

## Working with Immigrant Latin-American Families Exposed to Trauma

The NCTSN Culture Consortium dedicates this Spotlight on Culture column to all families affected by the 9/11 disaster. Our thoughts are with immigrant families in particular, and with the clinicians who specialize in helping young children cope with the impact of trauma. The effects of 9/11 continue to influence society's sense of safety and our views of immigrants. At this 10-year anniversary, we remind the public and professionals alike that even very young children can be impacted by trauma and need the caring support and services of clinicians in order to resume a healthy developmental path.

The cumulative adversities associated with immigration place children and families at considerable psychological risk. Immigrant families may have endured violence and oppression before leaving their home country, only to encounter toxic experiences during the migration itself, such as parental separation, rape, and exploitation by human smugglers and/or traffickers. After arriving in the host country they may encounter poverty, inadequate housing, social isolation, language barriers, intergenerational conflicts, and acculturation and discrimination issues. Their undocumented status can make them feel afraid and deprived and force them to remain invisible, marginal, and vigilant in order to preserve any sense of safety.

The story of Manuela, a mother who fled from violence in her native country, represents the experience of many Latin-American immigrants to the United States.

*Manuela was a survivor of child abuse, civil war, and ethnic cleansing in her home country. After witnessing a murder, she left her country for the US with her one-year-old daughter Luisa. She crossed the US-Mexico border aided by a human smuggler. After her arrival, she was abducted, robbed of her savings, held captive for weeks, repeatedly raped in Luisa's presence, and impregnated. After managing to escape her captors, Manuela gave birth to a healthy boy, and now lives in a shelter with Luisa and baby Nino. Shelter staff are concerned about Luisa's lack of exploratory behavior, her hyper-vigilance, and a tendency to withdraw. They also observe that Manuela "does not talk or play much" with either of her children. Manuela is afraid to leave her home because she is certain that immigration officials--"la migra"--are following her to take away her children and deport her. Her fears are easily triggered*



*and exacerbated by trauma reminders, most significantly the anniversaries of the civil war in her home country and the 9/11 attacks in her host country.*

Manuela's story illustrates why our child-serving systems and clinicians, especially when working with undocumented, monolingual families, must implement interventions that address the intersection of culture, development, attachment, immigration and trauma history, and language. Interventions must also take into account the societal norms and values of the host country and their potential consequences on immigrant families, such as discrimination, fear of detention, and isolation. Clinicians can best understand and treat traumatized children and families by viewing them through each family's cultural lens. The particular expressions of children's behavior, developmental progress, and attachment style are modified by the embedded values, beliefs, and socialization practices from the family's native culture. Similarly, culture shapes what children perceive and interpret as traumatic; their reactions to trauma, loss, and adversity; and their potential trauma reminders. Immigrant families are more likely to enter and continue treatment if the clinician helps them to feel safe, treats them in their primary language, and recognizes and respects their cultural beliefs about attachment, childrearing, and coping with stress and pain.

Child-Parent Psychotherapy (CPP) is an empirically-supported model of psychotherapy adapted for the unique psychological experiences of immigrant families. It is a relationship-based treatment for children under age six who have been exposed to domestic violence or other trauma. The CPP model considers the child-parent relationship, the family's cultural beliefs, parenting practices, immigration experiences, and the intergenerational transmission of trauma. In practice, the clinician sees the child and caregiver in dyadic sessions and uses the child-caregiver attachment as an agent of change.

*This article by Carmen Rosa Noroña, MS Ed., can be read in its entirety at <http://nctsn.org/resources/topics/culture-and-trauma>. Ms. Noroña is Clinical Coordinator of the Child Witness to Violence Project at Boston Medical Center, and Associate Director of the Boston site of the Early Trauma Treatment Network. **Look for more information on Child-Parent Psychotherapy in our Winter 2011 issue of Impact.***