



Equity by Design:

Educational Practices to Support the Academic and Social-Emotional Needs of Somali Immigrant and Refugee Students

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Supporting Social-Emotional Needs of Students Who Are Refugees

Immigrants, refugees, and asylum-seekers, among others, contribute to the changing socio-demographics of U.S. classrooms, bringing with them a variety of migration experiences as well as cultures and traditions from their countries of origin. From the early 1990s to today, the U.S. has become the new home for a significant number of immigrants and refugees from Somalia who fled civil war and other political unrest (Hussein, 1997; World Health Organization [WHO], 2015). Accordingly, educators are increasingly called upon to expand their repertoire of teaching practices and mental health support resources to meet the unique needs of first and second generation immigrants and refugees. In this brief, we provide a concise overview of the American Somali population; summarize these students' academic and social-emotional challenges along with related school supports; and describe practices to foster family and community engagement.

Characteristics of Somali Immigrants and Refugees

Located on the eastern coast of Africa, Somalia is a country with a population of over 10 million people and a history of political upheaval, instability, and civil war (Center for Disease

Control [CDC], 2008). The country is one of the world's most ethnically and culturally homogenous; most citizens are Somalian Muslims (Central Intelligence Agency [CIA], 2013). Close family and community ties, along with commitment to charitable giving, are primary social values (Lewis, 1996; Horst, 2007). Large families are also valued. In the 1800s, Somalia was colonized by multiple European countries whose leadership divided the country and its inhabiting clans and families, inciting conflict that continues today (Kaptein, 2001). For many generations, formal educational opportunities have been limited since the ongoing civil war disrupted the educational infrastructure (Putnam & Noor, 1999). Somalia's written language was developed as recently as 1972. Although Somali literacy is currently emphasized within schools, prior to 1972 children received instruction in languages like Italian, English, Arabic, and Russian. The education of boys is prioritized but, on average, schooling lasts only three years, which results in a high rate of illiteracy among Somali adults (CIA, 2013).

Somalis' Premigration Experiences

Throughout the 19th and 20th centuries, Somalia experienced a series of large-scale political changes from European colonization (Kaptein, 2001), to democratic independence (Kemp & Rasbridge, 2004), dictatorship, civil war (CDC, 2008), and recent attempts at stabilization (United States Institute of Peace [USIP], 2017). During times of civil war, Somali citizens were subjected to various forms of violence and torture (CDC, 2008) and weathered environmental crises like famine and drought (Putnam & Noor, 1999). The effects of these hardships are long-ranging and have had

KEY TERMS

Somali - a member of the people of eastern Africa that comprises Somalia (Merriam Webster, 2017).

Refugee - any person outside their country of nationality due to well-founded fears of persecution and are unable or unwilling to return; or a person displaced due to certain events and are unable or unwilling to return to their country of nationality. Fears of persecution are based on some aspect of that person's identity such as their race, religion, nationality, political views, or social group (UNHCR, 1951).

a significant impact on the demographics of the Somali population as well as their quality of life. Globally, Somalia has the ninth highest death rate, an average life expectancy of just 53 years, and high maternal and child mortality rates, resulting in a population that is disproportionately young (CIA, 2013). Fleeing civil war, many Somalis migrated to various countries in Africa, Europe, and North America starting in 1991 (Katpeijns, 2001). Unfortunately, for many, their journey to purported safety was characterized by malnutrition, illness, death, educational deprivation, and physical and sexual abuse (Bigelow, 2010; Roble & Rutledge, 2008). These experiences may increase rates of psychological distress (Fortuna, Porche, & Alegria, 2008) and require special considerations for education and social-emotional supports in their new countries.

