Supporting Cross Cultural & Transnational Adolescents, Young Adults, & their Families: Clinical, Organizational, & Legal Perspectives

Maria Veronica Svetaz, MD, MPH
Abigail English, JD
Anisha Abraham, MD, MPH
Chris O’Shaughnessy, BA

SAHM Annual Meeting
Washington, DC – March 8, 2019
<table>
<thead>
<tr>
<th><strong>OBJECTIVES</strong></th>
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<tr>
<td><strong>Describe</strong></td>
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<tr>
<td>Describe the unique characteristics and experiences of cross-cultural and transnational adolescents, young adults and their families, and explain the importance of understanding culture and identity in youth development.</td>
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<td><strong>Review</strong></td>
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<td>Review approaches to providing optimal comprehensive care in a clinical setting, and propose strategies for incorporating cultural sensitivity into an organization or institution.</td>
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<td><strong>Identify</strong></td>
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<td>Identify laws that provide a basis for protecting transnational adolescents and young adults including refugees and asylum seekers.</td>
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Schedule

• Introduction
• Cross-cultural Teens—Chris O’Shaughnessy and Anisha Abraham
• Transnational Youth—Veronica Svetaz
• Youth Panel--Bertha Sabina and Chris O Shaughnessy
• Break
• Clinical Care and Cultural Sensitivity--Anisha Abraham and Veronica Svetaz
• Legal and Human Rights Perspectives—Abigail English
• Small Group Exercise/Wrap Up
Cross-Cultural

Trans-National

Forced?  Journey, Re-location  Elected?
Unique characteristics and experiences of cross-cultural and transnational adolescents

Anisha Abraham, MD, MPH, FAAP
Chris O’Shaughnessy, BA
Overview

Cross cultural and transnational youth
Culture and identity
Unique characteristics of cross cultural adolescents
Global implications for cross cultural and transnational youth
A Cross Cultural Kid (CCK) is a person who has lived in or meaningfully interacted with two or more cultural environments for a significant period of time during their developmental years.
Varieties of Cross Cultural Kids:

- Domestic TCKs, Transnational Kids, Military Brats, Missionary Kids, Children of International Business Workers, Diplomatic Kids, International Adoptees, Children of Refugees, Children of Immigrants, Children of Minorities, Children of Borderlanders, Mixed Heritage Children, Bi/Multicultural Children, etc.
CCKs are often in more than one category at a time

Cross Cultural Kids

- Children of minorities
- Bi/multi-cultural or bi/multi-racial children
- Third culture kids
- Transnational Children
- International adoptees
Why are we discussing Cross Cultural Kids?

With increased globalization, mobility, conflict, many young people and families are in transit/living in countries other than where they were born.

Ensuring that these young people and their families receive optimal care is a priority for health providers.
Why are we discussing Cross Cultural Kids? Ex: Immigrants in the US

- # of US immigrant children has increased by 51% in last 10 years
- Accounts for 1/4 of all US children

https://www.childtrends.org/indicators/immigrant-children
Why are we discussing Cross Cultural Kids? Ex: Immigrants in the US

- Mexico was most common country (40% of all immigrants)

- Children of immigrants face a number of risks to healthy development (i.e., lack of health insurance)

https://www.childtrends.org/indicators/immigrant-children
Culture and Identity

**Culture**
Customs, food, language, clothing, religion, values of racial, ethnic or social groups

**Identity**
Who we are and where we fit in
<table>
<thead>
<tr>
<th>Why is culture and identity particularly important?</th>
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Children and adolescents who move among different cultures may do so as they are forming their own personal identity.

Having a clear identity allows children and teens to develop a sense of well-being and importance.

Plays a strong role in the interactions of patients and families with health care providers and medical institutions.
**Culture and Identity Exercise**

1. What is your identity? How do you introduce yourself?

2. What is your cultural identification?

3. How does your identity and culture influence you as a health care provider?
Unique Characteristics of Cross Cultural Kids
Strengths of Cross Cultural Kids

- Greater understanding of other cultures
- Strong language skills
- Quick, adaptable thinkers
- Develop empathy at an early age

- Mature (in some areas) more quickly—early autonomy
- Have increased opportunities to travel
- Drawn to global and community oriented careers
Allophili

Positive feelings for a group not your own – the opposite of prejudice. (Comes from the Greek for “love of the other.”)

