations should determine whether the difficulties emanate from individuals' issues or are the residual effects of organizational or societal problems. Factors contributing to the development and maintenance of the problems may be biopsychosocial or socioeconomic; however, they may also be influenced by a number of environmental factors. Lazarus' model of conceptualization (Lazarus, 1976; 1989) provides a tool to understand the biopsychosocial condition of the individual. It examines the following:

- Behavior: observable actions, whether they appear voluntary or not.
- Affect: felt or reported feelings and emotions.
- Sensation: feelings associated with the five senses as well as other physical sensations (possibly related to health).
- Imagery: fantasies or imagined experiences.
- Cognition: thoughts and beliefs that often guide behavior and feelings.
- Interpersonal relationships: reported or observable relations.
- Drugs: the biochemical dimension of the individual in addition to the use or misuse of psychotropic substances; may be effective to dissect and understand the individual at one level.

An ecological perspective is necessary for a more complete picture of clients' experiences. Significant individuals, family members, the community, social and formal organizations, and the larger society affect individuals in a variety of ways (Zastrow & Kirst-Ashman, 2004). Each factor in Lazarus' model as well as the social environment should be explored within both the United States context and the immigration, cultural, and cross-cultural experience. As behaviors are assessed for appropriateness, it is necessary to determine whether "appropriateness" is culturally bound. Level of family and community involvement may also vary by culture, with high levels representing healthy interdependence or dysfunction.

Certainly, some behaviors are universally unacceptable (e.g., stealing another person's property), but others are idiosyncratic to the United States (e.g., maintaining poor eye contact). The responsibility of the worker, then, is to (1) observe the behavior, (2) understand it in light of the client's cultural norms, (3) determine if it is essential to change the behavior for the client to survive in the United States, (4) help the client understand why the change is necessary, and (5) help the client deal with any ensuing dissonance, including implications for others in the client's community. Fur-

thermore, problems may be universal (depression, ill-health, poverty), emanate from the immigration experience, or reflect a cross-cultural dilemma. Immigration research often identifies depression that is associated with acculturative stresses (Miller & Chandler, 2002), yet immigrants rarely present it as a problem because several cultures consider it a "nonissue" (Segal, 2002).

Despite a "person-in-environment" perspective, which is based on the belief that individuals both affect and are affected by their external environments (Lewin, 1951), the tendency is to address immigrant and refugee issues from a microperspective, which is based primarily on an individual's psychosocial functioning (Goldenberg, 1987). This tendency reinforces a United States-centric focus. Service providers must assess whether changes are needed in organizations to better serve these populations by increasing outreach efforts, as well as in the ethnic community, which may have the willingness but not the ability to help. Organizational cultural sensitivity should be coupled with accessibility and attractiveness for refugees and immigrants, but providers should also mobilize immigrant communities to address their members' concerns by developing community service programs (rather than only social and cultural programs [Segal, 2002]).

At the societal or macro level, which focuses on the infrastructure of society (Goldenberg, 1987), other public policies should consider the needs of these populations. Policies on social and family welfare policies, housing, education, general and mental health, and criminal justice all substantially color the daily lives of immigrants, as they do for all Americans. The goals of particular policies and eligibility requirements may have implications for immigrants and refugees that may preclude them from participating, as recent changes to Social Security benefits and welfare have shown. Or policies may be so complex that the less educated and affluent in these groups fail to use the services for which they are eligible.

Service Utilization

Extant literature suggests that immigrants underutilize social services (Bemak, Chung, & Bornemann, 1996; Chen, Jo, & Donnell, 2004). Most refugees move away from public assistance once they feel they can support themselves (Balgopal, 2000). After initial struggles in adjustment, many immigrants and refugees establish an acceptable pattern and quality of life for themselves. Subsequent crises begin when family expectations and intercultural and intergenerational differences question long-established traditions and norms (Tummala-Narra, 2004). Frequent areas of sociocultural change (particularly gender role relationships) start emerging early in the immigrant experience, but families attempt to address these by themselves. Social service providers tend to perceive this "self-sufficiency" as an indication of personal strengths and high levels of adjustment, although this may merely reflect a culture of familial privacy (Segal, 2002).

