The Impact of Trauma

This resource includes

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1. Introduction

How are we impacted by trauma? Is it by being hit by a car, or by losing a loved one, or even watching a terrorist attack unfold on the news? The answer is that all these events are traumatic and that they all impact us to varying degrees, depending on a wide variety of factors which include age & gender, previous trauma history, overall wellbeing and DNA and previous generational trauma.

Each and every one of us has our own individual trauma history and it's important to remember that no two people respond to the same trauma in exactly the same way. Reset has asked ACT International to put together this resource in order to provide some information about what is sometimes an overwhelming and complicated topic.

We are aware that trauma can be a difficult and even frightening topic to face. After all, as members of Community Sponsorship Groups, we all want to support the families in our community in the best way possible, but hearing about and seeing the effects of trauma can be overwhelming, especially if you are not a trained mental health professional.

Expectations of Community Sponsorship Groups and the refugees arriving in the UK under the Community Sponsorship scheme can be complex and can change over time. Initially, refugee families may feel relieved that they are safe and are positive about their new life in the UK. However, once the 'honeymoon period' is over, feelings of loss, helplessness and even hostility may arise - all of which are heightened if trauma has been involved.

How to use this resource

This information is to provide you, as a Community Sponsorship Group with an outline of trauma information and is **not** designed to be used for diagnostic or treatment purposes. This document focuses on the impact of trauma and displaced persons, but it is imperative that Groups keep in mind that not all refugees they support will be traumatised or show signs of trauma. Remember to respect the privacy and independence of the individuals you support as we all deal with trauma differently.

IMPORTANT

Mental health support should always be provided by fully qualified and registered mental health practitioners as trauma needs to be handled extremely carefully in order not to make symptoms worse and put an individual at increased risk. If in doubt contact your GP, or in an emergency go to your nearest casualty department.

2. Displaced persons/refugees and trauma

How does trauma affect refugees? Don't they get used to it? The refugee family we support seems fine.

Trauma facts and figures

1. The World Health Organisation (WHO) has estimated that refugees are at higher risk of mental health disorders than the general population overall.
2. Different studies have shown rates of major depression in settled adult refugees ranges from 5-15%. (1) (2)
3. Between 6-40% of refugee children and adolescents have been reported by a number of studies to experience major depression. (1) (2)
4. Refugees are at higher risk of developing mental health problems during the 12-month period both before and **after** the emergency itself. (3)
5. The most common mental health diagnoses for refugee populations include major depression, generalised anxiety, post-traumatic stress disorder (PTSD), adjustment disorder, panic attacks and somatization (in which psychological distress 'manifests' itself as pain in the body). (3)
6. Risk factors for the development of mental health problems include the number of traumas, delayed asylum application process, detention and the loss of culture and support systems. (3)

The Three Stages of the Refugee Experience:

It's easy to assume that a refugee's trauma has ended once they have been resettled in a new country. However, this isn't always the case. Stages of trauma frequently include the following and need specific approaches and tailored support for each stage:

Before migration: Persecution, possible torture and/or imprisonment, war, violence, economic hardship, loss.

During migration: Risk of life, escape, hardship, uncertainty.

After migration: Cultural difficulties, isolation, unemployment, poverty.

Refugees are not granted refugee status based on their past experiences but based on the likelihood of experiencing harm if they return to their country because of their race, religion, nationality, political opinion or membership of a particular social group. So being a refugee does not necessarily mean that they've experienced violence or traumatising events. It's possible that the refugee family you support seems fine because they are fine. They may not have experienced trauma and may never show signs of it.

However, for many refugees who have fled their country, fear, violence and trauma have been part of their lives for so long that from the outside, it may appear that they have not been affected by it. Individuals may initially appear to be very happy, relieved and grateful that they can start their new life in a safe country, and this can occasionally give a false impression.

Trauma is painful and has stigma attached to it. For many refugees, they may simply want to move forward with their lives as the past may be far too painful for them to talk about. Also, they may still have family living in dangerous conditions, which would make talking about previous (and possibly still current) events traumatising in itself.

