Mental Health Series

REFUGEE MENTAL HEALTH

VOL. II Issue 1

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MUSLIMS FOR HUMANITY

ICNA Relief

MUSLIM FAMILY SERVICES

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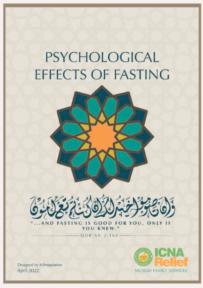
https://cambridgemuslimcollege.academia.edu/AṃberHaque

MENTAL HEALTH SERIES **VOL.1**

Booklet 1



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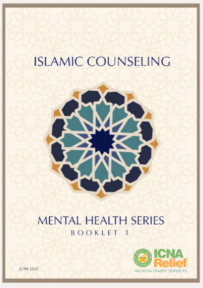

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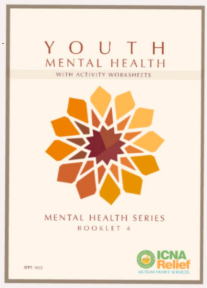

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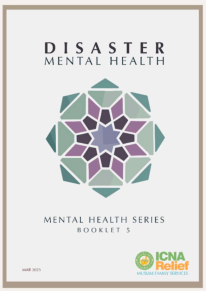

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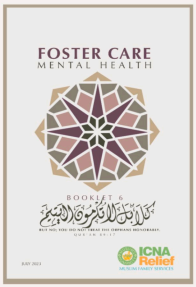

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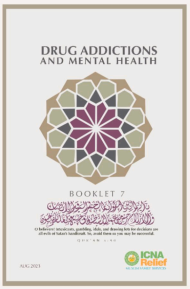

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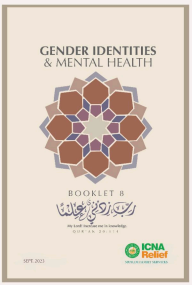

Booklet 8

https://icnarelief.org/mfs/resources/

Why this booklet?

The increasing number of refugees worldwide has resulted in an untold mental health crisis that is often unknown or overlooked by the larger community. From persecution in their home countries to the challenges of resettling in a new country, it brings numerous stressors for the refugees and displaced persons. This booklet creates awareness of refugee mental health needs, treatments, cultural issues, and Islamic perspectives that would inform the readers in assisting the needy refugees.

Disclaimer

The views expressed are the author's own and not necessarily the opinion of ICNA Relief.

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WHO IS A REFUGEE?

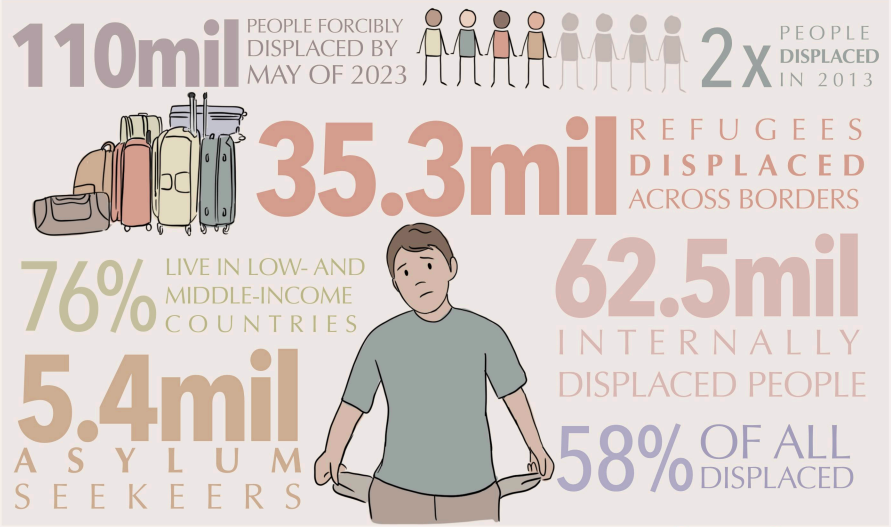
Refugee is a legal term used for persons fleeing their home country to escape persecution due to race, religion, nationality, or membership of a particular group. Refugees get international protection because it is too dangerous for them to return to their own countries.

WHY DO PEOPLE BECOME REFUGEES?

When people are displaced from their home countries due to war, armed conflicts, political violence, and related threats, they may become refugees. Most refugees, asylum seekers, unaccompanied minors, and survivors of forced displacement do not receive mental health care.

REFUGEE STATISTICS

As of May 2023, more than 110 million persons were forcibly displaced worldwide. This marks the largest ever single-year increase in forced displacement in UNHCR's records.



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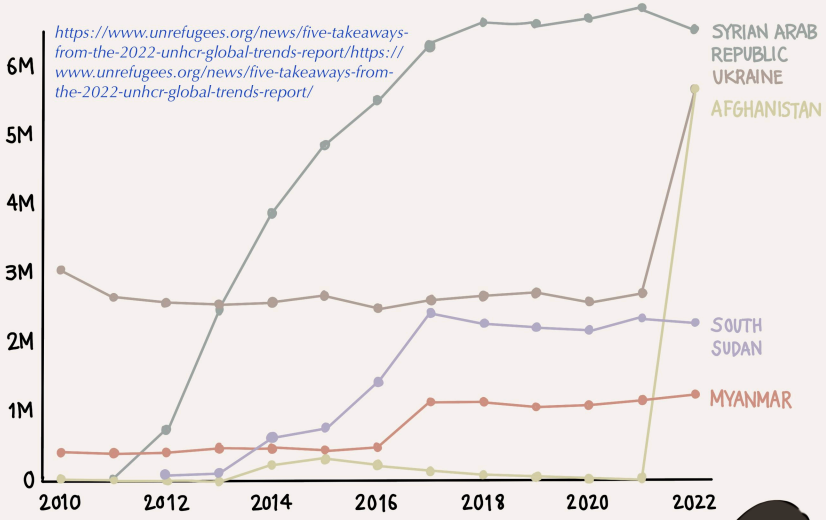
NUMBER OF REFUGEES BY ORIGIN: TOP 5 COUNTRIES 2010-2022

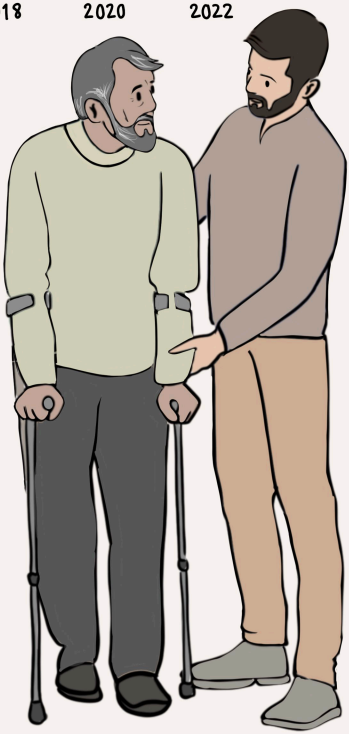


REFUGEES IN AMERICA

Refugee resettlement to the U.S. is generally offered to the most vulnerable refugees. This includes women and children at risk, older people, survivors of violence and torture, and those with acute medical needs.

