Transcending Violence:

Emerging Models of Trauma Healing in Refugee Communities

Prepared by Andrea Blanch, PhD, for *Abt Associates, Inc, National Center for Trauma-Informed Care*. The monograph and annotated bibliography on which this presentation is based are available on request.

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Overview of Talk

- International and national context
- A public health approach
- Cultural sensitivity
- Assessing trauma modalities for refugees
- Emerging approaches to treatment and support
- Gender-based approaches
- Trauma-informed care for refugees

Key Theme: Respect

" Refugees present perhaps the maximum example of the human capacity to survive despite the greatest losses and assaults on human identity and dignity."

M.A. Muecke (1992)

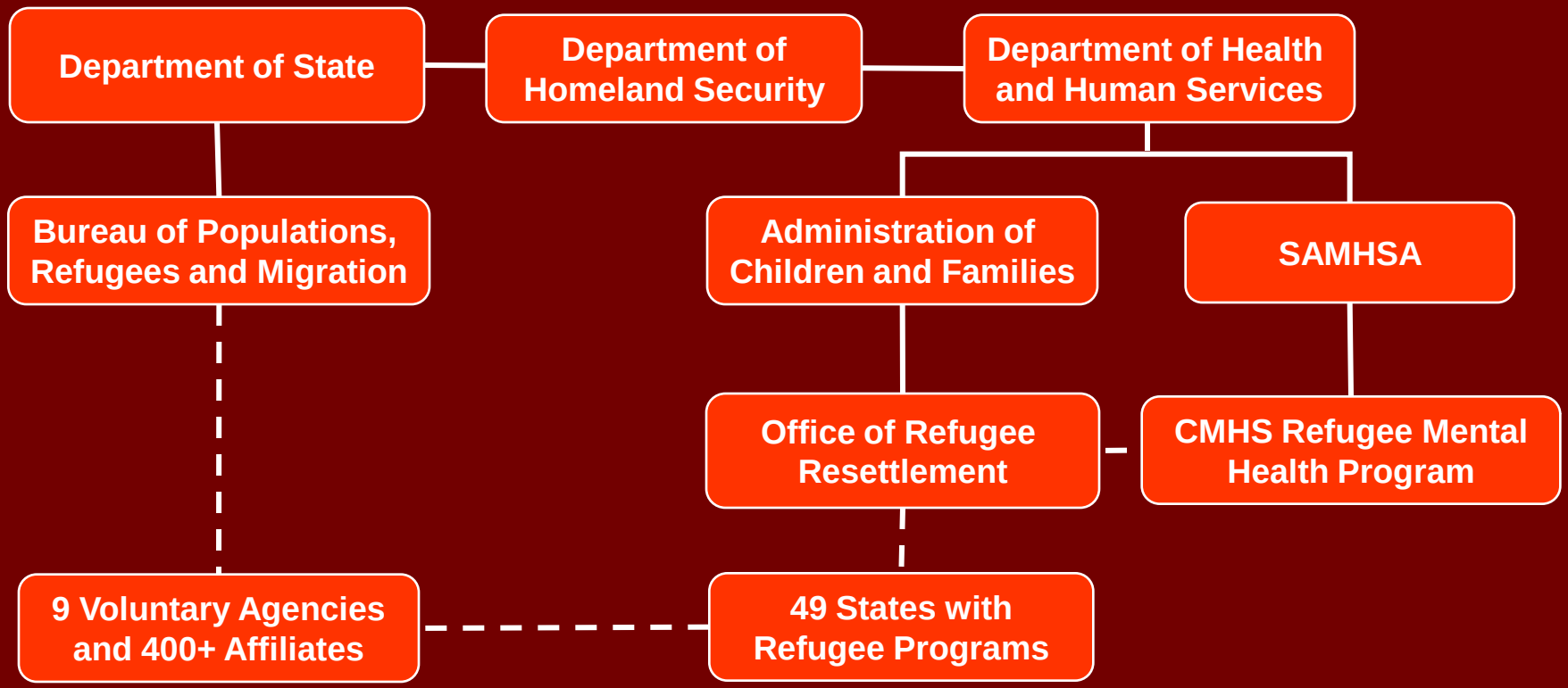
Refugees and Other Newcomers

Refugee	Forced to flee outside own country; well-founded fear of persecution
Internally displaced person	Relocated within own country due to violence, disasters, etc.
Asylum seeker	Makes claim of refugee status
Migrant	Moves for a specific purpose, often economic
Immigrant	Takes permanent residence in new country

International and National Context: In The Numbers

- 9.9 million
  - Refugees across the globe
- 25 million
  - Additional people internally displaced
- 2.5 million
  - Have entered the US since 1980
- 80%
  - Flee from one poor country to another
- 75%
  - Are women and children
- 50%
  - Receive assistance of some type

Refugee Service System



ORR Torture Survivors Discretionary Grant Program

- Services provided to all torture survivors regardless of immigration category
- Majority served are asylum seekers
- Services include physical and psychological trauma, social and legal support, research and training
- 20 specialized torture treatment programs in 15 states

