CHAPTER 10
Immigrant and Refugee Survivors

LEARNING OBJECTIVES:
◊ Describe the immigrant and refugee population in Massachusetts.
◊ Identify issues faced by immigrant and refugee survivors in recovering from sexual assault and accessing services.
◊ Cite helpful approaches, models, and resources for counseling these survivors.

Sexual assault for immigrants and refugees is a sensitive and complex matter. Combined with the trauma of the assault are layers of issues related to cultural ideology and history, experience of oppression, immigration status, barriers to services, family background, and individual belief systems. The rape crisis counselor needs to be familiar with the great diversity as well as commonality of experience among immigrant and refugee populations. This awareness also will help in counseling survivors who are not technically newcomers but grew up here in a cultural enclave, speaking a language other than English and developing strong cultural beliefs.

Immigrants and Refugees in Massachusetts

The terms “immigrant” and “refugee” cover a tremendous variety of individuals and background, with distinct cultures, countries, histories, languages, and lifestyles. Most immigrants and refugees have experienced displacement from their home countries. Some speak no English; others speak it perfectly. Many have fled poverty, and some have escaped political persecution. They come from all economic classes. Many plan to remain here; others hope to return to their home countries when and if conditions change. Some have legal status here; others do not. Isolation, displacement, marginalization, lack of appropriate resources, and misunderstanding have been cited as common problems they face in the new culture. But they also often share many strengths, such as a strong emphasis on family and community and survivor skills such as determination and spirit.

The immigrant and refugee population in Massachusetts is significant and has expanded in recent years. In addition to substantial population of Dominicans and Cubans, according to the Massachusetts Office of Refugees and Immigrants (MORI), the more recent incoming groups in the state are: Central American, Ethiopian, Haitian, Portuguese-speaking, Somali, Southeast Asian, and citizens of the former Soviet Union. MORI statistics indicate that 178,740 refugees and immigrants entered the state between 1986 and 1993. That figure does not account for secondary migration or undocumented immigrants; the latter is estimated by the U.S. Immigration and Naturalization Services (INS) at 300,000 per year nationwide. The Refugee and Immigrant Health Program of the Bureau of Communicable Disease Control, Massachusetts Department of Public Health, reports comparable rates of arrival; from 1986-
1995, more than 31,000 refugees and 185,000 immigrants, with 2,864 refugees arriving in 1995.

The Massachusetts Department of Education statistics on students whose primary language is not English provide a fairly accurate indication of the areas of residence for immigrants and refugees, and other cultural groups such as Puerto Ricans (who are U.S. citizens). The largest populations reside in the greater Boston area, including Cambridge, Chelsea, Revere, Somerville, and several other Boston-area cities and towns. Other areas with relatively large percentages are: Clinton, Fall River, Ludlow, New Bedford, Taunton, Southbridge, Lynn, Peabody, Salem, Randolph, Springfield, Worcester, Chicopee, Holyoke, Lowell, Lawrence, Brockton, Salem, Fitchburg, Framingham, Haverhill, Amherst, Northampton, Hudson, Leominster, Methuen, Milford, Westfield, and West Springfield.

**Immigration Status**

Status can be an extremely sensitive topic. An immigrant or refugee may possess one of a variety of types of immigration status, which greatly affects employability and eligibility for public benefits. If it is a concern for a survivor, it is important to seek assistance from an attorney or agency that can advocate for her. The laws are complicated and often change, and it can be very damaging to the client to provide incorrect or incomplete information. Whenever possible, clients should be referred to immigration law experts, legal services, and advocates before they contact INS.

Eligibility requirements for benefits vary from state to state and change frequently. The definitions that follow are intended as a general guide to acquaint counselors with the most common types of immigration status and potential issues for clients.

**Temporary status** is obtained when a person enters the U.S. as a tourist, a student, or under certain temporary work visas. An individual is in violation if the time limit specified on the passport has expired. A person with temporary status may not legally work (with the exception of temporary work visas) or receive government benefits.

**Permanent status** includes a number of possibilities, including:

- **Citizen** is the status obtained through birth in the U.S. (including Puerto Rico) or by completing the naturalization process. To become naturalized, the person must be a lawful permanent resident for at least five years in most cases, pass an examination on English language ability and knowledge of U.S. history and civics, and prove “good moral character.”

