# Refugee Trauma

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# VICARIOUS TRAUMA

# Compassion Fatique

# Self-Care of Helpers!

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December 2015

# What makes my life safe and meaningful?

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# Then trauma strikes!

- We are suddenly no longer in control of what is happening around us
- We begin to feel vulnerable
- Our world is no longer safe and secure
- We can't make sense of what is left over
- The meaning of life that was present just a short while before is gone
- Life is no longer fair and just.

# TRAUMA- WOUND OF THE SOUL

*"Psychological trauma is the experience and psychological impact of events that are life-threatening or include a danger of injury so severe that the person is horrified, feels helpless, and experiences a psychophysiological alarm response during and shortly following the experience" (Schauer et all. 2011)*

# Three experiential elements during trauma:

1. a devastating physical and/or emotional **pain**;
2. a horrifying experience of total **helplessness**, and
3. a **lack of empathy**.

# Two types of trauma:

- Type I:
- TypeII:

# REFUGEE TRAUMA

**Traumatization**

extreme, painful experiences, which are so difficult to cope with that they are likely to results in psychological dysfunction both in the short and in the long term.

**Uprooting**

experience of being forced to leave one's familiar surroundings, and to settle in a new and unfamiliar environment for an indefinite period.

Brings stress and can cause various long lasting adjustment problems.

(Van der Veer, 1998)

# Refugees' triple traumatization

**1. Trauma in home country**

Killings, torture, other violence, persecution, discrimination, 'missing' relatives,

**2. Trauma during flight**

Separation & Loss from usual surroundings/family/ friends/work/social status… dangerous, costly, unpredictable journey. Refugee camp trauma (harsh living conditions, limited economic opportunities, restricted personal control)

**3. Trauma in new country**

Distrust/insecurity, language/cultural barriers, discrimination/marginalization, helplessness.

(Van der Veer, 1998)

# GRIEF

## MOURNING

is **normal** grief reaction: feeling sadness, loneliness, helplessness, numbness, anger, guilt, anxiety, yarning. **(Normally takes 1-2 years.)**

**Physical sensations:** hollowness in the stomach, tightness in the throat or in the chest, over sensitivity to noise, weakness and loss of energy, sins of body transformation/depersonalization.

**Cognition:** disbelief, preoccupation, confusion, illusion and hallusination.

**Behavior:** Social withdrawal, absent-mindedness, restless over activity, treasuring and mummifying, crying, sighing, calling out, sleep and appetite disturbances.

**Complicated mourning** prolonged duration of mourning **over 1 year**, severity of symptoms, marked functional impairment, prolonged loss of self-esteem, generalization of guilt, appearance of suicidal behaviour

**Persistent Complex Bereavement-related Disorder** (section III, DSM-V) Persistent yearning, intense sorrow, preoccupation with the deceased/circumstances of the death, reactive distress i.e. difficulty to accept the death, feeling shocked, stunned, numb over the loss, difficulty with positive reminiscing about the deceased, bitterness, anger, self-blame, excessive avoidance or reminders of the loss. Social/identity disruption. The bereavement reaction out of proportion or inconsistent with cultural, religious or age-up norms.

**Adjustment disorder:** emotional/behavioral clinical symptoms in response to an identifiable stressor within three months evidenced by marked distress or functional impairment. Acute: less than 6 months. Chronic: Over 6 months.

## DEPRESSION

**Persistent Depressive Disorder (Dysthymia): Weight and sleep changes, fatigue, loss of self-esteem, feeling of helplessness, difficulty in thinking and concentrating (at least 2 symptoms/ at least 2 years)**

**Major Depression: depressed mood more than two weeks, diminished interest/ pleasure in activity, weight/sleep changes, psychomotor retardation/agitation, fatigue, feeling of guilt and worthlessness, difficulty to think and concentrate, recurrent ideas of death/suicide (at least 5 symptoms with significant distress or impairment)**

# Refugee trauma consequences DSM-V

## Acute Stress disorder (ASD)

**Criteria/Stressor:**

**A** Experiencing, witnessing or being confronted with a traumatic event with intense fear, helplessness, horror.

**B** Dissociative symptoms, persistent re-experiencing the event i.e. flashbacks with intense psychological distress and over reactivity on exposure to cues linked to the event.

**C** Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness**.**

**D** Persistent symptoms of increased arousal

Within 1 month after exposure to the traumatic stressor, duration at least 3 days.

**If someone has ASD more risk for PTSD**

# Post Traumatic Stress Disorder (PTSD)

**Criteria/Stressor:**

**A** Exposed to: death, threatened death, actual/ threatened serious injury/ actual/ threatened sexual violence (Direct exposure; Witnessing, in person; Indirectly, by learning that a close relative or close friend was exposed to trauma.) Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties .

