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REFUGEES: LISTENING TO THE DISPLACED

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SPEAKER DISCLOSURES

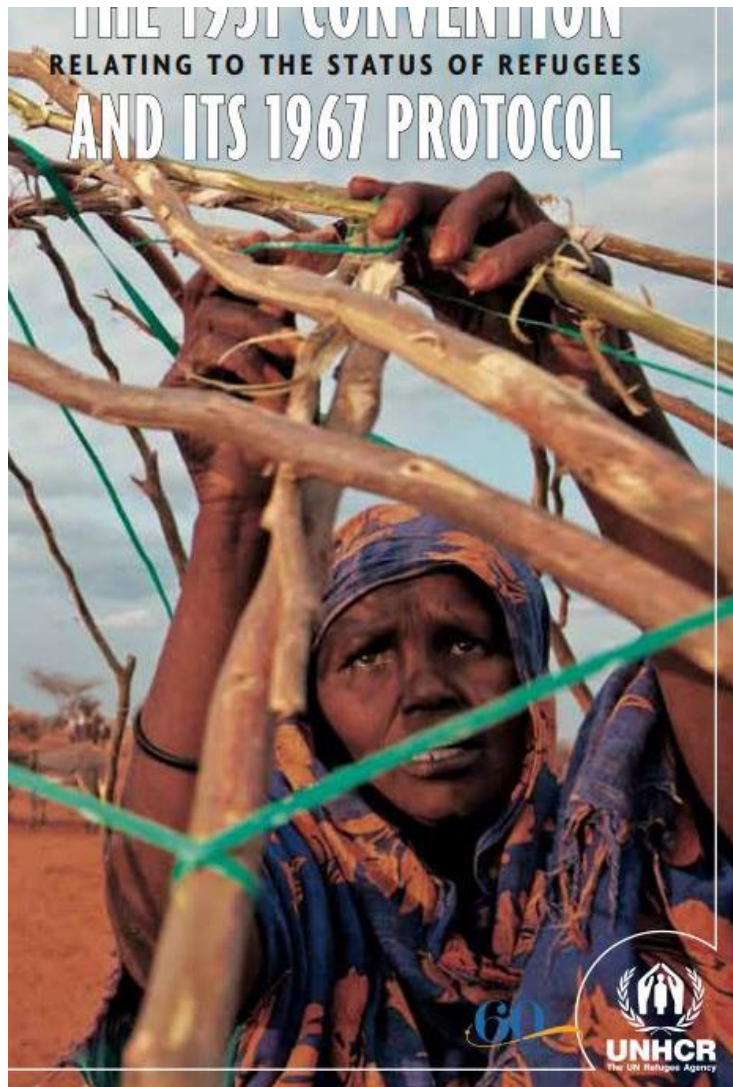
✓ I have no conflicts of interest.

CONTENT WARNING

- This presentation includes cases drawn from Dr. McCann's clinical experiences.
- Names and certain details have been changed to protect the identities of those described.
- The clinical material and related discussion may reference experiences of refugees, including but not limited to:
 - war experiences of civilians, civil war, witnessed war crimes
 - sexual assault, physical assault, food and water deprivation
 - prolonged exposure to environmental elements including wildlife
 - enslavement and human trafficking
 - questionable adherence to standards for the treatment of refugees
 - instances of discrimination in violation of US policy.

OBJECTIVES


- Define some important terms and distinctions relevant in working with refugees and the displaced
- Provide an overview of the mental health needs of the displaced
- Describe the importance of understanding the nature of the conflict or emergency that led to displacement
- Examine the impact of pre- and post-displacement trauma on mental health
- Illustrate the importance of understanding the rights, obligations, and legal protections of displaced persons




The 1951 convention and 1967 protocol established rights and protections for refugees. One or both have been accepted by 148 countries.

A **refugee** is someone outside their country who has a fear of being persecuted due to race, religion, nationality, membership of a particular social group, or political opinion in their country. They can no longer assume they are under the protection of their country and fear persecution if returned.



A photograph of a busy community center or office. In the foreground, a woman in a pink shirt is seated at a table, looking towards the camera. Another woman in a light-colored shirt is leaning over the table, writing on a document. In the background, several other people are standing and talking. A woman in a white vest with a Red Cross logo is visible. There are signs on the wall, including one that says "TO RECEIVE MAIL" and another that says "INFORMATION". A cardboard box with the number "27431" is visible on the left. The overall atmosphere is one of active assistance and support.