Refugees do not choose where they would like to live. UNHCR, the UN Refugee Agency, identifies the most at-risk refugees for resettlement and then makes recommendations to select countries.

Once a refugee is recommended to the U.S. for resettlement, the U.S. government conducts a thorough vetting of each applicant. This process takes between 12 and 24 months.



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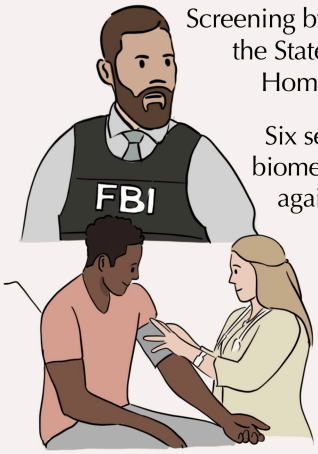
This includes:

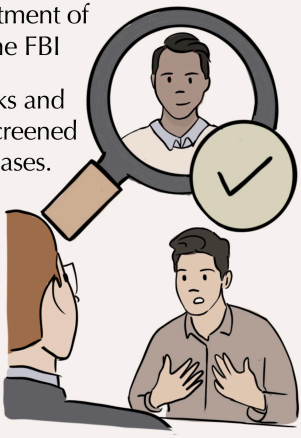


Screening by eight federal agencies including the State Department, Department of Homeland Security, and the FBI

Six security database checks and biometric security checks screened against U.S. federal databases.

Medical screening.

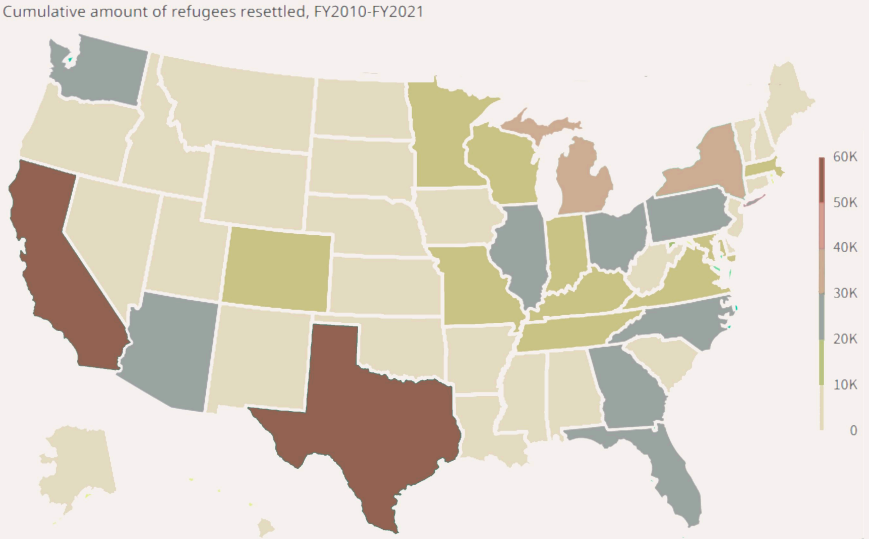
Three in-person interviews with Department of Homeland Security officers.



https://www.unrefugees.org/refugee-facts/usa/

MORE STATISTICS ON REFUGEES ENTERING THE US:

Between 2010 and 2021, 19% of refugees coming to the US were resettled in Texas and California.



https://usafacts.org/articles/where-do-refugees-resettle-in-the-us/
https://usafacts.org/articles/how-many-refugees-are-entering-the-us/
https://www.statista.com/statistics/247061/number-of-refugees-arriving-in-the-us-by-country-of-nationality/
https://www.pewresearch.org/short-reads/2019/10/07/key-facts-about-refugees-to-the-u-s/

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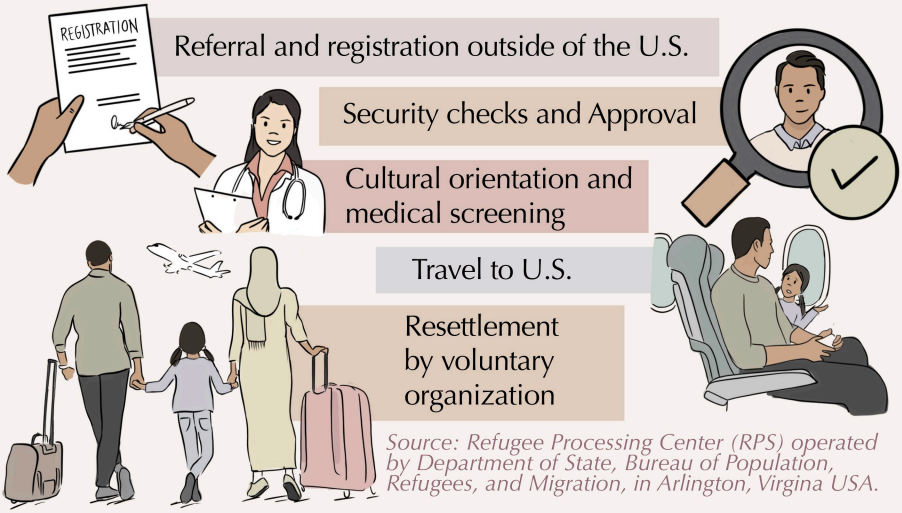
RESETTLEMENT PROCESS FOR U.S.-BOUND REFUGEES



Source: Refugee Processing Center (RPS) operated by Department of State, Bureau of Population, Refugees, and Migration, in Arlington, Virgina USA.

A REFUGEE'S JOURNEY

Before arriving in a host country, refugees go through many stages and experience trauma at almost every level until they settle permanently. No new place can be the same as their home and the trauma of forced migration could persist throughout their lives.

