

Trauma Informed Care for (Im)migrant and Refugee Women of Childbearing Age

Julia Frank, MD



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Disclosures/Disclaimers/Acknowledgments

- Dr. Frank has no disclosures
- Her direct experience has been evaluating refugees seeking asylum, precepting residents providing perinatal psychiatric care, research into medication for PTSD
- Presentation may discuss off label use of medications



How to use this material

- Review slides individually or as a self study group.
- For questions, go to normal view and read the notes.
- For integrated vignettes, refer back to numbered slides for answers



Objectives

- Differentiate migrants and refugees
- Recognize particular and shared traumas related to country of origin
- Review methods of addressing cultural, economic, and personal concerns of migrant/refugee women obtaining medical, obstetric, or mental health care



Scope of the population (2016)

- 13.5% of the US population (43.7 million people) were born elsewhere.
- Children born here, immigrant parents: 40+million
- 50% female
- Ten million ages 15 to 49
- <https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states#Numbers>





IMMIGRANT, MIGRANT OR REFUGEE?



Refugee or (Im)migrant?

- REFUGEE:

- Escaping persecution; Exposed to trauma, by definition
- May avoid immediate removal based on “credible fear” if forced to return or as member of a group with Temporary Protected Status (after wars, disasters)
- Permanent stay may be sought under Asylum law; Violence Against Women Act; laws against trafficking; need to remain for medical treatment
- Government policy rapidly changing



Immigrant or refugee?

- Arrives legally with a visa
- Some later apply for green card or citizenship. Not guaranteed.
- May be sponsored, part of a wider community
- With documents can work, attend school
- Without green card or citizenship, may still be deported



Immigrants and Refugees

- Unable to travel home and return to US legally while applying for asylum
- Retain national identity
- May face exploitation, discrimination and harassment
- May form attachments/become pregnant without legal resolution of status
- Marriage, parenthood do not prevent deportation



Mental Health Implications of Legal Circumstances

- Immigrants and refugees may fear exposure, avoid interaction with authorities
- Medical/pregnancy care may be first encounter with perceived authority
- Both past trauma and current stress may lead to demoralization, clinical anxiety, mood and stress related disorders



Trauma and Culture Informed Perinatal Mental Health Care for Immigrants and Refugees



Perinatal Mental Health in Migrants

- Risk factors : Refugee/asylum seeking, low SES, low social support, minority status, language
- Consequences especially severe in low and middle income countries (LMIC) where the majority of refugees and migrants live

Anderson, FM, et al.,. Prevalence and risk of mental disorders in the perinatal period among migrant women: a systematic review and meta analysis. Arch Womens Ment Health (2017) 20:449-462. DOI 10.1007/s00737-017-0723-

Heslehurst, N, Brown, et al. Perinatal health outcomes and care among asylum seekers and refugees: a systematic review of systematic reviews. BMC Medicine (2018) 16:89 <https://doi.org/10.1186/s12916-018-1064-0>



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Culture and Trauma Informed Care in Pregnancy

- Pregnancy: universal challenge to adaptation
- Family support crucial
 - Impeded by legal status, cost of travel
- Culture shapes expectations
- Trauma, insufficient support and lack of social resources prevalent among foreign born
- Resilience still the norm



OB care as stressor

- Prenatal care and delivery
 - Intrusive exams
 - Arbitrary rules and procedures
 - Isolation from others
 - Pain
 - Cost
- Conditions of care may trigger post traumatic or other stress related symptoms



Shift from Trauma Focused Care to Trauma Informed Care (TIC)

Trauma is common, almost universal, especially in foreign born.

