

The Intersectionality of Diversity and Trauma: Cultural Considerations

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Objectives

- The Goal is to Deconstruct Trauma Through a Variety of Lenses
 - Meant to be discussion-based
- Gain a Better Understanding of Diversity Variables
- Cultural norms vs. Social norms
- Culture of Obesity
- Female Genital Mutilation (FGM)
- Trauma and Vietnamese Immigration
- Forcibly Displaced Populations
- Suggestions on Working with Diverse Populations
 - Working w/ translators/interpreters
- Emodiversity
- Utilizing Trauma Assessments
 - Which are appropriate to administer?
- **"Heavy" topics will be discussed**

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Definitions

- Cultural norms vs. Social norms
- What are examples of cultural groups?
- The fish does not see the water in which it swims.
 - What does this mean?

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Your Trauma Is Not My Trauma

- Have you ever heard a trauma, and thought, 'I have heard worse?'
 - Or perhaps the opposite, and it was the most traumatizing experience you have heard.
 - How do you think either impacts the client?
- Which global atrocity incurred upon a cultural/ethnic group was worse?
 - "Battle" at Wounded Knee
- Assuming a client's experience is traumatic w/out asking.
 - Tucson example of not having food.
 - "Beauty is in the eye of the beholder."
 - The same is true regarding trauma.

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Military Sexual Trauma (MST)

- Experience of a military personnel handcuffed to a bathroom which was discussed in a training in 9/2020.
 - Was this a "traumatic stressor?"
- 33% of women, and 2% of men experience MST.
 - Veteran Affairs (2020)

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Culture of Obesity

- In many cultures, being "overweight" is considered an attractive quality, and is desired.
- Friend uses the term "Baller-belly."
- Article in 1/2012 entitled "Obesity is a sign of good health in some Cultures" by Arya Sharma, MD.
 - the notion of obesity as a sign of good health of course is not that surprising – especially in countries where malnutrition, infectious diseases, gut parasites, and other 'wasting' conditions, are endemic. Being skinny is a sure sign of sickness and weight loss is most alarming.

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Culture of Obesity Continued

- One family physician noted in his presentation the case of an overweight woman, who presented in his practice with diabetes. A few weeks after starting her on metformin, she came back considerably distressed about the fact, that she had now lost a few kilos. He noted that despite explaining out that her diabetes was now under control and her blood pressure had improved, she remained unconvinced about the benefits of being on this treatment. To her, losing weight equated directly with being unhealthy and "less sexy" to her husband.
 - What is more important, your relationship with your partner, or your health?
- One discussant reminded me of the African practice of fattening rooms, where brides-to-be would be sequestered and overfed in order to be their 'best weight!' on their wedding day – the exact opposite of Western societies, where brides wanting to lose weight provide healthy profits for the weight-loss industry.
- It can be argued that both can be viewed as traumatic, as the sentiment is "you are not the right size."

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Culture of Obesity Continued

- As clinicians, let us be aware that when some of our patients appear unconcerned about their weight-related health problems, they may not simply be unmotivated to consider obesity treatments – they (and their family and friends) may actively oppose and resist them.
- Is there a correlation between trauma and obesity?

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Female Genital Mutilation

- Strid & Axelsson (2020) looked into FGM in a Somali migrant minority community in Sweden.
- "Involving men in anti-violence work has been gaining increased attention."
 - Why is it now "gaining increased attention," and what has been the traumatic impact of there being less attention previously?
- The social norms approach challenges notions of violent masculinity and underlines the need for comprehensive, culturally relevant, and sensitive interventions to engage men in violence prevention.

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Background on FGM

- FGM is a global health problem, a violation of human rights and a form of violence against women and girls (UN, 1989).
- It involves the amputation or damage of genitalia for non-therapeutic and non-medical purposes (WHO, 2016).
- It is performed on girls between the ages of 0–15, often without anesthesia, and can have serious consequences for sexual and reproductive health.
- The UN (2016) estimates that 200–400 million women and girls are affected, and three million girls at risk annually.

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Background on FGM

- In Sweden, nearly 38,000 girls and women may have been subjected to FGM (National Board of Health and Welfare, 2015).
- Global prevalence is decreasing, but through migration processes, regional prevalence has increased in countries where FGM did not previously exist (Mergoert et al., 2015), attracting political attention from the EU (European Parliament [EP], 2012; European Commission [EC], 2013).
- FGM is illegal in many countries, but not all. In Sweden, it has been illegal since 1982.

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Men's View on FGM

- Developed in the context of sexual assault, studies have documented how men hold misperceived attitudes about other men's acceptance of violence-supportive attitudes and behaviors, and found that men's willingness to act as women's allies is influenced by their perceptions of other men's attitudes.
 - (Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2004).
- What are the implications of this?
 - "Your perception is your reality."

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Findings on FGM

- Participant:
 - If used to be an old tradition that we have of home. And then, when it comes to, if I for example have a daughter, then I am a dad, and dad has nothing to do with it.
- Participant:
 - In Somalia, our dad has never told us or talked about it. It is the mothers that take care of the girls, if than shall be cut or not. The dad has not, nothing to do with it.