Phases of the Refugee Experience

- Pre-migratory period
- Flight
- Refugee camps or other living arrangements in country of 1st asylum
- Voluntary repatriation, integration in country of asylum, or resettlement
- Migration/resettlement in a new country

Trauma and the Refugee Experience

- NOT all refugees have trauma-related difficulties
- Trauma may result from:
  - Circumstances in home countries
  - Violence during flight
  - Harsh conditions in refugee camps
  - Cultural trauma of relocation
  - Resettlement stress

Resettlement Stress

- Importance of "receiving community"
- Resettlement stress may be more important than original trauma
- 4 factors account for 62% of resettlement stress:
  - Social and economic strain
  - Alienation
  - Discrimination and status loss
  - Violence and threats

A Public Health Model

- Shift focus from illness to wellness
- Focus on prevention
- Support resilience
  - Find meaning in circumstances
  - Adopt health-promoting behaviors
- Population-based interventions
- Address psychosocial needs: housing, jobs, language
- Trauma-informed services

Concerns about PTSD Diagnosis

- Applicability to non-western cultures
  - Developed with western populations
  - Presumes violence to be unusual or isolated
  - Measures symptoms common in the West
- Over-diagnosis
  - Symptoms as normal reaction to violence
  - Fewer than 20% develop disabling PTSD
- Undermining of natural recovery processes

Cultural Biases about Violence

- Misperceptions about Violence
  - Always perpetrated by individuals
  - Dichotomy between victim and aggressor
  - Victim status overwhelms identity
- False Assumptions re Historical Trauma
  - Personal trauma is always most salient
  - Collective narratives about violence are always traumatic


Dani Cardona ,Reuters

Complex Diagnostic Picture

- Clinical mix of trauma-related problems
- Misdiagnosis as psychotic illness
- Cultural differences in experience of pain and suffering
- Common misconceptions about trauma
  - People never recover from extreme violence
  - People don’t want to tell their story

Assessing the Applicability of Current Trauma Treatment

- Consider psychosocial context
- Wide variety of trauma treatment modalities available
- Limitations of outcome studies
- Framework for effective intervention

I. Support resilience

II. Embrace cultural differences

III. Treat severe symptoms

I. Support Natural Resilience

- Ability to maintain functioning despite trauma
- Prevalence of resilience
- Implications for treatment
  - Lack of pronounced distress may be "normal"
  - Treatment may undermine healing
- Resilience as multi-dimensional

II. Embrace Cultural Differences

- Assess cultural appropriateness of interventions
- Cultural biases about addressing problems directly
- Consult with cultural advisors

III. Treat Severe Symptoms

- Biological basis for learned fear
- Be aware of re-traumatization
- Implications for treatment
  - Cognitive-behavioral treatments
  - Body-based therapies
  - Pharmacology

Emerging Models for Refugee Populations

- Self-care & self-healing
- Traditional healing
- Story-telling & narratives
- Psychosocial approaches
- Religion & spirituality