• Coined in 2006 by Prof. Todd Pittinsky
Challenges of Cross Cultural Kids

- Issues with identity
- Confused loyalties (i.e., politics, patriotism, values)
- Anger towards parents for leaving home
- Family disharmony
- Difficulty in making new connections and friend

- Delayed or arrested adolescence
- Unresolved grief and loss
- Difficulty with conflict resolution
- Rootless and restless syndrome. “I don’t belong anywhere.”
Results of Survey of Cross Cultural Kids (2019)

Q7 Which of the following are issues or concerns as a Cross Cultural Kid? Please check all that apply to you:

- Identity and Belonging
- Loss of friends
- Moving and transition
- Living in a transient...
- Lack of support or...

Answered: 81  Skipped: 52
• CCKs in higher transience often lack conflict resolution skills, this now increasingly the case in mainstream culture as well.
Lack of identity is tied to vulnerability for radicalization as well as decreased emotional, academic, and social abilities.
Globalization

Contradictory forces, ideas, and themes make identity hard for everyone, not just CCKs
Global Importance of Cross Cultural Kids

• “CCKs are the prototype citizens of tomorrow. In a society that is overwhelmed and disconnected, people who have grown up with adaptability and cross-cultural understanding, who can creatively resolve conflict pulling from a lifetime of international experience, are beacons of hope in a world in desperate need of it”.

• -Christopher O’Shaughnessy, author, Arrivals and Departures and the Adventures in Between
What are those youth uniqueness's?
What are the cross-cultural transnational youth uniqueness's?

- Bilingualism
- Multi-cultural navigation skills
- Ethnic-Identity Formation
- Increase exposure to Inequalities/Racism
- Resilience and vicarious resilience
- Schooling: the meeting of two worlds (or more)
Bilingualism
Ethnic Identity Formation

Ethnic Identity as a developmental milestone

Knowledge about own Ethnic group

Sense of self as a member of one’s ethnic group

Cognitive Developmental Framework (1)

Children under 10

ADOLESCENT YEARS

EVALUATION YEARS

MORATOIRE

EVALUATION YEARS

LAUTE

Young Adults

Unexamined ethnic identity

FORECLOSED

Ethnic Identity Search or Exploration

Achieved Ethnic Identity

Children enter Adolescence with a view of their ethnicity that reflects that of their families.

Cognitive development PLUS experiences

Maria Veronica Svetaz, MD MPH
Ethnic Identity Formation

Opening the dialogue

..."I know that growing up can be rough/interesting/challenging as you try to figure it out who you are at so many levels- culturally, vocationally, politically, sexually, religiously and so on".....

....have you had any trouble in any of these areas? Do any of this question worry you? Have you ever been bully around this issues?
Multicultural navigation skills


Maria Veronica Svetaz, MD MPH
School: the meeting of two [or more] worlds

• School is the fourth vital sign in teen health.
• Advocate, Advocate, Advocate, extend your Care to the school. Connect with the school.
• Educate parents about different host country School system.
• Advocate in behalf of the parents.
Resilience and Vicarious Resilience

• When using Trauma Informed care, with a strength based focus, re-narration and recognition of emotions bring increase empathy.
• The tenacity of their parents made youth often to see them and their endurance as role models (vicarious resiliency).

Maria Veronica Svetaz, MD MPH
Increase exposure to Inequities/Racism

The Health-Wealth Gap Scientific American November 2018

Maria Veronica Svetaz, MD MPH
What are the family uniqueness's?
Parents of the same cultural-ethnic background might need more support/coaching than a regular parent of teens

- Assess for depression and PTSD.
- Assess for social determinants of health
- Be aware of Healthcare access issues, particularly if migrants/immigrants, as it might be different than their children
- Describe the “landscape of Adolescence” in the Host Country.
- Describe Adolescence culture vs Host country culture.
Generational Gap amplified by different Cultural Navigation Skills

- Here PIJP Map

- Inter-generational Interventions.