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What is Your Role Regarding FGM?

- A focus on men's attitudes and self-perceived roles underlines the responsibility and accountability of men as a group for the continuation or abandonment of the practice.
- The analysis of men's attitudes and self-perceived roles make visible the power of men as a group, and the possibilities to engage men.
- Once men were made aware of what FGM was, it significantly changed their perspectives on this cultural practice.**

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Trauma Involving Vietnamese Migration

- Trauma, Discrimination, and Psychological Distress Across Vietnamese Refugees and Immigrants: A Life Course Perspective (Kim et. al, 2019)
- There is a difference between the terms refugee, and immigrant.
- Much of the literature has focused mainly on experiences of pre-migration trauma, however, emerging literature highlights the importance of post-migration factors contributing to a variety of mental health outcomes.

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Psychological Distress

- The attention to trauma in refugee communities is important as refugees, by definition, are more likely to have experienced war-related violence, political persecution, and torture. Indeed, refugee patients at a U.S. psychiatry clinic had reported multiple traumatic experiences prior to their U.S. arrival.
- Among Vietnamese refugees, sex, age at immigration, and pre- and post-migration trauma experiences were all associated with psychological distress.
- Women were more likely than men to report symptoms associated with psychological problems.
 - The article noted most Vietnamese immigrants were female.
 - Why might this be?

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Racial Discrimination and Trauma

- Despite the fact that Vietnamese refugees reported a significantly higher racial discrimination score than Vietnamese immigrants, racial discrimination was only significantly associated with immigrants' psychological distress, not with that of Vietnamese refugees.
 - Let's deconstruct this.
- Racial discrimination has been linked to psychological distress, in that more experiences of race-based discrimination were related to a higher level of psychological distress among nationally representative Asian Americans.
 - This impacts more than just immigrants...

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Findings Regarding Vietnamese Migrants

- The results of this study add to this complexity by highlighting a lack of awareness on the part of healthcare professionals about the varying pre- and post-migration experiences of this diverse community, whether or not they have refugee-related experiences.
- **The results indicate that healthcare professionals should consider the migration background of foreign-born Vietnamese in screening for potential psychological issues, particularly around their trauma history and discriminatory experiences.**
- How do these findings inform our work with clients?

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Forcibly Displaced Populations

- Briefing paper in the International Society for Traumatic Stress Studies entitled "Trauma and Mental Health in Forcibly Displaced Populations" by Nickerson et. al, 2020.
- Exposure to traumatic events, and daily stressors contribute substantially to psychopathology in refugees, and asylum-seekers.
- Trauma-focused interventions have the strongest evidence base to reduce PTSD symptoms in adult and child refugees, and asylum-seekers.
- Culture impacts on conceptualization, expression, and treatment of psychological distress in refugees and asylum-seekers.
- There exist numerous logistical, cultural, and situational barriers to accessing treatment for psychological disorders for refugees and asylum-seekers.
- There is promising evidence regarding scalable interventions for refugees and asylum-seekers that overcome barriers to accessing treatment for psychological symptoms, however, these require further evaluation.

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Overview

- There are over 65 million people forcibly displaced worldwide due to conflict and persecution, with over 21 million of these being refugees (UNHCR, 2016).
- Approximately half of forcibly displaced people are children and adolescents, including a substantial proportion who are separated from their families (UNHCR, 2016).
- According to the 1951 Refugee Convention, a refugee is a person who is unable or unwilling to return to his or her country of origin due to a well-founded fear of persecution on the basis of race, religion, nationality, political affiliation or group membership.
- The United Nations High Commissioner for Refugees estimates that, in 2015, one in every 113 people globally was either an asylum-seeker, internally displaced person or a refugee (UNHCR, 2016).

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Overview Continued

- It is notable that, out of these, less than 1% of refugees worldwide in 2016 was resettled (UNHCR, 2016), with the majority of those being exposed to sustained displacement residing in LMICs (low and middle income countries).
- Refugees, asylum-seekers and other forcibly displaced persons are typically exposed to multiple traumatic events in the context of war, persecution and displacement.
- These experiences, which are often prolonged, repeated and interpersonal in nature, can have a profound impact on the individual's mental health.
- As an increasing number of people become forcibly displaced worldwide, there is a growing impetus amongst host countries to recognize and meet the mental health needs of refugees and asylum-seekers.

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PTSD, Depression, and Substance Use

- A comprehensive meta-analysis of rates of PTSD and depression in adult refugee and conflict-affected populations reported a point prevalence of 30.6% for PTSD (ranging from 0-99%), and 30.8% for depression (with individual study rates ranging from 3-86%; Steel et al., 2009).
- In addition, individuals who have lost loved ones, or are uncertain of the fate of those close to them may experience complicated bereavement or prolonged grief reactions.
- In contrast, findings regarding substance use disorders are mixed, with studies suggesting that there are elevated rates of alcohol and drug use amongst some displaced populations, but not others.

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Working with Translators/Interpreters

- Who has worked with a translator/interpreter?
 - If so, what language was therapy conducted in?
- What are the downsides to working w/ a translator/interpreter?
 - Additional collaboration regarding working out timing of schedules.
- The pros of working w/ a translator/interpreter?
- Experience w/ colleague who worked with a deaf interpreter for her client.