Premigration: The stage when life in a refugee's home country is extremely difficult due to violence and persecution. Refugees may have lost their belongings, family members, and children may have suffered many traumas.

Migration or flight: Travel outside their home countries can be dangerous. Sometimes, it may be risky to leave one's homeland during wars, persecution, or secrecy. Some family members may have died or been left behind. There could also be risks of medical emergencies, detention, violence, lack of food and other life necessities, etc.

Post-Migration: It may take months or years to resettle because there are challenges of housing, work, and social services. Some research shows that post-migration stressors may have a greater impact on long-term mental health than pre-migration factors. All this puts a physical and psychological strain on each family member.

Settlement: Settlement is when a refugee finds legal status, housing, and work permit in a country. Knowing the language in a new country, enrolling children in school, finding work, and adapting to an entirely new culture can be difficult. Countries that accept the refugees may give minimal assistance for a few months to barely get by, and then the refugees are on their own.

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DISPLACEMENT CATEGORIES

Besides refugees and internally displaced persons, other categories include:

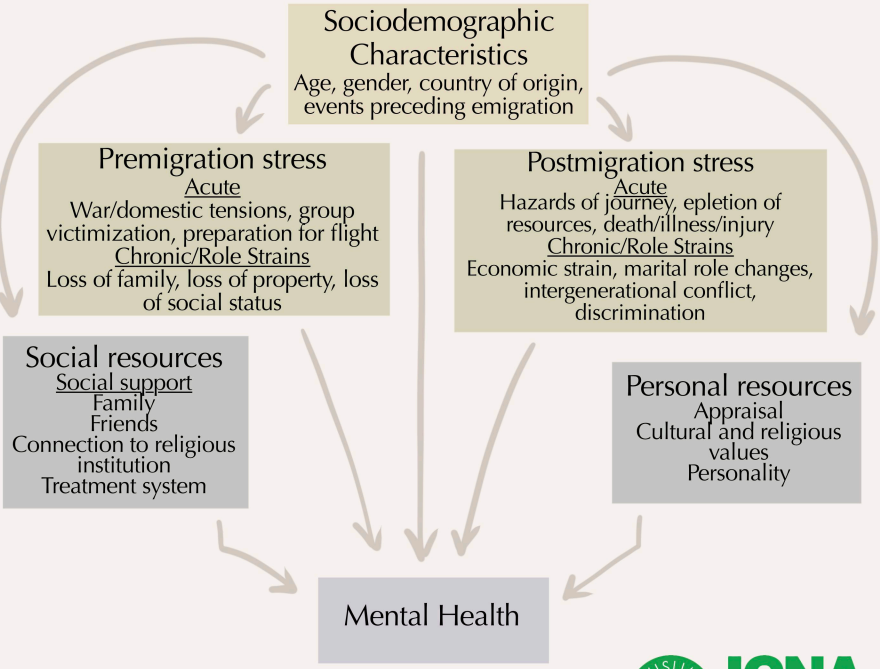
Asylum Seekers—those who escape their country for reasons due to conflicts and persecution and applied for sanctuary in another country.

Forcibly Displaced Youth—minors who are displaced from home. Over 43 million children were displaced in 2022.

Unaccompanied Minors—minors separated from their parents and arrive in another country without any known adults. The government decides their placement.

https://data.unicef.org/topic/child-migration-and-displacement/displacement/
https://www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement

STRESSES AND MENTAL HEALTH



Each case and mental health needs are different based on the above factors

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ETHICAL CONSIDERATIONS IN WORKING WITH REFUGEES

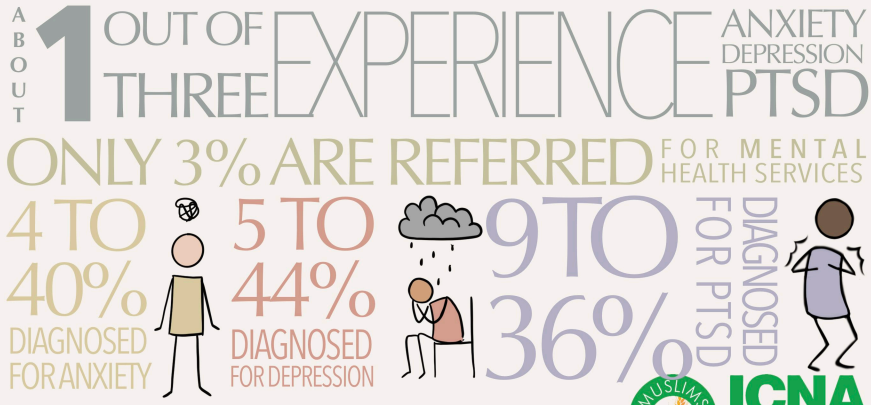
One needs a deep sense of passion to work with refugees. Without genuine compassion, the worker cannot be effective. In addition to knowing basic counselor skills of active listening, trustworthiness, and empathy, those who work with the refugees also need the following:

- Respect refugee rights, values, and beliefs.
- Respect privacy, safety, and autonomy.
- Be genuine in approach and services.
- Be kind but make no promises.
- Learn about refugee culture as much as possible.
- Understand nonverbal cues that vary from culture to culture.
- Know how to advocate for refugees.
- Aim towards refugee self-sufficiency.
- Follow ethical guidelines of own and other organizations.
- Be familiar with legalities and privileges for refugees.
- Make sure the refugees are not exploited by anyone and in any way.
- Get training where needed.

REFUGEE MENTAL HEALTH

Many refugees may not be aware of the following:

- They have stress and trauma from their experiences at home and during the journey leaving home permanently.
- Signs of trauma or symptoms of anxiety and depression and availability of services in the host country.
- It is okay to talk about psychological stressors and seek help.



ANXIETY AND DEPRESSION

It is natural for refugees to worry about many things, including their family, housing, money, and challenges in their new life. Anxieties arising from such situations can interfere with daily activities.

For many refugees, it is expected to lose interest in activities they once enjoyed, and even the people closest to them cannot make them feel better, so depression can be devastating. Given the cultural factors, it is often hard to detect the onset of anxiety, depression, and post-traumatic stress disorder (PTSD). Some can be very resilient, but others may suffer when treatment is available.