- Socio-Ecological Model

Maria Veronica Svetaz, MD MPH
### Table 1: Family-related risk and protective factors important to consider for immigrant families

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Definition/role</th>
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<tr>
<td><strong>Acculturative stress</strong></td>
<td>Psychological strain resulting from stressors related to navigating a new environment including lack of knowledge about how to access resources (i.e., school, healthcare), learning a new language, and reestablishing social networks, among others</td>
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<td><strong>Acculturation gap</strong></td>
<td>The nature and extent of the gap between the rate of acquisition of values and behaviors of the new culture between immigrant children and their parents. For some families, the acculturation gap can negatively impact family dynamics and children’s development</td>
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<td><strong>Acculturation-based conflict</strong></td>
<td>Arguments rooted in cultural value differences between children and their parents. In contrast to everyday conflict, it tends to be viewed more negatively and can be a better predictor of adjustment for some families</td>
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<td><strong>Discrimination</strong></td>
<td>Discrimination experiences based on children’s/parents’ immigration status and racial/ethnic background, among others. The impact of discrimination on immigrant families’ mental health may depend on their individual cognitive appraisals. Intergenerational studies show that parents play a key role in their children’s interpretation of and preparation for discrimination</td>
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<tr>
<td><strong>Exposure to violence</strong></td>
<td>Immigrant families can experience exposure to violence before, during, and post-migration. Parental mental health, including post-traumatic symptoms, is significantly related to children’s vulnerabilities and psychosocial adjustment particularly among refugee and war-affected immigrants. Receiving communities where immigrant families resettle may also expose them to new forms of violence, which also negatively impacts youth's mental health</td>
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<td><strong>Legal status</strong></td>
<td>Undocumented children and/or parents often live in fear of deportation; confront greater barriers to access health, financial, and health services; and are more likely to live in poverty</td>
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<td><strong>Family separation</strong></td>
<td>The nature of the separation may determine its impact. Factors to consider are length of separation(s), whether children were separated from one or both parents, contact during separation, and quality and supportiveness of nonparent caretakers</td>
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<td><strong>Cultural/language brokering</strong></td>
<td>Refers to the various activities that children do for their immigrant parents to facilitate adaptation to the new culture (i.e., translating documents, making health appointments, communicating with school officials, etc.)</td>
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<tr>
<td>Protective factor</td>
<td>Description</td>
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<tr>
<td>Parental socialization to culture of origin</td>
<td>Parents who engage in cultural/ethnic/racial socialization promote a sense of cultural/ethnic pride which, in turn, strengthens children’s resilience</td>
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<tr>
<td>Family cohesion</td>
<td>Quality of family relationships, more than family structure, is associated with positive youth outcomes (e.g., social skills, self-efficacy, self-esteem, etc.)</td>
</tr>
<tr>
<td>Family support</td>
<td>Social support from family, friends, neighborhoods, and communities play important roles in immigrant children’s and parents’ mental health</td>
</tr>
</tbody>
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M. Kia-Keating et al.
What about the journey?

• Forced or not.
• Traumatic experiences before, during and after arrival.
• Ability to travel back and forward to home country.
• Family Separation.
• Reunification: possible challenges.
• Past and current position in the social-economical ladder: same? Discrepancy?
Family Separation

Maria Veronica Svetaz, MD MPH
Promoting Comprehensive Clinical Care and Cultural Sensitivity for Cross Cultural and Transnational Youth

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Overview

• Conceptual framework of adolescent health
• Clinical strategies for addressing challenges and strengths, encouraging resilience among cross-cultural kids and families
• Organizational strategies for developing cultural sensitivity
• Resources
Providers should consider the influence of social determinants in CCK patient encounters and support linkages between youth and resources as part of a strategy to promote positive development/equity in health outcomes.
What can we do to avoid this with cross cultural patients?

**Patient Starts Out:**
*Empowered*

- I have my list of questions
- I think I am ready
- This time I will say my piece

**The Medical Exam**
- Physician-Driven
- Bio-medical Focus
- Same for 80 yrs.+

**Patient Leaves:**
*Disempowered*

- What did he say?
- We didn’t agree on anything
- He ignored my questions
- I won’t share that again
Culture and Identity Exercise

What is your identity? How do you introduce yourself?

What is your cultural identification?

How does your identity and culture influence you as a health care provider?

