

BUILDING RESILIENCY AFTER TRAUMA

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A Newsletter from the Texas Mental Health Transformation Initiative

Trauma and the Refugee Experience

One of the many unintended consequences of war is the myriad of people who lose their homes and become displaced. These refugees must leave their country of origin for fear of persecution, and are unable to return home due to persistent dangers.

According to the United Nations High Commissioner for Refugees, there are nearly 22 million refugees located throughout the world, approximately half of which are children. Research shows that as many as 75% of these youth exhibit symptoms of PTSD resulting from trauma exposure in their native country. Additionally, refugee children continue to experience acculturative stress and stressors associated with displacement and migration. Refugees in

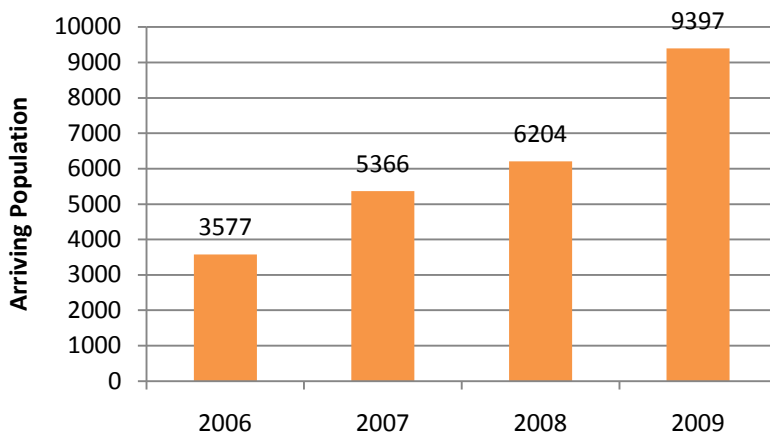
the United States come from extremely diverse backgrounds, and experience complex issues arising from trauma, culture, and ongoing stress. Due to these complexities, existing treatment models of PTSD may not be sufficient to meet the high needs of refugee youth.



Clinicians may better tailor treatments to this unique population through understanding the three phases of the refugee experience, and the stressors involved at each stage. The preflight phase occurs before the refugee escapes from their country of origin, where there is often political violence and war. This is a time of increasing chaos and social upheaval. Refugee youth may witness violence or even participate in it through combat. The flight phase occurs when the refugee is in the process of escaping their native country, and can be especially stressful due to the instability of this time. Separation between children and parents may occur, which can be even more traumatizing than exposure to war-related violence, and puts the youth at greater risk for psychiatric symptoms. Placement in refugee camps and detention centers are also traumatic for families, who must negotiate

a complex legal system with few resources. The final phase is resettlement, where refugees must make a new life in a foreign environment. Refugee children often report symptoms at this phase, including: anxiety, depression, insomnia, recurring nightmares, behavioral problems, academic difficulties, and somatization. These youth continue to be impacted by stressors due to migration, loss of the familiar, acculturation, generational differences, and trauma.

Number of Refugees Arriving in Texas



Trauma and the Refugee Experience (continued)

After resettlement, the mental health needs of refugee youth often come to light for the first time. However, these needs are often unmet due to numerous barriers including stigma associated with mental illness in countries of origin, a dearth of clinicians who speak refugee languages, and the low priority given to mental health because of other overwhelming needs.

Recommendations for Clinicians Working with Refugee Populations:

1. Whenever possible, use counselors, trained in basic therapeutic techniques, from within the culture. They serve as cultural brokers, represent the agency to the community, and facilitate communication.
2. Be aware of the stigma associated with seeking mental health services. Capitalize on the positive regard generally afforded to physicians.
3. Take into account the role of somatization as a common presentation of underlying psychopathology.
4. Encourage alternative means of expression besides "talk therapy," such as testimonials, drama, dance, music, and art.
5. Keep in mind that talking about painful events may not be perceived as therapeutic or valuable by some refugees. Explore how they would experience a therapeutic encounter.

Adapted from Review of Child and Adolescent Refugee Mental Health: White paper from the NCTSCN Refugee Trauma Task Force (2003) available at <http://www.nctsn.net/assets/pdfs/reports/refugeereview.pdf>

EYE ON EVALUATION

(This section will provide information about the project's evaluation. Data will change throughout the program, and findings to date should be considered tentative.)

The evaluation team is finalizing the study data and planning to share the results through various communication strategies. Please keep a lookout for full evaluation results!

UPCOMING EVENTS

- **SAMHSA Update: Upcoming Directions and Priority Areas**
Wednesday, February 16, 2011 at 1:00 pm
Register online at [Georgetown National Technical Assistance Center for Children's Mental Health](#)
- **Trauma-Informed IEPs: Differential Diagnosis and Trauma-informed Assessments in Schools**
Wednesday, February 23, 2011 at 2:00 pm
Register online at [National Child Traumatic Stress Network](#)

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