**B Intrusion symptoms:**

- **Recurrent, involuntary, and intrusive memories**.
- **Traumatic nightmares**.
- **Dissociative reactions** (e.g., flashbacks)
- Intense or prolonged distress after exposure to traumatic reminders.
- Marked physiologic reactivity after exposure to trauma-related stimuli.

**C Avoidance**: Trauma-related thoughts or feelings/ external reminders .

**D Negative alterations in cognitions and mood**

- Inability to recall key features of the traumatic event; Negative beliefs and expectations about oneself or the world; distorted blame of self/ others for causing the traumatic event/ for resulting consequences; negative trauma-related emotions
- Markedly diminished interest in (pre-traumatic) significant activities; Feeling alienated from others; Constricted affect: persistent inability to experience positive emotions.

**E Alterations in arousal and reactivity**

- Irritable/ aggressive behavior
- Self-destructive/ reckless behavior
- Exaggerated startle response
- Problems in concentration
- Sleep disturbance

**F Duration:** Persistence of symptoms for more than one month.

**G Functional significance:** Significant symptom-related distress or functional impairment (e.g., social, occupational).

**H Exclusion:** Disturbance is not due to medication, substance use, or other illness.

May have dissociative symptoms (i.e. depersonalization/outside observer/detached from oneself as if "this is not happening to me" or derealization: experience of unreality ie. "things are not real".

**Can be diagnosed 30 days after the traumatic event.**

**Acute: lasts less than 3 months**

**Chronic: lasts 3 months or longer**

**Delayed onset: symptoms first occur after at least 6 months after**

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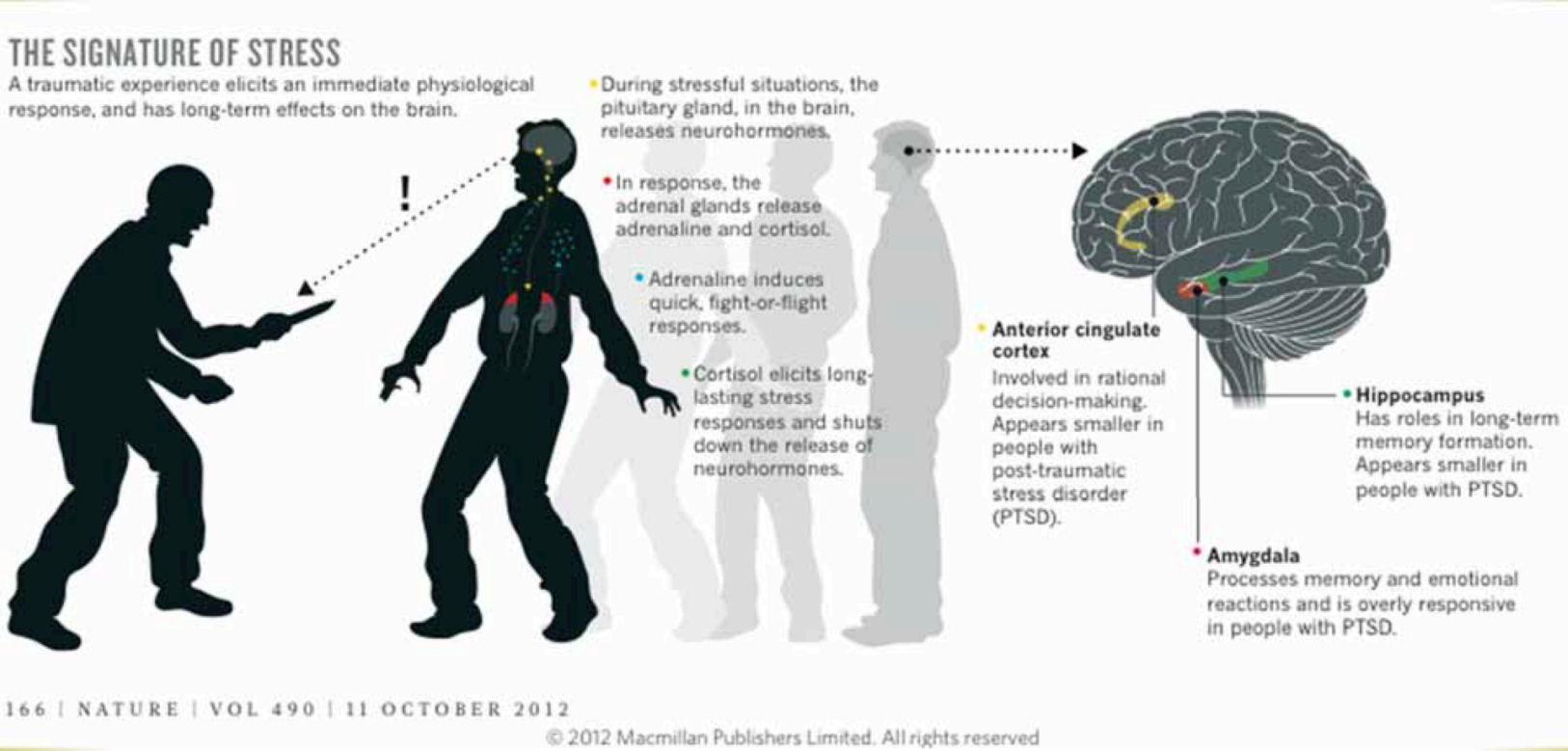