Also, it is important to consider the previous socio/economic status of each refugee family. A higher level of (material) loss can result in increased expectations over time. If the family lived a comfortable life in their home country, budgeting and living off benefits in the UK will be challenging and feelings of unrealistic expectations and frustration may increase as a result.

It is also important to note that after resettlement, children frequently straddle both the old and new cultures as they learn both the new language and cultural norms more quickly than their elders. This can result in children and adolescents taking on more 'adult' roles within the family (for example, translating and assisting

with form-filling etc). Their elders can thus have increased feelings of isolation, frustration and even depression which can make transitioning to a new country and culture even more challenging for them overall.

Supporting Traumatised individuals

As a volunteer, how should I support those who are traumatised?

There are many ways to support those who have arrived in the UK as refugees and as a Community Sponsorship Group you will have frequent contact with the family you support. Culturally there are many differences, but there are also many similarities. Volunteer do's and don'ts include the following:

Do	Don't
• Take time to get to know the family you support. Their expectations and needs will change over time. • Deal with smaller issues before they become larger issues. Talk to other Group members or your Safeguarding Lead if you feel uncomfortable but always be aware when confidentiality is needed. • Don't take everything at face value. If frustration or anger is expressed, it may be due to a variety of reasons - some you may not be aware of. • Take care of yourself. The family is going through a major transition	• Try not to rush the transition process. Everyone is different and moving at a slower pace usually results in a stronger relationship overall. • Does "yes" really mean "yes?" For many cultures, yes is a word of respect rather than agreement. If you are unsure, ask for clarification to make sure. • Don't attempt to diagnose, treat or provide targeted mental health support. Leave this to the professionals. • Don't take things personally - mistakes can occur when relationships are developing.

and in many ways, you will also be impacted by this. • Be flexible - you are all on a learning journey together. • If you are not sure, simply ask. If you make a mistake, apologise. Be yourself as this will help establish trust which is central to the development of strong relationships. • Learn about their culture. For instance, Friday evening (for many religions) is a more private, religious, family time of the week and may be different to Friday evening in the UK which usually involves socialising.	• Don't take everything at face value. If frustration or anger is expressed, it may be due to a variety of reasons. Communication is key. • Don't assume every refugee is traumatised or will show signs of trauma. Everyone deals with their experiences differently and moving on with one's life could be how they best deal with their past experiences. • Ask probing questions about their past experiences. Accept that they have met the vulnerability criteria to be accepted into the UK's resettlement programme.

Resettlement Trauma

What is resettlement trauma? The family I support has a new life and new home so why should trauma still be an issue?

Imagine if you had to flee your country with only what you can carry with you. Your life as you knew it is over and it is likely that you will never be able to return. This traumatic loss will have an impact, but for many, admitting this to those who are helping them may be extremely difficult; they may not want to appear ungrateful towards those who are supporting them adjust to their new life.

These changes in living standards, finances, status, independence and identity are all related to what is known as 'resettlement trauma'. These changes usually occur in the following stages:

Stages of Resettlement		
1	Excitement & Gratitude	"Thank you, I'm so grateful!"
2	Overwhelmed & Numb	"It's all too much, I can't cope"
3	Loss of Illusion & Expectation	"I didn't expect things to be like this"
4	Depression	"I feel helpless"
5	Acceptance	"I accept life here isn't perfect"
6	Greater Integration	"I feel more settled overall"

Every individual is different, and transition is challenging. Younger children tend to settle faster as they either have little or no memory of their life before they arrived in the UK and learn the language much faster which makes integration easier. Older children and teenagers take longer to adapt, and adults usually take longer still. However, this isn't necessarily the case for everyone. On average, it can take up to two years for stage 6 to be reached but even then, for some refugees, this may not happen at all. (9)

Is it OK to ask the refugee family about their experiences?