POST-TRAUMATIC STRESS DISORDER

PTSD is one of the most common disorders experienced by refugees. It is a group of symptoms experienced after exposure to a traumatic event like assault, disaster, violence, etc. The victim of a trauma may be unable to control the memories of past events, become triggered by similar events, and depending on the severity, may lose touch with reality. Untreated, PTSD can lead to severe depression, substance use, or suicidal behaviors.

Avoid thinking/ talking of the trauma

Easily frightened and always on guard

Negative mood and thoughts

Flashbacks and difficulty focusing

Avoid places/people/ activities that remind of the trauma

Aggressive behavior

Substance abuse

Insomnia and nightmares

Persons experiencing complex trauma may exhibit more varied and severe symptoms of PTSD. Thus, a new category of Complex PTSD was incorporated in the International Classification of Diseases (ICD-11, 2019).

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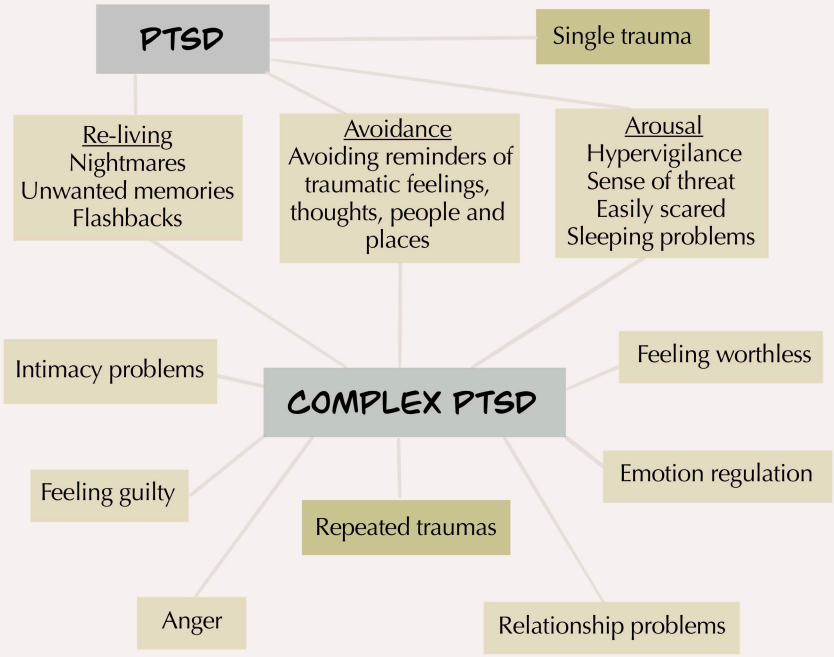
Persons with C-PTSD can have more than PTSD symptoms, including issues with emotional regulation, negative sense of self, and relationships. Research shows that brain changes are more severe in people with CPTSD compared with PTSD.



The good news is that PTSD is treatable, and symptoms show a reduction over time. However, without treatment, the victims of PTSD experience or exhibit symptoms for many years.

GRIEF

Displaced persons are also affected by grief. Many refugees lost loved ones or are uncertain of the fate of their family members. Without support, they may experience prolonged grief that can lead to adverse mental health consequences. Prolonged grief is diagnosed when grief becomes disabling beyond one year following bereavement.

SENSE OF ALIENATION AND SUICIDAL IDEATION

Many refugees feel isolated, as living in a new place and meeting new people speaking different languages can be challenging. They require continued reassurance while rebuilding their lives. In general, there is considerable evidence that trauma exposure is not only related to mental health problems but to suicidal ideation as well. Some research shows up to one-third of the population experiencing suicidal ideation within two weeks of coming to a new country.

SUBSTANCE USE DISORDER

For refugees not aware of the dangers of illegal substances, getting into the habit of using substances is possible, mainly because of trauma histories and depression. Refugees may use substances to cope with trauma related to negative experiences of war, displacement, and violence. Substances may also be used to cope with separation from family, the stress of finding employment, and adapting to a new culture.

Psychosis In a meta-analysis study, refugees had a higher chance of developing schizophrenia and non-affective psychosis. Women refugees have an increased risk of psychosis when they are pregnant or postpartum.

SOMATIZATION

Many refugees are unable to express how they are feeling, and some are unlikely to say they are afraid, have anxiety, or other mental health issues. This could be personal for some, and for others, this could be a part of their culture, where they don't talk about mental health or resilience is expected at all costs.

Physical symptoms of emotional distress may include headaches, stomachaches, pain, insomnia, GI issues, etc. Children are more likely to present physical symptoms that could be indicative of underlying emotional disorders that warrant assessment. Generally, higher levels of somatization are reported among Asian people than among Westerners. The National Child Traumatic Stress Network (NCTSN) captures the following major areas to assess the emotional conditions in children:

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culture, age, family, and providers.

https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Refugees.pdf
https://www.nctsn.org/sites/default/files/resources/fact-sheet/understanding_refugee_trauma_for_mental_health_professionals.pdf
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003337

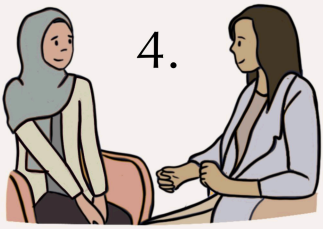
MENTAL HEALTH SCREENING

As discussing mental health is a taboo in many cultures, the following points may be helpful in deconstructing stigma.

1. Start with physical issues first and address emotional issues to avoid turning away the client from services.

2. Educate clients about mental health when they are willing to listen.

3. Share resources on mental health statistics specific to refugees.



4. Focus on preventive programs at primary care, schools, and work.

It is important to address the basic necessities and resettlement issues before addressing mental health, unless of course, it is an emergency like suicidal ideation or a mental health crisis.
Guideline for mental health screening of refugees by the Center for Disease Control (CDC):

1. History on type and severity of trauma/abuse and physical or mental disorders associated with traumatic behaviors.
2. Client interview on symptoms, functionality, suicidal ideation, etc.
3. Screening with standardized tests to reach a likely diagnosis.
4. Screen for substance abuse and educate about possible legal consequences of these behaviors in the US.
5. Mental health management and referral as needed.