A DISPLACED PERSON IS FORCED TO LEAVE THEIR HOME BUT IS STILL WITHIN THEIR COUNTRY'S BORDERS. DISPLACEMENT CAN BE DUE TO NATURAL AND HUMAN-CAUSED DISASTERS, WARS AND OTHER CONFLICTS, RIOTS, OR OTHER VIOLENCE.

A person is sitting at a desk, filling out several forms. The person's hands are visible, holding a pen and writing on the papers. The background is a blurred office setting. The text is overlaid on the image in a dark blue color.

A person **seeking asylum** is applying for the right to be recognized as a refugee and receive legal protection and material assistance. An asylum seeker must demonstrate that their fear of persecution in their home country is well-founded.

MENTAL HEALTH OF REFUGEES

- PTSD and depression receive the most research
- Complicated grief
- Explosive anger
- Dissociation
- Anxiety
- Somatic symptoms



Carlsson and Sonne, 2018

A Case Study

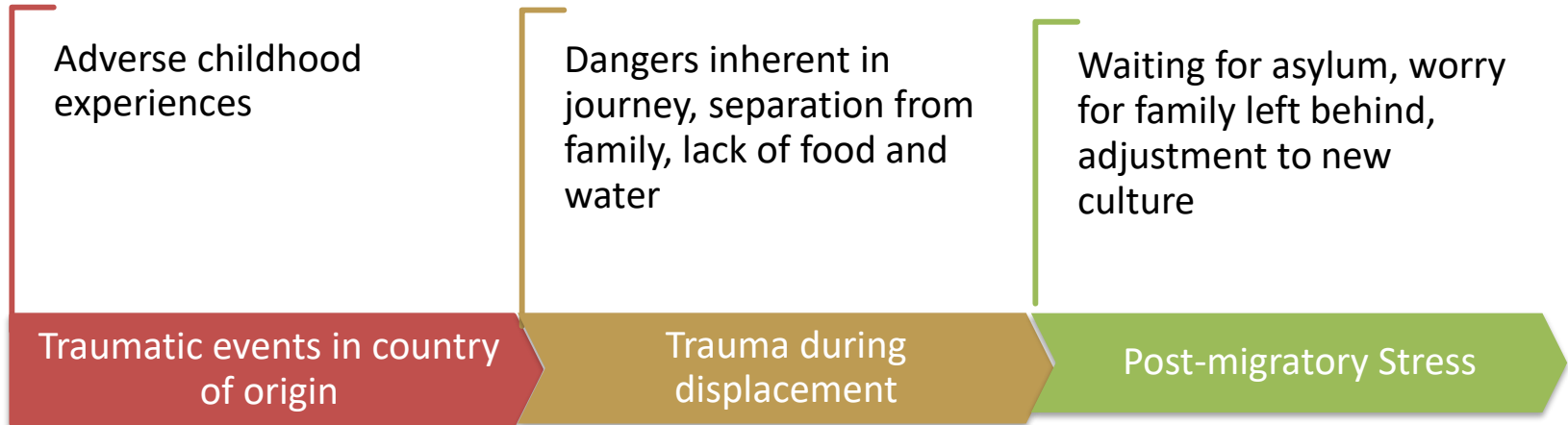


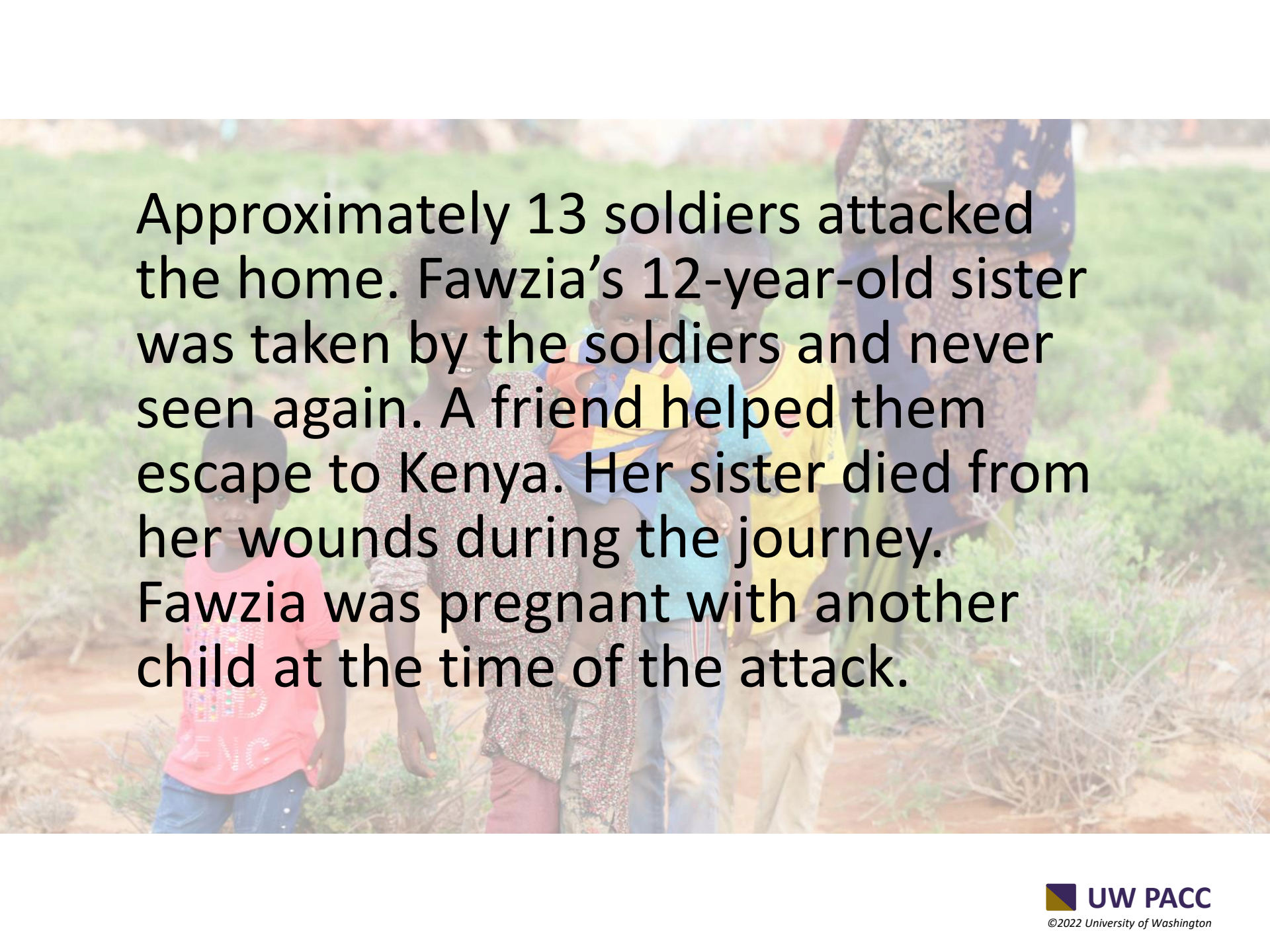
Fawzia was a 38 yo woman referred for PTSD in 2000. In 1991, 13 United Somali Congress Soldiers invaded the home of her parents while she and others were gathered there. Fawzia, her mother, and sister were sexually assaulted by 3 of them in front of their children. The soldiers brutally beat and murdered her father, husband, and three brothers.

What are some things you want to know about in your evaluation?

Please unmute yourself to respond or type your responses in the chat box.

SIGNIFICANT STRESSORS CAN OCCUR AT MULTIPLE POINTS DURING DISPLACEMENT



A group of children, including a young girl in a pink shirt and a boy in a blue shirt, are walking in a dry, outdoor setting. The background shows sparse vegetation and a dirt path. The text is overlaid on the image.

Approximately 13 soldiers attacked the home. Fawzia's 12-year-old sister was taken by the soldiers and never seen again. A friend helped them escape to Kenya. Her sister died from her wounds during the journey. Fawzia was pregnant with another child at the time of the attack.

THE TRIP TO KENYA WAS A HARROWING TRIP BY BOAT OVER SHARK-INFESTED WATERS. MANY PEOPLE SUCCUMBED TO SHARK ATTACKS.





Fawzia and her 5 children lived in a refugee camp in Kenya from 1991-1998. She remarried there and had 3 more children. She also cared for her sister's 4 orphaned children.

In 1998 she relocated to the US with her two youngest children. The other children were relocated to the Netherlands.