Screening for particular trauma and trauma related disorders misses many common stressful experiences

TIC modifies care to acknowledge broader range of stressors in all populations

Avoid compounding trauma and encourage resilience



Trauma Informed Care (TIC) (SAMSHA**)

- Safety
- Trustworthiness and Transparency
- Peer support*
- Collaboration and mutuality
- Empowerment, voice and choice
- Awareness of Cultural, Historical, and Gender Issues

*Postpartum Support International, www.postpartum.net

**Trauma-Informed Care in Behavioral Health Services

Treatment Improvement Protocol (TIP) Series 57. HHS Publication

No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

[https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-](https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816)

[Services/SMA14-4816](https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816) Substance Abuse and Mental Health Services Administration



Culture-Informed Mental Health Care for perinatal refugees and immigrants

- Recognize common and unique stressors related to immigration/refugee status and country of origin
- Unmet need for culture and trauma informed *diagnosis*; idioms of distress
- Encourage resilience; treat disorders



Culture and Trauma Informed OB GYN care

- Interpreter services: phone and posters
 - Avoid partners or family as translators
 - Bilingual staff, educated about post traumatic symptoms
 - Know the history of local populations
 - Learn about effects of genital cutting
- Shape expectations
- Adjust approach based on expectations of autonomy or control
- Learn about local customs related to childbirth (post natal care, treatment of the placenta, rituals for newborns)



Trauma Informed OB Care 2

- Create environment of safety (confidentiality)
- Be open to hearing about trauma (permissive but not probing)
- Patient may or may not recognize link to psychiatric disorder or physical symptoms; explain
- Discuss expectations relative to culture and trauma, not just about nature of delivery (issues may be outside OB comfort zone)
 - Elicit experiences and preferences
 - Who should be present, who will help afterwards
 - Consider doula



Culture and Trauma Informed Mental Health Care

- Specialized programs in clinics with multilingual staff as well as providers
- Group therapies are especially helpful in relieving isolation, affirming experiences, sustaining improvement over time.
- Bearing witness (testimonial therapy), healing rituals, advocacy along with usual or modified individual therapy and medication



References for slide 20

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Clinical Vignette



Martina, G4, P3 is a 28 year old woman born in Honduras. She currently lives with her 10 year old daughter, a partner and the partner's mother. Her 6 year old son lives with her mother in Honduras. Her first child, a girl, was born prematurely in Honduras and died shortly after birth. She was physically abused by the father of her children, whom she left after the birth of her son. She came to the US because she had been threatened and raped by the leader of a local gang of which her brother is a member. She brought her daughter with her to try to prevent her also being targeted by the gang.

How is her story related to her particular country of origin? (slides 22/24)

What stressors may she face here? (slides 9/14)

What symptoms might she have in the context of receiving prenatal care?

What adaptations of care might be needed? (slides 18,19)



Prior traumas in asylum seekers

- Different regions, different risks
- Female Genital Mutilation/Cutting—West Africa
- Political torture—countries at war
- Anti LGBT—Many countries
- Gang violence—Central and South America
- Military violence—regions of civil war, especially Eritrea/Ethiopia, Somalia



References for slide 22

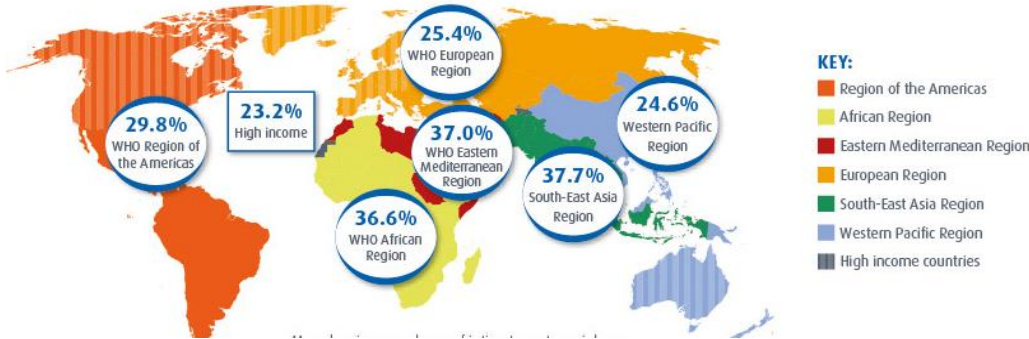
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Intimate Partner Violence