The above steps are slightly adapted from CDC guidelines. It is important to note that the use of culturally appropriate tests taken in the client's own language may be more meaningful as people from other cultures express their mental disorders in ways that mainstream methods cannot detect. Using trained and experienced interpreters is important for refugees who cannot communicate in English.

https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health-screening-guidelines.html

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SPECIALIZED MENTAL HEALTH SCREENING FOR THE REFUGEES:

CTEI: Communal Traumatic Events Inventory
CTI: Comprehensive Trauma Inventory
HTQ: Harvard Trauma Questionnaire
NMRSCL-121: New Mexico Refugee Symptom Checklist
PDS: Posttraumatic Stress Diagnostic Scale
SLESQ: Stressful Life Events Screening Questionnaire
TLEQ: Traumatic Life Events Questionnaire
WTQ: War Trauma Questionnaire
WTS: War Trauma Scale
https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-016-0024-5

MORE TOOLS

Check emotional distress in refugees*: https://switchboardta.org/resource/refugee-health-screener-15-rhs-15-packet/*
How to have a dialogue with refugees about counseling: *https://ethnomed.org/resource/refugee-health-screener-15-rhs-15-packet/*
Wellness and emotions check: *WE-Check: https://www.health.state.mn.us/communities/rih/guide/10mentalhealth.html*
Emotional Symptoms Check: *https://hprt-cambridge.org/screening/harvard-trauma-questionnaire*

WHO RESPONSE TO REFUGEE MENTAL HEALTH

The World Health Organization (WHO) developed a Global Action Plan (2019-2023) to promote the health of refugees. This plan describes priorities and principles to promote the health of refugees and to contribute to achieving the aim of the 2030 Agenda for Sustainable Development – to leave no one behind.

The plan recommends priorities and options for action by the Secretariat in coordination and collaboration with the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR), and other relevant partners.

KEY THEMES FOR REFUGEE MENTAL HEALTH

- Community Support
- Meeting refugees' basic needs and security
- Removing stigma for mental health care
- Assessment and treatment for trauma experiences
- Easy access to mental health care

https://www.who.int/health-topics/mental-health
https://iris.who.int/bitstream/handle/10665/310981/WHO-MSD-19.1-eng.pdf?sequence=1&isAllowed=y
https://www.who.int/publications/i/item/9789240049338
https://www.who.int/publications/i/item/9789240081840
https://www.who.int/news-room/commentaries/mental-health-conditions-in-conflict-situations-are-much-more-widespread-than-we-thought

PSYCHOLOGICAL THERAPIES WITH REFUGEES

One reason besides stigma why refugees may not seek therapy is because it is different from their culture, mindset, and worldview. Also, mainstream screening methods may not detect trauma or distress properly. It is important that any therapy is aligned with the client's culture of origin, and this could be a real challenge for the mental health system.

Trauma-focused talk therapy

This is effective for treating all age groups with PTSD symptoms. Therapists often use cognitive behavior therapy (CBT) and narrative exposure therapy (NET) when working with these clients.

Another form of therapy is called Trauma Systems Therapy for Refugees or TST-R and was developed for treating children and youth by addressing social and environmental factors that could be driving traumatic stress problems.

Stress-Traumasymptoms-Arousal-Regulation-Treatment (START) is yet another intervention of five-week duration focusing on stabilization and emotional regulation of extremely stressed youth and minor refugees. Persons experiencing complex trauma or a combination of emotional, physical, and sexual abuse, including witnessing violence, traumatic loss of a family member, medical trauma, etc., it is treated by a culturally sensitive method called Integrated Treatment for Complex Trauma (ITCT).

https://www.nctsn.org/interventions/trauma-systems-therapy-refugees
https://www.frontiersin.org/articles/10.3389/fpsyt.2020.585250/full
https://www.tandfonline.com/doi/abs/10.1080/10926771.2012.722588

Cognitive Behavior Therapy

In cognitive behavior therapy (CBT), therapists challenge their clients' negative beliefs related to trauma. For example, a client may believe he did not deserve to survive a bombing since his family was not spared. A counselor can help the client understand that this situation was not within one's control. Through CBT, counselors can guide clients through traumatic memories while letting them know they are now safe.

Narrative Exposure Therapy

With narrative exposure therapy (NET), counselors help clients reframe and understand their traumatic experiences. The idea behind NET is that we tend to believe the stories we tell ourselves.

In NET, clients focus on their entire life story. They are encouraged to talk about their trauma while incorporating positive memories and beliefs to regain self-respect and value. Studies have shown NET to decrease symptoms of PTSD and depression.

Unlike most other psychological interventions, NET can be delivered by trained nonprofessional community members and is especially advantageous for cultures that value oral tradition and storytelling.

https://www.psychologytools.com/resource/narrative-exposure-therapy-net/

Group Therapy

Group therapy may be particularly effective for refugees. In this form of treatment, participants share daily challenges and past traumas with each other under the guidance of a trained facilitator. Through group therapy, individuals build connections, receive support, and feel less isolated.

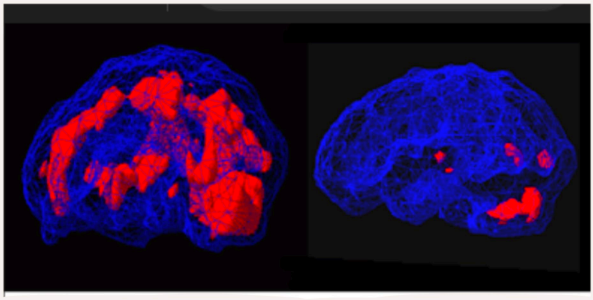
Digital Mental Health

Digital or e-mental health is also shown to be effective for refugees. WHO developed an evidenced-based intervention called Step-by-Step, adapted to the refugee linguistic and cultural contexts, addressing stress management, positive self-talk, and increasing social support. This method has assisted refugees from different backgrounds and countries. See for instance:

https://www.frontiersin.org/articles/10.3389/fpsyt.2018.00663/full

EMDR

Eye Movement Desensitization and Reprocessing (EMDR) Therapy was developed in 1989 for treating PTSD. The client is asked to focus on trauma memory while simultaneously experiencing bilateral (left-right) eye movements following the therapist's fingers. Research shows that this method is effective in reducing emotions associated with trauma memories as it changes the way memory is stored in the brain. This treatment uses fewer communication skills and can be more beneficial for persons with language barriers. It is now used to treat different psychological disorders.



