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# HEALING & MIGRATION:

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## A LEARNING JOURNEY

**INSTITUTE OF WOMEN AND ETHNIC STUDIES**  
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# ACKNOWLEDGEMENT

First and foremost, the Institute of Women and Ethnic Studies (IWES) is grateful to the providers who participated in the Healing & Migration: A Learning Journey project and shared your drive, mission, and vision for being the thoughtful leaders and changemakers required for healing justice work. We thank José Knippen, Andrea Villaseñor, and Mario Gonzalez from Hispanics in Philanthropy's Migration and Forced Displacement team for partnering with and trusting us to conduct this work and lending their guidance throughout the process. Thank you to the W. K. Kellogg Foundation for funding this work and for your commitment to racial truth, equity, healing, and justice. Lastly, we want to send an immense thank you to the IWES team for amplifying the voices of the providers, and leading efforts to carry out this project and research with intentionality, passion, respect, and humility.



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# INTRODUCTION

**Migration is not a new phenomenon in the United States and beyond.** Many of those whom attempt to enter the United States cite abuse, extortion, poverty, and seeking family reunification and safety elsewhere among their motivations for leaving. Furthermore, repeated physical and emotional devastation from natural disasters are also a factor.

The COVID-19 pandemic further impacted migrants' ability to enter the United States. Multiple travel restrictions were put into place, visa services were suspended, and appointments canceled. New protocols, restrictions, and border policies made it virtually impossible for individuals to reach their next destination, leaving them in a state of limbo.

Even when individuals do arrive, they experience social, cultural, and psychological challenges that impact their physical and mental health and can lead to significant mental illness combined with the legacy of trauma from war, violence, and life-threatening conditions. The same can be applied to individuals who are left behind by loved ones in transit to the United States. According to Santiago et al. (2018), the toxic stress felt by migrant individuals seems to be increasing over time, and mental health and emotional well-being issues of adults are often transferred to their children.

In recent years, there has been a shift among migrant service providers, going from trauma-informed care to healing-centered engagement. Trauma-informed care has become an important approach adopted by many institutions as it encourages "support and treatment to the whole person, rather than a focus on only treating individual symptoms or specific behaviors," according to Ginwright (2018). In contrast, healing-centered engagement shifts from the focus on harm, injury, and trauma to an approach that promotes "a holistic view of healing from traumatic

experiences and environments centering culture, spirituality, civic action, and collective healing." An approach focused on healing is strengths-based, political, and culturally grounded by prioritizing the restoration of identity and well-being.

**"Everyone wants to be happy, not just have less misery."**

**Healing justice** is a framework that identifies how to respond and intervene in intergenerational trauma, systemic oppression, and collective harm. In doing so, it builds community/survivor-led responses rooted in traditions of resiliency to sustain emotional, spiritual, physical, psychological, and environmental well-being. Healing justice was created in 2005 by healers and organizers of color from the Kindred Southern Healing Justice Collective in the southern United States and considers trauma and healing jointly in building sustainable infrastructure models.

It is impossible to discuss healing justice without discussing systems of harm and oppression. Historically, there has been a power imbalance at play within philanthropy and grantee organization relationships. After all, philanthropy is built from the exploitation and marginalization of the stolen lands, labor, resources, and bodies of Indigenous people and people of color, as noted by Strong (2021). There is room for historically powerful structures to relinquish control and build trust in communities to heal collectively. Philanthropy has the opportunity and responsibility to create space for their grantees' needs, experiences, and voices to be amplified.

**Hispanics in Philanthropy (HIP)** engaged the **Institute of Women and Ethnic Studies (IWES)** to collaborate with nine HIP grantee organizations to collectively learn about the healing justice efforts taking place within their migrant service provision landscape and



contribute to a deeper understanding of how one defines healing justice, and the healing needs of migrants as well as service providers. **Healing & Migration: A Learning Journey** was

an effort to center the voices and experiences of communities that have been oppressed by harmful systems, institutions, and policies.

**“We must all continue to actively work to dismantle these harmful systems of oppression and towards healing justice.”**

## BACKGROUND

### INSTITUTE OF WOMEN & ETHNIC STUDIES (IWES)

Founded in 1993, IWES is a non-profit health organization based out of New Orleans that aims to address the lack of access to programs supporting mental, emotional, and physical health for people of color and marginalized populations. IWES works with communities, schools, individuals, and organizations to provide tailored health and wellness services that address the lack of healthy options and access in the Greater New Orleans area. By combining advocacy, health education, research, and direct services, IWES programming strives to improve wellness in and strengthen communities – locally and beyond.

### HISPANICS IN PHILANTHROPY (HIP)

Since being founded in 1983, Hispanics in Philanthropy (HIP) has raised awareness about issues affecting Latinx communities, particularly in relation to how philanthropy impacts these issues. HIP connects funders to organizations focused on Latinx equity and leadership; it also aims to represent the community’s needs to funders, philanthropists, investors, non-profits, and the public sector. The organization has been able to advance efforts and regrant funding for a wealth of humanitarian and civil issues, such as gender equity, the refugee rights, racial equity, civic participation, and fair distribution of resources. HIP’s Migration and Forced Displacement Program (MFD) seeks to mobilize resources to fund frontline organizations defending the rights of people on the move across the Americas. Through resourcing frontline organizations, MFD highlights the opportunities and addresses the challenges people face while on the move and beyond. Overall, MFD provides a greater understanding of human mobility, intersectionalities, and root causes.

### Notes Before Reading:

Firstly, IWES used the utmost discretion in interpreting all of the profound statements made by providers. Just interpretation of all information shared by providers was the goal of the interview process. Secondly, IWES spoke with HIP grantees about philanthropy and throughout the report it refers to philanthropy in a general sense, unless specifically noted otherwise. Lastly, we encourage the reader to sit with discomfort at what is lifted up throughout this report, process the information, and consider how you – within your personal life or as a professional – are contributing to and impacted by these harms while also working towards healing justice.

## **PARTICIPATING ORGANIZATIONS**

### **Al Otro Lado**

Based in Los Angeles, San Diego, and Tijuana, Al Otro Lado provides holistic legal and humanitarian support to refugees, deportees, and migrants in the US and Tijuana through a multidisciplinary, client-centered, harm reduction-based practice. It engages in zealous individual representation, medical-legal partnerships, and impact litigation to protect the rights of immigrants and asylum-seekers.

### **Americans for Immigrant Justice**

Americans for Immigrant Justice is a non-profit law firm based in Miami that fights for justice for immigrants through a combination of direct representation, impact litigation, advocacy, and outreach. The group champions the rights of unaccompanied immigrant children; advocates for survivors of trafficking and domestic violence; serves as a watchdog on immigration detention practices and policies; fights to keep families informed, empowered, and together; and pursues redress on behalf of immigrant groups with particular and compelling claims to justice.

### **Asylum Seeker Advocacy Project (ASAP)**

ASAP provides asylum seekers with legal and community support through a three-pronged approach involving the digital community, legal resources, and member-led advocacy to fight for a United States that welcomes asylum seekers through litigation, press, and policy. ASAP has over 300,000 members.

### **Black Alliance for Just Immigration (BAJI)**

BAJI educates and engages African American and Black immigrant communities to organize and advocate for racial, social, and economic justice. Local BAJI Organizing Committees across the country build coalitions and initiate campaigns to push for racial justice. BAJI provides training and technical assistance to partner organizations to develop leadership skills, works with faith communities to harness their prophetic voice, and initiates dialogues with African Americans and Black immigrants to discuss race, diverse identities, racism, migration, and globalization.

### **Comunidades Indígenas en Liderazgo (CIELO)**

CIELO is an Indigenous women-led non-profit organization that works jointly with Indigenous communities residing in Los Angeles to fight for social justice through a cultural lens. The group strives to end gender-based violence and provide language access rights, cultural preservation, and reproductive justice. CIELO is a link, a resource, and a liaison for migrant Indigenous communities residing in Los Angeles.

### **Comunidad Maya Pixan Ixim (CMPI)**

CMPI aims to improve the health and well-being of Mayan people through community development strategies in Omaha, Nebraska and Q'anjob'al Maya territory consistent with the Q'anjob'al Maya system of social organization and the United Nations Declaration on the Rights of Indigenous Peoples.

### **Haitian Women for Haitian Refugees (HWHR)**

HWHR is an organization founded to respond to the human needs of Haitian refugees and immigrants in the U.S. fleeing persecution. Through education, community organizing, leadership development and collective action, HWHR members empower themselves as they struggle for social, economic, and racial justice. HWHR is based in Brooklyn, NY and has many local, national, and transnational collaborations.

### **Justice in Motion**

Justice in Motion is an organization that protects migrant rights by ensuring justice across borders using a Defender Network of human rights lawyers and nonprofit organizations throughout Mexico, Guatemala, El Salvador, Honduras, and Nicaragua. Defenders partner with U.S. lawyers on concrete legal cases for migrants, as well as advocacy and community education projects across the region.

### **Kino Border Initiative**

The Kino Border Initiative has united six Catholic organizations in an effort to be a humanizing presence and to foster bi-national solidarity on the issue of migration on the U.S.–Mexico border through direct assistance and accompaniment, education, research, and advocacy. Kino is based in Nogales (in both Nogales: Arizona and Sonora).



