

**Trauma and Distress of Immigrant and
Refugee Families:
The Journey of Strengths, Resilience and
Healing**



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Migration Process

Pre-migration condition

- Have time to prepare
- More options
- Have proper documents
- Have more resources
- Have time to say good bye to family and friends
- May have experienced trauma
- Based economics/ country
- of origin internal conflict

Refugees

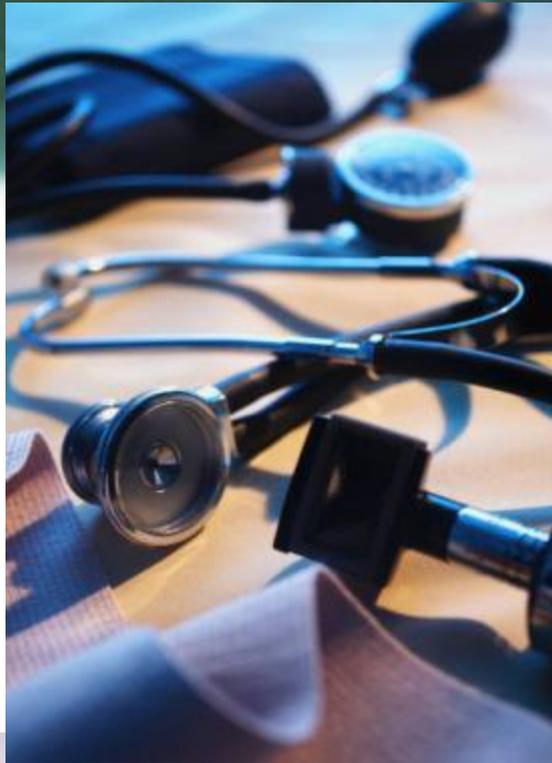
No time to prepare to leave
No options/ leaving for survival
May not have documents due to survival at the time of leaving
May have no time to say good bye to family and friends
May have experienced traumatic conditions or events
Based on humanitarian reasons

Migration/ Post Migration

- Migration time may take many months or years
- People may live in different countries (acquire different skills/languages)

Hopes /expectations upon arrival:

- a) hope for medical care/ cure for illness
- b) find peace (trauma re-emerges)
- c) fast integration to employment
- d) learn fast



Life in a Refugee Camp

- Precarious living conditions
- a. water b. food supply is scarce
- Constricted living space
- Common space vrs personal space
- No adequate medical care : lack of resources for supporting physical/mental health (1 hospital/ 8 refugee camps)





REFUGEE DISPLACED COMMUNITIES

- Families are in survival stage for short/long period of time
- Families may be grieving the lost of family members
- Families may be dispersed in different displaced communities and not know about other family member's where about.
- Food, water, safety is the priority vrs. education, play, arts
- Refugees may be experiencing trauma/stress/mental health illness
- No access to work/ or to earn an income



What is Trauma?

“Is when we have encountered and out control, frightening experience that has disconnected us from all sense of resourcefulness, safety, coping, or love.”

Tara Brach, 2011

Trauma Informed Tool Kit, 2nd Edition, Klinik Manitoba

http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

PTSD and Trauma Symptoms

- Post-traumatic stress disorder symptoms may start within three months of a traumatic event, but sometimes symptoms may not appear until years after the event. These symptoms cause significant problems in social or work situations and in relationships.
- PTSD symptoms are generally grouped into four types: intrusive memories, avoidance, negative changes in thinking and mood, or changes in emotional reactions.
- **Intrusive memories**
- Symptoms of intrusive memories may include:
 - Recurrent, unwanted distressing memories of the traumatic event
 - Reliving the traumatic event as if it were happening again (flashbacks)
 - Upsetting dreams about the traumatic event
 - Severe emotional distress or physical reactions to something that reminds you of the event.

Avoidance

Symptoms of avoidance may include:

Trying to avoid thinking or talking about the traumatic event

Avoiding places, activities or people that remind you of the traumatic event

Negative changes in thinking and mood

Symptoms of negative changes in thinking and mood may include:

Negative feelings about yourself or other people

Inability to experience positive emotions

Feeling emotionally numb

Lack of interest in activities you once enjoyed

Hopelessness about the future

Memory problems, including not remembering important aspects of the traumatic event

Difficulty maintaining close relationships

Changes in emotional reactions

Symptoms of changes in emotional reactions (also called arousal symptoms) may include:

Irritability, angry outbursts or aggressive behavior

Always being on guard for danger

Overwhelming guilt or shame

Self-destructive behavior, such as drinking too much or driving too fast

Trouble concentrating

Trouble sleeping

Being easily startled or frightened

Reference: The Mayo Clinic



Trauma Informed Context & Cultural Sensitivity Intake, Assessment and Treatment.

