

African Immigrants, Trauma and Culturally Relevant Trauma Informed Practice

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Trauma

- ▶ Understanding trauma is not just about acquiring knowledge. Its about changing the way you view the world.
- ▶ It's about changing the helping paradigm from "What is wrong with you?" to "What happened to you?"
 - Sandra Bloom, 2007

What is Trauma?

- **Trauma** is defined using eight general dimensions and six specific distinctions.
 - Threat to life or limb; severe physical harm or injury, including sexual assault; receipt of intentional injury or harm; exposure to the grotesque; violent, sudden loss of a loved one; witnessing or learning of violence to a loved one; learning of exposure to a noxious agent; and causing death or severe harm to another (Wilson & Sigman, 2000).
 - Physical trauma, psychological trauma, social trauma, historical trauma, ongoing trauma, immigration trauma and vicarious or secondary trauma.

Migration/Immigration Trauma

- There are four stages of migration/immigration process at which there is significant potential for traumatogenic experiences that may lead to serious psychological distress:
 - Pre-migration trauma, i.e., events experienced just prior to migration that were a chief determinant of the relocation;
 - Traumatic events experienced during transit to the new country;
 - Continuing traumatogenic experiences during the process of asylum-seeking and resettlement;
 - Substandard living conditions in the host country due to unemployment, inadequate supports, and minority persecution.

Prevalence of traumatic stress in Ethiopian immigrants

- A study conducted on 342 Ethiopian immigrants in Toronto (2004) found a lifetime prevalence of depression among Ethiopian immigrants and refugees of 9.8%, which was slightly higher than the lifetime prevalence rate in the Ontario population (7.3%).
- However, the rate among Ethiopian immigrants and refugees was approximately three times higher than the rate estimated for Southern Ethiopia (3.2%).
- The data confirmed the significance of known risk factors for depression in immigrants, including younger age, experiences of pre-migration trauma, refugee camp internment, and post-migration stressful events.

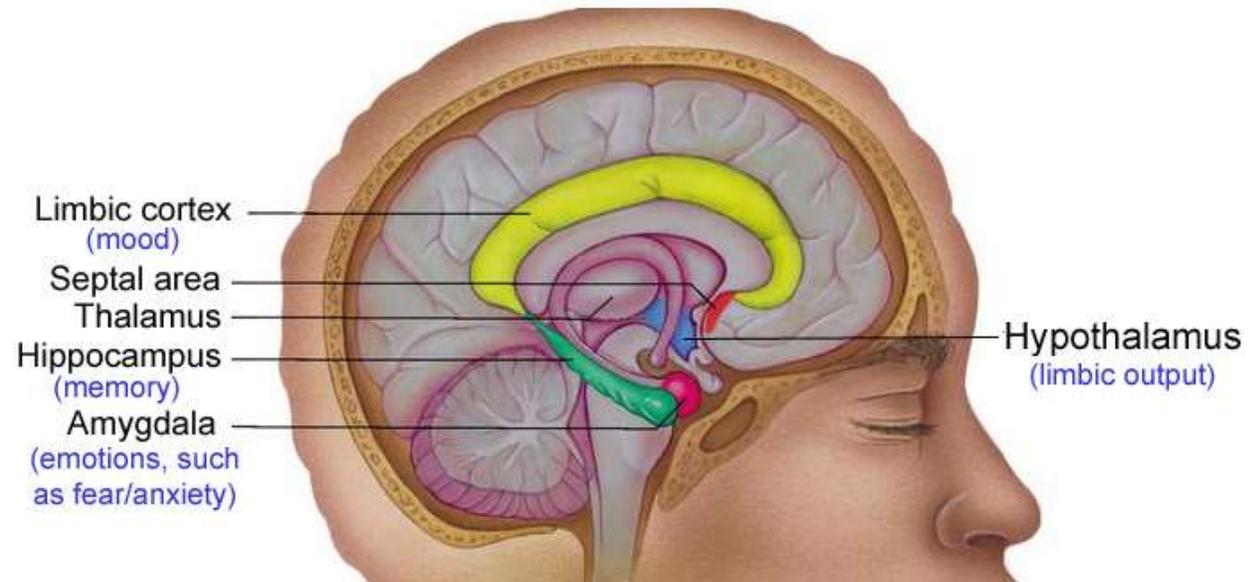
Traumatic Stress

- **Traumatic stress** occurs when someone is exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope with what they have experienced.
- **Traumatic stress** has an impact on the brain/mind, spirit and the body causing physiological, emotional, psychological, spiritual and neurological changes

Trauma Response—Neuroscience

The Brain

Limbic System



Trauma Informed Care (TIC)

- An organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma on client well-being and behavior.
- TIC emphasizes physical, psychological, social and moral safety for both consumers and providers.
- TIC helps survivors rebuild a sense of control and empowerment.
- Additionally, a trauma-informed system of care also requires closely knit collaborative relationships with service system partners (e.g. child welfare, legal and substance abuse). The optimal situation is when partnering service systems/agencies offer TIC as well.

Why is Trauma-Informed Services so Important?

- Improves the outcomes for consumers and service providers.
- Reduces the likelihood of inadvertent re-traumatization of consumers by service providers
- Empowers consumers to take charge of their lives to reduce the risk for re-victimization
- Provides support for trauma workers

Trauma Informed Services and Culture

- Providers also understand and assess the role that culture plays in resiliency and the importance of community resources as potentially mediating the trauma experience.
- Individually-focused Western conceptualizations of trauma may miss the potential strengths inherent in culture and community to enhance engagement in healthy relationships and promote recovery.

Assessing Immigrant Trauma

- Culture and language shape the presenting picture of psychological distress and trauma reactions in African immigrants
- Our standard assessments tools do not adequately describe distress in the African immigrant.
 - Our instruments define “depression”, “anxiety”, and “psychosis” based on American culture. It’s not enough to just translate the instrument into the specific language of the immigrant
 - “Culture-bound syndromes“ are coherent patterns of psychological distress manifested through affective, cognitive, and behavioral symptoms that are indigenous to certain cultural groups. They share commonalities with DSM dxs, but there is not a symptom-to-symptom relationship
- The diagnostic assessment of clinical responses to trauma in various African subgroups should emphasize somatic vs. psychic symptoms, as these are more consistent with indigenous idioms of distress.
- Clinician bias can impact assessment
 - Clinician cultural countertransference

Culturally Relevant Trauma Informed Services

- Therapeutic interventions must be adapted to fit within the framework of the cultural norms of immigrants and refugees.
 - In the Ethiopian community the cultural value of not sharing negative feelings or experiences with others (“keep it in the belly”) pushes up against the need for more social support after a traumatic event
- Ethnically or multiculturally sensitive practice recognizes the significance of race and culture as integral to understanding a person in his/her environment, race and ethnicity are recognized as central to a person’s daily interactions within her/his environment and to her/his sense of self.
- An understanding of the complex interactions between personal and global history, including the past and continued trauma experienced by the individuals and families.

Culturally Relevant Trauma Informed Services

- A holistic community response is comprehensive, providing personal and political advocacy in combination with community building, empowerment, and recovery/healing services.

Integrate the African value system into TIC

- In a study of African immigrants it was found that they preferred for clinicians to recognize the important role that religion or spiritual belief play
 - Look for factors that enhance spiritual well-being; build on those factors
- Development of a strong social support network
 - Feelings of belonging or lack of belonging; lack of belonging increases psychological distress; enhance social connections
- African identity is strongly connected to community identity
 - Everything is functionally connected to everything
 - Interdependence
 - Build community– a network of community resources