It's natural to be curious about the reasons the family you support had to flee their country and what they've been through. Some of your Group members may have read about the family's past when the Home Office allocated the family to your Group. However, remember that the family's experiences which caused them to flee are deeply personal and may be upsetting so it's best not to ask. If the topic comes up naturally, here are a few tips for navigating the conversation responsibly:

- Respect what **isn't** being said as much as what **is** being said. If it's obvious that the topic is upsetting, then don't push it and stop if needed.
- Stop if you see subtle changes in body language, tone of voice, along with other more obvious physical reactions like crying, shaking or just sitting and staring into space (dissociation).

- If you are unsure whether or not to continue, stop and ask. Don't push for details. Traumatised individuals need to feel in control in order to feel safe.
- If upset is caused, apologise and explain that your background is different and that you did not mean to cause offence.
- If the topic of why the family fled comes up naturally in a conversation, it is always good to be fully present whilst they are talking and to focus on what they are telling you. It is normal to feel anxious or even uncomfortable in this instance, but making sure you are not being overheard, and are physically comfortable (sitting down with the door closed, for example) can really help in this instance.
- Remember that this information may well be told in confidence. Respecting this is extremely important and sharing this information with others can result in an overall lack of trust.
- If a refugee is showing signs of trauma, you can offer to signpost them to their GP, NHS clinic, or local support.
- Keep in mind that this family has had to repeat the story of why they fled their country on multiple occasions to UNHCR while they were being considered for resettlement. Make sure they know that they are under no obligation to share any of their past experiences with you.

REMEMBER

Don't assume every refugee is traumatised or will show signs of trauma. Everyone deals with their experiences differently.

3. Understanding Trauma

Is trauma the same for everyone? The family seems happy despite their experiences.

It is important to note that trauma reactions may vary-there is no 'one size fits all' response. Every trauma is perceived and processed differently regardless of age, gender or background:

- You shouldn't expect the refugees you support to be traumatised or show signs of trauma. Everyone has a different trauma threshold, and this involves a complex combination of past family history, their age, gender, trauma history and even DNA. Every individual in a family can be completely different in how they have reacted to traumatic events or experiences.
- Individual traumatic events can 'add up' and result in increased symptoms over time. Imagine if you were in a car accident, then lost a family member, then had bad news about family safety in another country. All of these combined events can 'add up' and result in increased trauma symptoms. (4)
- Often, traumatised individuals can start experiencing symptoms once they are out of danger and start to feel safe again. (5)
- No two traumatic events are exactly the same and no two individual's reactions are exactly the same.
- Trauma needs to be supported on an individual, case-by case basis by a trained professional.

Can a person be traumatised in different ways?

Yes. Different types of trauma are illustrated in the table below.

Types of Trauma		
Trauma Type	**Event**	**Example**
Acute	A single or one-off incident	Car accident
Chronic	Multiple events-often over a long period of time	Domestic violence (victim & witness)
Complex	Multiple events beginning at a very young age. (Usually related to the child's caregivers).	Neglect Abuse Violence (victim and witness) Bullying
PTSD*	Real or 'perceived' threat to life event or events	Rape Combat Terrorist attack

Symptoms listed are from The Diagnostic and Statistical Manual of Mental Disorders (DSM–5)

*PTSD requires a different treatment approach and can have a catastrophic effect on an individual's life. Do not attempt to self-diagnose or treat. Seek medical advice immediately.

What is Post Traumatic Stress Disorder (PTSD)?

We've all seen images of soldiers on the news. They may be shown holding their heads in their hands or have blank expressions and may seem to be in shock. As a

result, it's easy to assume that PTSD is something that only affects soldiers in war zones and that the members of the general population are immune.

PTSD can affect anyone if the conditions allow. Refugees are at a higher risk of developing PTSD but it only affects some refugees and the majority of them do not have it. For those that do, there are treatment options that can help reduce symptoms.