How do you incorporate your patient’s unique identity and culture into their care?
Georgetown Pediatric Residents Survey on Cross Cultural Kids (n=12)

“We can improve care by making sure language is not a barrier and giving them a chance to explain their beliefs and problems they are facing”

“One of the biggest challenges in working with CCK patients is understanding their socio-economic-legal stressors and its effects on their health”

Results:
9/12 said they sometimes ask patients about culture or identity
7/12 were somewhat comfortable talking to cross cultural patients
9/12 Had some education on cultural sensitivity.
What can providers do to develop strengths, promote resilience and foster wellbeing among cross cultural kids?

• Be sensitive to differences between your own cultural background and your patients’
• Do not assume that children and youth from a particular group are culturally homogeneous
• Use a professional interpreter when there are language barriers,
• Ask questions that assess sociocultural dimensions: views of health, immigration history, acculturation, identity and religion, language
• Consider the additional time spent in taking a detailed history, is an investment in improved health outcomes
What can providers do to develop strengths, promote resilience and foster wellbeing among cross cultural kids?

• Ask about unique strengths
• Discuss importance of talking to someone about feelings
• Encourage involvement in school activities, clubs, community events
• Address ways to handle stress and challenges (create a personal toolkit)
• Promote resilience
What can providers tell parents to do?

- Discuss the concept of ‘home’
- Empower kids to form identity based on values and beliefs
- Build strong ties in each community in which they live
- Set aside special “family time” and establish family traditions
- Validate the emotions and feelings their child is experiencing
- Provide time for kids to grieve and be supportive of their needs
Physicians can help promote healthy adjustment by reinforcing a positive ethnic and cultural identity

Convey support for the youth’s identity search

Assist young people in finding positive ways to deal with racism and discrimination

Acknowledge societal inequities and discrimination as they relate to health problems

Indicate an openness to discuss racial/ethnic differences and correct misperceptions
Organizational Strategies for Promoting Cultural Sensitivity
Dimensions of Diversity

ORGANIZATIONAL DIMENSIONS

SECONDARY DIMENSIONS
- Skills
- Economic Status
- Religion
- Education

PRIMARY DIMENSIONS
- Language and Communication
- Geographic Origin

- Physical and Mental Ability
- Age
- Gender
- Ethnicity and National Origin
- Race
- Sexual Orientation

Source: Lee Gardenschwartz and Anita Rowe
The LEARN Model

L: Listen with sympathy and understanding to the patient’s perception of the problem.
E: Explain your perceptions of the problem.
A: Acknowledge and discuss the differences and similarities.
R: Recommend a course of action.
N: Negotiate agreement.
Cross Cultural Kids Resources

Websites and Books:
AAP Position Statement on Ensuring Culturally Effective Pediatric Care:
http://pediatrics.aappublications.org/content/114/6/1677
AAP Position Statement on Border Kids

Denizen Magazine (http://denizenmag.com)
The Cultural Blend (http://www.thecultureblend.com)
Families in Global Transition (https://www.figt.org)
What Expats Can Do (http://whatexpatscando.com)
I Am A Triangle (http://iamatriangle.com)
What about the systems of care?
Developmentally Appropriate Inclusive Programs’ Core Components Puzzle

[Svetaz 2016]
Developmentally Appropriate-Inclusive HealthCare Home BLUEPRINT

The system of inequity's holistic frame [World Trust]

1st - Provider own work on Internal Bias
2nd - Culturally appropriate HealthCare Home

3rd - Patient Activation Focused
4th - Welcoming Empathy

5th - Navigation Skills
6th - Participatory Process

7th - Cross Sectoral Integrative Systems Of care
8th - Family Centered Care

9th - Foster Ethnic identity
10th - Skills on Coaching Around External Bias

11th - Two-Level Advocacy
12th - Sustainability

Safe space:
- Granting voice: just listening with respect
- Meeting them where they are: no judgements

Safe space:
- Granting voice: just listening with respect
- Meeting them where they are: no judgements

Teens and family
Community Wrap around Healthcare team

VALIDATE their feelings with micro and macro-aggressions due to bias, discrimination and stereotyping. REASSURE teens that we, adults, are working really hard to change the existing status quo. We just want them to be safe in the meantime.

Reassure them: adults could benefit from a teen's creativity and passion. Involve teens in advancing social equity, as youth are usually the ones that spark crucial social changes worldwide.

