

THE PSYCHOLOGICAL IMPACT OF WAR TRAUMA IN REFUGEES

Sandra Mattar, PsyD
School Health Academy, Northeastern University
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OBJECTIVES

1. Describe psychological symptoms prevalent among refugees impacted by war
2. Discuss the psychological characteristics of the refugee experience
3. Describe trauma-informed, culturally responsive and mindful interventions in working with refugees



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THE IMMIGRANT/REFUGEE EXPERIENCE

"And how am I to face the odds
Of man's bedevilment and God's
I, a stranger and afraid
In a world I never made"

A. E. Housman



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WILL MY LIFE EVER BE THE SAME?



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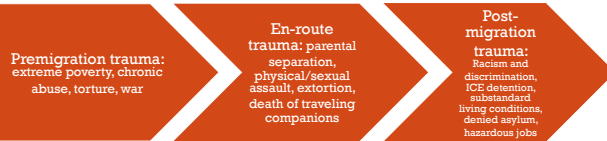


Source:



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TRAUMA AND THE EXPERIENCE OF IMMIGRATION



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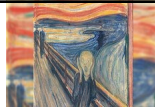
PSYCHOLOGICAL IMPACT OF WAR IN NON-COMBATANT POPULATIONS

- **Civilian stressors:**
 - Life threat and witnessing death of loved ones
 - Witnessing beatings, rapes, torture, and mock executions
 - Forced displacement or confinement in one's home
 - Restricted access to food, water, electricity and other necessities
 - Financial hardship
 - Multiple moves
 - Stressors experienced in refugee camps
 - Family separations
 - Destroyed or damaged infrastructure (including internet)
 - Cumulative effect of previous wars
 - Loss of social networks
 - Physical exposure to war-related pollutants



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TRAUMA-DEFINITION



- **Trauma** refers to events or experiences that are shocking and overwhelming, typically involving major threat to the physical, emotional, or psychological safety and well-being of the individual victim(s) and loved ones and friends (as well as to others)
- **Traumatic responses** refer to responses that occur after exposure to traumatic events
- **Traumatic stress:** overstimulation of the stress response system.
- **Toxic stress:** excessive and prolonged state of activation of the stress response system.
- **PTSD:** psychiatric disorder.

(Sage & Browne, 2017)



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PTSD-EPIDEMIOLOGY



- While exposure to traumatic events is quite common (61% among men and 51% among women), PTSD is quite low in general
- About 6 out of every 100 people (or 6% of the population) will have PTSD at some point in their lives.
- About 15 million adults have PTSD during a given year. This is only a small portion of those who have gone through a trauma.
- About 8 of every 100 women (or 8%) develop PTSD sometime in their lives compared with about 4 of every 100 men (or 4 %)

• Source: https://www.ptsd.va.gov/understand/common/common_adults.asp



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WHAT IS TRAUMATIC?... IT IS NOT NECESSARILY WHAT YOU THINK

- Family separation
- Discrimination due to racism and xenophobia
- Cultural norms and expectation
- Not being able to fend for yourself
- Religion and spirituality
- Disenfranchised grief and grief overload
- Political environment of the host country
- Fear of deportation



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CHILDHOOD TRAUMA, AFFECT DYSREGULATION, AND PSYCHIATRIC COMORBIDITIES

- Research clearly shows associations between childhood traumatization, emotional dysregulation, and psychiatric co-morbidities in children, adolescents and adults.
- Affect dysregulation, defined as the impaired ability to regulate and/or tolerate negative emotional states, and has been associated with interpersonal trauma and PTSD
- Exposure to traumatic events and interpersonal trauma in childhood is associated with a wide range of psychosocial, developmental, and medical impairments in children, adolescents and adults, with emotional dysregulation being a core feature that may help to account for this heightened risk

• Source: Dvir Y, Ford JD, Hill M, Frazier JA. Childhood maltreatment, emotional dysregulation, and psychiatric comorbidities. *Harv Rev Psychiatry*. 2014;22(3):149-161. doi:10.1097/HRP.0000000000000014



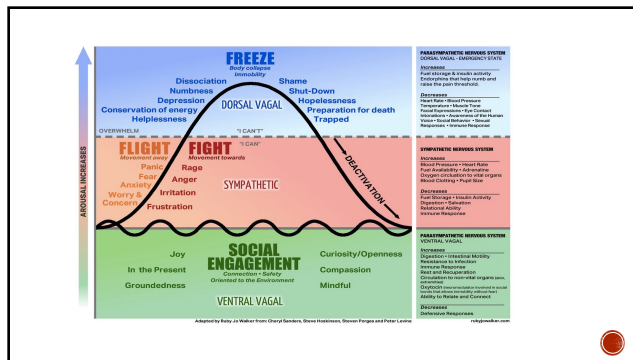
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- "The most important factor that determines how children are going to basically survive and go forward after a war experience is the nature of the adults who are caring for them. "If the parents and the caregivers are significantly traumatized, they can't provide that sense of support. The adults' needs become critically important to protect the children."