One in five U.S. children is in an immigrant family, and immigrant families tend to lack health coverage. In addition, about one-third of the nation's low-income and uninsured children are of immigrant families, with linguistic, cultural, legal, and socioeconomic circumstances posing particular challenges for the healthcare field (Packard Foundation, 2003). The national dispersion of these families exacerbates this problem. Because these families vary substantially in culture, language, and experience, training of service providers cannot concentrate on region or immigration experience.

Immigrants usually come to the attention of social service providers when school officials or healthcare practitioners make referrals. Most often, immigrant and refugee parents do not seek help for their children until difficulties become so significant that someone outside the family indicates concern for the situation. Other familial problems become evident when the family gets involved in services for the child (Ahearn & Athey, 1991; de Leon Siantz,

1993); thus, immigrant families may be willing to use services themselves once contact has been made and rapport established.

The literature indicates that issues facing children of immigrants and refugees are numerous (Lim & Wieling, 2004). Often caught in conflicting bicultural expectations, these children challenge parental authority and deride parental perceptions and behavior (Choudhry, Jandu, Mahal, Singh, Sohi-Pabla, & Mutta, 2002; Michel, 2004), setting in motion parental behaviors that may not have appeared in the native homeland and may be unacceptable in the United States. In addition, traumas caused by the refugee experience may correlate with higher rates of mental health problems among children (Fazel & Stein, 2003) and adults (Mollica, Sarajlic, Chernoff, Lavelle, Sarajlic Vukovic, & Massagli, 2001).

Loneliness and depression may plague immigrants and refugees in their early years in the United States and can persist even longer. Ponizovsky and Ritsner (2004) suggest that service providers should consider immigrants' loneliness both as a condition itself and in relation to other conditions. They found that loneliness could be distinguished as distress related or distress free. This is particularly significant for child welfare since parental isolation is frequently connected to child maltreatment (Chan, 1994; Harrington & Dubowitz, 1999).

Assessment and Intervention

Understanding immigrant and refugee experiences and cultural competence are essential in the assessment process. Through assessment, service providers must evaluate immigrant and refugee families' resources for social, economic, and cultural integration; discriminate between realistic and unrealistic immigrant and refugee expectations; evaluate families' problem-solving abilities, both past and present; explore family functioning within the context of the immigrants' and refugees' heritage; identify the

transferability of work skills; and most importantly, gauge families' learning capabilities and motivation for adaptation.

Resources for social, economic, and cultural integration are closely tied to English language facility, literacy (even in the native language), socioeconomic status in the homeland, and extent of exposure to Western social and cultural patterns. The greatest barrier to integration is low English proficiency, hence the increasing number of English as a Second Language (ESL) programs (notwithstanding that while several immigrants may not speak English, they are frequently multilingual). Literacy in the homeland indicates the tools that can be used to learn another written language are present. When individuals come from agrarian societies where literacy is considered less necessary, adapting to a society that is grounded in the ability to read is more formidable.

The United States is still viewed as the "land of milk and honey" by many outside of its borders. Although may be more attainable in this country than in many others, and most individuals arrive with the knowledge that they must "work hard" to achieve the American Dream, many immigrants commonly presume that their presence in the country means entitlement to its benefits. Thus, immigrants' goals and expectations must be evaluated to ensure they are realistic (Potocky-Tripodi, 2002) and are based on the resources brought, the willingness for adaptation, and the opportunities available.

Adaptability and adequate functioning in one's homeland may be good predictors of adjustment in a new environment. Problem-solving abilities, strong and healthy family relationships, and adequate support networks in the immigrant community may increase adaptation. Many recent immigrants to the United States, particularly those from the developing world and from the Eastern hemisphere, have a hierarchical familial power structure with clear role definitions (Mayadas & Segal, 2000). Authority is gender-based, with males maintaining instrumental roles and females maintaining nurturant ones. This neatly stacked pattern of behavior is often upset

in the United States. In addition, in schools, children move toward the process of "Americanization," which shatters the family equilibrium as the children become the "cultural brokers."