Before and after EMDR brain scans

Left photo shows woman with Post Traumatic Stress Disorder. Right photo shows same woman after ninety minute EMDR sessions. The red areas indicate over-activity in the brain. Photo by Dr. Daniel Amen.

https://www.apa.org/ptsd-guideline/treatments/eye-movement-reprocessing

Substance Use Disorders

The concept of substance use disorders may be foreign for many refugees as the use of some substances could be part of their culture and not considered illegal in their country of origin. It is important to educate those who are screened as using substances, as is seen in new refugees, especially the youth. See ICNA Relief Booklet 7 on Drug Addictions and Mental Health: *https://icnarelief.org/mfs/*

FIVE LESSONS FROM 25 YEARS OF RESEARCH ON REFUGEE MENTAL HEALTH

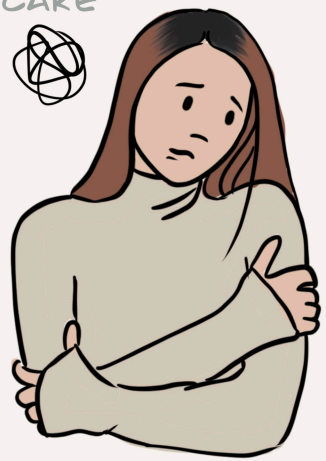
1. Refugee mental health is affected by their current life circumstances, so focus on the here and now, which is as important as past traumatic experiences.
2. Focus on loss and grief resulting from past trauma.
3. Trained community members can effectively implement mental health intervention plans for the refugees.
4. To support the mental health of children, it is essential to support the parents and teachers.
5. Respecting the dignity of refugees is essential for their improved mental health.

Research emphasizes that to begin healing from the pain of being a refugee, it is essential for counselors and helpers to meet the refugees face to face, person to person, and human to human. When we reduce refugees to be aid recipients, we deny them their dignity and their capacity to collaborate in making their new lives and new settings.

https://www.psychologytoday.com/us/blog/the-refugee-experience/202310/5-lessons-for-supporting-the-mental-health-of-refugees

BARRIERS TO MENTAL HEALTH CARE

- Misconceptions about mental health.
- Stigmatization of mental illness.
- Avoid seeking services due to psychiatric labels.
- Fear of being linked to adverse outcomes during resettlement.
- Fear of emotional abuse from partners for seeking mental health care.
- Lack of culturally sensitive practices for mental health care.
- Lack of confidentiality from interpreters involved in the health care process.
- Experiencing shame from family members and neglect from the community.



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STIGMA REDUCTION TECHNIQUES

Talk openly about mental health

Self-education and sharing with others what we know

Avoid using terminologies in a derogatory way

Treat physical and mental health equally

Show compassion for those with mental illness

Choose empowerment over shame

Be honest about treatment

Let the media know when they are being stigmatized

Don't harbor self-stigma

https://www.nami.org/Blogs/NAMI-Blog/October-2017/9-Ways-to-Fight-Mental-Health-Stigma

More ways of stigma reduction:

- Increased mental health awareness campaigns, primarily through social media.
- Make mental health assessment a part of the annual physical exam.
- Increased advocacy in schools and at the workplace.
- Understand refugee culture in clinical practice—use culturally adapted therapies.
    - o Does the client feel understood by the therapist?
    - o Does the client agree with the diagnosis and proposed treatment?

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WAYS TO PROMOTE MENTAL HEALTH CARE

• Provide clear information on mental health care privileges and where to receive such services, e.g., through primary care, refugee centers, schools, and cultural or religious centers.
• Outreach to at-risk groups (e.g., single mothers, unaccompanied minors, vulnerable youth—those without work or school, seniors, etc.).
• Availability of language interpreters and free or affordable care.
• Culture-centered care.
• Engaging multiple sectors and systems (e.g., law enforcement, social services, and education) to facilitate mental health provision and support as needed.
• Social integration through community involvement, paid work, and psychosocial support.

TRAUMA-INFORMED CARE (TIC)

TIC refers to either trauma-based treatment (e.g., CBT) or a systems-level approach that provides care sensitive to clients' needs. TIC begins with the understanding that the impact of trauma can be on refugees or anyone helping them. TIC includes three elements: Realizing the prevalence of trauma, recognizing how trauma affects everyone, and responding accordingly.

The six principles of TIC, as described by the Center for Disease Control (CDC), are: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical, and gender issues.

SIX GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Center for Preparedness and Response (CPR, in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. Ine training aimed to increase responder awareness of the impact that

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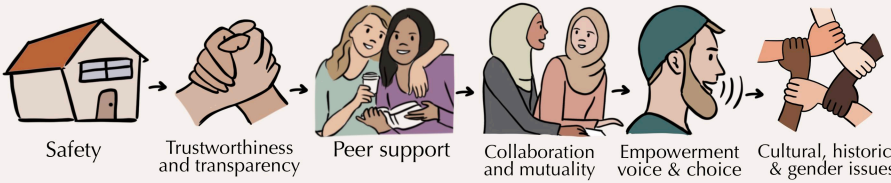
trauma can have in the communities where they work.
Participants learned SAMHSA'S six principles that guide a trauma informed approach, including:



https://www.samhsa.gov/sites/default/files/trauma-informed-care-operating-plan.pdf
https://www.thenationalcouncil.org/service/trauma-informed-resilience-oriented-equity-focused-systems/
https://hprt-cambridge.org/?page_id=69
https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html

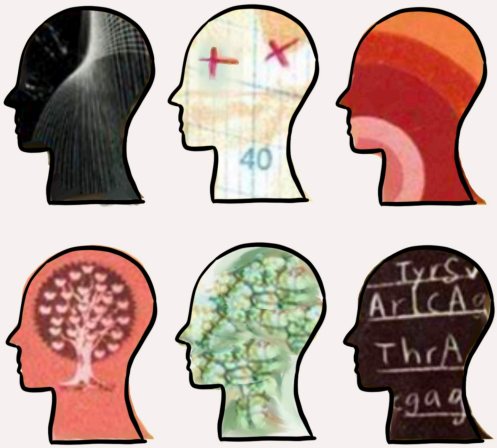
SUPPORTIVE COMMUNITIES

Many refugee issues including mental health can be minimized and addressed by simply having a readily available community that resolves issues at hand, rather than assuming that every refugee needs mental health treatment. The following services can help the refugees a lot:

- Interpreter services and offering ESL classes
- Support in job-seeking
- Guidance with social services
- Social and other support groups
- Family-friendly spaces
- Assistance in religious/cultural services

CULTURE AND MENTAL HEALTH

Every culture has a different way of looking at mental health. While in some cultures, mental health challenges are seen as a sign of weakness, in others, it is not viewed as a healthcare problem or believed that it is within each person's control. These views can make it harder for refugees struggling with issues to talk about mental health openly, and it negatively affects their decision to seek help.