# METHODOLOGY

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## HIP - Family Unity Fund Grantees

In early 2022, Hispanics in Philanthropy (HIP) engaged the Institute of Women and Ethnic Studies (IWES) to better understand the issues confronting grantee organizations focused on the reunification of migrant families and beyond across the U.S., and to develop ways to better support grantees through a healing justice and trauma-informed care lens. To do so, IWES structured surveys, held individual conversations, and co-hosted peer-learning meetings with providers focused on four domains of inquiry: traumatic impacts, trauma-informed practices, service gaps, and the needs of migrant populations and providers.

### *'Recruitment' and Engagement of Participant Population*

The nine collaborating grantee organizations invited to participate are Al Otro Lado, Americans for Immigrant (AI) Justice, Asylum Seeker Advocacy Project (ASAP), Black Alliance for Just Immigration (BAJI), Comunidades Indigenas en Liderazgo (CIELO), Comunidad Maya Pixan Ixim, Haitian Women for Haitian Refugees, Kino Border Initiative, and Justice in Motion. While the reunification of migrant families is the common programmatic theme among these organizations, they each serve unique populations including, Black, Latine, and Indigenous migrants and families with services spanning health, housing, language, legal, networking, and policy and advocacy initiatives.

HIP sent out initial correspondence to grantee organizations framing the partnership with IWES and inviting up to four staff from each organization to engage with the research process according to their comfort. Organizations were asked to offer contact information for interested providers, as well as indicate any interpretation needs. IWES then sent a formal welcome to respondents, detailing expectations regarding learning collaboratives, survey parameters and opportunities for key informant interviews. All nine grantee organizations elected to participate, with one to five representatives from each organization. Twenty-three providers

ultimately completed a survey, 28 completed a key informant interview and all organizations provided qualitative and quantitative data included in this report. Interested providers received weekly reminder correspondence from IWES with links to anonymous, electronic surveys and to schedule virtual, individual key informant interviews. Ongoing recruitment was stratified to engage balanced representation among organizational leaders, project and program managers, and direct service providers. All interactions were offered in both English and Spanish languages, based on the respondent organization's request.

### *Data Collection*

Project protocol and materials were reviewed by IWES' Institutional Review Board (IRB) for ethical compliance. Prior to the start of each discussion, providers were informed about the purpose of the interview including the broader goals and collaboration between IWES and HIP. Additionally, providers were assured that confidentiality would be maintained and identifying information would not be included in the analysis or this final report. Acknowledging that providers may have their own personal migration or related experiences, prior to each interview it was stated that the discussion was not intended to share personal information. Still, given the sensitive nature of some interview topics and the likelihood of providers recounting challenging first or secondhand experiences,

an IWES social worker was available for further support as needed.

Each interview was conducted by one of eight IWES interviewers accompanied by an official IWES notetaker. The average duration of all 28 key informant interviews conducted via the Zoom video-conferencing platform was 1 hour, though several respondents chose to continue offering responses well beyond the hour-mark. A standardized interview question guide was utilized across interviews, although a semi-structured approach allowed for some variability of questions asked based on the role of providers at their respective organizations and topics that resonated most with them. Additionally, the development of the interview discussion guide was informed by survey responses completed at the start of the project where representatives from each organization

responded to general questions about their organization, knowledge of trauma-informed approaches, and challenges working in their migration context.

Throughout the data collection process, the project also included a peer-learning component for participating organizations, allowing providers to engage with other organizations in the same work and provide them with opportunities to teach and be taught by one another, expanding their perspectives and fostering meaningful connections. The peer-learning convenings allowed opportunities for organizations to learn of each other's work across the country and build rapport. Although an integral component of this project aimed to foster cross-site learning, this report primarily focuses on the findings from the key informant interviews.

### The topics of inquiry included:

1

How participating organizations understand and define healing justice in the context of their migration work.

2

The mental and emotional status of migrants, including priority populations each participating organization serves, and organizational staff.

3

Approaches and services that already exist related to healing justice in the migration context as well as approaches and services that are needed.

4

How HIP, or other philanthropy, can support the work of migrant-serving organizations.

### *Data Analysis*

All key informant interviews were recorded and transcribed verbatim by IWES team members. Transcripts were shared with the respective provider to review for accurate representation. For those respondents who elected to interview in Spanish, transcripts were then translated into English for analysis. The qualitative data analysis software, Atlas.ti Web, assisted in the organization and management of transcripts, codes, code groups and team member reflections in the form of memos. A preliminary list of codes and operational definitions were developed prior to the coding process by team members based on their familiarity with the datum through interviewing, transcribing, and the interview guide. IWES staff used a shared codebook throughout the qualitative data analysis process to ensure intercoder-reliability. Deductive and inductive coding were performed on transcripts to determine common themes presented across interviews. Team members met at least once weekly to discuss major findings, concerns, and the final report writing.



# TRAUMATIC IMPACTS OF MIGRANTS: EMOTIONAL EFFECTS AND BORDER POLICIES

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In the process of pursuing an understanding of healing justice from the perspective of migrant serving organizations, it was vital for IWES to gain an understanding of the wounds that require healing in the provider's own words. During the interview process, providers were asked several questions to explore the emotional and traumatic aspects of migration and service provision.

It was evident in the way that providers described their clients' experiences that they had a deep understanding of the ways in which the United States' border systems are not structured to facilitate successful migration, but are rather designed to be adversarial and exclusionary. Providers also identified these systems and narratives as being deeply rooted in histories of oppression, racism, and colonization. Populations served by participating organizations face profound mental health impacts as a direct result of racism and colorism present in the national narrative, abusive interactions at the border, separation of families, and pervasive systems of exploitation and persecution. From the severe and persistent threat of violence or lack of access to basic needs, to the severance of the relationship of what is familiar and the task of navigating the landscape of a country determined to oppress, the process of migration touches every corner of the life of the migrant person. Language used in the governmental immigration system and ideals ingrained in the US narrative of immigration are frequently internalized by migrant communities and present as a barrier to recognizing the trauma that was inflicted upon them and beginning on a path of healing. Hostile policies, discrimination, and COVID – in addition to the rooted obstacles of migration – have increased the holistic needs of the migrant communities while also decreasing access to relevant and adequate services.

## *Indigenous Erasure*

Multiple providers lifted up the specific injuries inflicted on Indigenous communities through the current and historical practices of Indigenous erasure, colonization and Latinidad - a term that attempts to refer to the shared attributes by Latin American people and their descendants. Indigenous communities have been targeted by genocide and attempts to erase Indigenous culture for centuries. This has left Indigenous people to hold the impacts of intergenerational trauma while simultaneously attempting to navigate the trauma inflicted by current practices of Indigenous erasure.

Providers also spoke to the immense cultural diversity and profound distinctions between different Indigenous communities. Organizations, nations, and individuals have inappropriately identified Indigenous migrant populations as

members of the Latine community – those who are of, relating to, or otherwise marked by a Latin American heritage. This mislabeling and lack of understanding causes erasure of Indigenous cultures, a denial of existence, and a lack of access to resources that are culturally, legally and linguistically appropriate to the individual. Indigenous erasure in the context of migration results in Indigenous migrants spending more time at the border than migrants from other communities with limited access to language support. One provider spoke to this by saying:

**“A lot of [our clients] talk...about the fact that they stayed at the border for a long time, that they were locked up, that they didn't understand a lot of things going on, because a lot of our people only speak our native language.”**

Indigenous erasure also occurs at the legal level when immigration attorneys are not aware of

the rights specific to Indigenous Peoples. These rights are a crucial mechanism for advocacy as well as honoring the ancient traditions and relationships practiced by these communities. One provider detailed the ramifications of generalizing migrant communities on the rights of Indigenous migrants:

**“[Attorneys] forget that Maya migrants also have rights under the Declaration on the Rights of Indigenous Peoples... we should be able to cross borders to maintain contact with other Indigenous peoples who we’ve had relationships with and migrated to see since time immemorial. So a lot of times when people want to create that type of unity, that involves Indigenous erasure. Lumping us in some group of Brown people or refugees...all of that gets lost.”**

The presence of colonial mentalities and systems additionally cause harm to Indigenous providers and organizations. Even in organizational spaces where they are encouraged to fully embrace and live their heritage and culture, the trappings of colonialism – particularly its capitalist and transactional nature – conflicts with Indigenous service providers’ desire to more fully know and incorporate their ancestral knowledge and teachings into the work. Too often, Indigenous organizers and service providers are pulled into spaces to perform their culture, whether that be in the form of a land acknowledgement, folk dance, or wearing their cultural regalia, only to be dismissed preceding the decision-making processes that impact them most.