Below are some PTSD facts to provide context:

- Not everyone who experiences trauma goes on to develop PTSD
- Minors and children are at higher risk of developing PTSD.
- Studies estimate that between 10-40% (adult) refugees are affected by PTSD (1) (2) (8)
- Studies estimate that children and adolescents often have higher levels with possible PTSD rates between 25-90%. (1) (2) (8)
- PTSD is treatable and responds to specific mental health interventions.
- Only 1-3% of the general population have PTSD. (8)

PTSD is frequently associated with war veterans but it can affect anyone, and refugees are more at risk due to the experiences that forced them to flee their country. PTSD can develop after experiencing a very distressing or frightening event, or prolonged traumatic experience.

Types of events that can lead to PTSD include, acts of war, terrorism, serious accidents, sexual or physical assault. Witnessing a traumatic event can also result in PTSD symptoms. In some cases, without treatment, suicidal thoughts or actions can occur. As a result, professional support and treatment are required if PTSD symptoms are present.

There are many PTSD symptoms, but these are the most common:

Emotional: Increased arousal, severe anxiety, persistent anger, flashbacks, emotional flooding or numbing, feeling terrified despite the danger having passed.

Physical: Insomnia, 'night terrors', nightmares, being easily startled.

Psychological: Panic attacks, repeatedly 'reliving' the traumatic event or events, triggered by related stimuli, easily startled, suicidal thoughts/actions.

***It is extremely important to stress that PTSD symptoms can result in suicidal thoughts and/or actions. Contact a mental health professional immediately if PTSD is suspected.**

Trauma can manifest in different ways

Do traumatised children and adults present in different ways?

Children's responses to trauma are different to adults and vary with their age and developmental stage. Their responses depend upon:

- the severity of the traumatic event or events
- their proximity to the event
- the response of their caregivers

The table below provides a brief outline of some common symptoms but this is not a diagnostic tool in its own right. Children, adolescent and adult trauma symptoms all share some similarities but there are also some key differences which are important to note.

Always consult a mental health professional if you are concerned about the well-being of a traumatised individual, regardless of their age.

	Children	Adolescents	Adults
Behavioural	Attachment difficulties, regressive behaviours (bed-wetting, soiling), sleeping and eating problems, extreme emotional outbursts/ responses, emotional numbing, school and social difficulties, impacted learning (memory and recall), poor-self regulation, risk-taking	Increased risk-taking behaviours, substance abuse, withdrawing from friends and family, self - destructive behaviours, feeling numb, irritability and aggression	Self-destructive behaviours, substance abuse, detachment, self-imposed isolation, irritability and aggression, feeling numb or detached.
Emotional/ psychological	Distorted self-view, difficulties controlling emotions, trouble recognising emotions, low self-esteem, shame, depression, limited emotional response, easily start-led or triggered, high anxiety, social	Feelings of shame or guilt, 'pseudo-mature' behaviours and actions, distrust of others, low self-esteem, depression, suicidal thoughts and actions, PTSD	Feelings of anger and/or depression, low self-esteem, suicidal thoughts or actions, agoraphobia, hypervigilance, loss of interest in previously enjoyed activities, difficulties concentrating.

	difficulties/isolation, distrust of others, poor impulse control, hypervigilant, PTSD.		
Physical	Somatic pain (often stomach and head-aches), disrupted sleep, night terrors, bed wetting, regression, very high or very low pain threshold, eating disorders - weight loss or gain, self-harm.	Eating disorders, self-harming behaviours, sleep problems (which can be impacted by increased screen use)	Self-harming, eating disorders, interrupted sleep patterns.
Social, academic or work	Difficulties focusing and poor concentration, flat affect (lack of spark), fewer peer relationships, social withdrawal, concentration and memory problems, bullying.	Impacted learning, poor focus and recall, poor behaviour, disruption, bullying, truancy.	Interpersonal difficulties, absenteeism, social withdrawal, excessive exercise or work, burnout, increased prescription or recreational drug use.
Play themes	Repetitive themes (frequently of the traumatic event itself with no ending), artwork illustrating previous traumatic events,	N/A	N/A

	preferring to play with younger children, bullying, changes in play-ground behaviour.		

