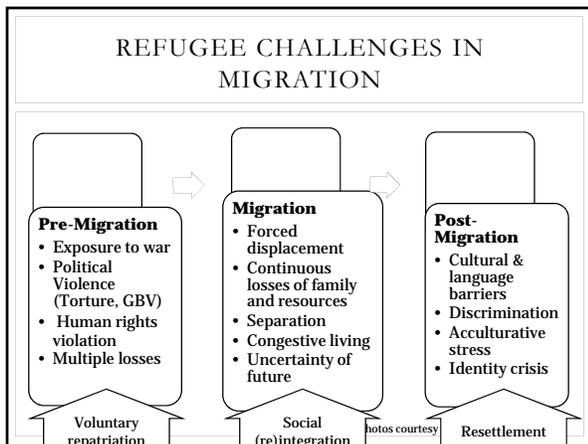


REFUGEE TRAUMA AND
MENTAL HEALTH IN PRE- AND
POST-RESETTLEMENT

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LEARNING OBJECTIVES

- To understand refugee situations and challenges in pre-and post-resettlement contexts
- To learn the impact of refugee trauma on mental health and common psychosocial distress
- To gain insights into how migration history and mental health interact





REFUGEES IN PRE-RESETTLEMENT

Photo courtesy of Daniel Berehulak

PRE-MIGRATION: WAR AND CONFLICT

- War and social conflicts around the world generated 70 million forced migrants in 2011 alone, including refugees (15.2 million), internally displaced (26.4 million) or in the process of seeking asylum (895,000). Only 42.5 million people are under UNHCR protection or monitoring (UNHCR, 2012).
- Majority of migrants are women and children.
- One billion of children living in ongoing conflict

A SOMALI REFUGEE

▪ *In Somalia, my husband had a store, and sometimes he got robbed and we suffered. We went back to Mogadishu in 2000 because we lived in Kismayo and when a new clan took control of the city, there was lots of conflict. So we went back to Mogadishu. I had five kids at that point. There was no peace in Mogadishu, because if two kids fight, the father of one child will get a gun and kill the other. I lost two kids while leaving Mogadishu and my husband later. During the war, I was separated from my kids for one year. They got lost and my late husband went back to the war zone to find them. The boys left Somali with neighbors' help and came to where I was (i.e. in refugee camp). My husband couldn't come back and I was told that he was murdered in Mogadishu.*

A HMONG REFUGEE

▪ *I was nine years old and orphaned during the War in Laos. My family and I suffered and lived in the jungle. I have not seen torture in the war but I was running from bullets. I felt the bullets zoom over my shoulders and passing the side of my head. I heard explosions and loudness of the guns being fired. While living in the jungle, I and my group were always under cover. We were quiet most of the time because we did not want to give away our location to soldiers. We stayed in the same spot for two to three months and then relocate. One day I was looking for food and had traveled far from the group. I was too hungry to even notice I was not safe because of tigers and other meat-eating animals track the jungle.*

A SUDANESE REFUGEE

▪ My family and I had a quiet life until civil war broke out in 1983. Islamic militias called Marahallin raided my town in search of rebels and killed my uncle, father, and aunts. They beat my family and crammed us into buses which drove them to the north. Days later, they sold us to a slave market and my family were separated and sold as slaves to the highest bidder. After three year slavery I found a chance to escape and walked days and nights for a week to find a shelter. It provided some normalcy finally, but Sudan government security force search for rebel sympathizers and I was arrested with other university students I lived with and severely tortured by the police. We were sent to a clinic as one of us died after three day torture. I escaped from the clinic and crossed the border and got to Egyptian UNHCR office eventually.

COMMON REFUGEE TRAUMA

▪ **Multiple losses and cumulative trauma**

- Being close to death (37% - 62%)
- Torture (37% -54%)
- Witness of killing of family members (35%)
- Lack of water and food (67%)
- Forced isolation (ex. Imprisonment, family separation)
- Gender-Based Violence (underreported)