American Somali Communities

With population estimates of 50,000 to 75,000 people (Schuchman & McDonald, 2011), the Somali community in the U.S. is the fourth largest group of African immigrants (Capps, McCabe, & Fix, 2012). During and after the civil war, Somali immigrants and refugees began to resettle in locals that already supported flourishing Somali communities (Katpeijns & Arman, 2004). States in which Somali immigrants and refugees have resettled primarily include Minnesota, Ohio, New York, California, Georgia and Washington, D.C. (CDC, 2008; Kroll, Yusuf, & Fujiwara, 2011). Approximately 68% of U.S. Somali children live in two-parent households and 40% have five or more siblings (Hernandez, 2012). Large families, coupled with lower rates of employment when compared to other immigrant groups, means that Somali families may face some unique stressors within the U.S. For example, about 85% of Somali children live in low-income households and over half (56%) experience crowded housing. Such conditions may impact daily functioning in the areas of school performance, sleep, and behavior (Hernandez, 2012). Given the potential

for Somali immigrants and refugees to have experienced war-related trauma, challenging migration and resettlement conditions, as well as conditions within the U.S. that limit advancement and wellbeing, it is necessary for educators to be informed of common academic and social-emotional challenges that Somali youth may face in schools as well as available supports to prevent or remediate psychological distress.



Academic Supports and Culturally Responsive Practices

Many recent immigrants or refugees will benefit from additional academic supports to bolster skill development and acclimation to the school environment. Given the recency of Somali's development of written language and limited access to formal schooling, students who are recent immigrants or refugees may not progress at the same rate as their peers as they become more acquainted with a text-based system of communication (Bigelow, 2010). Nevertheless, Somali youth tend to acquire oral reading skills as quickly as or more quickly than other groups of English learners (Betts, Bolt, Decker, Muyskens, & Marston, 2009; Darboe, 2003) and expressive language skills at a similar rate to other English learners (Estrem, 2011). Bilingual supports can bolster English-language acquisition among Somali immigrants (Roxas & Roy, 2012). Other academic supports to increase English-language skills encompass a series of positive teaching strategies generally

effective with English learners: providing formative feedback, decreasing linguistic load in content and assignments, modeling language, utilizing direct instruction, reinforcing effort, providing substantive opportunities to practice new skills, individualizing instruction, and providing opportunities for children to continue to develop skills in their first language (Ferlazzo & Sypniewski, 2012; Hill & Flynn, 2006). Overall, employing effective teaching strategies for all English learners helps ensure that all children within U.S. schools receive the necessary supports to progress academically.

Beyond language development, academic challenges may develop when there is disconnection between Somali and U.S. cultures. For example, Somali children and youth may struggle to fully engage with class material if they sense a cultural disconnect or feel that their beliefs and traditions are not valued within the classroom (Basford, 2010). For educators unfamiliar with the history and culture of Somali students, providing a culturally-informed education is challenging. Educators should take a proactive stance to supporting classroom engagement by structuring assignments and connecting curriculum to the interests of all students. Additionally, it is problematic to assume that all children enter into the classroom with the knowledge and skills to meet behavioral expectations. As such, explicit instruction on school customs, rules, and behavioral expectations will benefit all students and particularly students without significant exposure to U.S. schools (Farid & McMahan, 2004). For example, teachers may need to explain social conventions, such as notions of personal belongings since Somali children are accustomed instead to communal property (Farid & McMahan, 2004).

Educators can cultivate welcoming and supportive school environments by acknowledging that many Somali students' and families' traditions, customs, and social mores are derived from Islamic religious traditions

(CDC, 2008). Small accommodations can foster inclusive school communities and bolster Somali students' self-confidence, image, and esteem. For example, schools can label food containing pork in the cafeteria, structure the schedule so that Muslim students can engage in prayer throughout the day, inform teachers of Islamic religious holidays to prevent misunderstanding about absences, and allow for more flexibility with student dress codes by permitting girls to wear traditional clothing such as hijabs (Farid & McMahan, 2004; Robillos, 2001).