- **Lawful permanent resident**, also called resident alien or having a green card, is a status usually obtained through marriage, employment, applications made by other family members, or a government amnesty program. These residents may legally reside and work in the U.S. on a permanent basis, with certain restrictions. They are
eligible at this time for some of the benefits as citizens, with greater exceptions for those who obtained their status through amnesty programs.

- **Refugee** is a status designated for reasons of political persecution, before entry into this country, and processed through an international refugee organization. After one year, refugees may apply for lawful permanent residency. They are eligible to receive special refugee benefits.

- **Asylee** is a granted legal status for reasons of political persecution, after entry into the U.S. After one year, asylees may apply for lawful permanent residency. There is a difference between asylees who have been granted legal status, and asylum applicants whose cases have not yet been decided. Many applicants for asylum have valid work permits while the application is pending; because of changes in the law, recent asylum applicants may not have work permits.

- **Undocumented** describes those with no legal status in this country. Most undocumented immigrants enter the U.S. legally as tourists or students, and then overstay. Many claim political repression in their countries but are unable to obtain designation as refugees or asylees. Undocumented immigrants may not work legally and are eligible for few rights and benefits. In Massachusetts, they do have the right to police protection and, at this point, emergency medical care.

Awareness of anti-immigrant sentiment and legislative proposals to reduce benefits for newcomers can affect sexual assault survivors’ feelings about reaching out for assistance and services. Also, to ask for and receive government benefits might be perceived as hurting a case for permanent status that is in process. Various organizations can provide information and/or advocacy for survivors with legal immigration concerns.

**Sexual Assault Issues**

The following accounts by immigrant and refugee women painfully describe experiences of sexual violence:

*At age 18, she arrived from the two-week trek through the . . . desert, physically exhausted, badly dehydrated, and with blistering sores from exposure on her feet and body. But the most terrible part of the ordeal, she points out, was the three days she was held at the border jail and raped repeatedly.*\(^1\)

*Two of the . . . girls were taken to the front of the boat and raped. Everyone heard everything, all of the screams. That is what I remember, the screams.*\(^2\)

*All my children are afraid of their father . . . I think it’s because they were all conceived in terror . . . to this day he threatens to kill me if I don’t sleep with him . . . (He) has been promising that he will immigrate me. I’ve never seen any papers . . . I need to know about my papers.*\(^3\)
There are tremendous barriers to preventing and reporting sexual assault for immigrant and refugee survivors (See Chapter 5: Working Cross-Culturally). Cultural, religious, educational, family, and legal institutions throughout the world place responsibility for sexual assault on the survivor, particularly women. They limit both the possibility of taking action against the assailant and working to eliminate the crime itself. The silence is compounded by the reality that women are vulnerable to sexual assault – hence deeper trauma – at a very young age.

The recovery process may be complicated by previous victimization. Refugee women may have been sexually assaulted during their escape from their own countries. Rape is a tool of war, terrorism, and torture (See Chapter 1: Understanding Rape – Myths, Facts, and Realities). There are numerous stories of women raped by enemy soldiers, at borders, or by authorities in refugee camps. Some women have been forced to go into prostitution or to undergo painful and humiliating genital mutilation. If an assault is committed by someone of a different ethnic group from the survivor, this can increase the sense of shame experienced, and she may receive little help from her natural support systems. If it is committed by someone of the same group, she may be afraid of accusing “one of her own,” especially in times of war when her “individual concern” may be minimized.

As a result of this type of previous trauma, women may suffer from a variety of conditions described in other chapters of the manual, including depression, anxiety, intrusive thoughts, dissociation or psychic numbing, hyper-alertness, and sleeping or eating disorders.4 Experiencing rape again in the U.S. may trigger memories of previous trauma, causing severe and complicated reactions.

Immigrant and refugee women have reported fear of any government authorities as a direct result of previous personal victimization. The experience of living under a repressive government can prompt distrust of, and aversion to, engaging the legal system. In addition, they already have had a history of negative experience with the police and courts in the U.S. Proceeding on a rape case can be daunting under the best of circumstances, but undocumented immigrants are almost certain to avoid the legal system at all costs for fear of their status being exposed. Survivors also risk the perpetrator retaliating against them by reporting them to the INS if they go to the police.

For many immigrant and refugee women, obtaining and maintaining economic stability is precious and hard work. In some countries, custody is automatically awarded to the father in the case of a divorce. Sometimes perpetrators threaten to abduct children; once they are outside the U.S., there is little recourse for the mother.

