



# Understanding Refugee Trauma: For Primary Care Providers

Primary care visits may be a time that refugee families express concerns about their child's functioning at home or school and/or providers may identify concerns about emotional or behavioral health. Most refugee children have experienced trauma which may affect their emotional, behavioral, and physical development. However, many refugee children are resilient and may not exhibit symptoms related to trauma.

## 1

### Provider Considerations

#### How can you best work with refugees in a medical setting?

- Ask questions to learn about the child's or family's culture, language, and country of origin; don't assume anything.
- Provide culturally and linguistically sensitive services, when possible, by using cultural brokers or interpreters (for more information on cultural brokers, [click here](#)).
- Identify and respect the roles of parents and other caregivers in a child's life (e.g., even if children speak better English than a parent, do not use them as interpreters).

## 2

### Child/Youth Considerations

#### How might trauma present itself in a primary care setting?

- Children may appear distressed or report stress-related symptoms.
- Parents may report concern about a child's behavior, attention, or lack of engagement in school.
- Parents may express concern about a child seeming sad, withdrawn, or irritable.
- Parents may report developmental regression, sleep difficulties, and/or behavioral outbursts in younger children.
- Parents or children may report somatic symptoms, such as body pain, headaches, and fatigue.
- See [what is the impact of trauma](#) for age-specific examples.



## 3

### Family Considerations

#### How might trauma present itself in families?

- Refugee children and their caregivers may acculturate differently, which can heighten stress and conflict within families; this may be particularly true for adolescents and their families.
- Parents or other caregivers may also be experiencing symptoms related to their own experience of past or current trauma that can impact family functioning.
- Caregivers may also experience stress related to changes in their social environment that impact parenting strategies or behaviors. For example, in more collective cultures parents may be used to relying on community members to help monitor and support their children outside the home, whereas they may find themselves more isolated upon resettlement.

#### How can providers work with families to address concerns?

- Let family members know that it is common for refugee children and their parents to acculturate differently; highlight the different experiences they may be having on a daily basis (e.g., children attending school). This can also be an opportunity to highlight the resilience their child might be exhibiting by learning to navigate two or more cultures on a regular basis, while also acknowledging the stress this can create for parents who may identify holding onto their own culture as important.
- Listen for signs that a parent may have his or her own history or current experience of trauma that may affect his or her parenting behaviors.
- Listen to a family's concerns. Stressors in the social environment may be contributing to or exacerbating trauma-related symptoms. When you help families to access resources to address these concerns, you can reduce their stress and build their trust.
- Be careful about using some terms that are common in the United States ("mental health" or "depression"); naming specific behaviors or talking about concepts ("stress" or "adjustment") may be more acceptable in some cultures.
- Be aware that stigma may be associated with mental health in many communities; therefore families may be reluctant to seek traditional mental health services.
- When connecting a child or family to mental health services, focus on how services can connect to the family's values, such as supporting a child's academic success.

# 4

## Service System Considerations

**How can you as a provider work within existing service systems to provide emotional and behavioral support for refugee patients?**

- Ask the family where they find support and whom they trust in their community.
- Build trust: you may need to build trust as a provider before a family will be open to your referrals; when possible, help to build your patients' trust in other mental health or social work service providers.
- If needed, help families access resources to address financial, legal, and housing needs.
- Identify activities to help children engage in their schools and communities.
- Know the mental health services in your community, especially those that offer culturally sensitive support.
- For children who are at risk and need mental health services, consider working with a cultural broker or local community member to find appropriate referrals.



### PROVIDER TIPS

Many times, we assume we know how trauma history might affect a child, but there is much we can learn from the family/individual.

Ask direct questions such as:

- What brought you to the US?
- Where was your family before coming to the US?
- Where were your children born?

If a child or family doesn't seem to be ready to share/answer some questions, don't force it. Engage warmly each meeting, and he/she may be forthcoming in the future.

- Seek to understand the challenges the family must have gone through. Think about what it has been like for them. Keep in mind that they have left behind their home, family, friends, work, and way of life and have to rebuild all in a new place.

- Acknowledge the strength and resilience that it took for them to travel to their country of resettlement.