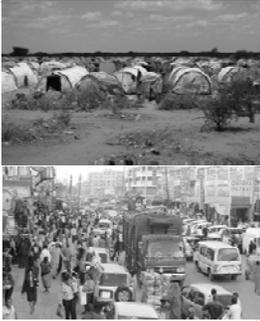
TRAUMA DURING MIGRATION

- Over 90% of refugees settled in low- and middle-income countries (LMICs)
- Trauma constantly added and cumulated
 - Life-threatening events during flight
 - Additional loss and separation of family
 - Loss of community and home (country)
 - Discrimination and conflict with local community
 - No or little legal protection
 - Sense of unrootedness
 - Protracted refugee situation (ongoing conflict in home country, unsettled settlement in host country, slim chance of resettlement)
 - Fear of deportation/forced repatriation, Uncertain future

LIFE DURING MIGRATION

<p>Refugee camp</p> <ul style="list-style-type: none"> ▪ 10.5 million residing in refugee camp ▪ Some last over a few decades (protracted refugee situation) ▪ Insecurity ▪ Chronic lack of resources (food & water) and dependence on international aid ▪ Poor quality of services, education, healthcare, etc. 	<p>Urban setting</p> <ul style="list-style-type: none"> ▪ Refugees searching for means of livelihood ▪ Staying “unanimous” ▪ Little protection /services ▪ Constant migration and separation from family ▪ “Crackdown” and fear of detention/deportation ▪ Human rights violation, discrimination
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MIGRATION STAGE

<p>▪ Refugees in Kenya</p> <ul style="list-style-type: none"> ▪ Dadaab & Kakuma Refugee Camps, Kenya <ul style="list-style-type: none"> ▪ Over 630,000 refugees ▪ Dadaab is the world's largest camp hosting a half million ▪ Eastleigh, Kenya (Nairobi) <ul style="list-style-type: none"> ▪ Over 100,000 Somali refugees living in urban setting. 	
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BASIC SERVICES IN CAMP: REGISTRATION FOR REFUGEE STATUS & RESETTLEMENT



BASIC SERVICES: FOOD AND WATER



■ Photo courtesy: CARE

BASIC SERVICES: HEALTHCARE



■ Photo courtesy: Guardian

BASIC SERVICES: EDUCATION



LIVING CONDITIONS OF CAMP



■ Photo courtesy: dadaabrefugee.org

CAMP LIFE

- *"Life in the refugee camp is extremely hard. There was not enough [food] to eat. We were given 10 cups of wheat every 30 days to survive on and a little bit of oil."*
- *"The refugee camp was troublesome because you had to worry about violence and getting into conflict with other families because kids play with each other and sometimes fight. It turned into parents' fight and even killing."*

CONFLICT TRANSMITTED



A security officer tries to keep order in Dadaab, Kenya. Photograph: Spencer Platt/Getty Images

INSECURITY



LIFE IN THAI CAMP

■ *We moved to one camp to another. They were pretty much the same. Nothing special. We had only small amount of rice and had to farm to plant vegetables. There is nothing you can do. Women made a sewing project and helped each other. We made work for each other. But we were always poor. The vendors and doctors in Thai camps were mean to us. Being unable to earn in the camp also affected seeking treatment for the ill. Seeking help from a shaman required some stipend and rituals cost money because you have to sacrifice a chicken. Those who were poor did not have chicken.*

LIFE IN THAI CAMP: KAREN

- “One of the camp was burned by the Burmese military. They came and burned down the camp and killed villagers, innocent people. Because of that, families cry and cry and a few people got crazy.”
- “They just keep inside and if they can’t keep it in any more, so they just, you know, they commit suicide or sometimes they drink alcohol or something like that.”

Reference: Shannon (2011). Karen refugees

DISTRUST IN HEALTH CARE

- “One fear of living in the Thai camp was seeking medical service from hospitals. *My uncle had taken his daughter to the hospital and brought her back dead a couple of days later. [.....]She couldn’t have died. She only had a bad headache. They [Thai doctors and nurses] must have killed her for her organs or blood. We will never know.*”

DESIRE TO COME BACK HOME

- Older generation & protracted refugees
- Young, educated refugees wishing to contribute to country restoration
- Fear of losing tradition and culture
- Voluntary repatriation may not be an option for most refugees

DESIRE FOR RESETTLEMENT

- “Buufis” (Somali): a person’s dream of resettlement (Horst, 2006)
- Only 1% resettled
- Remittance as a source of income (collective coping)
- Often based on unrealistic expectations



REFUGEE RESETTLEMENT CHALLENGES AND MENTAL HEALTH
Photo courtesy of Jogen Gazmere

RESETTLEMENT CHALLENGES

- Language and cultural barriers
- Lack of information and cultural orientation
- Lack of social support and isolation
- Low accessibility to services and thus disparities in health and well-being
- Change in family dynamics and family conflict/violence
- Identity crisis
- Acculturative stress
- Discrimination, Change in SES

RESETTLEMENT CHALLENGES

■“Language barrier was our number one concern, followed by transportation problems along with the normal anxiety that one would expect. We couldn’t navigate the system, ask for help or look for jobs. We had basically become handicapped.”

