

# Trauma-Informed Care in Refugee Populations

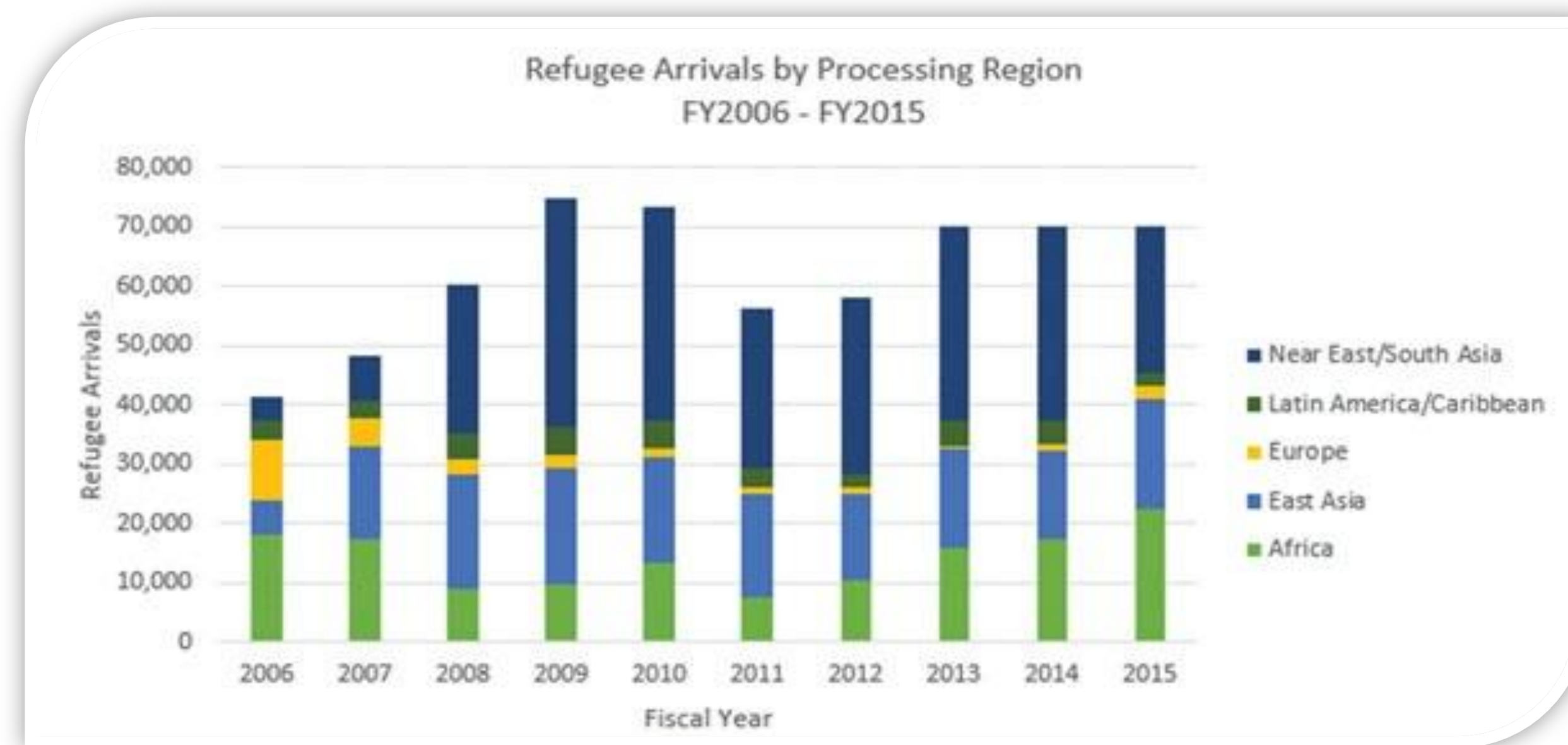
Iram Qureshi; Amy Raines-Milenkov DrPH; Eva Baker MPH; Emelda Thein; Halimo Mudey; Laurette Rudasingwa; Radhika Subedi

Department of Obstetrics and Gynecology, Texas College of Osteopathic Medicine, University of North Texas Health Science Center, Fort Worth, TX



## Background

With the growing number of refugees resettled in the United States after fleeing war torn countries devastated by genocides, mass violence, and human rights abuses, it is increasingly likely that a healthcare provider will treat a patient who has experienced one or more traumatic events. When trauma is unaddressed, healthcare providers may unknowingly trigger re-traumatization, preventing refugees from seeking or receiving healthcare services. Refugee trauma survivors require a sensitive system of care. Western medicine is an unfamiliar concept to many refugee groups, and some services, such as cervical cancer screening, may remind them of prior trauma. Trauma-informed care is an approach for assisting trauma survivors with evidence of benefit to vulnerable populations.