### *Anti-Black Racism*

Another marginalized population highlighted by providers was the Black community. Providers pointed to the centuries of racism and anti-Blackness that have shaped the United States’ border policies and have left Black migrants to suffer some of the harshest impacts. A provider explained,

**“...lack of access, but also discrimination at the border and the amount of bond for Black undocumented people that are being held in some of the detention centers contribute to this situation.”**

They shared having seen,

**“cases with pretty high bonds - \$50,000 and more, when you have other communities that are getting bonds that are \$10,000 or \$5,000.”**

These long-standing anti-Black border policies have disproportionately targeted and affected Black migrants, especially Haitians, with consistency, regardless of who holds political power at any given time. The intersectionality of being both a migrant and a Black person, no matter your country of origin, living in the United States leads to constant fear of persecution as well as messages of inferiority present in the narrative of migration. Navigating the dangers and racism results in trauma and chronic stress which presents both a wound and a barrier to healing. One provider lifted up these observations specific to the Haitian community that they work alongside:

**“I always say Haitians get special treatment and not in a positive way. Every rule is broken to bar Haitians from this country and I always say that to really understand how racist and targeted the bad policies against Haitians are, you really have to go back and look at the history of Haiti and look at the beginning.”**

Providers also find themselves and one another explicitly or implicitly holding up colonial structural ideals in their representation of migrant individuals, with one individual noting that:

**“There’s a whole...way of representing migrants that...I sometimes feel is disrespectful on the part of lawyers in the US and legal organizations in the US that believe that...we have the answer to ‘fix’ the migration problem... In fact, we caused the migration problem by our very economic system....we’re all**



**complicit in it and...deny migrant-sending countries and communities the agency and place at the table.”**

**the way back to history to really understand what’s going on now.”**

## *Flawed Migration Narratives*

Despite the entrenched history and consistent violence that surrounds the migration journey, media, society, and subsequently, philanthropy, tend to focus on single events or issues. This is a practice which does not honor or address the multilayered and multigenerational experiences and support needed to meaningfully accompany migrant populations. A provider spoke to this by stating,

**“I think it’s unfortunate that there’s too much following the trends and not looking more in depth into the situations and looking at the histories...”**

Another provider shared:

**“Respect the humanity of people by avoiding using terms like ‘unlawful’ because a lot of those people are refugees. They’re looking for a safe place, they’re running away from hardship, trouble, just running for their lives. And that doesn’t make them unlawful, that makes them people that are looking for a better life.”**

In sharing their experiences with the systems and narratives at large, providers communicated the essential nature of increasing awareness of the historical roots of oppression and privilege on both a global and national level. Providers highlighted the importance of shifting collective understanding of the perceptions of migrant communities and taking a critical lens when examining the tendencies of current structures of power and privilege.

**“[White people] inherit racism, it’s very ingrained. Even folks that really try hard to not participate in it, they were born with a privilege, different kinds of privileges, and they will exercise their privileges wherever they go. It’s a convenience, and it works for them, so I think it’s important to understand and go all**

## *Border Experiences*

**“Our whole immigration system is set up to be adversarial, set up to present constant obstacles so that people will give up - and that is the reason for family separation, that is the reason for detention, that is the reason for not giving people adequate translation services. It’s because we are not geared to really help those in need. This country is geared to deter them from coming, and encourage them to self deport if they do come.”**

Nearly all providers pointed to the impacts of border policies on the populations they serve and the ways in which these policies impact the work and the providers themselves.

Migrants are often detained and incarcerated at the border without access to understanding of their environment or processes due to limited access to information or services in a language they understand. The necessity to uproot one’s life, to leave what is familiar and what represents home and community, in combination with the violent and oppressive immigration system in the United States, leaves trauma as an implicit aspect of many migration experiences. The experience of incarceration, xenophobia and racism, and being robbed of agency over one’s own life through the imposition of backlogged court proceedings, limitations in access to rights and basic needs, and constant fear of persecution forces the migrant community to navigate chronic stress and complex trauma while attempting to meet the most basic needs for survival. Discriminatory approaches to migration and the larger narrative surrounding it are often internalized by migrant individuals, which acts as a barrier to recognizing the harm and healing from that place of recognition. Providers lifted up several powerful insights into the impacts of these experiences on the mental health of the people they serve:

### **[Regarding narratives of guilt]**

**“When they got to the border...they were all told awful things to make them feel awful...when we connect with a dad, or a mom, they’ll say ‘When I get to the United States, don’t worry, I’m going to get a job. I’m not going to use any government support. I’m going to be a good citizen.’ ... they are always told that they’re taking.”**

### **[Regarding lack of closure]**

**“People want their cases heard, and they want a decision in their case, and they want to know that either they got asylum, or they didn’t, or just that there’s some finality as opposed to having it hanging over them for years. And I think that that’s something that a lot of our members have flagged for us as really affecting their mental health.”**

### **[Regarding fear of consistent persecution]**

**“Delirium of persecution is very constant, because also the context of the border in which we are...it implies a continuous wear and tear. In other words, there is not a day that goes by without someone who does not bring fear.”**

Newer US border policies make getting justice for migrants incredibly difficult and organizations have to find alternative ways for them to access their rights. Migrants, especially those in the most vulnerable groups, have to navigate the psychological effects of the threat of violence from organized crime near the borders while they wait for asylum. The stagnation of movement that Title 42 created for migrants puts them in very real and serious danger. At the border, they can be at constant risk of being targeted by organized crime, preying on their vulnerabilities and lack of protection.

A provider described the personal impacts of these concerns on individuals accessing their services everyday.

**“A mother with her kids has to come to [name of organization] to get food, either living in the apartment or renting a house or staying outside. Under really terrible conditions, not knowing if she’s going to come back with her kids, not knowing if she’s going to get kidnapped, not knowing if her kids are going to get kidnapped.”**

### *Family Separation*

A majority of providers discussed the extreme impacts of family separation on migrant individuals, communities, and migrant-serving providers and organizations. The US government has created and maintained a migration system that has separated families in numerous ways, whether that be through forcible, physical separation or leaving caretakers with no other choice in protecting their children than to send them to the United States alone. Though policies like Title 42 technically provide families with a choice, it still results in high rates of family separation, both temporary and permanent.

The trauma imposed by family separation causes long-lasting damage to familial relationships and systems that continue long after possible reunification and have serious impacts on functioning. The intense and specific needs of families that have been subjected to separation, as well as the need to navigate oppressive migration systems, have left providers with moral injuries and strained resources. The high rates of family separation have changed the service model of many organizations and have backed many service providers into tight corners with few options for how they can support their clients. One participant described the act of family separation itself as follows:

**“Family separation sounds kind of benign for what actually happened: we kidnap children and we forcibly disappeared them. That is heinous, it was intentional, it was a devised program.”**



Another provider detailed the mental health impacts of family separation on parents and young people by describing their physical and emotional manifestations of trauma. The provider explained:

**“And we’ve worked particularly with families that were separated on both their immigration cases and on litigation. And I think that we’ve seen way more of the manifestation of trauma...People having trouble being able to work every day, being able to find housing. We’ve had so many clients who are teenagers and are wetting the bed, and just really not okay, and are having a lot of attachment issues to their parents, and don’t want to ever have their parents leave the house...And all of those kinds of dynamics. I think those are all just manifestations of trauma. And they’re way more intense for these families that were separated overall.”**

### *Impact on Providers*

Within the attempts of organizations and migrant communities to navigate numerous confounding and oppressive systems, providers must also negotiate their role as supporters and advocates who are aware of the violent systems in place, and also manage the practical need to work within these systems. Bridging advocacy work, the general functionality of non-profit migrant-serving organizations, and the power of communal action is a difficult task in this climate. For some providers and clients, the differences between grassroots organizing and nonprofit structures is stark and navigating the unity between these worlds takes great deals of adjustment and compromise. Speaking to provider capacity to bring healing to the population served, one provider stated:

**“I doubt - and I would put that in capital letters - I DOUBT we are healing...I think we accompany in processes of momentary healing...as immediate survival. But I don’t necessarily believe that we heal. And I don’t think we find justice at all.”**

These complexities are underscored by an understanding among providers of the dichotomy between the oppression imposed upon migrant communities by the systems in place and the need for providers to help clients obtain needed rights within the United States by providing support within the constraints and deadlines set by the triggering system itself.

The cost of this negotiation is high and forces providers to limit energies put toward serving in the ways that they know are necessary and support meaningful healing and empowerment. This exacerbates burnout, the impacts of vicarious trauma, and instances of moral injury among providers. Additionally, it harms the ability of the migrant community to build sincerely trusting relationships with organizations and move through their migration journey in a way that acknowledges their wounds and fundamental human need to heal.

A provider shared the following when discussing their relationship with the work and how it relates to traumatic systems:

**“My role is to be a bridge between them and a system that triggers all of this. So every time there’s an interaction with a case, I think that the very nature of it is a little bit...It’s tough, because I don’t really think that I can perform much [healing].”**

### *Survival Mode*

The processes and policies, in addition to barriers presented through factors such as COVID, greatly increase the migrant community’s necessity for access to basic needs. The populations served by the participating providers are often functioning under the weight of housing, employment, and food insecurities that

deeply impact mental health and simultaneously reduce the community's ability to focus time and energy on acknowledging and healing from their traumatic experiences. The grueling and exhausting attempts to continuously fight for access to basic needs frequently mean that there is no space to acknowledge, process, and heal from the mental health wounds they have and continue to endure on their journey.