NB: Younger adolescents may also display many child symptoms - look at both the child and adolescent tables if this is the case.

Whilst there are many similarities between age related trauma symptoms, it's always important to note that every individual's experience is different and as a result they may present with symptoms from more than one age group.

REMEMBER

Don't assume every refugee is traumatised or will show signs of trauma. Everyone deals with their experiences differently.

4. Culture and Trauma

What has culture got to do with trauma?

Its critical to take into account that culture affects both how we express *and* how we process emotions. Individual cultures address trauma differently and it is important to bear in mind that in the UK, although we may find trauma a difficult topic to discuss, we all have a cultural 'filter' which affects how we understand others, whether through words or physical responses.

For many cultures, talking about past traumas is seen as simply being immature or unnecessary and Western-style therapy may be viewed as being a 'waste of time.' Sadness, trauma and loss reactions are thus more likely to be experienced 'in the body,' which is known as somatisation. This is important to consider as the culturally based fear of being viewed as 'crazy' can often result in distrust of mental health services.

Idioms of distress:

Every country and culture has its own idioms used in a wide variety of contexts. These idioms are culturally specific when used to describe feelings of distress. For example, here in the UK, "I'm falling apart" or "are you losing your mind?" are common idioms which can confuse even competent English speakers. Arabic as a language is more emotionally expressive than the English approach of downplaying imagery, expression and emotion - you should be aware of this when supporting a family.

Idioms of distress from the Middle East can be very different from those in the UK. It's always important to bear this in mind because our cultural understanding of what is being said is heard through our cultural 'filter' which may result in trauma related feelings, fears and symptoms being misinterpreted or not supported.

Examples of idioms of distress used in Arabic include the following: (9)

"Blindness got to my heart."	Despair, sadness
"Praise be to God"	State of despair/surrender – this would be similar to 'oh, my god'
"My body is heavy"	Fatigue
"My ability to hear things is reduced"	Excessive stress

Many individuals from the Middle East may not feel comfortable discussing questions about past traumatic events (whether with a therapist or otherwise.) However, it is very unlikely that they would say "I don't want to talk about it" to direct enquiries about their experiences from a Group member (as culturally this could be seen to be disrespectful). If questions are answered, they may be simple one-word answers, or 'flat', almost void of emotion, responses. This does not mean that what happened to them was not traumatic, just that their cultural reaction is different. This can be confusing or frustrating, particularly if you want to provide help and support.

There are also cultural gender differences, some of which are similar to those in the UK but others that are more pronounced. In the Middle East, men and women may live very separate lives and as a result, men may find it very uncomfortable to discuss personal feelings with women. In this instance, speaking with another man may be better, but again, conversations about fears and anxieties are not common in Middle Eastern cultures where 'keeping face' is paramount. Less or even non-verbal approaches (such as art psychotherapy or spending time in nature) in a group setting can be better for this particular group wherever possible.

For many Middle Eastern women, talking about traumatic events, particularly sexual assault or rape, can bring great shame upon themselves and their families. Don't assume that the event wasn't traumatic if you are met with silence or short answers. Again, saving face is paramount and discussions of this type are usually not seen as being culturally acceptable. Group activities where social connections can be strengthened can be effective as overall distrust of mental health services can be high in both genders.

5. Setting Realistic Expectations

Let's talk about gratitude

I expected more gratitude for welcoming the refugee family into my community, but now I sense a lot of sadness and anger.

Having realistic expectations are important to remember if this situation arises. For Community Sponsorship volunteers, wanting to help and support comes from a place of caring. When a refugee seems disinterested, detached or even angry or hostile, this can be very different from the 'grateful reaction' many may expect.