VIOLENCE AGAINST WOMEN: PREVALENCE

1 in 3 women throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner



The most common form of trauma in all women, including immigrants and refugees

Donovan, BM, Spracklen, CN. *et al.* Intimate partner violence and the risk for adverse infant outcomes: a systematic review and Meta-analysis. *British J of Obstetrics and Gynaecology*. 2016 123:1289-1299 <https://doi.org.proxygw.wrlc.org/10.1111/1471-0528.13928>

Stewart D.E., Gagnon, AJ, Merry, LA, Dennis, C-L. Risk Factors and Health Profiles of Recent Migrant Women who Experienced Violence Associated with Pregnancy. *J. Women's Health*. 2012, 21:10 pp 1100-1106. <http://dx.doi.org.proxygw.wrlc.org/10.1089/jwh.2011.3415>



Other Gendered Stressors

- Infertility—may be seen as moral failure, lead to divorce, abandonment
- Child marriage
- Denial of education
- Rape as a weapon of war
- Need to protect female children

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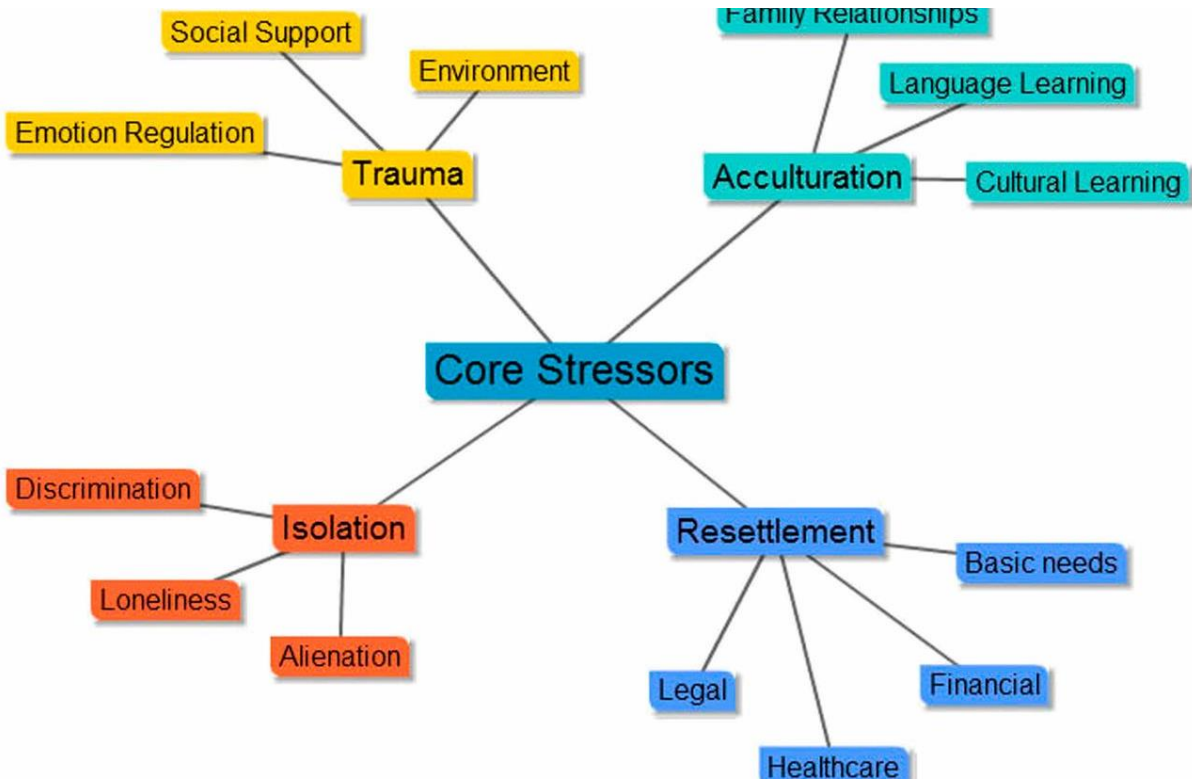
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Beyond Specific Trauma: Acculturative Stress