Despite the intense need for holistic healing, migrant communities often experience a lack of access to culturally and linguistically appropriate mental health supports. The mental health systems that are in place to provide services often lack the resources to meet all of the needs of individuals and communities. The 'survival mode' present among many migrant populations causes limitations within organizations to expand and develop culturally responsive services that involve supporting members of the migrant community in leaning on one another for healing, advocacy, and resources. One provider spoke to the wellness and healing disparities among migrant groups by specifically focusing on Black communities, saying:

**"I would say that a lot of Black communities aren't really focusing on healing. They were mostly focusing on getting a lawful status, or getting the permanent residency, or getting a job, making a living. But they weren't focusing on healing and not knowing that all of this is tied. The way you're living really affects your mental health, the resources you have access to affect your mental health, your hardship you go through everyday, affect your mental health."**

### *Access to Providers with Lived Experience*

Providers named that members of migrant communities are met with limitations in available mental health support because many providers have their own biases and tendencies to perceive migrant clients as less than full human beings and there is a lack of access to providers speaking their language. Providers also

pointed to hesitation among clients to engage in Western mental health services because of the stigma of these services within the community or certain topics being taboo to voice. Providers made it clear across their varied responses that the incorporation of staff and volunteers with lived experience was a key component to the success of their relationships with their clients. For example, in discussing the experiences of trauma impacting populations served, providers identified the risk of retraumatization when discussing experiences of intimate partner violence (IPV). Providers underscored the importance of migrants who have experienced these traumas having ready access to support from people with culturally responsive approaches and shared lived experiences to mitigate retraumatization and hesitation in processing and healing from IPV and sexual assault. In discussing their organization's approach to healing centered on support from those with lived experience, one participant stated:

**"There are people who have healed and people who are resilient enough to heal, if given the proper setting for that and the proper moral and emotional support, as well as stability. Those people can be the ones that are going to offer healing to others that are coming along, and that's the idea with having the support groups being led by people who have been through it."**

Incorporating more healing practices that center providers who share identities and experiences with the populations served involves multiple considerations. Some of the staff are still navigating the legal processes related to their own migration journey.

For this reason, putting therapeutic systems in place for staff and volunteers is a necessity as it honors the wholeness of a person's experience and allows them the space they need to hold and heal their own stories. A provider named an important consideration for HIP when investing in systems that center providers with shared lived experiences:

**“It’s important-yes to offer services to the clients but I also think it’s important to focus it on the staff, especially when doing high-impact trauma work. In order for us to have a sustainable staff, it’s important to also think about our connection to land and healing, to think about our connection to therapy, and mental health. All of those things go together, they don’t operate separately. And like I said, the idea of your migration story also impacts the way you interact with the work and also impacts the kind of care that you’re going to need.”**

Additionally, despite belonging to the communities they are serving and thus bringing a significant depth of understanding and investment in their work, service providers from smaller organizations are routinely passed over by philanthropy in favor of trendy, more marketable, and often larger organizations. Providers expressed an acute awareness of the distance that larger and more well-funded organizations put between themselves and their target populations and the inequities that their smaller organizations, made up of providers with lived experience, face. One provider shared their perspective on the importance of supporting smaller organizations composed largely of people with shared identities and experiences with the populations served:

**“So I think when we have directly impacted people running programs they aim higher because they know we’re fighting for respect and dignity and that’s what the green card means to us: to be able to work dignified jobs to support our families, to be safe. Whereas another person who’s a seasoned advocate, who has all the education and took all the trainings and had time to do that, had the luxury to take every single training, and has the language, they can talk a game and they can talk really good game, but at the end of the day, the impact on that person that they claim to be advocating for is going to be less of an impact - dramatically less.”**



# ORGANIZATIONAL UNDERSTANDING OF HEALING JUSTICE

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Many providers spoke at length about what healing justice meant to them in the context of their organization's work. They defined healing justice through the lens of culturally appropriate services that address population-specific needs, a trusting relationship between the provider and the client, a system overhaul that helps individuals recover from past trauma, and advocacy work on behalf of clients, their families, and their communities. Each of the following five pathways to healing justice, as indicated by the providers themselves, are underscored by calls for togetherness and the importance of gathering in order to promote healing. This idea of collectivism speaks directly to the discussion of healing justice for migrants and the organizations that serve them. As such, the ways in which participating organizations explained their understanding of healing justice are explained below.

## 1 *Trauma and Healing*

Providers explained that healing justice is helping communities and individuals work through their past and intergenerational trauma in a way that heals and does not cause further harm. As Héctor Sánchez-Flores, Executive Director of the National Compadres Network detailed, "the most critical part of treating trauma is doing it in a way that people recognize as healing" (Padilla, 2019). In treating the trauma of our clients, we must first try to understand its many layers, meaning that even if a client's case is solved, their struggles are not erased because there is, as one provider noted,

**"trauma from their experiences in their home country, their journey, in the tension by the government, and now in the court proceedings."**

Another provider explained:

**"Healing justice...in the short term, in the medium term, and in the long term," is the client's understanding of "what happened to them, who failed them, and how they - individually, as a family, as a collective, or even at the national level - can make demands. That is how they become agents of their own processes in finding peace."**

## 2 *A Spectrum of Culturally Appropriate Services*

Healing justice through service provision was described as being able to support what healing means to each person, recognizing the uniqueness in how that individual or their community chooses to practice healing. Thus, organizations should aim to provide services that are culturally and financially accessible when clients want or need to access them. By viewing healing-centered practices as organizational protocol, they can be provided, as one provider indicated, in:

**"ways that balance and harmonize, and honor your relations with people, with animals, [and] with the Earth,"**

It is essential for providers to understand the situation and context of each client pre- and post-migration before attempting to provide them with a service. This sort of holistic assessment approach is the basis for healing justice; culturally appropriate care provision is honoring the diverse values, feelings, beliefs, and experiences of each client. One provider synthesized this notion beautifully, explaining:

**"You might have lost a lot of community, a lot of environments, before this person arrived at the**

**organization. They had hopes and dreams, they had plans...We [need to] reactivate, so as not to treat the migrants as if they were just that violent event. They're more than that-they're an ecosystem of resilience."**

Rather than define an individual by their traumas, by their past, or by what they may have left behind in their country of origin, culturally appropriate providers should treat clients in a manner that is healing-centered, that lifts up and attempts to understand their unique experiences and backgrounds. Many providers emphasized the need to raise up the voices and culture of Indigenous communities in the healing process. The identities of Indigenous peoples are often neglected in discussions of migration, further excluding these groups from the relevant services. One provider noted the importance of raising Indigenous voices, saying:

**"One thing that we found in common across colonial borders...is that we still have some common understandings and worldviews. It's in that sort of knowledge of spirituality, cosmivision, and worldview that you also find balance, harmony and healing. So we're constantly trying to - as much as there are colonial forces and historic policy, law, and other violence and other things that try to take that away from us - protect it, maintain it, reconnect to it, revive it."**

In recognizing the diversity of each client and their respective culture, organizations can also foster discussion about mental health, which is essential because of how stigmatized mental health is in many communities. Providing clients with mental health support allows them to divulge things they normally might not talk about, in an atmosphere that is specifically tailored to support them.

### **3** *Provider/Client Relationships*

As noted above, the significance of a supportive and culturally appropriate organizational environment is essential to the healing process of clients. While the cultivation of this type of

environment is dependent on a variety of factors, one of paramount importance is the provider/client relationship. This relationship, one that should be mutually trusting and non-victimizing, can bolster the healing process for a client. Incorporating the principles of client autonomy and cultural competence, providers should aim to center the individual in the healing process; as one provider explained,

**"Rather than, 'We're here to help you, you need to do these things,' organizations should use an approach of 'We are here for you. What do you need?'"**

While every provider/client relationship is expected to be different and nuanced, providers explained that clients often express deep appreciation when those providing the services to them are or once were a part of the same identity as or have similar shared experience with the client. This can help establish trust and rapport throughout the relationship and the greater healing process. One provider analyzed the ideal relationship with a client, saying:

**"Healing is a process and it involves many different aspects. It involves a perpetrator, it involves sometimes a subject, something that happened to somebody, and then involves a third party that is listening that wants to attempt to help with the reconciliation, with the healing, and with the restorative justice of that initiative - first by diagnosing and listening attentively, and then walking with that person through all the stages of healing up until that person decides that she has healed from that experience."**

### **4** *Advocacy/Self-Advocacy*

Healing justice can be fostered through the creation of spaces where clients are encouraged to develop self-advocacy skills so that they can fight for their rights. The ability to self-advocate is crucial to an individual's healing. Every person who has a migration experience must feel heard, valued, and dignified in their

own right. This basic, but essential, humanization shows individuals that their trauma or migration experiences do not solely define them. One provider elaborated:

**“We’re guided by these principles of human dignity, hope, and joy, which are about recognizing that we’re in a space of deep injustice and how do we come alongside people and help them recognize that they’re more than their migration experience and cling to the joy and the hope that also comes. The experience of migration is not solely an experience of suffering and that there’s great hope and joy that we can rescue from that.”**

One of the overarching purposes of advocacy in the migration context is to provide clients with the tools to meet their basic needs. Because healing cannot occur without a sustainable quality of life, one of the most essential functions of any migrant serving organization is aligning advocacy work and client autonomy. One provider illuminated the importance of advocacy to healing, noting that,

**“healing justice is meeting people where they’re at... It’s taking into consideration what they want right now”**

and then working to understand the client’s more expansive needs and how they can be addressed. The provider continued:

**“In the long run, once we’ve settled that need or helped address that need, we may not solve it, but at least we’ll do our best and let them know that we do care and try to direct them a certain way.”**

Whether it be through the client advocating for themselves, a group of clients and providers collaborating to meet a certain goal, or another organizational form of collective action like organizing, advocacy is an extremely important pathway to healing and healing justice for migrants.