J. Shonkoff, 2022 (Center on the Developing Child-Harvard University)



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SOMATIC SYMPTOMS AND PTSD

- Somatic symptoms are frequently related to PTSD
- Posttraumatic stress can exacerbate pain by
 - increasing arousal,
 - elevating muscle tension,
 - promoting vigilance to pain sensations, and
 - exaggerating negative appraisals about the severity of the pain experience

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ADULTS: PTSD AND GENERALIZED ANXIETY DISORDER



- PTSD sx's:
 - Disturbances in sleeping patterns
 - Feeling irritable
 - Feelings of anger outburst
 - Having trouble focusing
 - Extremely vigilant
 - Being easily startled or feeling jumpy
 - Vivid nightmares
 - Avoidance of people and places that remind you of the trauma
 - Loss of hope for the future
- GAD sx's:
 - Extreme worries and anxiety
 - Trouble sleeping
 - Body tension and headaches
 - Irritability
 - Restlessness
 - Trouble focusing
 - Easily tired or frustrated

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HOW DOES TRAUMA LOOK LIKE IN YOUTH?

SAMHSA, 2020

- Scared of noises, touch, strangers
- Hypervigilance
- Lack of sleep
- Dissociation
- Difficulty concentrating
- Hyperactive/fidgeting
- Irritability
- Aggressive behaviors
- Lack of attachments
- Difficulty making friends
- Shyness
- Non-verbal/ selective mutism
- Clinginess
- Bed accidents
- Under- or over-eating
- Family coercive cycles

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TRAUMA-INFORMED CARE

TIC is a strengths-based service delivery approach “that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment”

(Hopper, Bassuk, & Olivet, 2010, p. 82).

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TRAUMA-INFORMED CARE

Trauma Responsive Care

Responding to others in a way that promotes a culture of safety, empowerment, and healing.

Cultural Humility

Maintaining an interpersonal stance that is open to the most important aspects of the "other's" cultural identity.

Source: <https://www.soulbirdconsulting.info/trainings>

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INTERVENTION GOALS

- Restore safety and sense of control
- Restore attachment and connection
- Facilitate grief and mourning
- Restore identity, meaning, dignity and purpose
- Reduce shame, guilt, and mental health stigma

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SUPPORTING REFUGEE CHILDREN/YOUTH IN SCHOOL SETTINGS

- Understand and recognize stressors
- Understand the effect of trauma on school functioning
- Provide trauma-sensitive support at school and consider mental health referrals
- Understand challenges related to acculturation
- Understand family stressors and views (stigma) on mental health care
- Identify at-risk children/youth and plan interventions
- Engage and empower families
- Stop any harassment, anti-immigrant feelings or bullying

Source: National Association of School Psychologists (<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources-for-schools/supporting-at-risk-students>)

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SUPPORTING REFUGEE CHILDREN/YOUTH IN SCHOOL SETTINGS

Questions to ask yourself about your interventions:

- **Safety:** Does this cultivate a sense of safety?
- **Respect:** Am I, and others, showing respect?
- **Trust:** Does this build trust?

Trauma-informed nursing practice

- Introduce yourself and your role to avoid confusion
- Use open, non-threatening body position
- Help patients know what to expect during a visit with you
- Ask before touching



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SOME THINGS TO WATCH OUT FOR...



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EFFECTIVE SUPPORT



- "I had a girl the other day who was coming up with a stomachache, or headache, or something pretty much every day. Finally, I said to her, 'Is it really hard to listen to English all day long?' She goes, 'yes.' I said, 'That can make you have a stomachache...it could make you feel stressed.' I said, 'I understand. It's hard. It's really hard.'" (School nurse)
- "When she is depressed, she is not able to do her schoolwork...And we talked about receiving an intervention that will improve her academic output. And the family embraced that."
- "Sometimes my dad yells, because we don't have enough food in the house. And I'm worried." Kim responded, "This is a very hard time, but those are adult issues...and we'll work with your mom and dad to make you safe."
- "The SNs touched on the pride of newly arrived families and discussed honoring boundaries even when they knew the child could benefit from help (e.g., not offering clothing or food to families who are not receptive to handouts.)"

Source: Brady, J. A., Oude-Luttikhuis, M. L., Burke, P. J., Lee, C. B., Hayward, E. E., & Duffy, L. V. (2013). Experiences of school nurses caring for newly arrived immigrant and refugee children. *International Journal of Educational Research*, 53(4), 521-530.



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RESOURCES

- 1) <https://www.edutopia.org/article/harnessing-power-storytelling-support-migrant-and-immigrant-students>
- 2) <https://www.globalcognition.org/cross-cultural-misunderstandings/>
- 3) <https://www.communitypsychology.com/trauma-informed-responses/>
- 4) <https://www.nea.org/professional-excellence/student-engagement/trauma-informed-enclosure-text=Supporting%20students%20who%20suffer%20from.%2C%20behavior%2C%20and%20school%20safety>
- 5) <https://psychiatryonline.org/doi/epub/10.1176/appi.aip-rj.2017.120702>
- 6) Samara M, Hammuda S, Vostanis P, El-Khodary B, Al-Dewik N. Children's prolonged exposure to the toxic stress of war trauma in the Middle East *BMJ* 2020; 371 :m3155 doi:10.1136/bmj.m3155



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THANK YOU!

• smatter@bu.edu



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