Time to readjust can help reduce these feelings, but for many refugees, after years of insecurity and uncertainty; once they realise that life in the UK has a different set of challenges and isn't perfect, (for example, trying to budget and live on Universal Credit) and can result in a huge wave of emotion and subsequent 'shame.' As a result, individuals may feel that "not enough is being done" for them, combined with feelings of grief and loss - which can all come to the surface at the same time.

For many families, individual exposure to direct or indirect trauma can result in all members being affected. For example, children may not witness traumatic events, but they may hear their parents talking about these events and fears that they may have for family safety. Symptoms can thus accumulate over time and their effects can increase with repeated trauma. (6) (7)

What should I do if I want to talk to the family about their life in their country of origin?

The refugees you support should never feel like they have to talk about their past or the experiences that led them to flee their country. However, being able to share stories about one's life and one's culture is one of the reasons why Community Sponsorship is so great. Here are some suggestions if you want to learn more about the refugees you are supporting:

1. Don't have an agenda. Attempting to 'save' a person, or to be told everything in detail can cause huge damage and put individuals at risk.

2. Language skills may play a part - if you have access to an interpreter, ask them to explain that nobody has to discuss past events unless they want to and that saying that they would rather not talk about this is fine.

3. If children speak better English than their parents, don't use them as translators if traumatic events or adult concerns need to be discussed.

4. Enquire and learn about the family's culture, don't be scared - if you ask a question that gets an unexpected response, you can always apologise and ask how to help.

5. On a day-to-day basis, for those who have been forced to leave their country of origin, even simple daily routines can bring up memories of their previous life. These are more likely to arise when the so-called 'honeymoon period' is over and long-term expectations become more realistic.

6. Be mindful of wider changes for the refugee family. For example, important anniversaries, cultural and religious celebrations, can often lead to feelings of grief with loss being experienced at the same time. Also, events going on in their country of origin or host country could impact the family in the UK and could derail your plans. Be patient and listen to what the family needs in this situation.

7. Frequently, an important 'coming of age' birthday for a child or young person can have unexpected and possibly highly emotional outcomes. This can result from family members feeling both happy that the child has reached this age, but also sadness and guilt that other family members are still struggling to survive or have lost family members at a similar age.

8. Allowing the family to have some space (especially around these more emotionally charged periods of time) can help. Most of the time, if there is a strong emotional reaction, it is usually not personal and can often be about something else entirely.

9. Be flexible. If a trip or outing has been planned for some time and the family receives news of increased attacks in the area they are from, then plans may well need to be changed or cancelled altogether. Being sensitive to each

family member's needs is important. Children will usually be less impacted and may want to continue with their trip whilst parents may want to cancel. However, remember that there are appointments that simply must be kept as missing a benefits appointment could result in sanctions.

10. Being supportive of unexpected changes in plans shows that you are respectful of the family and their specific needs. These events happen and it is normal to feel frustrated when plans need to change at short notice.

11. Keeping channels of communication open is key and respecting space when it is needed is also extremely important. Some issues are almost impossible for non-refugees to imagine and being unconditionally supportive can mean a great deal to them.

REMEMBER

Don't assume every refugee is traumatised or will show signs of trauma. Everyone deals with their experiences differently.

6. Signposting & Links

Links

ACT International ACT International trains and supports local people working with children and young people traumatised by conflict, violence and disaster.

Freedom from Torture provide specialist psychological therapy to help asylum seekers and refugees who have survived torture recover and rebuild their lives in the UK.

Mind provide advice and support to empower anyone experiencing a mental health problem.

Mapping Mental Health in the UK a pdf download of available mental health services available to refugees and asylum seekers in the UK.

Books

Books about trauma

The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma: Bessel van der Kolk (2015)

Books about Syrian refugees

Escaping Wars and Waves: Encounters with Syrian Refugees: Oliver Kugler (2018)

Books about globally mobile communities

Third Culture Kids: Growing up Among Worlds (Third Edition): Ruth Van Reken (2017)

Belonging Everywhere & Nowhere: Lois Bushong (2013)

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