INITIAL SESSION WITH FAWZIA

- Seen with the aid of a Somali-speaking interpreter.
- Fawzia exhibited constricted and tearful affect, held her face in her hands when describing the assault, was fidgety and restless, and had poor concentration. It was upsetting to her to review the details of the attack on her family.
- Her symptoms included insomnia, weight loss, irritability, headaches, fatigue, nervousness, exaggerated startle, and avoidance. Her symptoms were triggered by seeing dark-skinned Somali men.

What are some additional things that come to mind at this point?

Please unmute yourself to respond or type your responses in the chat box.

ADDITIONAL THINGS TO THINK ABOUT WHEN WORKING WITH REFUGEES:

- Separation from family members can last years with no certainty of when the separation will end.
- The host country where asylum is sought may be fraught with tensions among displaced groups.
- Interpreters may experience trauma from patients' stories. Interpreters and patients may come from vastly different backgrounds.
- Patients may perceive the therapist as one of many officials in the host country who must be convinced of the veracity of their stories in order to gain asylum.
- Refugees may perceive the therapist as a powerful person who can attest to their experiences.





MR. NGUYEN WAS A 70-YEAR-OLD MAN REFERRED FOR DEPRESSION. HE WAS STUDYING FOR THE PRIESTHOOD IN VIETNAM BEFORE FLEEING THE COUNTRY BY A SMALL BOAT MANY YEARS AFTER THE FALL OF SAIGON. MR. NGUYEN AND HIS FELLOW PASSENGERS WERE SEVERELY DEHYDRATED AND WITHOUT FOOD WHEN THEY WERE PLUCKED FROM THE SOUTH CHINA SEA BY A DUTCH SHIP IN 1986.

MR. NGUYEN'S FELLOW CHURCH GOERS DO NOT KNOW HE WAS STUDYING TO BE A PRIEST. HE FEELS THEY WOULD NOT BELIEVE HIM. MOST OF THEM ARRIVED IN THE US OVER A DECADE BEFORE HE DID. HE DOES NOT EVEN OWN A BIBLE IN HIS NATIVE LANGUAGE.



ASHA WAS A 28 YO WOMAN OF THE OROMO PEOPLE OF ETHIOPIA. HER FATHER WAS INVOLVED IN PROTESTS ABOUT THE HUMAN RIGHTS VIOLATIONS OF THE OROMO PEOPLE. SHE HAD BEEN KIDNAPPED AND SEXUALLY ASSAULTED A FEW DAYS AFTER HER FATHER WAS MURDERED IN FRONT OF THEIR HOME. SHE MADE HER WAY TO THE US TO SEEK ASYLUM HERE.

ASHA WANTED ME TO SPEAK WITH HER IMMIGRATION ATTORNEY, WHICH I DID. SHE GAVE ME PERMISSION TO PROVIDE HIM WITH A LETTER DESCRIBING WHAT SHE TOLD ME OF HER EXPERIENCES IN ETHIOPIA, WHICH I DID.

ASHA DID NOT RETURN TO THERAPY AFTER I PROVIDED THE LETTER.

SUBSEQUENT SESSIONS WITH FAWZIA

- We initiated Prolonged Exposure therapy. Her children, nieces, and nephews were still in the Netherlands.
- Fawzia responded well to several sessions of Prolonged Exposure Therapy for PTSD. We then worked on behavioral activation for depression.
- Fawzia had the same interpreter for her sessions with me. The interpreter was a professional woman working in Mogadishu who fled the country by travelling west over land. I debriefed her after especially intense sessions with Fawzia.
- Many months after we concluded treatment, Fawzia's children and nieces and nephews were all reunited with her in the US.

OTHER APPROACHES TO TREATMENT

- Narrative Exposure Therapy (NET) – trauma-focused, lifespan approach; emphasis on advocacy
- CBT that is culturally sensitive
- Cognitive processing therapy (CPT)

Neuner, Elbert, & Schauer, 2018;
Hinton & Patel, 2018

SUGGESTIONS ON WORKING WITH THE DISPLACED:

- Learn the history of the conflicts they experienced.
- Listen with cultural humility.
- Do not assume that all was fine before they were displaced.
- Consider ways in which adjustment to the US are impacted by the new and old communities surrounding them.
- The asylum process can lend an air of mistrust to therapy. It is important to remain aware of this.
- NEVER assume they are “better off” because they are in a “better” country.





THANK YOU.