## 5 *Systems Change*

On a broader scale, providers frequently spoke of the need for a system overhaul; the current immigration processes and wider cultural landscape surrounding migration ultimately harm migrants and further their trauma. As it stands, the United States government and the various agencies within it,

**“do not necessarily...see our clients or hear our clients day to day like we do - it’s a bureaucracy to them, it’s a process to them, and it’s numbers to them. And we have to constantly remind them that these are people,”**

a provider noted. The system needs to be adapted to work from a healing-centered approach, because, as one provider explained, true healing is not currently possible:

**“I know what healing means. Justice implies that other people who can administer justice will provide it. And so I’m not really quite understanding, if we are not able to provide the justice that they need, where the healing is going to come...We can provide as much healing as we can in the context that we’re working in, but a lot of times the justice has to come from the system and the system is not very just when it comes to immigrants, especially Haitians, and because it isn’t just, if they provided justice, then there would be proper healing.”**



# EXISTING HEALING JUSTICE WORK

Providers chose to discuss work that their particular organization was doing to promote healing, as well as the work that they knew others in the field were doing. Providers shed light on both “best practices” and areas in need of improvement, which are outlined in the following section. In addition, the existing work outlined by the providers lent insight to the recommendations section that concludes this report. Takeaways illustrate the importance of inter- and intra-organizational relationships and supports, as well as the ways in which different organizations are adjusting their service provision methodology to promote client autonomy and healing justice in a culturally appropriate manner.

All of the following are examples of work that is either currently provided by one or more of the participating organizations, or work that providers know is being done by other organizations. It is important to note that not each organization’s practices, activities, and programming are mentioned, only the ones that were lifted up in the conversations, and not all organizations implement the same existing work as mentioned below.

## *Indigenous Culture, Language, and Healing Practices*

One of the best practices that emerged included employing staff who come from Indigenous backgrounds and speak Indigenous languages, as well as educating staff and community members about Indigenous practices and how traditional healing methods can aid in one’s health and healing journey. Providers consistently expressed the importance of allocating funding to supporting Indigenous communities, with one organization doing so through an Undocu-Indigenous Fund. This program, which originated during the height of the COVID-19 pandemic, works to provide financial assistance to Indigenous immigrants. A provider from this organization explained the program, saying:

**“How can we have funds or people access funds when they don’t qualify for the stimulus checks? Even if they do their taxes and everything, they don’t qualify for a stimulus check. So our response to that [was the] Undocu-Indigenous Fund. We still help out a lot of the people or a lot of the original recipients for the Undocu-Indigenous Fund...every once in a while, we’ll have somebody come in and tell us that they received their fund and that it really helped them.”**

Efforts such as this one show just how impactful programming specifically targeted to assist Indigenous people can be. Other exemplary programs, including the Maya Regeneration Program, focus on addressing additional disparities faced by Indigenous communities, such as the need for connection with the Earth and with Indigenous community leaders. The Maya Regeneration Program is oriented around Indigenous agricultural sciences, which have been coined as, “‘regenerative agriculture’... by people Columbus-ing that knowledge,” as one provider explained. This program, which is based around a community garden, is described as being extremely important to an individual’s healing process because it fosters a connection to the land. The provider elaborates:

**“So say we have an asylum seeker who’s suffered from persecution, torture, genocide, has generational trauma...That person, we’re not just going to stick them with a therapist and an interpreter. Being a part of our community garden, not only can they have access to the medicines that grow there, and some of the other healers in the community who also work in the garden, but they’ll also gain a sense of belonging, by working in the garden with others, and then being also connected to the land.”**

This idea of a space that cultivates the healing process was mentioned as an existing service by some providers. Organizations held naturalization workshops in Indigenous languages to help migrants understand and adjust to life in the United States, as well as those that help Indigenous migrants familiarize themselves with the rights provided to them under the United Nations' Declaration of Indigenous Peoples' Rights. These workshops and the community healing spaces in which they are held, were described by providers as being quite valuable. Organizations created healing circles within these spaces for migrants to talk about shared traumas, to empower them, and to heal their inner child, as well as for mental health programming, advocacy work, and cultural celebration. Lastly, one provider explained the "transformative effect" that creating relationships with Indigenous leaders and governments who want to support efforts around family reunification has been for their clients.

### *Cultural Competence*

The practice of collective healing spaces and circles was brought up by providers who served Indigenous clients and those from other migrant populations. Multiple providers explained that their organizations have formed support groups for specific client experiences, such as Special Immigrant Juvenile Status or interpreters, opening dialogues within and across networks of different identities.

One provider also mentioned the importance of a comprehensive client intake process that investigates the clients' experiences while also respecting the fundamental basics of healing, so as to protect the dignity and autonomy of the client in their migration and healing journey. This process was described as "non-combative advocacy," in the sense that it uses compassionate and culturally sensitive providers to address the needs of clients, focusing on accompaniment and meeting the client where they are at, helping to de-stigmatize accessing services of all kinds. Specific examples of this

kind of work included providing child care services and youth education programs to meet the basic and holistic needs of their clients.

### *Client Autonomy*

Alongside being culturally appropriate is bolstering client autonomy, which providers discussed at length. Providers mentioned the crucial dichotomy between supplying clients with resources to meet their basic and/or immediate needs, but also going above and beyond that to help clients be able to do things that bring them joy (i.e., excursions with their kids, yoga classes). These methods of service provision are ideally accompanied by culturally/linguistically appropriate resources like paper or electronic handouts that could be useful to newcomers to the United States, further allowing clients to have autonomy over their choices. The value of promoting autonomy for migrants was explained by many providers, with one noting that they try to focus on "non-intrusive service provision," which lets clients generally approach the organization for assistance when they want or need it by leaving the space open but not pressuring individuals. This is an important strategy for respecting client autonomy when expanding the organization's client base, with one provider explaining that:

**"I think that it's just letting people know that we understand and we hear and we see them and that we're not trying to impose things on them...It's not an obligation. It's not something that you're being forced to do. I think that's the way we learned especially when it came to growing our client list or growing our client base. It was just a lot of letting them answer what they wanted to answer, letting them come to us, letting them - you know, we did outreach, but for the most part, it was just mostly leaving that space open and making sure that they knew that we weren't pressuring them to tell us anything."**

Culturally appropriate services are essential in that they build trusting relationships and foster comfort for clients, hopefully allowing them the

skills to begin to advocate for themselves either individually or in a group. Self-advocacy can ultimately lead to interpersonal connection; one provider relayed a story of a woman they knew that had recently migrated to the United States and was currently seeking asylum.

The provider explained her organization connects migrants through an online group messaging platform (WhatsApp), and that years after first being added to the group, this woman was still using the platform to connect with other members of the community and heal together.

### *Organizational Collaboration & WrapAround Services*

Overall, it seemed to emerge that providers particularly valued organizational collaboration (for example, between social service providers, health care workers, lawyers and defenders, advocates, etc.) because of the comprehensive approach it allowed for in service provision. Examples of currently provided services include a food pantry program, domestic violence assistance, human rights and legal defender networks within countries of migration origin, and the use of an online referral database with a collective of providers to streamline referral processes for an entire network of organizations. In addition, providers spoke of how organizational collaboration and external partnerships can lead to more holistic treatment provision for clients. One provider explained that their organization, “really values trying to assess the whole person, and not just the legal needs of the person” but also working with community partners to provide holistic care. They said that their,

**“staff is constantly being trained on it and we are constantly reaching out to others in the community to see if they can partner with us to accept these referrals so that other needs that our clients have can be better met by professionals instead of by a lawyer who’s not really trained to do that.”**

Another goal of this sort of partnership is to provide wraparound care that continues over a longer period of time, so that the client is not “dropped” from services. One provider explained:

**“We have connections with clinics...where the people go to get their health needs, and they have workshops as well to teach our communities the importance of hygiene, even birth control resources for the women. Because in our communities...birth control is one thing that a lot of women don’t know about. They don’t know that it exists or they don’t believe in it because of things that they tell them.”**

One provider explained the emergency legal fund within their organization that focuses on a long-term theory of change based on the mentality of “expecting the unexpected.” They indicated:

**“We do have a theory of change that is very long term, and that we want civil society in migrant-sending countries to be solid and stable. And so we decided years ago to reserve some funds to hold on to whatever happens with the litigation. We didn’t know what the results would be. There are going to be people that are left out of the US legal system remedy.”**

### *Staff Supports*

Providers also explained the programming and policies that they have implemented to support employee health, such as internal emotional wellness office hours, sharing meals, comprehensive health insurance to employees that cover mental health services, a diagnostic exam that evaluates secondary traumatic stress and wellbeing, flexibility with leave and personal days, assessing a provider’s potential vicarious trauma prior to client intake processes, hosting annual or biannual staff retreats outside of the organization’s office to reset and reconnect with colleagues, and providing therapy opportunities



for their human rights defenders network in country. As one provider explained,

**“It’s bringing a collaborative mentality to human rights defenders who often feel isolated by the global economic system.”**

Additionally, providers explained the importance of paying interpreters fairly because they are filling an essential niche for the services their organizations provide. The financial compensation for interpreters should reflect how important they are to the work.

### *System Reform*

Lastly, providers explained how they were attempting to tackle the systemic issues present in the greater migration context. Currently existing services include providing free health care to clients by distributing vouchers that they could use to receive care and ultimately reduce the financial burden of healthcare access on

migrants. Providers mentioned the importance of remote service options and centering client and staff experiences by administering a survey to them that asks what they want to change about the asylum process and then trying to incorporate these criticisms into their work.