Source: U.S. Department of State  
<http://www.state.gov/r/pa/pl/249076.htm>

## Objectives

- ❖ Introduce the trauma-informed care framework and principles
- ❖ Provide examples of traumas experienced by refugees
- ❖ Demonstrate how previous trauma can influence preventive health care utilization among women enrolled in the Building Bridges program

## Methods

A literature review of trauma-informed care and trauma among refugees resettled in the United States was conducted. Additionally, qualitative data collected by Building Bridges Lay Health Educators as part of their education and navigation services was analyzed and grouped into themes.



Building Bridges Lay Health Educators, representing Bhutan (Nepali), Somalia, Central Africa, and Burma (Karen)

## 5 Key Principles of Trauma-Informed Care<sup>3</sup>



**1. Safety:** The setting, organization, and staff must ensure the patient's physical and psychological safety. Attending to linguistic and cultural barriers can increase the survivor's sense of safety



**2. Trustworthiness:** Building trust requires that providers allow survivor to disclose information at their pace. Strict maintenance of confidentiality is vital and all procedures should be fully transparent



**3. Choice and Control:** Refugees have had limited chances to make choices that effect their lives. Providers should promote shared decision making and enable survivors to have a voice in their treatment options



**4. Collaboration:** The provider partners with the patient to provide treatment that is culturally appropriate. Power between the provider and patient is shared, reinforcing patient's decision making



**5. Empowerment:** Refugees exemplify the capacity to survive despite loss of home, identity, and respect. Provider's should emphasize patient's strengths and resilience, focusing on wellness rather than illness

## Results

- ❖ To be trauma-informed is to understand and recognize how traumatic events and victimization have profoundly affected the life of trauma survivors, and apply that understanding when providing and planning services so that they are encouraged to participate in medical services.
- ❖ Trauma-informed care is not designed to directly treat trauma, but rather, it is a sensitive approach that ensures minimal possibility of re-traumatizing the patient. It focuses on the question "What happened to you?" instead of "What is wrong with you?"

## Examples of Trauma Experienced by Refugees

Category	Experience
Rape/Sexual Violence	"Many women from my country have had abuse and rape from doctors during medical checkups. Sometimes, even though the doctor rapes women in his clinic, the doctor is the only one in the region so they are not able to do anything about it."
Loss of Family Members	"Client came to the clinic but did not get her cervical cancer and hepatitis B screening. She was very quiet, scared and only sat near the midwife. She is an orphan and her siblings and parents were killed during the genocide."
Loss of Home	"[Burmese] soldiers came to my village, burned the village [and] forced everyone to flee." <sup>4</sup> "I got off the plane here [to U.S] and I was so scared and confused."
Violence	"My one son, when he was [an adolescent], he didn't do anything wrong, but he was arrested by soldiers and beaten. [Now he is physically disabled]. We were treated so badly." <sup>4</sup>
Witnessing Traumatic Events	"Client scheduled a cervical cancer and Hepatitis B screening but when she came, she refused to get out of her car, she was very scared and did not want the services anymore. Her parents were killed in the genocide right in front of her so she is scared and not trusting."
Hunger	"My friend's dad killed her mom so he could feed her to the children." "When escaping Somalia to get to the refugee camps in Kenya, people were drinking urine for survival."

## Conclusions

Recurring themes of rape, torture and distrust towards healthcare providers was found in literature on refugee trauma. Similarly, Building Bridges data confirms rape and violence experienced by refugee women inhibit them from seeking preventive health services. These findings call for more attention to the mental health needs of resettled refugees in the United States. Refugees need a linguistically and culturally appropriate form of care that incorporates the trauma-informed care framework.

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The Building Bridges Program:  
**Cancer Prevention Education and Screening for Refugee Women**  
Connecting you to resources for a healthier, stronger and more hopeful future.  
"A healthy woman makes a healthy family."