INVOLVE them: adults could benefit from a teen's creativity and passion. Involve teens in advancing social equity, as youth are usually the ones that spark crucial social changes worldwide.

System Advocacy (ACTIVISM)

Patient Advocacy (AGENCY)

Cost-effectiveness

Intervene on leverage areas that maximize growth

Does not reinvent the wheel

Forces

Leverage areas that maximize growth

110/100

Strengthen Health and Health care

Health status and functioning

Social environmental factors and socioeconomic obstructions preventing health/health care

Coaching Around External Bias

Paradigm: Intergenerational Care

Mirror or Hinged Intervention

Maria Veronica Svetaz, MD MPH

CREATING INCLUSIVE PROGRAMS. SAHM 2016
Position paper
Racism and Its Harmful Effects on Non-dominant Racial-Ethnic Youth and Youth-Serving Providers: A Call to Action for Organizational Change

The Society for Adolescent Health and Medicine

ABSTRACT
Racism can exert negative effects on the self-concept, health and well-being, and life trajectories of both non-dominant racial-ethnic (NDR) youth and youth-serving providers. How to define and conceptualize racism, the way that racism affects health and health disparities, and the policy and practice implications of racism have been the focus of research and practice. In this paper, we argue that the effects of racism on health and well-being extend beyond the individual to impact the social determinants of health. Specifically, we propose a framework for understanding the role of racism in driving the health of NDR youth and youth-serving providers. We also suggest strategies for addressing the harms of racism on health and well-being, including the development of culturally relevant programs and policies. Finally, we call for a more inclusive and equitable approach to health and well-being, one that recognizes the role of racism in shaping social determinants of health and well-being, and promotes policies and practices that reduce the harms of racism on NDR youth and youth-serving providers.

This position paper addresses the current state of the science on the effects of racism on health and well-being, and the importance of understanding these effects for promoting equity in youth-serving organizations. It highlights the role of racism in shaping social determinants of health, and offers strategies for addressing these effects. The paper also calls for increased attention to the role of racism in shaping social determinants of health, and encourages organizations to adopt a more inclusive and equitable approach to health and well-being.

http://www.jahonline.org/article/S1054-139X(18)30239-8/fulltext
It is a response to an urgent Public Health crisis.

The United Nations has called for renewed action against “contemporary forms of racism, racial discrimination, xenophobia, and related intolerance” in the face of this troubling trend.


It is a response that belongs to ALL: non-dominant groups and allies.

The Call to Action is to inspire anyone in an Institution to start the Process, regardless of hierarchy.

Where the Position Paper says youth, it applies to all ages.

Maria Veronica Svetaz, MD MPH
○ Step Up Process.
○ But NOT a Top-Down Process: allows participatory, organic ownership of the process at all level.
○ Intends to be a tool, make it yours, use it.
What is not

- Not a clinical guide.
  We added the piece that I presented before to complement and expand the clinical “how to”.

- Not a systematic review, but based on a very comprehensive review.
https://www.nonprofitleadershipalliance.org/resource/awake-to-woke-to-work-building-a-race-equity-culture/
Supporting Cross Cultural & Transnational Adolescents, Young Adults, & their Families: Legal & Human Rights Perspectives

Abigail English, JD
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SAHM Annual Meeting
Washington, DC – March 8, 2019
Overview

• Populations at risk
• Legal protections
  • Rights
  • Laws
• Youth leadership in advocacy efforts
• Health care professionals as advocates
Immigrants, Migrants, Refugees, & Asylum Seekers

• On the world stage:
  • “Children on the Move”

• In the United States:
  • Unaccompanied minors
  • Separated children & families
  • “Dreamers”
CHILDREN ON THE MOVE
An Urgent Human Rights and Child Protection Priority

A report by the FXB Center for Health and Human Rights at Harvard University

Abigail English | Center for Adolescent Health & the Law
Children on the Move

Who are the children on the move?

- Intact family units
- Smuggled children
- Trafficked children
- Working children
- Refugee children
- Internally displaced children
- Stateless children

What legal protections are available?