Importantly related to healing justice, some providers spoke to the organizing work they are involved with, with one organization even using TikTok to advocate for change. A provider from this organization explained that using social media allows individuals to

**“see the beauty behind organizing in the Indigenous world”**

and be more attentive to the work of that organization. The provider noted the effects of their work are visible

**“at a larger scale when those communities are organizing and sharing the work.”**

## **THE CURRENT STATE OF PHILANTHROPY-GRANTEE RELATIONSHIPS**

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Providers were asked about the current state of philanthropy and grantee relationships and what can be contributed to their ongoing healing justice-related work or vision. In their responses, it is important to note that providers may be speaking about general philanthropy unless otherwise noted. The following are the five main themes that emerged about understanding the current state of philanthropy-grantee relationships:

### *Navigating Philanthropy as an Indigenous or Black Community-Serving Provider*

Providers discussed the need for philanthropy to center and understand the histories and cultures of their Indigenous and Black communities so as to better the understanding and communication within philanthropy-grantee relationships.

## PARTICIPATORY ENGAGEMENT

**“We see that Black and Indigenous migrants are often left behind and some organizations will speak for them instead of having the organization speak for themselves for the communities the people.”**

Providers felt overlooked from engagement and decision-making efforts. Some shared that invitations to participate (e.g.: land acknowledgements) should be genuine, not something to “check off” as a deliverable, and translate to policy change.

## HISTORIES

**“There was all kinds of abuses going on against Haitian immigrants at the border, but just because of this one guy with the horse and the reins, all of a sudden it’s an issue...a lot of times the current situation isn’t just current.”**

The history of US immigration excludes Haitians, Africans, and other Black communities, from the conversation.

Providers generally feel that funders are not fully aware of their people’s histories of origin, trauma, and solidarity.

## TRUST

**“There’s a historical problem with this lack of trust in us.”**

Providers shared there is a distrust of Indigenous and Black communities to lead organizations and programming, and manage funding.

## CULTURE & HERITAGE

**“A lot of our work has to do with rescuing our identity...our cultural roots...the knowledge that our ancestors left to us, because the knowledge is spirituality that we practice - ceremony, the connection with Earth, the connection with the world spirits.”**

Some Indigenous providers stated organizations or funders are not fully understanding of their customs and protocols, which is harmful and can lead to a “negotiation” of one’s own identity. Indigenous providers are carrying on their legacy by preserving their culture through their organizational efforts.

## INDIGENOUS AND BLACK PROVIDER EXPERIENCES

## *Understanding Philanthropy-Grantee Interactions*

Providers shared about their current relationships with philanthropy. They shared what seems to be missing in terms of understanding and meaningful engagement.

### **SITE VISITS**

**“Sometimes donors think, ‘oh, this is what you need so let me give you this,’ whereas if that institution was to be listening to the on-ground things that are happening, they would have the most up-to-date needs of objectives of the organization.”**

**“Nowadays, there’s...very little in person site visits where the funders can see the work. I don’t think they should only do that when they’re considering funding something, I think it’s important to know what’s going on anyways, or even after they funded it, or even if they’re not funding it, but just to see what’s going on.”**

Some providers mentioned they wished funders would conduct site visits to better understand programming and build meaningful relationships with their organization.

### **IN-PERSON MEETINGS**

**“I know COVID has made it hard to make on-site training programs, but I do think it can be very beneficial when people can come together...I definitely think that we need more of those connections.”**

Providers expressed the value and benefit to meeting funders and organizations in-person in a safe and appropriate manner, which COVID has made it difficult to do.

### **BREADTH OF ORGANIZATIONAL PLANNING**

**“I feel like there’s a disconnect with funders and the actual work that they fund. I think that a lot of the time there is interest that is shown on the work that it’s done, but there’s no actual immersion.”**

**“I wish funders were more aware of the support that we give our clients, both before and after they arrive. And that’s throughout our programs. If someone comes to us later and says, ‘I don’t have a home, or we don’t have food,’ we’re going to be there to do that.”**

Providers wished funders could comprehensively be aware of and understand their overall organizational programming, both of what they fund and beyond.

## **PHILANTHROPY-GRANTEE INTERACTIONS**



# Philanthropic Guidelines and Funding Practices

When discussing healing justice, the topic of systemic injustice and impacts was raised. Providers shared about the impact that philanthropy has in this world and how that affects them, professionally and personally.

## MEASURING IMPACT

**“Deadlines for certain deliverables can be oppressive for organizations. So I always try to push back on case metrics.”**

**“There’s a lot of data thrown out there...like, “we’ve seen X amount of children”...but I don’t think it’s always known what that was like when providing services to 700 children in the last three months. Like, how was that?”**

Providers shared stressors of finding a balance between quality and quantity when discussing funders’ metrics for success. Providers also shared success takes time and can’t be quantified.

## RESTRICTIVE FUNDING

**“I think funding is really important not to be tied to something specific...A lot of time our struggle is that we have funds that are for very specific purposes and it makes it really hard for us to be able to shift our work for the needs of the community.**

The majority of providers considered restrictive funding for a specific cause or theme to interfere with their mission and progress within their programming. Also expressed was the inability to perform more holistic or healing duties or services because it did not fit within their funding purview.

## QUICK CHANGE

**“What worked yesterday might not work today...It’s such a fast-paced environment, things change all the time.**

Relatedly, providers were quick to note the constant shifts in programming based off what the community needs, dependent on systems out of their control like border policies and COVID-19. This was especially relevant for legal and shelter providers.

## FOLLOWING TRENDS

**“I think in many ways, funders contribute to [structural racism] by just following trends and going with the flow, and not looking more in depth.”**

Over a third of providers referred to funders “following trends” when determining their prospective funding initiatives and how this can be disconnected to the reality of what providers see related to community needs.

## PHILANTHROPIC GUIDELINES & FUNDING PRACTICES

# Philanthropic Transparency

Power imbalances exist within philanthropy-grantee relationships. Transparency in philanthropic practices leads to more equitable outcomes. Providers shared about the current state of transparency when engaging with philanthropy.

## APPLICATION PROCESS

"If [funders] themselves aren't able to complete the [application] process or see how burdensome it can be to jump through hoops to obtain and renew funding sources - there needs to be changes to the process."

"The grant was very small, I think it was a \$5000 or \$10,000 grant. And there was a lot of application and that was very annoying. It was just not a lot of money."

Providers feel there should be more streamlined processes for grant applications, rather than creating burden for applicants.

## DECISIONS AROUND GIVING PATTERNS

"These larger organizations always end up getting larger funding to respond to problems that your population has and they have the luxury of keeping a long distance from your population."

"I think there's this real dilemma around funding migration work of, 'do we fund in spaces that are of the most need? Or do we fund in spaces that have a little bit more built up and therefore have more infrastructure to fulfill their potential?'...I think that funders should be more honest about the tension of that question and should be weighing it when they make decisions. And trying to...not go fully in one direction or another."

Providers are curious around philanthropic giving patterns and the decision making thought process behind it when it comes to funding or re-funding initiatives or institutions. One reason is because other larger funded organizations can "referral dump" on smaller, less-funded ones.

## BUREAUCRACY

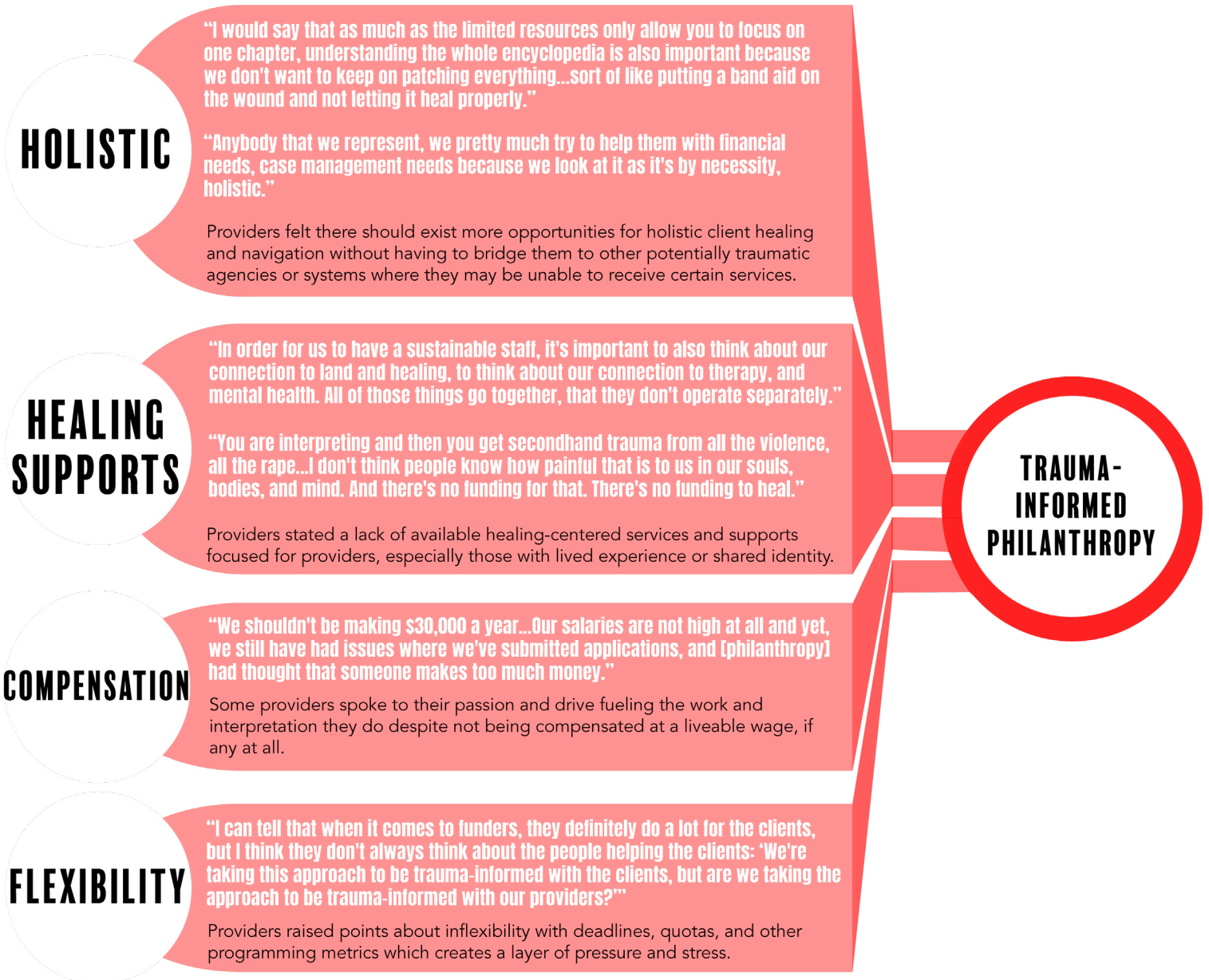
"The less bureaucratic things can be, the more trust that can give and can be given to orgs that aren't in the default trusted category of organizations."