LACK OF CULTURAL ORIENTATION

■“We were stuck in our apartments. I did not even know how to turn on the stove. I attempted one time and it made a loud noise I thought it was going to explode, so I shut it off. We slept hungry for three days until someone visited us.”

LOSS OF SOCIAL SUPPORT SYSTEM

■“We got along with the residents of the camp. They were all Somali. We relied on each other. They would give us food when we run out of food and I did the same to them. They were there for us and we were there for us when needed. Now I have no one with me.”

SERVICE INACCESSIBILITY

■ “There were only ten Somalis in town. I couldn’t get an interpreter at the hospital when my kid was sick. We had access to health care there provided by UNHCR. If there is lack of health care it is in the U.S. not in the refugee camps.”

A VICIOUS CIRCLE

■ “I don’t have a chance, time, energy or transportation to maintain a social life. It’s just me and my kids. In my country, you had a chance to socialize, but there is just no time in America. Twelve hours here is like one hour back home. It is because I have no help.”
(A Hmong single mother, 41)

EXPECTATIONS UNMET

■ “I was one of those people who thought in the U.S there are walls where you just withdraw money. Instead of money I received an abundance of snow.”



REFUGEE MENTAL HEALTH

- **High risk of developing common mental disorders**
 - A meta-analysis of 181 surveys w/ over 80,000 refugees from 40 countries reported a prevalence rate of 30.6% for PTSD & 30.8% for depression (Steel et al., 2009).
 - In some populations, over 50% of PTSD and depression reported (e.g., Somali refugees in Ugandan camp, Neuner et al., 2010).

REFUGEE MENTAL HEALTH

- **Longitudinal studies revealed enduring impact of war trauma on mental health outcomes among refugees.**
 - Ex. High prevalence of PTSD (62%) and depression (51%) are found in Cambodian refugees over two decades after resettlement and symptoms are associated with pre-migration trauma (Marshall et al., 2005).

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CDC-ORR STUDY, 2012

- 16 suicides in Bhutanese community between 2009-2012
- community-based cross sectional survey of 423 resettled refugees
 - anxiety was 19%, of depression, 21%, and of distress, 17%.
 - language barriers (77%), worries about family back home (57%), separation from family (43%), and difficulty maintaining cultural and religious traditions (43%).
 - Risk factors: not being a provider of the family, having low perceived social support; screening positive for anxiety, depression, and distress; and increased family conflict after resettlement.

U.S. REFUGEE RESETTLEMENT POLICY

- The goal of refugee resettlement program is to provide “effective resettlement of refugees” and assist refugees to achieve “economic self-sufficiency as quickly as possible after arrival in the United States.”

-The Refugee Act of 1980

REFUGEE MENTAL HEALTH SERVICES IN US

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 **Routledge**
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Screening for War Trauma, Torture, and Mental Health Symptoms Among Newly Arrived Refugees: A National Survey of U.S. Refugee Health Coordinators

PATRICIA SHANNON and HYUJEN IM

TABLE 1 Mental Health Screening Rates, Categories, and Types

Screening (n = 44)	Mental health symptoms (%)	War trauma (%)	Torture (%)
Do not screen	19 (43.2)	23 (52.3)	25 (56.8)
Screen	25 (56.8)	21 (47.7)	19 (43.2)
Formal standard questionnaire ^a	5 (20.8)	4 (25.0)	4 (25.0)
Self-developed formal questionnaire	5 (20.8)	2 (12.5)	3 (18.8)
Formal interview	2 (29.2)	6 (37.5)	5 (31.3)
Informal conversation	17 (70.8)	11 (68.8)	11 (68.8)

^aPercentages of screening types of each category exceed 100% due to multiple responses.

- Only 11 states screen RMHS using formal tools in 2011.