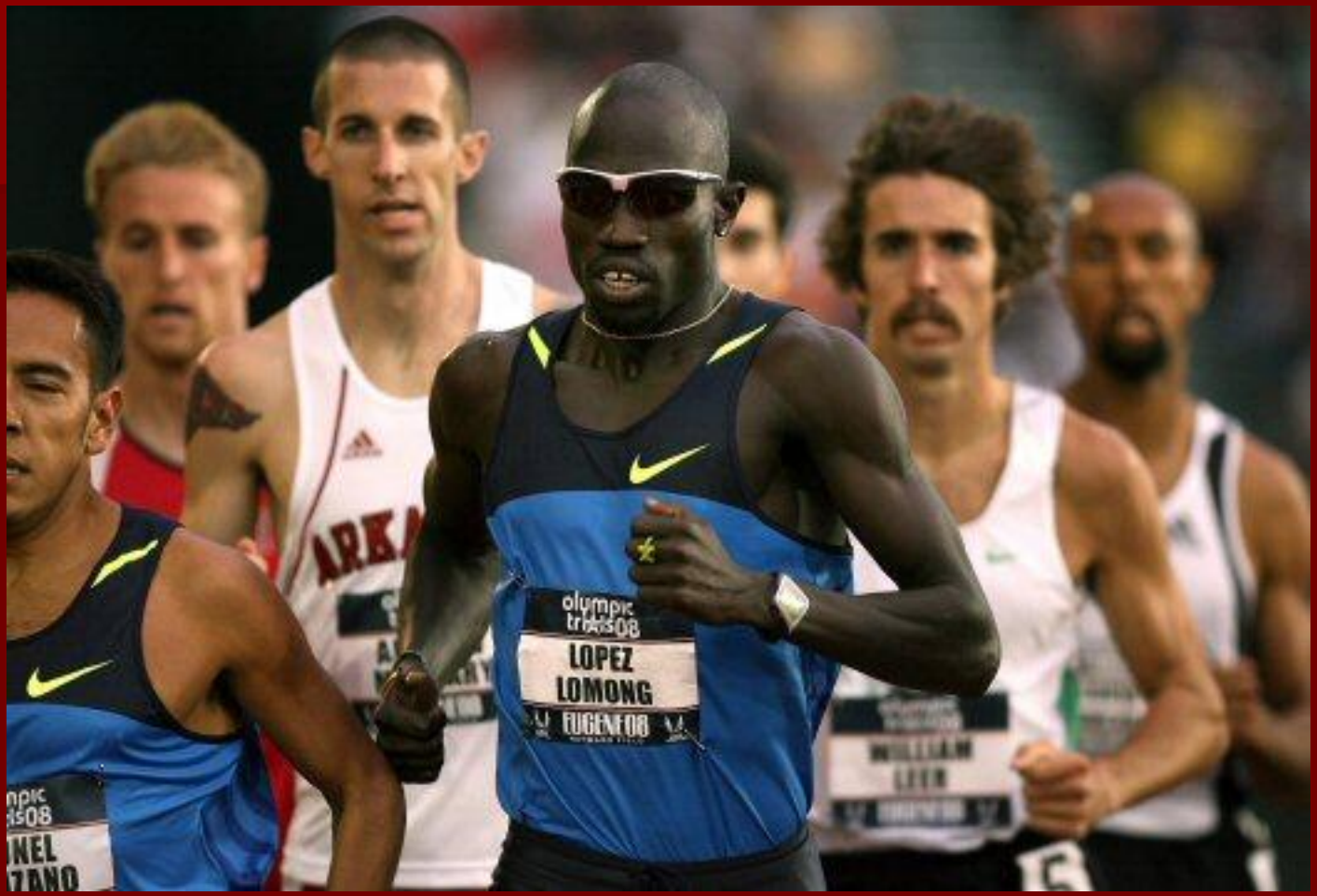
Supporting Self-Care and Self-Healing

"Every refugee I meet is my teacher."

R. Mollica (2008)

Self-Care and Self-Healing

- Development of trust
- Deep listening
- Inventory self-healing
- Supporting cultural practices
- Importance of humor, friendship, & physical exercise


LOPEZ
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Traditional Healing

- Culturally based symptoms
  - Physical complaints with cultural meaning
  - Psychological meaning of trauma symptoms
- Local patterns of help-seeking
- Healing resources
  - Indigenous practices
  - Cultural healers

Storytelling and Narratives

- Cultural differences in sharing or not sharing the story
- Repeated telling of the story can be retraumatizing
- New clinical storytelling approaches
  - Modulated disclosure
  - Combining story with political action
  - Mollica's model of healing narratives


LAOS
BAN LONG CHIENG
VIENG CHAN
MEKHONG RIVER
PHANATNIKHON
INTERVIEWED
REFUGEE CAMP CHIANG KHAM

Components of Mollica's Healing Narratives

- Factual accounting of events
- Survivor's history & traditions – clinician as learner
- Construction of meaning
- Listener-storyteller relationship – clinician as storytelling coach

Psychosocial Approaches

- Full array of services:
  - Health & mental health
  - Recreation & social
  - Family support
  - Housing
  - Employment
  - Legal services
  - Language skills

Psychosocial Approaches

- Seen as more responsive to local conditions in developing countries
- More likely to incorporate cultural practices
- Emphasize productive roles
- Preferred by refugee communities
- Mental health programs moving in this direction

Religion and Spirituality

- Questions about good and evil
- Faith, prayer and religious practices
- Relationship to organized religion

Religion and Spirituality

- Connection with faith community and clergy
- Coping and transformation of trauma
- Helping people to "suffer well"
- Forgiveness and healing

Issues Facing Women

- Higher risk for violence and trauma
- Targets of terrorism and genocide
- Vulnerable to compounded trauma

Gender-Based Programs

- Address empowerment in cultural context
- Ensure safety
- Address women's health issues
- Provide family support services

Gender-Based Programs

- Unravel layers of re-traumatization
- Recognize women's resilience and self-healing

Refugees in the Public Mental Health System

- Lack of political support
  - Few in number; scattered geographically
  - Ignorance and discrimination
- Mental health system unprepared
  - Diagnostic system not helpful
  - Oriented to acute care
  - Chronically under-funded
  - Workforce not trained in refugee issues
- Growing interest in trauma as public health issue

Principles of Trauma-Informed Care

Fallot and Harris, 2006

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

Application of Trauma-Informed Principles

Fallot and Harris, 2006

- Program procedures
- Formal service policies
- Screening, assessment & planning
- Administrative support
- Staff training
- Human resource practices

Trauma-Informed Partnerships

- Partnering with
  - Mutual assistance agencies
  - Refugee resettlement programs and social service networks
  - Primary health providers

Conclusions

- Refugees are normal people exposed to extreme events
- Non-conventional interventions and solutions should be considered
- Adaptation to a new country is a long-term process
- A trauma-informed community support system can help