Providers spoke to the bureaucracy and non-transparent nature of philanthropy which leaves grantees feeling scrutinized and unheard.

## PHILANTHROPIC TRANSPARENCY

# Trauma-Informed Philanthropy

In order to avoid replicating the injustices that philanthropy wants to address, they must uplift and listen to their grantees' voices and view them as partners and experts in their work. Providers shared about the trauma-informed state of practices within their relationship with philanthropy.



# DISCUSSION OF HEALING-CENTERED RECOMMENDATIONS TO ADDRESS GAPS

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In this section, a variety of recommendations will be provided for Hispanics in Philanthropy's consideration. These interconnected recommendations are highlighted based on the 28 conversations held with providers. If adopted by funders, these recommendations could help strengthen philanthropy-grantee relationships and further philanthropic goals while simultaneously centering the authentic experiences of migrants and the organizations that serve them. Philanthropy has the opportunity to lead with trust-building relationships: those that acknowledge the historical role of funders in the systems of inequity that have led to the traumatic experiences or disparities encountered by migrant communities. The following recommendations attest to the idea that both philanthropy and grantees are on a learning journey together to foster a relationship which can inspire reciprocal growth and understanding.

## *Emphasizing Culturally Appropriate Care*

Providers frequently lifted up the importance of culturally appropriate service delivery. They explained that their clients are in need of more resources that are tailored to support their specific cultural backgrounds because a "one size fits all" approach does not function effectively for migrant communities. This gap is especially stark when it comes to services for Indigenous and Black migrant populations, who are frequently excluded from care that is relevant to their needs and identities. Because the 'Latinidad' narrative frequently erases Indigenous culture and adds to their generational and historical trauma, Indigenous people need to be acknowledged and actively included in service provision, research, and policymaking. Service providers must also acknowledge the separate and distinct cultures of Indigenous peoples and adjust their services appropriately.

Specifically in regards to Indigenous groups, philanthropy must keep in mind that Western medicine is not the only way of aiding health and be intentional in lifting up the utility of traditional healing practices and natural remedies. For example, HIP may consider creating and hosting educational campaigns or a healing modalities series to inform their grantee network

organizations and themselves of Indigenous practices and wisdom to heal, advising organizations of the traditional healing methods that can aid health and the healing journey (group therapy, plants/gardening, scents, art, breathwork, etc.). In doing so, HIP can partner with migrant-serving organizations to lift up the identities of Indigenous peoples and honor the knowledge and power that is spirituality through celebration/ceremony at organizations.

Many providers discussed facing language injustice. HIP should consider supporting the intentional recruitment of staff who speak the languages of many migrant communities. By allocating more funding to migrant-serving organizations to recruit individuals fitting this criteria, HIP can function as a healing-centered organization striving to provide culturally appropriate services to its clientele. In doing so, they can be proactively cognizant in planning future meetings or webinars with their networks, considering everyone who may be involved in order to facilitate language barriers. For example, Indigenous languages and Creole should always stand on their own instead of being a subcategory of the Latine community, and as the American cultural and lingual landscape grows and diversifies, the uniqueness of other languages should be given space to flourish and thrive.



## *Looking Beyond Short-Term Service Provision*

The third recommendation focuses on cultural competence pertaining to language justice and the role that HIP can play in furthering advocacy efforts for language justice. Providers shared how Indigenous populations are frequently excluded from comprehensive interpretation services, making it difficult for them to navigate the already extremely complex immigration system in the United States. To fill this gap, it is recommended that HIP provide funding and support for organizations to create resources in multiple languages so that interpreters are not as heavily relied upon and migrants can better navigate the system independently if they so desire.

Migrant-serving organizations often focus on short-term needs of clients because they are granted very specifically allocated funding. This funding may sometimes limit the work that organizations can do, causing roadblocks in service delivery. Without more flexible funding, providers may not be able to meet the needs of their clients or do work that can initiate long-term meaningful change. As such, funding for migrant-serving organizations tends to be used for emergency needs of clients, when in reality many organizations really need flexibility in funding to provide more consistent support. This may lead to the weathering of support programs over time because they do not have adequate funding after the initial phase to sustain implementation of their mission. Providers further expressed gaps between needs and funding by explaining the burden of an organizational fear of failure. This apprehension towards failing causes over- or under-estimation of either how much funding will be required to meet the need or how much need there really is – creating disparities in service provision and access. Lastly, many providers addressed issues regarding impact and performance measurement, expressing a desire to re-evaluate philanthropy and organizational metrics for success. Providers felt pressure and stress when finding a balance between quality and quantity in order to meet certain objectives or

deliverables.

Philanthropy, including HIP, should consider looking for resource allocation for areas that have been historically oppressed. In doing so, philanthropy can generate awareness for budget areas of specific importance to sustaining the quality and impact of the work. While current funding models with highly specified budgets and short timelines can restrict organizations from providing trauma-informed services as client needs evolve, IWES suggests funding that instead promotes flexibility while still addressing the line items lifted up by organizations regarding their direct needs. Case management/ accompaniment, healthcare access, employment and housing navigation were discussed by providers as areas where clients faced the most difficulty and more funding was needed.

It is important to note that the desire for multi-year and appropriately allocated funding does not mean that service provision itself should be generalized. Providing this type of funding can allow for organizations to better serve their clients' direct needs and specifically focus on holistic health and service provision. Blanket responses do not account for the diversity of need and identity in migrant communities, so HIP should attempt to lift up these differences throughout their relations with various organizations.

Additionally, it is a recommendation that HIP consider Developmental Evaluation as a new approach to capturing metrics for success for their grantees. This approach can be used to assist initiatives in complex or uncertain environments, which the majority of the providers mentioned are experiencing due to the constant shifts in inhumane U.S. border policies and COVID-19. Developmental Evaluation would support adaptive learning and provide real-time feedback to support the direction of program design, development, and implementation. This would allow organizations the flexibility to implement new measures and actions as their goals may evolve.

## *Traditional Evaluation*

**Purpose:** Supports improvement, summative tests and accountability

**Roles & relationships:** Positioned as an outsider to assure independence and objectivity

**Accountability:** Focused on external authorities and funders based on explicit and pre-ordinate criteria

**Options:** Rigorously options-focused, traditional research and disciplinary standards of quality dominate

**Measurement:** Measure performance and success against pre-determined goals and SMART outcomes

**Evaluation results:** Detailed formal reports; validated best practices, generalizable across time and space. Can engender fear of failure.

**Complexity & uncertainty:** Evaluator tries to control design implementation and the evaluation process.

**Standards:** Methodological competence and commitment to rigor, independence; credibility with external authorities and funders; analytical and critical thinking.

## *Developmental Evaluation*

**Purpose:** Supports development of innovation and adaptation in dynamic environments

**Roles & relationships:** Positioned as an internal team function integrated into the process of gathering and interpreting data, framing issues, surfacing and testing model developments.

**Accountability:** Centered on the innovators' values and commitment to make a difference

**Options:** Utilization focused: options are chosen in service to developmental use

**Measurement:** Develops measures and tracking mechanisms quickly as outcomes emerge; measures can change during the evaluation as the process unfolds

**Evaluation results:** Rapid, real time feedback; diverse, user-friendly forms of feedback. Evaluation aims to nurture learning.

**Complexity & uncertainty:** Learning to respond to lack of control; staying in touch with what's unfolding and responding accordingly

**Standards:** Methodological flexibility eclecticism, and adaptability; systems thinking; creative and critical thinking balanced; high tolerance for ambiguity; open and agile; teamwork and people skills; able to facilitate rigorous evidence-based perspectives.

## *Increasing Staff Supports*

Providers navigate adversity by the environment in which they work: staff in this industry are dramatically underpaid. As a result, organizations may not be adequately staffed to handle client need, forcing providers to do much more than is "in the job description." One stark example is in the lack of social workers and mental health counselors, which leads lawyers, who are not

trained for this responsibility and likely lack the time and freedom to adequately perform it, to have to fill these roles, taking their attention away from their required duties. Thus, more social workers, system navigators, lawyers, advocates, and mental health counselors are all necessary. Furthermore, the emotional toll of this work can be extremely devastating to providers, illustrating the need for more health resources to support them. Lastly, providers also expressed

the need for more organizational technical support and mentorship from philanthropy because of the emotional strain that the environment in which they work in may have on them.

