

HEALTHCARE PROVIDER RESOURCES FOR REFUGEES, IMMIGRANTS, AND ASYLUM SEEKERS

Updated November 27, 2016

THE CURRENT SITUATION

The recent presidential election has been followed by a spike in racist threats and hateful harassment directed to people of color, particularly those in our Muslim communities. Anti-Muslim and anti-immigration statements have led to fears among communities that they will be denigrated, discriminated against, and even deported. Families face the likelihood that they may be long separated from loved ones who are awaiting visa and security processing in other countries. Young girls fear wearing a hijab scarf (Muslim head covering) in public.

Acts of threat and violence towards immigrants in the US, including in Seattle and Spokane, have been reported immediately following the election. The Southern Poverty Law Center (SPLC) [reports](#) over 400 incidents of harassment and intimidation in the first three days following the election, with most being anti-immigrant.

Washington State is one of the top 10 states for refugee arrivals in the US and receives [federal funding](#) to provide services for refugees up to five years after arrival. Each year, the president makes a determination of how many refugees will be admitted to the United States. While the Obama administration set the number of incoming refugees at [110,000 for the year 2017](#), funding for refugee resettlement activities is determined by Congress. It is not clear how this plan may be affected by the change in presidency.

TIPS FOR PROVIDERS

Stress and anxiety from being targeted by others through hate messages and harassment directly impacts patients' health. **Please make yourself aware** of how this new climate of fear impacts your patients. **People who are most vulnerable** to the stressors related to these fears include LGBTQ individuals, people of color, and those who are refugees and immigrants. Those with baseline mental health vulnerabilities such as anxiety and depression may also be at risk for exacerbation of symptoms during these times of increased stress and uncertainties regarding the future. For refugees and asylum seekers, the increase in prejudice and fear of deportation may also **reactivate traumatic memories** from having been oppressed by government and threatened by military in their home countries that led to being uprooted from their homes in fear of persecution.

The immigrant and refugee families that you serve, as well as your clinic and hospital staff, may encounter direct threats to their safety and well-being as public expressions of racism and bigotry continue to increase. In addition, patients and staff may live in fear of becoming victims of racism and prejudice. It is helpful to **create a safe space** for people to share their concerns, stories and questions.

The first step in providing support to clients that face racism and prejudice is to ensure that your workspace welcomes diversity in color, religion, and ethnic background, and does not tolerate acts of hatred. Clearly demonstrating that your workspace is open and supportive will facilitate patients and staff to express their fears and anxiety. Allowing families to voice their fears can provide support and reassurance that they are being heard and cared for. While it may not be possible or helpful to state that "it's going to be ok", being able to have their

concerns and fears heard and validated in a supportive environment by people who they respect, can have important impact on reducing stress and anxiety. In addition, providers should **be aware of legal resources** so that they may seek legal support appropriately.

This document includes tips on how to support children, adults, families and staff.

CLINIC SUPPORT AND PREPARATION – SAFE SPACE

- Post statements in your office that remind patients that your office is a safe and respectful space where threatening behavior is not tolerated.
- Discuss steps that staff may take in the case that they witness or become victim to bullying or threats in your office.
- Reassure interpreters that come to your clinic that this is a safe place and ask them to let you or your clinic manager know if they witness threatening behavior.

REPORTING MALICIOUS HARASSMENT

(adapted from Somali Health Board community letter)

- Encourage your organization/clinic to develop and review guidelines for staff to follow in the case they witness or are victims of harassment at work or near their workspace (eg, parking lot). They should immediately inform their supervisor and security with the priority being the safety of the targeted person and staff.
- For victims of malicious hate-crimes, you may encourage them to write down details of the crime as soon as possible. Include perpetrator(s), gender, height, age, race, weight, clothes, and other distinguishing characteristics. If any threats or biased comments were made (such as racial slurs), include them in the report.
- File a police report as needed.
 - Write down the responding officer's name and badge number. Make sure the officer files and incident report form and assigns a case number. If a police report is not taken at the time of the report, go to the police station and ask for one. Always get your own copy, even of the preliminary report.
 - If you believe the incident was bias motivated, urge the officer to check the "hate/bias motivation" or "hate/crime incident" box on the police report.
- Additional Resources:
 - Southern Poverty Law Center: 10 Ways to Fight Hate - A Community Response Guide: <https://www.splcenter.org/20100216/ten-ways-fight-hate-community-response-guide>
 - Seattle Police Department information on malicious harassment available: <http://www.seattle.gov/police/publications/Brochures/MaliciousHarassment.pdf>
 - FBI Hate Crimes: <https://www.fbi.gov/investigate/civil-rights/hate-crimes>

- Muslim Advocates: <https://www.muslimadvocates.org/hate/reporting-hate-crimes-in-your-state/>

LOCAL COMMUNITY SUPPORT

Leadership from Washington State, King County and the City of Seattle have clearly and repeatedly pledged their support for refugees and immigrants.