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Current stress may outweigh prior trauma, trigger symptoms

- Lack of language fluency
- Economic deprivation and dependency (labor trafficking)
- Precarious legal status
- Lack of access to legal rights and protections
- Isolation from family and peers
- All foster coercive control
- Need for clinical judgment in choosing goals of treatment

Teodorescu, DS, Siqueland, J, *et al.* Posttraumatic **growth, depressive symptoms**, posttraumatic stress **symptoms, post-migration stressors** and quality of life in multi-traumatized psychiatric outpatients with a refugee background in Norway. [Health And Quality Of Life Outcomes](#) [Health Qual Life Outcomes] 2012 Jul 23; Vol. 10, pp. 84. *Date of Electronic Publication:* 2012 Jul 23.

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Consequences of stress and trauma

- PTSD rarely an isolated syndrome
- Depression most common psychiatric sequela of stress or trauma
- Anxiety disorders
- IBS, sleep problems, pain
- Substance abuse
- All may affect pregnancy outcomes (eg. preterm birth, fetal substance exposure)

Salami, B, Salma, J, Hegadoren, K, Access and utilization of mental health services for immigrants and refugees: Perspectives of immigrant service providers. *Int. J Ment Health Nurs*, 2018

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Trauma Informed Care for Individuals:

Recognition of Trauma

- Research in PTSD suggests use of direct questions: “Sometimes people have experiences that are unusually horrible, frightening or traumatic...has this ever happened to you?”
- Give examples: serious accident or fire, physical or sexual assault or abuse, earthquake or flood, war, seeing someone killed or seriously injured, having a loved one die by homicide or suicide



Direct questions: PCL-C

- In the past month, how much have you been bothered by
- 1) Repeated, disturbing memories, thoughts or images of a stressful experience from the past or
- 2) Feeling very upset when something reminded you of a stressful experience from the past”?
- Developed for US primary care population; tested and appropriate for immigrants



Limitations of direct questions, specific symptoms

- Dissociation, amnesia, and mistrust may affect answer
- Focus on discrete events may miss other important stresses
- Trauma may underlie other disorders and distress



Clinical Vignette



- Sylvia, a 24 year old woman from Haiti, seeks advice from an OB-GYN physician about why she cannot get pregnant with her partner and is referred for a mental health evaluation. She came here with her father and brother in 2010 and has been able to stay under “temporary protected status.”
- How might you assess her for trauma related symptoms? (slide 29, 30, 32)



Identifying Trauma: “By Indirections find Directions Out”

- Life prior to immigration, including family structure, education/work, parental work and education
 - Regionally specific traumas (“Where were you during the war?” “How were you affected by the earthquake?”)
- Why they left
- Journey to US, experience on arrival (detention, family separation)
- Nature of current relationships, community, school, work, language education



Screening: Remember Old Friends

- Screen for the many disorders that may follow trauma, especially depression
- PHQ 9
- EPDS
- Substance use disorders



Clinical Vignette



- Wanda, a 30 year old woman from Eritrea, is 32 weeks pregnant with her first child. She has developed high blood pressure, managed with amlodipine. She says she sleeps very poorly. She also has headaches and a lot of GI distress and her weight gain as been a little lower than expected. Her husband works two jobs and does not really want to attend her during delivery.
- How might you suggest she work with her OB provider to manage her stress? What adaptation of usual care should she look for? (slides 19,20)



Trauma Informed Psychotherapy

- Explore the unique and shared meanings of traumatic experiences
- Culture and experience shape meaning (value of life history)
- Address effects of trauma, including basic needs
- Explore assumptions, expectations for the future (hope vs despair)
- Consider culturally adapted therapy (“Religious CBT,” etc.)