A recommendation for HIP regarding organizational sustainability is to provide organizations with flexibility in funding and tools to enhance employee compensation and benefits. Providers cited the need for more funding to support hiring of new full-time employees, as well as for the maintenance of current employees. They explained that working in migrant service provision needs to become a sustainable long-term career with the ability to earn a liveable wage. Despite motivation and passion, some providers felt it is currently a short-lived one because staff is not adequately paid at their organization.

HIP has an opportunity to provide grantees with technical support on incorporating healing-centered engagement and healing justice concepts into their organizational strategies or framework. Some organizations may already have these woven into their practices, while some may like more support and technical assistance. In response to the rapidly increasing volume of needs present within the migrant population, philanthropy should consider providing increased support for long-term organizational infrastructure (finance, leadership, human resources, management, etc.) as organizations expand to meet growing needs. Providers stated this was something they wish to see from philanthropy who are committed to their growth and sustainability as an organization.

Supporting healing justice could take the form of including budget line items in each grant specifically to address the secondary traumatic stress providers endure. How grantees choose to spend these funds for healing for their staff members should be left at their discretion. Providing organizations with the flexibility and resources to implement work-place programming to reduce psychological burden on staff (i.e.,

weekly check-ins, paid time off for mental health, in-house supports) paves the way for holistic sustainability of the organization as a whole.

## *Strengthening Organizational Collaboration*

Single-issue services (i.e., just providing a client with legal services) are not enough to fulfill the complex array of needs presented by a client. This is demonstrated through the notion that legal services are more than just interpreting and applying the law to an individual's scenario; it is necessary to also use a public health and social worker lens to understand the clients needs. Many of the barriers to more comprehensive services and inter-organizational relations are maintained by the government and the lack of open dialogue around these disparities in general, creating siloed service provision. Specific to cross-collaboration, providers identified multiple benefits to cross-collaboration including to scale up their referral mechanisms to ensure a seamless handoff process for clients, learn from one another's sectors and organizations, share strategies and resources, and grow in trust and partnership within the migrant service provision and advocacy sector. Another theme of frequent discussion was the importance of collective advocacy. It has been demonstrated that combining advocacy, grassroots organizing, and direct service provision (social service providers, legal providers, organizers, etc.) can provide the most comprehensive approach to serving this population. Providers shared that collective advocacy and organizing, and envisioning communal action are essential forms of healing justice, specifically for those who have experienced trauma, yet the collective space to participate in these practices is missing from the migrant-serving landscape.

Philanthropy has the power to foster strong relationships between organizations so that effective collaboration and peer-learning in the field becomes a norm. An example of

an initiative that HIP can continue to expand upon is the current iteration of peer-learning meetings as part of the Healing & Migration: A Learning Journey project. The meetings served as an opportunity to convene as organizations interested in holding a conversation about what healing justice means respective to each organization. It can also serve as an opportunity for future meetings to fulfill desired learning opportunities identified by providers such as cross-sharing effective and receptive practices to improve services, success stories, how to effectively work well with organizations across sectors to support client needs, and healing strategies to implement in organizations for providers and clients.

HIP can explore the feasibility of funding the creation and maintenance of healing justice spaces for clients, providers, and organizations to come together. If properly funded and cultivated, the product of this recommendation can facilitate collective action and provide migrant individuals with a sense of healing, community, and security. Creating space for clients to learn from one another how to self-advocate is a crucial step in the holistic well-being of clients and the success of organizations.

Though the collective peer learning meetings the providers participated in were not intentionally meant to act as community healing spaces, it did provide a level of harmony and healing for mission-aligned providers to convene, learn, and share in discussion on how to collaborate effectively and improve current practices. Creating intentional space for collective advocacy and group healing can also lead to narrative change – one of the defining pillars behind what healing justice means to the providers – and share a story that is authentic to the experiences of migrant communities.

HIP should consider supporting the development of a transnational coalition or collaboration of migrant service providers to amplify a larger conversation around healing justice. Providers added they would like for these spaces to be

created genuinely, not as something checked off a list as an objective. These spaces must be transparent, realistic in the goals they set and aim to achieve, and should reflect the reality on the ground both in the United States and countries of migration origin. Of equal importance, these spaces should center Black and Indigenous voices, which have been historically ignored especially in the migration conversation. Additionally, spaces should include voices from organizations across borders who are focused on justice and advocating for land, water, and climate protection. To plan for this, HIP should hold listening sessions with providers to learn about an efficient and informed launch for a possible initiative.

### *Expanding the System Through Referral Networks*

Despite the efforts of many organizations and service providers, numerous aspects of the system that migrants must navigate upon arrival to the United States are both inequitable and inaccessible. Migrant-serving providers can be a “bridge to a traumatic system,” re-traumatizing their clients or furthering their situational and emotional discomfort if they are not culturally appropriate or trauma-informed. One of the most glaring issues in the system is the referral network, which providers described as “broken,” noting that it does not work in favor of their clients. Clients are often dumped onto an organization that does not have the capacity or resources to adequately serve them, leading to further disparities. In order to refocus philanthropic efforts on holistic health and wellbeing, the existing referral network should be expanded – which includes HIP Migration grantees. By conducting further resource mapping and allocation planning, HIP could help create a referral network that allows providers to refer and accept referrals based on the needs of their clients and their capacity to support. In doing so, organizations would be able to provide care and services to their clients that are truly tailored to their needs, facilitating warm handoffs



and mitigating further trauma and confusion for the client. Furthermore, reworking the referral network will also help prevent “referral dumping,” – when small organizations or those with very limited resources/funding experience an overload of referrals that they cannot support from bigger or wealthier ones – which many providers spoke of at length.

Because the ability of an organization to serve clients and the scope of services provided are defined by grants and funding limitations, it is important to outline where providers reported specifically needing funding: defenders, mental health care, case management (to support employment and housing needs) and a humanitarian fund. There is particular importance in providing more funding for client healthcare, which can reduce the financial burden on clients for certain services. Funding more low-cost/free services of all kinds and the creation of a philanthropic humanitarian fund would support in the event of unplanned situations or tragedies experienced by clients.

### *Respecting Client Voice*

Within the provision of services to migrants, it is important to respect the autonomy of each individual. For instance, not every client may want a full array of services; some may only request legal representation, while others may desire only individual sessions with a mental health specialist. It should be acknowledged that these wants may not always be fulfilled by providers due to funding constraints, offerings, or staff capacity, creating a gap between services desired and services provided.

HIP is called upon to support individual providers and organizations in centering the hopes and dreams of the communities served and acknowledging that each person deserves the right to live and prioritize in a way that feels authentic to them. To further facilitate client autonomy, it is recommended that HIP supply organizations with the resources and

toolkits necessary to provide (or refer clients to) educational opportunities, resources, and/or safe spaces for learning and independent healing so that they can navigate U.S. society as they so desire to. Priorities around training or resource topics as expressed by providers are around learning about Black and Indigenous migration experiences, how to generate programming and policies around healing justice, and success stories on how incorporating healing programming improved overall service provision.

### *Meaningful Philanthropy-Grantee Relationship-Building*

Providers spoke to the lack of understanding by philanthropy around divisional and overall programming within their organization; a lack of efficient engagement with philanthropy; a desire to be connected with other funding opportunities and organizations; and eagerness for philanthropy to be invested in their organizational growth and development. Hispanics in Philanthropy (HIP) Migration program grantees mentioned feeling grateful when welcoming HIP’s invitations to speak at their hosted events, and being able to make connections to other funding sources and possibilities, capacity building opportunities with other mission-aligned organizations. It is clear this is an area of support that HIP undertakes that grantees find valuable and meaningful. Transforming the historically transactional nature of philanthropy-grantee relationships is an imperative recommendation to deepen the connection between provider and philanthropy. Providers expressed a desire to build a relationship with funders like HIP through regular check-in meetings (virtually and in-person) to meet with more staff at various levels. These interactions will allow HIP to increase their awareness of the grantee organizations and their overall programming and goals.

# CONCLUSION

The recommendations reflect the interconnectedness of themes that speak to the importance of close and authentic partnerships and collaboration between philanthropy, organizations, individual providers, and clients while working towards healing. This report is intended to illustrate the great diversity of communities within the migrant population who have been impacted by colonization and oppression in ways that are unique to each specific community and its intergenerational and historic experiences. It is also worth noting the way that colonial and capitalist expectations are imposed on organizations within the migrant serving landscape. This limits the capacity of organizations who are striving to function from an Indigenous-centered and anti-white supremacist and Western lens to find their footing within funding structures and priorities and expectations set by larger systems. Ultimately, this interferes with the necessary healing that needs to take place in communities.

To respond to the needs of communities that they serve, philanthropic organizations must strive to be trauma-informed and healing-centered, with grantees and in their internal institutional practices. Philanthropy's role is to fund initiatives that aim to alleviate injustice and discrimination but it should also focus on the holistic healing of communities and center their experiences, ideals, and voices. Communities hold the knowledge to their own healing and philanthropy should decolonize its wealth to create and strengthen spaces for collective healing and support collective organizing in communities.

Through intentional approaches like Healing & Migration: A Learning Journey, it is clear that HIP is seeking a more coordinated response in tackling healing, trauma, and well-being amidst an ever-changing landscape of immigration into the United States. This coordinated approach to learning needs the thought leaders and changemakers on the ground because social justice is not possible without them.

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