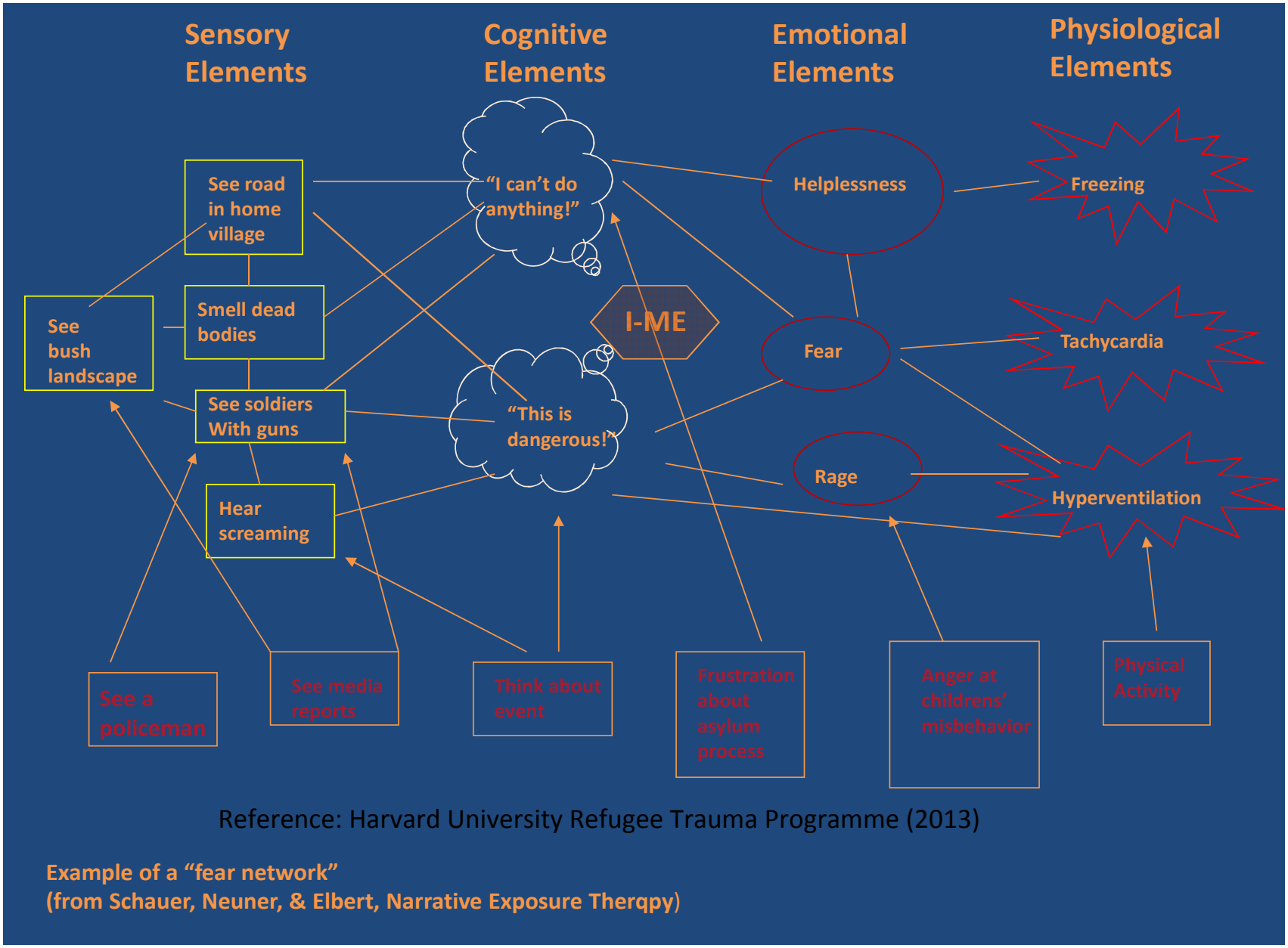

Reference: Harvard University: Global Trauma Refugee Programme (2013)