An evaluation of the skills the immigrant or refugee has brought to the United States is essential. Many immigrants and a vast majority of refugees have skills that are not directly transferable to Western industry, business, and technology; they lack the competencies necessary to adjust to life in fast-paced, computer-oriented societies (Segal, 2004). Any assessment, therefore, must closely evaluate both evident workforce skills as well as gauge aptitudes (e.g., ease of learning, persistence, attitude) that are obscured by sociocultural differences.

Conclusion

As practitioners begin to work with particular immigrant and refugee groups, they must develop an appreciation of the immigration experience, hone their assessment skills to recognize the unique experiences of these populations, and identify appropriate intervention techniques in delivering services. Factors in appreciating the immigrant and refugee experience involve the conceptual exploration of the following:

- The experience of moving from home country to life in the United States.
- Awareness of the phases in the immigrant and refugee crisis
- Sociocultural heritage.
- Problems and issues encountered by migrants while relocating.
- Sensitivity toward psychosocial issues.
- Policies, laws, and programs of U.S. Citizenship and Immigration Services.
- Differences and similarities between refugees and immigrants.
- Xenophobic reactions to newcomers.

Assessment must involve these factors:

- The level of immigrants' and refugees' sociocultural integration.
- Their abilities to discriminate between realistic and unrealistic expectations.
- Problem-solving abilities, past and present.
- Family functioning within the context of the immigrants' heritage.
- Evaluation of the transferability of work skills.
- Refugee's learning capabilities and motivation for adaptation.

Intervention must work with immigrants and refugees on these skills and benefits:

- Economic self-sufficiency and asset building.
- Equitable functioning in society.
- Civic and political participation.
- Empowerment.
- Discussion and support groups.
- Community organization.
- Educational programs.
- Individual counseling around tangible issues.

A close inspection of 2000 Census data, available at www.census.gov, should be made by any social worker interested in immigrants and refugees. What is abundantly clear is that there is no single profile of an immigrant or a refugee. They range in age from infancy to well into old age. They may be single, married, divorced, or widowed; they may come with families, without families, or as part of an extended family. They may be white, black, brown, yellow, red, or any other color under which the human species is categorized. They may be living in the United States legally or illegally. They may be highly professional and skilled workers, or they may have skills that cannot be transferred to the U.S. economy. They may be extremely wealthy or very poor. They may be fluent in the English language and speak several others, or they may speak only their native tongue, which may not be English.

They may be illiterate even in their own language. They may be from cultures that are highly hierarchical and autocratic, or they may be from cultures where there is greater equality. They may need the assistance of social welfare providers, or they may not.

Immigrants and refugees constitute a population that is so diverse that to attempt to provide guidelines for working with them is highly presumptuous. If we do not, however, social welfare services may continue to skirt this group. Underlying difficulties in working with immigrants and refugees starts with xenophobia—both of the immigrants and by them. Assessing who should be responsible for crossing this bridge is difficult—is it the host, or the self-invited newcomer? Should the host country accommodate immigrants and refugees for whom it has policies and programs for entry, or should immigrants and refugees adapt? Or should it be both?

A nation that has immigration policies for the entry of people who may not have the necessary tools for survival in this society must take responsibility for providing services, training, financial assistance, and other supportive programs through the adjustment process. These programs must be sensitive to the realization that adjustment occurs over a period of time, often taking several years. Needs, issues, and problems may emerge at different points in an individual's life and may relate to that person's physical and psychological health, financial and business security, bicultural experience and the raising of children, or a variety of other areas.

Although federal and private sector programs such as the Refugee Resettlement Program must be lauded for their aims in assisting refugees, they also provide too little for too short a time. Such programs must be supplemented on a consistent basis. A country's readiness to accept newcomers should be reflected not only in its immigration and refugee policies, but also in its newcomer programs and services, and in the training for service providers who work with this group. Furthermore, immigrants and refugees must be made aware of these services through ongoing outreach endeav-

ors. Immigrants and the host nation must make a conscious level to adapt to and accommodate each other—it is neither the exclusive responsibility of the host nation, nor of the immigrant. ♦

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