Social-Emotional Supports

Educators should be aware of risk factors, potential exposure to trauma, and symptoms of psychological distress in order to identify Somali children and youth for needed support services. Three types of stress are particularly relevant to the mental health needs of immigrants and refugees: migration stress, acculturation stress, and traumatic stress (Birman, Weinstein, Chan, & Beehler, 2007). Each form of stress may differentially influence individual's adjustment to life in the U.S., including academic achievement and behavioral regulation in schools (Miller et al., 2002). Resilience against distress can be bolstered by cultural assimilation and continued religious practices coupled with a strong sense of Somali cultural identity, particularly for girls (Ellis, MacDonald, Klunk-Gillis, Lincoln, Strunin, & Cabral, 2010).


Exposure to traumatic experiences and persistent stress can result in physical, social, and psychological difficulties such as anxiety, depression, and post-traumatic stress disorder (PTSD; Lustig et al., 2004, Bronstein & Montgomery, 2011; Kroll et al., 2011). For Somali immigrants and refugees specifically, cumulative trauma, resettlement stress, acculturative stress, and perceived discrimination are all associated with increased rates of PTSD symptoms (Ellis, MacDonald, Lincoln, & Cabral, 2008). Educators should be aware of the plurality of psychological and somatic symptoms that students with psychological distress may experience including: body aches, disrupted appetite, sleeplessness, low energy, exaggerated startle response, low concentration, sadness, irritability, separation anxiety, paranoia, conduct disorders and limited school engagement (Lustig et al., 2004; Bronstein & Montgomery, 2011; Schuchman, & McDonald, 2011). Awareness of these symptoms can help educators determine when to provide additional school-based psychoeducational support services to Somali children and youth.

When endeavoring to support the social-emotional functioning of Somali students, it may be appropriate to provide informational resources to families to promote understanding and acceptance of school-based social-emotional supports or mental health services. Within the Somali culture, mental health is often viewed as a dichotomous concept which places individuals into the category of being mentally well or mentally unfit. Furthermore, psychological distress may be perceived as arising from spiritual or supernatural forces (Schuchman & McDonald, 2011), and individuals may be reluctant to engage in diagnosis or treatment for fear of stigma (Scuglik et al., 2007). As such, individuals may ignore symptoms of psychological distress or seek support within the community (Farid & McMahan, 2004; Schuchman & McDonald, 2011). Individuals and families with longer exposure to Western forms

of medicine and psychiatry may be more open to treatment than others (Scuglik et al., 2007). In general, schools may find it helpful to promote a wellness perspective that emphasize skill building, consistent with the World Health Organization's definition of mental health, and to emphasize the relations of positive social-emotional functioning and skill development to broader educational success.

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2001, p.1).

Within schools, educators have a number of options to support the social-emotional needs of Somali children and youth. First, multitier models for providing comprehensive social-emotional services may feature schoolwide screening, instruction in basic social-emotional skills, and informational resources for families, as well as more intensive supports for students with severe or chronic difficulties. Furthermore, as these models often prioritize prevention and resiliency, they have the potential not only be resource efficient but to decrease the stigma associated with seeking mental health services (Weine, 2011). One such model utilized by Ellis and colleagues (2013) enlisted the support of Somali cultural brokers to provide community level support, intervention for English language learners, trauma-specific support, as well as intensive therapy when necessary.



Two other forms of school-based social-emotional supports that may be compatible with Somali culture, tradition, and need are solution-focused counseling (SFC) and relaxation therapy (Duale, 2011). As a short-term, future-oriented, approach to mental health treatment, SFC does not dwell on the cause of psychological distress but rather seeks to help instill hope in those seeking services by looking beyond the immediate problem and creating space to formulate solutions. Moreover, SFC helps improve functioning by highlighting personal strengths and community support resources, while acknowledging resiliency and reinforcing positive attitudes (Murphy, 2008). SFC is a promising method of supporting children with externalizing behaviors or academic difficulties (Trepper, McCollum, De Jong, Korman, Gingerich, & Franklin, 2010), but more research is necessary to support its use with specific populations as results from current research are equivocal (Corcoran & Pillai, 2009).