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When looking for mental health treatment, most people feel comfortable talking to someone who can relate to their experiences and situations. For some minorities, finding resources that address their particular cultural factors and needs can be challenging, so open communication with a supportive family and caring community is important.

Refugees from Muslim-majority countries often attribute their mental health symptoms to the evil eye, magic, or jinn, concepts alien to Western culture. A published article by the booklet's author discusses how counselors can work with Muslim clients:

http://dx.doi.org/10.1080/17542863.2013.794249

CULTURAL FORMULATION INTERVIEW

This brief (16-item) semi-structured interview enables mental health workers to get information on the client's culture and views of mental health, enabling individualized treatment plans. The interview focuses on cultural identity, concepts of illness, resilience, concepts of the relationship between the client and therapist, and an overall cultural assessment for culturally appropriate management and intervention.

https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/DSM-5-TR/APA-DSM5TR-CulturalFormulationInterview.pdf

CULTURALLY SENSITIVE APPROACH

- Skills Training of Affect Regulation-A Culturally Sensitive Approach (STARC).
- Culturally informed care delivery.
- Culturally tailored health promotion, prevention, and support.
- Religious support for refugees from Muslim countries.
- Art Therapy with Children.

https://www.dhs.wisconsin.gov/international/afghan-health-resources.htm
https://www.cambridge.org/core/journals/bjpsych-open/article/afghan-mental-health-and-psychosocial-wellbeing-thematic-review-of-four-decades-of-research-and-interventions/EF8325AD5ADBE20F91C84811B43EE260
http://www.refugeeone.org/uploads/1/2/8/1/12814267/burma_culture_guide.pdf
https://conservancy.umn.edu/bitstream/handle/11299/185235/guides_somali.WEB_a.pdf?sequence=1
https://www.countrynavigator.com/wp-content/uploads/2022/03/UKRAINE_Introduction_Ukrainian-Culture.pdf
https://brycs.org/clearinghouse/6537/

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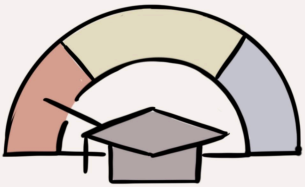
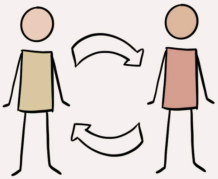
ISSUES WITH WOMEN REFUGEES

While some issues are common for both men and women, the latter may suffer more in following areas depending on where they come from:



Low educational levels

Limited job skills



Role reversal

Single parenthood

Childcare issues

Cultural differences in disciplining children

Immediate problems for all refugees are a new environment, new language, new system, new culture, and often no friends or family. There is also a loss of established relationships, social networks, social status, employment, and qualifications, resulting in grief.
Additional issues are coping with culture shock, rebuilding a support network, and coping with discrimination and racism. This may lead to losing faith in oneself and self-esteem, restriction of life's goals and happiness.

For married women from many countries, it's a role reversal, especially for those who came as a refugee without their husbands. Such women are now the breadwinner and also for those whose husbands cannot find work. This affects family relationships. Mothers also worry about transforming the culture values of their children in schools and a concern for their children potentially engaging in relationships before marriage.

An issue rarely addressed is the issue of rape or sexual violence against refugee women during war, migration, or in camps. The implications of such victimization of women refugees and children are beyond the scope of this booklet, but counselors working with women and children should address this issue.

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Another neglected issue is intimate partner violence as a result of factors including unemployment, poverty, separation from families, mobilization restrictions, gender roles, etc. The counselor should be aware of culturally shaped attitudes that may enhance intimate partner violence and educate refugees about local laws, practices, and ways of handling family disagreements positively.

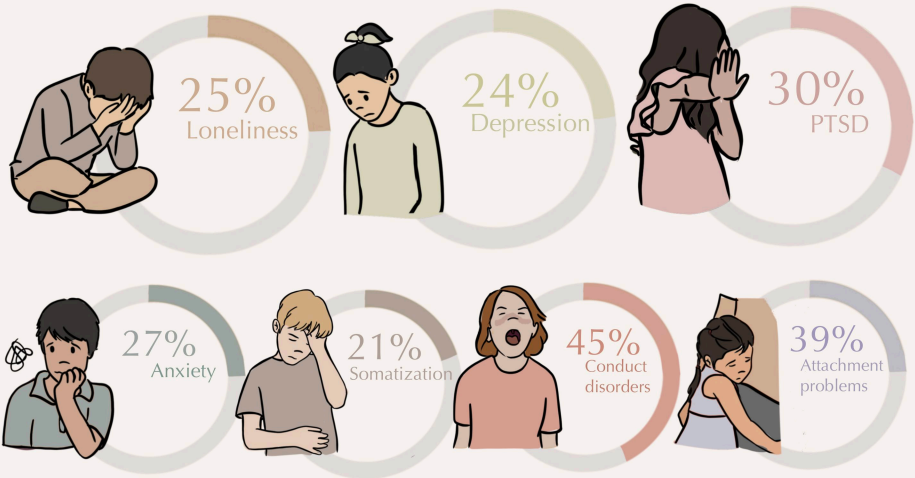
A POEM BY A FEMALE AFGHAN REFUGEE IN THE UK

In this country people are honest
but in our country people are hospitable
We love and respect our parents very much
and we never feel lonely
but we are lonely here.
Even English people are lonely here
They live with their pets.

https://link.springer.com/book/10.1007/b99490

REFUGEE CHILDREN

Children younger than 18 represent more than half of the total refugees globally (UNHCR, 2019). As most of the refugee children grew up in war-torn countries or camps, their stressors could also be very traumatic. Research shows that child refugees are more at risk of developing mental problems than adult refugees. The most common symptoms in children are as follows:



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Two issues particularly challenging with children are finding the difference between males and females, accompanied versus unaccompanied children, younger versus older children, and lack of screening tools specifically for children, making reliable psychological diagnosis difficult.

Assessment and interventions should focus on the following:

- Cultural and linguistic adaptation
- Mental health training for parents, teachers, social workers, community leaders in detection and referral of children to mental health professionals.
- A supportive and inclusive environment
- Trauma-focused support in schools and cultural centers

Ways to promote resilience in children and adolescents:

- Positive family relationships
- Sense of belonging
- Social support from friends and community
- Engagement in education
- Optimism
- Sense of identity
- Adaptation to a new culture while keeping one's values

School-Based Interventions

Teaching Recovery Techniques (TRT) is a brief five 2-h session for children over eight years old and survivors of wars and conflicts and can be taught by teachers at school. This psychosocial intervention educates children about their symptoms and coping skills.