- [Governor Inslee](#) has made several statements of support for refugees in Washington State, including incoming Syrian refugees.
- Seattle [Mayor Ed Murray](#) has stated his firm conviction to keep Seattle a ‘sanctuary city’ that will shelter undocumented immigrants, which means that city employees will not be required to inquire about immigration status, even if it means losing federal funding.
- King County [Executive Dow Constantine](#) has made statements of support for refugees and immigrants, including welcoming Syrian Refugees.
- [Seattle Public Schools](#) are committed to “building school communities where all students, families and staff are safe, respected, and engaged.”
- [Seattle Police Department](#) stated that it is committed to values of equality, inclusion and openness and that their policies regarding immigration status will not change post-election

SCREENING CHILDREN FOR BULLYING AND RACISM

One useful screen from the Boston Children’s Hospital’s [BACPAC program](#) suggests the following:

“You probably know that grownups today are very worried about bullying. I’d like to ask you a little bit about that, but I want to make sure you understand what I mean. When I ask about bullying, I mean another kid (or group of kids) who picks on someone or is mean to them on purpose, over and over again – not just one time.”

- Do you see bullying happen at your school?
- Do you ever feel afraid to go to school? Why?
- Is there any one kid or bunch of kids that pick on you or make you feel bad over and over again? If yes, how often? Where does it happen? What do they tell you?
- How about on the computer at home? Has anyone been mean to you or made fun of you on the internet?
- The screen (see link) provides further probes to assess proper management and counseling of bullying if identified.

Victims of bullying are at risk for depression and anxiety, low self-esteem, somatic complaints, decreased academic achievement and school participation, and poor psychosocial adjustment as adults. If you have patients with worsening mental health, remember to screen for safety concerns or incidents of bullying. You

may inform parents that symptoms of bullying include a decline in grades, depressed mood, change in eating habits and sleep patterns, increased somatic complaints, school avoidance.

STEPS TO ADDRESS CHILDHOOD BULLYING AND RACISM IN SCHOOLS

1. Inform parents to be aware if your child is bullying others or is a victim of bullying, often manifested as headaches and belly pain, or behaviors such as being quick to anger,
2. Advise children and parents to reach out to a teacher or administrator at school to help. It is the school's responsibility to address and prevent bullying.
3. Instruct parents to coach their child to seek help from a supervising adult.
4. Tell parents to monitor their children's social media exposure. While some children can find support through social media, children will likely witness hate speech on social media. It is important for parents to process this hate speech with their children, and to reinforce that it's not ok for kids to repeat hate speech to their immigrant or minority classmates. In addition, cyberbullying aimed at children can have a tremendous impact on children's mental health.
5. Coach parents to reaffirm and praise their child. Building resilience in children to manage stressful situations involves showing that she is loved, and not at fault.
6. Talk to parents about how they can seek support for themselves by reaching out to family members, friends, and community members.

RESOURCES:

FOR PARENTS TO TALK ABOUT RACISM WITH THEIR CHILDREN

- [HTTPS://WWW.HEALTHYCHILDREN.ORG/ENGLISH/HEALTHY-LIVING/EMOTIONAL-WELLNESS/BUILDING-RESILIENCE/PAGES/TALKING-TO-CHILDREN-ABOUT-RACIAL-BIAS.ASPX](https://www.healthychildren.org/English/Healthy-Living/Emotional-Wellness/BUILDING-RESILIENCE/PAGES/TALKING-TO-CHILDREN-ABOUT-RACIAL-BIAS.ASPX)

FOR PARENTS ON BULLYING

- <https://www.healthychildren.org/English/safety-prevention/at-play/Pages/Bullying-Its-Not-Ok.aspx> (also in Spanish)
- <https://www.healthychildren.org/English/healthy-living/emotional-wellness/Pages/Talking-to-Children-About-Election.aspx>

FOR PARENTS, PROVIDERS, SCHOOLS ON BULLYING:

- <https://www.stopbullying.gov/>
- http://www.thebullyproject.com/tools_and_resources

TIPS TO SCREEN AND MANAGE ADULTS FOR STRESS

- adapted from the [Eleven Point Toolkit for Healing Wounds of Violence](#) by Richard Mollica, MD
- 1. Ask about the patient's experience**
 - "I'm just wanting to check in with how you are doing. Some of my patients are really concerned about the results of the election and how it affects them. How are you feeling?"
- 2. Identify physical and mental health symptoms**
 - Is the patient complaining of new onset or exacerbations of headaches, back pain, fatigue or weakness
 - Is the patient exhibiting feelings of humiliation (anger, revenge, hopelessness, despair)
 - Is the patient exhibiting symptoms of grief, anxiety, depression, PTSD or insomnia?
- 3. Diagnose and treat**
 - The majority of patients will not suffer from serious mental illness and will benefit from your counseling on the nature of their symptoms and coping techniques
- 4. Refer**
 - Screen and refer for patients who may be a danger to self and others, complicated grief, severe PTSD and depression
- 5. Reinforce/Teach (positive coping behaviors)**
 - Recommend coping strategies beginning with self-care
 - Limiting time watching news or engaging in social media
- 6. Recommend altruism, work and spiritual activities**
 - One way to lower stress is to do what you do best and to do them for others.
 - "I strongly recommend that you work and keep busy, try to help others, and consult with your clergy or engage in spiritual activities such as meditation and prayer."
- 7. Reduce high risk behaviors**
 - Patients may increase their use of cigarettes, drugs or alcohol or become involved in other risky behavior during times of crisis
 - Ask about high risk behaviors and recommend steps to reduce these behaviors
- 8. Be culturally attuned to differences**
 - Different cultures may have different views of trauma, suffering and different ideas about illness. Ask questions (What do you think is causing the worsening of headaches? Have you seen other types of healers for the symptoms you are having?)
- 9. Prescribe if needed**
 - Again, the majority of patients will respond to coping strategies.
 - Patients may benefit from a short term, non addictive medication to help with sleep.
- 10. Close follow-up**
 - Ask patients to schedule a follow-up appointment with you to check in in the future.