For students affected by anxiety or PTSD symptoms, relaxation interventions in schools may include progressive muscle relaxation or yoga. Broadly, progressive muscle relaxation is a systematic method of tensing and relaxing muscles in order to elicit an incompatible response to anxiety. Progressive muscle relaxation is used to help ease a variety of symptoms- some of which are also observed in children experiencing psychological distress such as: somatic symptoms, worry, sleep disturbances, and poor concentration. It should be noted that progressive muscle relaxation is not a panacea, but has the most consistent positive results for those who experience high levels of tension and anxiety that impact behavior and daily functioning (McCallie, Blum, & Hood, 2006). Yoga, a specific form of mindfulness, increases strength and flexibility through systematic, focused attention to breath and body. As a part of relaxation therapy, yoga has been shown to improve attention and self-regulation while decreasing symptoms of stress

(Gould, Daritotis, Mendelson, & Greenberg, 2012). For children exposed to significant trauma, war, or life in refugee camps, yoga has been shown to help alleviate symptoms of PTSD and other forms of psychological distress (Ehud, An, & Acshalom, 2010; Descilo et al., 2009). Educators in areas with large populations of Somali children and youth could consider delivering relaxation-based interventions in groups to decrease feelings of stigma and increase efficiency of delivery.

Fostering Family and Community Engagement

Educators can further support Somali students by engage Somali families and community members in a culturally-responsive manner. When working with Somali parents, educators should recognize the culturally-based differences in how parents may interact with the school environment. While many Somali immigrants and refugees do not have a history of formal education, those who do may not interact with educators in the same way as parents familiar with the culture of education within the U.S. Instead, Somali parents may approach education with the mindset that educators will care for students and that there is a clear boundary between the roles of educators and parents. Therefore, Somali parents may ask fewer questions about what happens within school and may interact with school less frequently than parents accustomed to U.S. education culture. Limited interaction is not, however, reflective of lesser interest or valuation of education, but rather trust in teachers' expertise (Farid & McMahan, 2004).

Similar to helping children feel more comfortable in school, small changes at the school-level may help encourage parents to interact with educators. For example, schools should provide translation services for daily communications and conferences. Written communication is important if families are not able to attend in-school meetings; when

appropriate, home visits may help create a greater sense of comfort with the student's teacher. Finally, approaching interactions with an understanding that newly arrived residents are adjusting to all aspects of living in the U.S. will help school personnel approach interactions with a heightened level of patience and understanding (Szente, Hoot, & Taylor, 2006).



Schools may also find it helpful to develop relationships with local Somali community organizations or religious institutions. Educators can expand service utilization through community outreach agencies to facilitate information dissemination and identify cultural brokers. In addition, school-based mental health providers can partner to design, implement, and evaluate social-emotional interventions tailored to Somali youth; coordinate referrals for outside services; and facilitate family and community engagement.

Conclusions

As Somali families continue to resettle in the U.S. following the social and political upheaval of their country of nationality, educators will be increasingly called upon to support the unique needs of Somali children and youth in schools. Given the potential for them to have experienced significant trauma or intergenerational stress, Somali youth may need additional academic and social-emotional support to foster academic development in U.S. schools. While educators should avoid making decisions based on cultural stereotypes, they

should take the time to learn about the experiences, culture, and traditions of Somali community members and work with cultural brokers to construct culturally-informed and responsive school-based services. By establishing partnerships with families and community organizations, educators can play a significant role in fostering the academic, behavioral, and social-emotional wellbeing of Somali children and youth.



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The mission of the Midwest & Plains Equity Assistance Center is to ensure equity in student access to and participation in high quality, research-based education by expanding states' and school systems' capacity to provide robust, effective opportunities to learn for all students, regardless of and responsive to race, sex, and national origin, and to reduce disparities in educational outcomes among and between groups. The Equity by Design briefs series is intended to provide vital background information and action steps to support educators and other equity advocates as they work to create positive educational environments for all children. For more information, visit <http://www.greatlakesequity.org>.

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