Refs: Schnyder, Ulrich (12/2015). "Psychotherapies for PTSD: what do they have in common?. *European journal of psychotraumatology* (2000-8198), 6 (1)

Tulbure, Bogdan Tudor (10/2017). "Religious versus Conventional Internet-based Cognitive Behavioral Therapy for Depression." *Journal of religion and health* (0022-4197)

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Other trauma related therapy

- Testimonial therapy: telling the story to a believing and non judgmental person or group (developed for refugees)
- Teach skills of emotional self regulation (breathing, distraction)
- Treating symptoms offers hope and supports agency/empowerment
- SSRIs reduce intrusive symptoms
- Avoid daytime sedation but encourage sleep

Lakshmin, P, Slootsky, V., Polatin, PB and Griffith, JL. Testimonial Psychotherapy in Immigrant Survivors of Intimate Partner Violence: Case Series. *Transcultural Psychiatry*, 2018 pp.

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Gwozdziwycz, N. and Mehl-Madrona, L Meta-Analysis of the Use of Narrative Exposure Therapy for the Effects of Trauma Among Refugee Populations, *Permanente Journal*, 2013 Winter; 17(1): 70–76.

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Special issues: Refugees

- Seeking care should not endanger legal status
- May fear a mental health referral could compromise them in asylum proceedings; in fact it may help
- Providers may ally with immigration lawyers, law school immigration clinics, HIAS and other agencies (Physicians for Human Rights, Lawyers for Human Rights)



Summary

- Refugees by definition have experienced trauma. Immigrants and refugees face additional (acculturative) stress.
- Many are of reproductive age
- Need trauma and culturally informed diagnosis and trauma informed care
- May benefit from treatment for depression, anxiety, substance use and PTS
- Ally with community and legal resources
- Resilience is the norm.





Photo credits

Slide 6 Eritrean Woman: UNHCR, © UNHCR/M.Senelle

Haitian woman <http://haitianentertainments.com/haitian-women-gorgous/#prettyPhoto/0/>

Latina woman <https://ticotimes.net/2015/11/06/violence-drives-women-to-flee-central-americas-northern-triangle>

Pregnant woman reclining <https://www.emaxhealth.com/2/87/30002/premature-birth-risk-higher-women-taking-ssris.html>

Karen refugees in a boat:

https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.cnn.com%2F2016%2F06%2F20%2Fopinions%2Fworld-refugee-day-lubell-and-peric%2Findex.html&psig=AOvVaw2RhR65eD2RMUyxh6v57w_e&ust=1573659886744000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCLDj5IuC5eUCFQAAAAAdAAAAABAV

Slide 11: Pregnant woman behind bars. Pregnant Women Say They Miscarried In Immigration Detention And Didn't Get The Care They Needed <https://www.buzzfeednews.com/article/emaconnor/pregnant-migrant-women-miscarriage-cpb-ice-detention-trump>

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Mother and baby:

<https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.bbc.co.uk%2Fprogrammes%2Fb007qlvb%2Fbroadcasts%2F2016%2F03&psig=AOvVaw2LcGZL2DDfd3l00aUNlots&ust=1573660942327000&source=images&cd=vfe&ved=0CAIQjRxqFwoTClloh4GG5eUCFQAAAAAdAAAAABAD>

Slide 41:

Syrian family: <https://www.gannett-cdn.com/-mm-/8ed8abb80463927da545e5d726ab818baf115a4c/c=0-23-1022-600/local/-/media/2016/09/15/CarolinaGroup/Greenville/636095446893607075-refugees.JPG?width=3200&height=1680&fit=cropHiiraan.com>

Twin Somali Girls in scrubs

https://www.hiiraan.com/.../inside_the_story_twin_daughters_of_somalian_refugees_on_the_road_to_becoming_doctors.aspx