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
**Educational Objectives:**

<table>
<thead>
<tr>
<th>Describe</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review</td>
<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>
</tr>
<tr>
<td>Identify</td>
<td>Identify laws that provide a basis for protecting transnational adolescents and young adults including refugees and asylum seekers.</td>
</tr>
</tbody>
</table>
Continuing Medical Education Commercial Disclosure

Amedco, our CME provider, asks all individual involved in the development and presentation of Continuing Medical Education (CME) activities to disclose all relationships with commercial interests. This information is disclosed to CME activity participants. Amedco has procedures to resolve apparent conflicts of interest. In addition, presenters are asked to disclose when any discussion of unapproved use of pharmaceuticals and devices is being discussed.

We, Maria Veronica Svetaz, MD, MPH, Abigail English, Anisha Abraham, MD, MPH and Chris O’Shaughnessy, BA have no commercial relationships to disclose and we will not discuss any unapproved use of pharmaceuticals and devices.
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**
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
Definition of ‘Cross Cultural Kid’

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.
Cross Cultural Kids

CCKs are often in more than one category at a time.
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](https://www.childtrends.org/indicators/immigrant-children)

---

**Figure 1**

Percentage of U. S. Children Younger than 18 Who are Immigrants, by Generation*: 1994-2014

* Immigrant children are those who have at least one foreign-born parent. First generation immigrants are those who were not born in the United States and second generation immigrants are those who were.
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
Why is culture and identity particularly important?

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*

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?
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 (ie 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
Conflict Resolution

• CCKs in higher transience often lack conflict resolution skills, this now increasingly the case in mainstream culture as well.
Lack of Identity Resolution

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 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

Unexamined ethnic identity
FORECLOSED
Children enter Adolescence with a view of their ethnicity that reflects that of their families.

ADOLESCENT YEARS

EARLY
Ethnic Identity Search or Exploration
MORATORIUM

MIDDLE

LATE
Achieved Ethnic Identity

Young Adults

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

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).
Increase exposure to Inequities/Racism

The Health-Wealth Gap Scientific American November 2018

Maria Veronica Svetaz, MD MPH
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
Generational Gap amplified by different Cultural Navigation Skills - Here PIJP Map - Intergenerational Interventions preferable.

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>
</tr>
</thead>
<tbody>
<tr>
<td>Acculturative stress</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>
</tr>
<tr>
<td>Acculturation gap</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>
</tr>
<tr>
<td>Acculturation-based conflict</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>
</tr>
<tr>
<td>Discrimination</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>
</tr>
<tr>
<td>Exposure to violence</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>
</tr>
<tr>
<td>Legal status</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>
</tr>
<tr>
<td>Family separation</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>
</tr>
<tr>
<td>Cultural/language brokering</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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Protective factor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<td>Family cohesion</td>
<td>Quality of family relationships, more so 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>
</table>


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

Aquí Para Ti/Here For You
Adolescent Questionnaire

These questions will help us get to know you better. Your answers will be seen only by your health care provider and Aquí Para Ti staff. *Adapted from GAPS Guidelines for Adolescent Preventive Services.

Date (month, day, year)

Sex: □ Male □ Female □ Other     Age __________

What languages do you speak? (Mark all that apply) □ Spanish □ English
□ Other _________

Please indicate which race/ethnic group you identify as yours:
□ African American □ American Indian/Native American □ Latino/Hispanic
□ Asian/South East Asian/Pacific Islander □ White/Non-Hispanic □ Other

What country were you born in?
________________________________________________________________________

How long have you lived in the U.S.? __________

What country was your mother born in?
________________________________________________________________________

Does she live in the U.S.? □ Yes □ No

Have you ever been separated from your mother? □ Yes How long? __________
□ No

What country was your father born in?
________________________________________________________________________

Does he live in the U.S.? □ Yes □ No

Have you ever been separated from your father? □ Yes How long? __________
□ No

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

Anisha Abraham, MD, MPH, FAAP
Visiting Associate Professor, Univ of Amsterdam, Amsterdam, NL
Associate Professor, Georgetown Univ Hospital, Washington, DC
Dranishaabraham.com
a.a.abraham@amc.uva.nl
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
Conceptual Framework for Adolescent Health