Principles

Acknowledgement of trauma

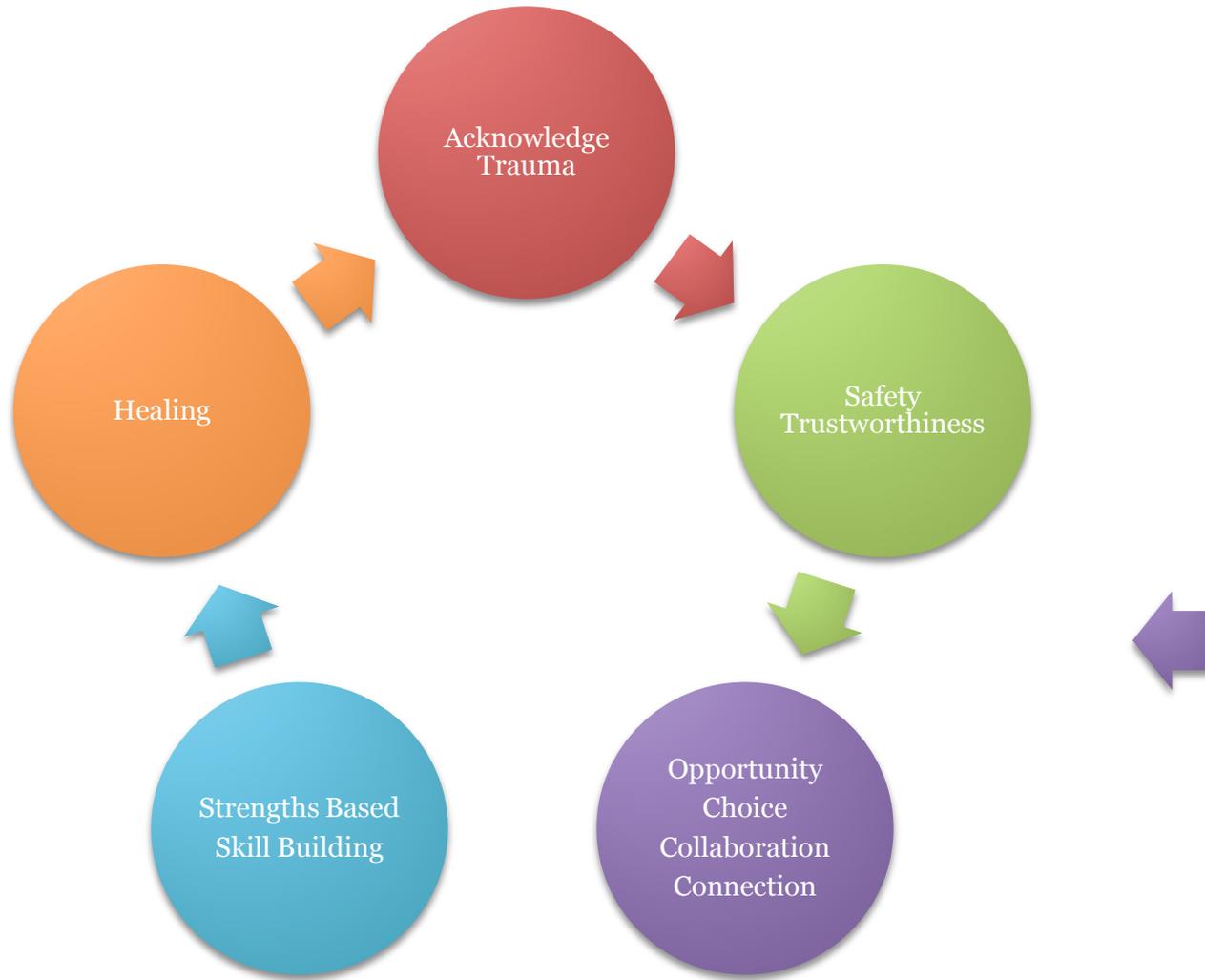
Emphasis on safety and trustworthiness

Opportunity for choice, collaboration and connection

Strengths based and skill building

These principles are important in every stage of the process: intake, assessment, treatment

Restoring Health and Wellbeing



Nurturing the Roots of Resilience, Strengths & Psychological Wellbeing



“Resilience, is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress, such as family and relationship problems, serious health problems or workplace or financial stressors. It means, “bouncing back” from difficult experiences.”

Keys to Family Resilience

Belief Systems

Making Meaning of Crisis & Challenge

Positive Outlook: Hope

Transcendence & Spirituality

Organizational Resources

Flexibility / Stability

Connectedness; Leadership

Kin, Social, & Economic Resources

Communication Processes

Clear, consistent messages

Emotional Sharing; Humor / Joy/ respite

Collaborative Problem-solving / Proaction



BELIEF SYSTEM

Making Meaning of Crisis & Challenge
Positive Outlook: Hope
Transcendence & Spirituality



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Nurturing Resilience through:

- Developing structure and routine
- Creating/connecting with community
- Remembering skills, talents
- Developing a vision for the future
- Honoring the past, honoring the future
- Learning new skills
- Connecting with internal and external sense of trust
- Getting familiar with own neighborhood
- Re-connecting with customs, traditions, spiritual meaning
- Developing a sense of belonging, and contribution to the common good
- Volunteering





References

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Walsh, F. (2006). Strengthening Family Resilience. 2nd Edition Guilford Press
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Pictures/Images
Picserve.org



THANKS



Quote

- In the 1990s, the Balkan wars created hundreds of thousands of refugees and asylum-seekers. Many of them found refuge in industrialized countries. Today, the surge in armed conflicts around the world presents us with similar challenges. our response has to be just as generous now as it was then – providing access to asylum, resettlement opportunities and other forms of protection for the people fleeing these terrible conflicts.

António Guterres, UN High Commissioner for Refugees

- UNHCR Asylum Trends 2014. Page 8
- <http://www.unhcr.org/statistics/2014AsylumTrends.zip>