In situations where a woman’s immigration status depends on her husband, and he is the perpetrator, she may risk losing the chance to obtain legal status by reporting the crime. New legislation now makes it possible for some immigrant women married to a U.S. citizen or lawful permanent resident – who can prove domestic or sexual violence to themselves or their children – to be eligible for alternative methods to obtain legal status. However, most
immigrant and refugee women do not know this, and would need competent legal advocacy
to effectively complete their applications.

In circumstances where the stability of the family is at risk if the woman reports sexual
assault, there are many other incentives to avoid taking action against a spouse. These
include the desire to keep the family together, wanting children to have a father, belief in
traditional gender roles, pressure from the extended family, isolation from family and friends
in the home country, economic dependence, emotional attachment, and hopes for change.

If an immigrant or refugee woman reports sexual assault – particularly if committed by a
husband, other family member, or acquaintance – she may risk isolation from her cultural
community here, which may be her only source of connection and support in her new
country. Other community members may criticize her. She may not want to stigmatize her
cultural group by drawing attention to the occurrence of sexual assault. Another issue is
maintaining privacy within a close-knit community, where a survivor may feel that if she
tells anyone, then everyone will know her personal business. This is related to another
obstacle to seeking help from a rape crisis center: the belief that counseling is for “crazy”
people.

The above is by no means an exhaustive account of all possible barriers that immigrant and
refugee women may face when considering reporting sexual assault and/or accessing
assistance. And, where reporting is unlikely, women are particularly vulnerable to
victimization. Many are unaware of their rights, or of protection and services available, and
have limited access to this information because language problems prevent communication
when trying to call for help, obtain information or protection, or receive counseling. Where
there are no trained interpreters, inappropriate use of family members or even perpetrators as
translators can further victimize women.

Further, if a survivor does engage in counseling, she may find the emphasis on the individual
incomprehensible, unthinkable, offensive, or not applicable to her. Many immigrant and
refugee women feel deeply rooted in their extended families and communities, and make
decisions only taking into account their larger “system.”

Counseling Immigrant and Refugee Survivors

It is essential to recognize that the survivor is probably dealing with multiple difficulties,
such as cultural silence and shame, isolation, legal issues, and other obstacles mentioned
above. Immigrants and refugees typically seek assistance only when the situation has
become unbearable. Acknowledge the survivor’s courage and strength in coming forward to
speak about her pain, and seek assistance with her recovery.

A counselor must not make assumptions about an immigrant or refugee survivor because of
preconceived notions or even ideas suggested in this chapter (See Chapter 5: Working Cross-
Culturally). With awareness and sensitivity, ask the survivor about her experience both here
and in her home country. While it is important to understand her traditions, it is essential to learn about her experience from her.

For counselors who do not speak the client’s first language, it may be possible to communicate in English more successfully than expected, with patience and perseverance. Find out whether or not bilingual/bicultural services are available. If so, determine if the survivor would prefer them and offer assistance accessing these services. Another route to improved communication may be to use an appropriately trained interpreter. Counselors should never have children or perpetrators serve as interpreters for survivors, and should develop a network of trained translators whenever possible.

Developing a trusting relationship with a newcomer may take more time and effort than usual. It may first require talking about family and concerns not related specifically to sexual assault, such as housing, employment, food, or other practical issues before the survivor feels ready to disclose what happened. Assuring the survivor of confidentiality, listening with respect, and validating her experience can be very empowering. Consider bringing family members or friends into the counseling process; the survivor, however, may feel the need to hide what has happened from others, so it is essential to assure her that this is her decision alone.

The counselor may need to provide information about the full range of responses to sexual assault, the recovery process, and safety procedures. Informing a survivor about her rights, how the legal system functions, and what kinds of services and resources are available – particularly those that are culturally competent – can be extremely valuable. Supporting her as she takes steps to move through these systems is another important aspect of the assistance you can give. Because the systems can be so alienating, they may not use them at all without direct assistance or accompaniment by a counselor.

As with other survivors, help the immigrant or refugee survivor identify her own sources of support. This may be very challenging if her family and friends are back in her home country, or are critical of her for the sexual assault or for seeking help. Think creatively with her about how she might make connections and build support here. Options such as “English as a second language” (ESL) classes, church groups, civic organizations, or other support systems may help alleviate her sense of isolation.

Although the survivor may see you as an advisor and ask you what to do, it is best to explore options with her and encourage her to decide herself. By offering understanding and support, you can be an effective ally on her journey to greater empowerment.