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.
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 well being 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 |

“Delivering Culturally Effective Care to Children and Adolescents”
American Medical Association

[Berni Juanito Laguna] MV Svetaz
Organizational Strategies for Promoting Cultural Sensitivity
Dimensions of Diversity

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

Secondary Dimensions:
- Economic Status
- Religion
- Education

Organizational Dimensions:
- Skills

Source: Lee Gardenschwartz and Anita Rowe
Dimensions of Diversity
Listen
with sympathy and understanding to the patient’s perception of the problem.

Explain
your perceptions of the problem.

Acknowledge
and discuss the differences and similarities.

Recommend
a course of action.

Negotiate
agreement.
Cross Cultural Kids Resources

Websites and Books:
AAP Position Statement on Ensuring Culturally Effective Pediatric Care:
http://pediatrics.aappublications.org/content/
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)
What about the systems of care?
Developmentally Appropriate Inclusive Programs’ Core Components Puzzle

[Svetaz 2016]
Developmentally Appropriate-Inclusive HealthCare Home BLUEPRINT

1st – Provider own work on Internal Bias
2nd – Culturally appropriate
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

Teens and family
Community
Wrap around Healthcare team

VALIDATE their feelings with micro and macro-aggressions due to bias, discrimination and stereotyping. IT IS REAL, empathize on how this might feel and hurt.

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.

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

System Advocacy (ACTIVISM)

Culturally Appropriate Intervention Design
Culturally Appropriate Health Care Team Composition Design

1st – Provider own work on Internal Bias
2nd – Culturally appropriate
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

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 have negative effects on the self-concept, health and well-being, and life experiences of both non-dominant racial - ethnic (NDR-E) youth and youth-serving providers. In the face of ongoingeducations, efforts should be made to recognize the critically important role to address the issue of racism and its impact on both NDR-E youth and youth-serving providers. Organizations must adopt clear vision and strategic planning guidelines to address the effects of racism and its impact on both NDR-E youth and youth-serving providers. This position paper addresses the current global wave of racism and its harmful effects on adolescents, youth-serving providers, and the impact on both non-dominant racial - ethnic (NDR-E) youth and youth-serving providers. This has been a world-wide issue from globalization to nationalism. Following the global missions of 2005 and 2006, increasing recognition of the harmful effects of racism on the lives of both non-dominant racial - ethnic (NDR-E) youth and youth-serving providers has increased. This position paper addresses the current global wave of racism and its harmful effects on adolescents, youth-serving providers, and the impact on both non-dominant racial - ethnic (NDR-E) youth and youth-serving providers. It has been a world-wide issue from globalization to nationalism. Following the global missions of 2005 and 2006, increasing recognition of the harmful effects of racism on the lives of both non-dominant racial - ethnic (NDR-E) youth and youth-serving providers has increased.

This position paper addresses the current global wave of racism and its harmful effects on adolescents, youth-serving providers, and the impact on both non-dominant racial - ethnic (NDR-E) youth and youth-serving providers. It has been a world-wide issue from globalization to nationalism. Following the global missions of 2005 and 2006, increasing recognition of the harmful effects of racism on the lives of both non-dominant racial - ethnic (NDR-E) youth and youth-serving providers has increased.
Principles behind

- 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.
What it intends to be

- **Organization** (Policies-Processes)
- **Trainee and students**
- **Providers**
- **Youth (any patient)**

- 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.

Maria Veronica Svetaz, MD MPH
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.

Maria Veronica Svetaz, MD MPH
Supporting Cross Cultural & Transnational Adolescents, Young Adults, & their Families: Legal & Human Rights Perspectives

Abigail English, JD
Center for Adolescent Health & the Law
english@cahl.org

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

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 leadership in advocacy
• 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...
• Sunrise Movement & the Green New Deal
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