CHALLENGES IN REFUGEE MENTAL HEALTH SERVICES

- What are culturally acceptable and clinically appropriate ways of assessing war trauma, torture, and mental health in newly arriving refugee populations?
- How can we establish a sustainable continuum of care including screening, referral and evidence-based models of community and clinic based mental health services for refugees who need them?

COMMON MENTAL HEALTH SYMPTOMS

- 18 items emerged from 13 focus groups consisting of 111 Bhutanese, Karen, Somali, Oromo refugees.
 - Trouble sleeping
 - Bad or scary dreams
 - Too many thoughts or can't stop thinking
 - Bad memories that come back
 - Worry about family and friends back home
 - Worry about more loss in the future
 - Worry about children
 - Feelings of fear from the past are still with me today

COMMON MENTAL HEALTH SYMPTOMS

- Feeling hopeless about the future
- Losing parts of memory
- Having trouble concentrating
- Struggle with feeling angry
- Sometimes fight with others
- Spending time alone, keeping alone, lost or staring
- Talking to myself
- Trouble eating
- Stomach aches
- Headaches

CULTURE-SPECIFIC SYMPTOMS

Some items/symptoms are culture-specific

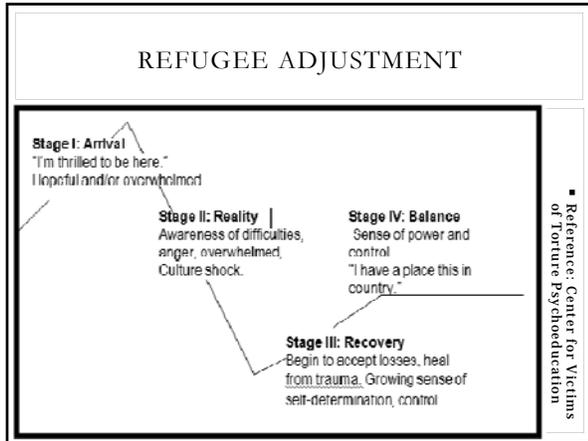
- Taking off one's clothes
- Singing when people are sleeping
- Sense of craziness –(bole or bola, waali, undango)
- Feeling like my brain doesn't work
- Too much air in the brain
- Having trouble recognizing people
- Things in the heart that bother you
- Burning emotionally
- Feeling pain all over that can't be expressed

RESETTLEMENT DISTRESS

- *"I lost sleep. I was in Missouri for six months and I can say I was okay for one month and I had no sleep since then and even now. I am constantly worried about who will do this and that for me."*
- *"I don't sleep very well since I came to the U.S. [.....] I constantly worry."*
- *"I kept worrying about people breaking in the house and all of the dangers that could happen. I worried about getting around. I'm afraid there may be bad people out there to attack me when I walk to grocery store."*
- *"I am more worried and less confident. I looked a lot healthier and happier, but since coming here I lost a lot weight and I am sick because of the stress."*



CULTURALLY RESPONSIVE REFUGEE MENTAL HEALTH SCREENING & CARE



- TOWARDS CULTURALLY COMPETENT SERVICES**
- Understand history and cultural background (including family structures, gender roles, dynamics, help-seeking patterns)
 - Intercultural communication skills
 - Building trust matters
 - Communication style differs
 - Specifying questions may work
 - Non-verbal communication (ex. eye contact)
 - Respect for traditional healing and coping
 - Strength-based and solution-focused

STRENGTH-FOCUSED: HOPE AND RESILIENCE

Interviewer: You said you lived well in the home country and now became homeless in the U.S. How do you feel about it? Are you angry or frustrated?

A Somali refugee: "No I was not angry. I promised myself to make sure my kids get the education so that they can have walls they can withdraw money from. [laugh]"

ADDITIONAL MATERIALS

- Refugee Storytelling videos (UNHCR)
 - http://www.unrefugees.org/site/c.lfIQKSOwFqG/b.8104533/k.D76/Storytelling_Videos.htm
- Dadaab (documentary)
 - <http://www.youtube.com/watch?v=BVoaiQfOheY>
- Buufis: Somali refugees' desire to resettlement
 - http://www.urpn.org/uploads/1/3/1/5/13155817/buufis_among_somalis_in_dadaab.pdf
- Transcultural Mental Health (EthnoMed)
 - <http://ethnomed.org/clinical/mental-health>
- Resources for (service providers for) torture survivors
 - <http://www.healtorture.org/>
 - <http://www.cvt.org>

THANK YOU!

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