Common elements in therapies for children

A recent study found ten common elements in therapies given to children and adolescents:

Psychoeducation, relaxation, recording critical experiences, traumatic recollection, exposure, homework, cognitive shifting, sharing the trauma story with others, future perspectives, and termination.

https://www.apa.org/international/global-insights/refugee-children-challenges
https://www.smithsonianmag.com/science-nature/child-refugees-pose-unique-challenge-mental-health-practitioners-180959676/
https://www.tandfonline.com/doi/full/10.1080/10926771.2016.1231149

REFUGEE HEALTH PROMOTION PROGRAM

The Refugee Health Promotion Program (RHP, 2023) funds grant recipients to provide direct services to promote newcomers' health and well-being routinely and during times of crisis, including mental health support. RHP services may be provided to individuals eligible for Office of Refugee Resettlement (ORR)-funded services for up to five years. The Refugee Mental Health Initiative (ReMHI) seeks to build capacity to address the mental health needs of refugees.

https://www.acf.hhs.gov/sites/default/files/documents/orr/pl_20_05_rhp_transitions_to_rss6_1.pdf
https://www.acf.hhs.gov/sites/default/files/documents/orr/orr-pl-22-06-refugee-mental-health-initiative-within-the-refugee-health-promotion-program-2021-12-08.pdf
https://www.acf.hhs.gov/orr/programs/refugees/rhp

THE SCIENCE OF CARING

Scientific evidence proves that compassion (sensitivity to other's sufferings and a sincere desire to help) makes a critical difference in the worst moments of one's life. Research shows that heart patients receiving emotional support were more likely to survive heart attacks beyond six months, and terminal cancer patients when treated with compassion, enjoyed a higher quality of life, and modulated the experience of physical pain. Studies also prove that even 40 seconds of compassion reduces patient anxiety. ***Does 40 seconds of compassion make a difference in the lives of refugees? See the answer below:***

https://switchboardta.org/blog/could-40-seconds-of-compassion-make-a-difference-for-resettled-refugees/
https://ascopubs.org/doi/abs/10.1200/JCO.1999.17.1.371

Research also shows that "When we focus on others, our world expands. Our problems drift to the periphery of the mind, and so seem smaller, and we increase our capacity for connection – or compassionate action." -- Daniel Goleman, *Social Intelligence: The New Science of Human Relationships*

Compassion is more than empathy. While empathy is a shared experience of an emotional state with another person, compassion is coupled with a desire to minimize the victim's suffering.
Evolutionary theory explains that similar people are more compassionate to one another. At the same time, some research shows that people from lower class rank can be more sensitive to people in distress and, therefore, more compassionate. Even cultures that emphasize collectivism are associated with more instances of compassion.

Some major universities like Stanford and Emory offer compassion-based training programs.

https://www.psychologytoday.com/us/blog/parenting-neuroscience-perspective/202102/understanding-the-neuroscience-compassion
https://www.compassionateactionnetwork.org/science-of-compassion
https://ggia.berkeley.edu/practice/compassion_meditation

QUR'AN AND THE RIGHTS OF REFUGEES

Stories and difficulties of migration and refugees are mentioned in the Qur'an, including the migration of prophets Adam, Ibrahim, Lut, Yusuf, Musa, and Muhammad (Peace be upon all). The importance of the Prophet's migration to Madinah as a result of persecution in Makkah begins the foundation of the Islamic calendar called hijriyah.

The Qur'an gives instructions for dealing with refugees and migrants and praises those who assist people in such distress (Q. 9:100, 9:117; 59:9). It also entitles refugees and internally displaced persons to certain rights and treatments (Q. 8:72-75; 16: 41) and condemns those whose actions cause people to leave their home countries, describing them as violators of God's laws (Q. 2:84-86).

The Qur'an also establishes rules evolving from the principle of justice (Q. 42:15, 16:90) to give extra support to women and children during migration (Q. 4:2, 9, 36, 75, 98, 127, and 17:34) and declares the rights of women and children taking refuge as same as the rights of women and children of the host country (Q. 8:75). Some verses go to the point of encouraging the faithful to choose migration in certain circumstances (Q. 4:97-99) and promising them rewards in this world and the next (Q. 4: 100). The Qur'an even asks Muslims to grant asylum to non-Muslims when asked and escort them back safely to their homes when appropriate (Q. 9:6). Charities such as Zakat (2.5%) and Sadaqa (optional alms), can be given to the needy, including refugees and asylum seekers.

A hadith sahih states that "Whoever grants respite to someone in difficulty or alleviates their sufferings, Allah will shade them on the Day of Resurrection where there is no shade but His." – Sunan al-Tirmidhi 1306 and Muslim 2699

ICNA RELIEF REFUGEE SERVICES

ICNA Relief Refugee Services Program rebuilds refugee lives by providing a range of resettlement services ensuring transition into a comfortable lifestyle in the American society. A brief sketch of services in 2022:

45,226	1,489	517	28
Refugees served	Homes furnished	Job Placements	Vehicles Provided

https://icnarelief.org/refugee-services/

RESOURCES ON REFUGEE SERVICES

https://www.uscis.gov/humanitarian/refugees-and-asylum/refugees
https://www.state.gov/policy-issues/refugee-and-humanitarian-assistance/
https://support.crs.org/donate/share-journey-3?ms=agibin0923rec00gen01&msclkid=098292b967c11d6689b3f7f7847e56b4&utm_source=bing&utm_medium=cpc&utm_campaign=FD%2BBS%2BAG%2BFR%2BRefugees%20%2B%20High%20Intent&utm_term=organizations%20that%20help%20refugees&utm_content=Refugees%20%2B%20High%20Intent%20%2BOrganization%20%2BDonate
https://www.cfr.org/backgrounder/how-does-us-refugee-system-work-trump-biden-afghanistan
https://refugees.org/
https://www.mcleanhospital.org/essential/refugee-mental-health
https://www.refugeeadvocacylab.org/resources/mental-health-policy-guide
https://www.acf.hhs.gov/orr

PDF copies of all Muslim Family Services Mental Health Booklets are available here:
https://icnarelief.org/mfs/resources/

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