# **Nightmares** and **flashbacks**

**= Re-Experiencing & re-living the traumatic event**

**1).** Something in the environment (i.e. a certain smell, visual, sound, sensation…) **triggers** (*reminds*) of the trauma memory

**2). Feeling same feelings** (i.e. fear, helplessness, horror..), and **having same physical symptoms** (i.e. heart beat, sweating…) experienced during the original traumatic event.




Reference: Harvard University Refugee Trauma Programme (2013)

**Example of a "fear network"**
**(from Schauer, Neuner, & Elbert, Narrative Exposure Therqpy)**

# How can we help?

- **We can give information:** i.e. what a nightmare or a flashback is? ….that they are typical symptoms after trauma experience.
- These are symptoms that **are a normal result of abnormal experiences.**
- They are related to other symptoms such as concentration problems and forgetfulness.
- That they are no reason for panic.

**Discussion (normalization):**

- diminishes victims fear that they are going mad
- allows them to understand their personal experiences and meanings,
- gives the empowerment.

**Help them to find a therapist/counsellor.**

# Refugee trauma related emotions

- Avoidance/Numbness/dissociation
- Loss of Loving feelings/loss of interest
- Loss of hope/future
- Increased alertness - Suspect danger
- Difficulties focusing attention/memory
- Speechlessness- Not feeling understood- Feeling silenced
- Guilt/self-blame
- Mortal Fear
- Mistrust- fears – paranoia- Loneliness
- Helplessness – lack of empowerment - Despair
- Shame <---- Humiliation → Worthlessness
- Anger – aggression
- Confusion- cultural shock – Partial adaptation/over adjustment

# HOW TO HELP ADAPTATION?

By **communicating our respect for the refugee**, our appreciation of their former social status and for their skills.

By explaining about cultural differences and by giving information about  our systems, values, norms, customs,

By helping with practical issues/ skills needed.

By connecting them with people from our background and from their own background

# Factors impacting how one reacts to a refugee trauma:

- Personal factors
- The preparation time i.e. flight, goodbyes
- Level of violence. Torture and humiliation strongest predictors
- 'Missing' relatives
- The amount of death and devastation witnessed
- The degree of responsibility felt for causing or not preventing the event (guilt)
- Delayed reaction?

# Do all refugees seek help because of psychological problems ?

- No appropriate help available?
- Cultural differences
- Somatic problems only
- Mental problems denied

# WHAT CAN WE DO?

- We can show respect and kindness for them
- We can **empathetically listen** when they want to tell their trauma/survivor story.
- We can acknowledge that they have forces of **self-healing** (resilience).
- We can reinforce the **therapeutic optimism** in survivors
- We can make a clear statement: *"You are not in any way responsible for the violence that has occurred to you. There are no reasons or excuses that can justify these actions."* (Mollica, 2006)
- We can encourage them to help others (altruism)
- If needed, we can assist them to find therapist/ counseling.

# BRING HOPE!!!

- Healing begins with **a choice**
- It takes **courage** not to give in to despair
- To hope is to **imagine and desire again** the very things in life that were once meaningful!
- **All volunteers have the privilege of witnessing this act of courage in refugees!**

# Counseling/therapy needed if…

1. Recurrent/intrusive distressing recollections of the event, including images, thoughts, or perceptions. *In young children, repetitive play may occur in which themes/ aspects of the trauma are expressed.*

2. Recurrent distressing dreams of the event. *In children, there may be frightening dreams without recognizable content.*

3. Acting or feeling as if the traumatic event were recurring (includes a sense of re-living the experience, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). *In young children, trauma-specific reenactment the trauma in play.*

4. Intense psychological/physiologic distress at exposure to internal/external cues that symbolize/ resemble an aspect of the traumatic event.

5. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness:

-Effort to avoid thoughts, feelings, or conversations associated with the trauma/ Effort to avoid activities, places, or people that arouse recollections of the trauma.

-Inability to recall an important aspect of the trauma.

-Markedly diminished interest or participation in significant activities.

-Feeling of detachment or estrangement from others.

-Restricted range of affect (e.g., unable to have loving feelings).

-Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).

6. Persistent symptoms of increased arousa): Difficulty falling or staying asleep; Irritability or outbursts of anger; Difficulty concentrating; Hyperarousal; Exaggerated startle response.

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