- United Nations
  - Universal Declaration of Human Rights, 1948
  - Int’l Conv on Econ, Soc, & Cult Rights, 1966
  - Int’l Conv on Civil & Political Rights, 1966
  - Convention on Rights of the Child, 1989
  - Reduction of Stateless, 1961
  - Refugees, 1951, 1967
  - Guiding Principles

- International Labor Organization
  - Migrant Workers’ Rights
Unaccompanied Immigrant Minors

• Tens of thousands of unaccompanied minors arrive in U.S.
• Where are they? How are they treated?
  • Detention? “Shelter”? Foster care? Familial sponsors?
• The Flores Settlement
  • Flores v. Meese: filed 1985, settled 1997, implementation ongoing
  • Child welfare standards in government run detention facilities
  • Least restrictive, most family like setting...
• Health care implications
Separated Children & Families

• Official vs implicit policy
  • “Deterrence” as a rationale
  • Detention vs separation

• Mrs. L. v. ICE
  • ACLU filed a federal lawsuit seeking to reunite an asylum-seeking mother and her 7-year-old daughter fleeing violence in the Democratic Republic of Congo, who were forcibly separated from each other in the U.S. and detained 2,000 miles apart
  • Federal court ordered separated families to be reunited

• Separated children → “unaccompanied minors”
  • Subject to the Flores settlement
Detained Minors

• National Center for Youth Law & other advocacy organizations
  • Visits to detention facilities & “shelters”
    • “At a detention center in Homestead, Florida, a group of immigrant teens are packed into cold rooms that can hold 70 to 250 kids, given a substandard education and detained for more than six months, according to interviews done by five legal and child psychology experts.”
  • Litigation
    • Lucas R. v. Azar: “Five immigrant children challenged the government for unlawfully detaining them in jail-like conditions for prolonged periods, drugging them with powerful psychotropic medication without consent, arbitrarily denying release to their family, and denying access to legal counsel.”
Dreamers – The DACA SAGA

U.S. Senate rejects immigration bills, leaves Dreamers in limbo

Richard Cowan, Susan Cornwell
Health Implications of Immigration Policy

- Policies & actions
  - Immigration raids
  - Restricting diversity
  - Limiting family-based migration
  - Barring entry of asylum seekers
  - Separating migrant & refugee children from parents

- Health implications
  - Deferred health care use
  - Difficulty escaping persecution
  - Stress, anxiety, adjustment disorders
  - Inability to achieve developmental tasks (school, employment)
Legal Protections

• Human rights
• Laws & policies
• Youth & health care professionals as advocates
What Rights?

• Human rights
• Children’s rights
• Rights of immigrants, refugees, & asylum seekers
• Rights of human trafficking victims & survivors
Human Rights

• United Nations
  • Universal Declaration of Human Rights
  • Convention on the Rights of the Child
  • Convention Against Torture
  • Palermo Protocol
  • Global Compact for Safe, Orderly, & Regular Migration

• International Labor Organization Conventions
  • Forced Labor/Child Labor/Minimum Age

• Council of Europe Convention Against Trafficking in Human Beings
Universal Declaration of Human Rights

- Life, liberty, security of person
- Freedom from slavery or servitude
- Freedom from torture, cruel, inhumane, or degrading treatment
- Health and well-being
- Medical care
- Freedom of movement
- Freedom of expression
Laws – United States & Other Countries

• National/state/local laws
  • Immigration
  • Anti-trafficking
  • Health care
  • Child welfare
  • Juvenile justice

• Policy interpretations
  • Formal regulations
  • Informal executive & agency actions
Youth Leadership in Advocacy

- United We Dream
  - …largest immigrant youth-led community in the U.S.
  - …puts undocumented immigrant youth in the driver’s seat.
- Soñando Juntos
  - In El Paso, “Immigrant Youth Are Changing the Face of Border Activism”
  - …an intersectional coalition fighting for undocumented people.
- Parkland Survivors March for Our Lives
- Amnesty International – activists for human rights
  - NY, Ethiopia, Manus Island, London, Vietnam, Norway, Cambodia, Finland...
Health Care Professionals as Advocates

• Health care professionals as human right advocates
  • Assessment of human rights violations
    • Clinical examination
    • Forensic documentation
  • Care & treatment of survivors
  • Advocacy to protect human rights
    • Reports to state, national, & international entities/courts
    • Human rights reports to UN & other bodies
    • Evaluations and reporting to NGOs
Conclusion

• Risk & threats
• Persecution & discrimination
• Resilience
• Human rights
• Legal protections
• Advocacy