PROVIDER WELL-BEING

Providers caring for families and individuals facing hate and discrimination are at risk for stress that impacts health. Being aware of these stressors is critical for your own well-being, and can affect your ability to provide care.

Develop a self-care plan for yourself that may cover the following areas:

- **Workplace:** Discuss cases and reactions with colleagues, develop peer-support group, read professional journals
- **Physical:** Ensure regular sleep and a healthy diet, take lunch breaks, exercise, take a work break
- **Psychological:** Keep a reflective journal, seek counseling, engage in hobbies, turn off the news, make time to relax, make time to be with positive friends and family
- **Emotional:** Develop supportive friendships, write three good things each day, play sports or other team activity, do something you enjoy, join social gatherings, talk with a friend about how you are coping with work and life demands
- **Spiritual:** Engage in reflective practices such as meditation, attend church/mosque/temple, do yoga, reflect with a close friend, download a mindfulness app
- **Resources:** <https://www.healthcaretoolbox.org/self-care-for-providers.html>

LEGAL RIGHTS OF REFUGEE/IMMIGRANTS - **IMPORTANT!**

- **The Northwest Immigrants Rights Project (NWIRP) advises that: immigrants who have never applied to DACA and are not currently in deportation proceedings, should not apply to the Deferred Action for Childhood Arrivals (DACA)**
 - DACA grants temporary protection from deportation known (“deferred action”) to undocumented immigrants who came to the U.S. before the age of 16, have resided in the U.S. since June 2007 and meet other requirements.
 - Donald Trump has pledged to end the DACA program if elected, although details are forthcoming.
 - Please refer to the following resource for details and updates: <https://www.nwirp.org/wp-content/uploads/2016/11/DACA-Community-Advisory-Post-Election.pdf>
- **Consider attending or sending a provider and/or social work to a free training on post-election immigration issues:**
 - The NWIRP is holding a free training for service providers about updated immigration issues including immigration status, work permits, unaccompanied, youth, detention and deportation, and deferred action. 1-4:30pm, Wednesday, December 7 2016, The Mountaineers Program Center, 7700 SandPoint Way NE, Seattle
 - <https://www.nwirp.org/free-immigration-101-training-in-seattle/>
- **ACLU of Washington** <https://aclu-wa.org/>

REFUGEE AND IMMIGRANT COMMUNITY RESOURCES

- **Northwest Immigrant Rights Project (NWIRP)** - <https://www.nwirp.org/>
 - NWIRP provides legal representation at little or no cost to those in immigration and deportation proceedings.
 - Check their website for updates on legal tips for refugees and immigrants
- **ReWA** – www.rewa.org – The Refugee Women’s Alliance provides comprehensive set of resources for all members of refugee families that include licensed behavioral health, support to victims of domestic violence, preschool learning center, employment and jobs training, ESL, case manager support for housing, naturalization services, senior nutrition classes, and youth programs such as home visits and parent workshops.
- **Lutheran Community Services Northwest International Counseling and Community Services (ICCS)** - <http://www.lcsnw.org/seattle/iccs.html> - ICCS provides services to refugees, immigrants and other individuals needing emotional support. ICCS provides high quality counseling, outpatient psychiatric treatment, social services, and advocacy to refugees, immigrants, and other individuals needing emotional support.
- **Asian Counseling and Referral Service (ACRS)** - <http://acrs.org> - ACRS promotes social justice and the well-being and empowerment of Asian Americans and Pacific Islanders and other underserved communities – including immigrants, refugees, and American-born – by developing, providing and advocating for innovative, effective and efficient community-based multilingual and multicultural services.
- Know your Rights Resources from the National Immigration Project:
<https://nationalimmigrationproject.org/tools.html>

ADVOCACY

You can become more involved, learn about local agencies that advocate for and support refugees and immigrants.

- **One America** www.weareoneamerica.org – This Washington State grassroots organization works to increase participation of immigrants in civic goals, and advocates for policy changes to support immigrant communities.
- **Refugee Council USA** - Refugee Council USA (RCUSA), a coalition of 22 U.S.-based non-governmental organizations, is dedicated to refugee protection, welcome, and excellence in the U.S. refugee resettlement program.