Assimilation, Acculturation, and Culture Shock

Assimilation is sometimes described as the degree to which a person has adjusted to a new culture and surroundings. Acculturation is the degree to which a new culture has been adopted. Culture shock is a group of reactions that an immigrant may experience based on the move from one culture to another. These may include disorientation, sadness, anxiety,
isolation, fear, confusion about new laws and cultural norms and values, and disappointment or disillusionment over the disparity between expectations and realities of the new society.

It may be helpful for the survivor and counselor to informally assess the client’s level of acculturation. Variables to consider may include the immigration history of the survivor and her or his family and their current living circumstances. You can explore the following lines of inquiry:

- Was the survivor born in another country or is the survivor a first-generation child of parents who immigrated here?
- What is the age of the survivor?
- How long has the survivor – and other family members – lived in this area? Are there acculturation differences within the family? (For example, in a household, there may be a generation of teens or children who attend school and are fully bilingual and relatively acculturated, while a generation of parents or grandparents who immigrated here are not as acculturated.) There may be differences and tensions regarding customs, language, rules, and other issues.
- Does the survivor come from a rural or urban background? What is the survivor’s setting here?
- What is the current cultural environment for the survivor? Some immigrants may be virtually totally immersed in the new culture (such as students in campus housing), while others may live in areas with strong cultural influences (for example, immigrants who move into a neighborhood where many speak their native language and have access to all services in their native tongue).
- What is the survivor’s economic status? What was it before she or he immigrated? Has there been a change in status or in profession because of immigration? Many immigrants were employed in professional jobs in their native countries but do not have the licenses or certification to practice here. This may affect their earning potential, perception of professional status, and/or their self-esteem.
- Why did the survivor immigrate? Was it the survivor’s decision, or was she or he moved here without choice? The latter may be the case for many teens who moved with their families or were sent by families hoping for a better life for their children.
- Was the survivor a refugee?
- Is the survivor worried about her immigration status? Do not directly ask this question unless the information is offered, as it can be very sensitive and fear-provoking. Rather, assure survivors that you are required to maintain confidentiality regarding immigration status, and offer updated referrals and resources that are
known to serve and be “safe” for all survivors, regardless of immigration status. (Remember that it is not necessary to know immigration status unless a survivor feels comfortable discussing it.)

Keep in mind that these issues also apply to individuals from Puerto Rico and other U.S. territories. Even though they are U.S. citizens, they may have issues regarding acculturation as immigrants from other countries.

Models and Resources

Two programs that have provided effective assistance to immigrant and refugee survivors in the Boston area, and a statewide telephone hotline are profiled below:

- **Asian Task Force Against Domestic Violence** grew out of the concern shared by members of Asian communities and agency providers about domestic violence and other forms of violence against women. The task force conducted multilingual, multicultural community education on these issues, survivors’ rights, and resources. Outreach strategies included booklets and posters, media events, ESL class lesson plans, and conferences. The group raised funds to hire bicultural workers and create an entire Asian Shelter and Advocacy Project. The first Asian shelter in the northeast was opened in 1994. Counseling services provided by bicultural staff, a multicultural hotline, and active outreach have proven effective for women from many communities not reached by mainstream services.

- **Victim Assistance Service** at the International Institute of Boston also employs bicultural counselors to provide crisis intervention, counseling, advocacy, and court accompaniment to survivors. Its effectiveness is due to both the bicultural staff and the fact that it is housed within a familiar refugee resettlement agency through which many newcomers have been resettled, studied English, or received legal assistance.

- **Llámanos y hablemos** is a statewide toll-free hotline for Spanish-speaking survivors of sexual assault. Spanish-speaking counselors of many ethnicities at Massachusetts rape crisis centers staff this hotline and provide local community outreach. Requests for ongoing counseling are referred to local rape crisis centers. This collaborative program also includes a training component for rape crisis center staff to become more culturally competent and provide effective community outreach.

Counselors who are aware of potential cultural issues can be important, effective allies in the recovery process for immigrant and refugee sexual assault survivors. Programs that utilize flexible, creative approaches and trained multicultural counselors can succeed in reaching these under-served survivors. The strength in this refugee woman’s voice exemplifies the possibilities and the extraordinary survivor spirit:
I never realized how strong I am. I always thought I was dependent on others. Now I know I can manage on my own. I feel strong deep inside. I want to encourage other refugee women to know that they can find confidence and hope.5

3 Myrna M. Zambrano, Mejor Sola Que Mal Accompanada (Seattle, 1985), pp. 142-143.
4 Martin, op. cit., p. 85.