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Translators Continued

- Summarizing is not always best practice, and context is not always translated properly... they are not translating word for word, and important pieces are missed.
 - Mika Kunis, born in Soviet Ukraine
- What are the dangers of not having an interpreter/translator in the client's native tongue?
- **Certain cultural complexities and nuances that the clinician may miss may be picked up by the translator.**

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Positive vs. Negative Emotions

- Werner-Seidler et al. (2020) stated that "mental health and well-being are predicated upon the experience of relatively high levels of positive emotions, and lower levels of negative emotions." (p 106).
- This statement accurately reflects the imbalance of negative and positive felt emotions when addressing the emotion experience for clients/patients.
- What is this statement actually saying?
- A balance of both negative, and high positive emotions is optimal.**

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Emodiversity

- A term coined by Quoidbach et al (2014) to describe the diversity of experienced emotion, which is derived from the literature on biodiversity.
- Results suggested that greater levels of emodiversity, regardless of emotion valence, was associated with better mental health.
- Werner-Seidler, et al. (2020) challenged this study, and researched the intersection between individuals who were depressed, and emodiversity.

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Findings

- In this analysis, those with recurrent depression develop, and remember a more diverse experience of the nuances of different kinds of negative emotion states, and indeed experience a greater variety of these states (e.g., sadness, fear, shame, guilt, hopelessness), relative to those who have not been depressed.
- This current research lends support to the suggestion that chronic mental health conditions including post-traumatic stress, and depression are associated with elevated expertise in the domain of negative affective experience.
- One can therefore argue that the protective effect of greater (negative) emodiversity found in general population groups does not extend to those with chronic mental health difficulties.
- In short, a greater diversity of experienced emotion is only psychologically healthy if the individual is experiencing a mix of both positive, and negative emotions.

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Suggestions for Public Health Policy

- Provision of evidence-based treatment at no cost (with interpreters if required).
- Increased competence in the culturally-informed delivery of evidence-based interventions in the healthcare systems of host countries.
- The creation of complementary treatment, training and research facilities for refugees and asylum-seekers in settlement countries.
 - This has been done when Houston experienced hurricane Harvey in 2017, and individuals were displaced here in Dallas.
- The involvement of individuals from a refugee background in mental health programming and implementation.
- Provision of stigma-reduction programs.

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Suggestions for Immigration, Settlement, and MHPSS Policy

- MHPSS= Mental Health and Psychosocial Support
- Provide critical resources to facilitate positive adaptation in refugees and asylum-seekers, including enhancing individual capacity for resilience and strengthening family and community supports.
- Consider the negative mental health effects of restrictive immigration policy, and how psychological symptoms may impact on legal processes related to immigration status resolution.
- Prioritize the reunification of families to protect vulnerable children and adolescents.

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Suggestions for Clinical Practice

- Implement evidence-based treatments (such as trauma-focused interventions for PTSD) where possible, and via a trained interpreter if required.
- Consider how the cultural background of the client, the context in which the client is living (i.e., refugee camp, settlement country) and daily stressors impact on psychopathology, and how clinical practice can be adapted to accommodate these factors.
- Consider family and school contexts when working with forcibly displaced children and adolescents.

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Suggestions for Research

- Implement community participatory designs, and be conducted in collaboration with service providers, clinicians, and policymakers where possible.
- Investigate the full breadth of psychological disorders, and symptoms in refugees, focusing on cultural conceptions of distress.
- Implement longitudinal, experimental, biological, and neuroscience methods to identify mechanisms underlying refugee mental health, and determine the temporal causal relationship between refugee experiences, mental health, and other outcomes.
- Be conducted in low- and middle- income countries (LMICs), to increase knowledge regarding the mental health of refugees in sustained displacement.

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Treatment Study Suggestions

- Implement rigorous randomized controlled trial designs.
- Investigate the efficacy of interventions in reducing psychological symptoms beyond PTSD and improving broader outcomes (e.g., functional impairment, quality of life).
- Evaluate interventions that improve access to mental health care (i.e., stepped care and on-site treatments), and have a broader community and societal focus.
- Evaluate the efficacy of early intervention/ prevention programs, including Psychological First Aid.
- Investigate treatment moderators to identify individuals who fail to benefit from best practice interventions.
- Include the development, and evaluation of programs that support parental care and parenting practices in refugee families.

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Findings

- High-quality research should be undertaken in collaboration with refugee communities to increase understanding, and treatment of psychological disorders amongst refugees and asylum-seekers.
- Evidence-based interventions should be made available for, and implemented where possible with, refugees with psychological disorders.
- Clinicians and support workers should take into account contextual factors (i.e., cultural background, daily stressors, living, family, and school environments) when working with refugees and asylum-seekers.

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Culturally Competent Psychological Treatment Intervention (Ford, 2008)

- Evidence-based PTSD treatment models may work well with culturally-specific healing practices because they share the common goal of fostering not just symptom reduction but a bolstering of resilience, and mastery.
- Developing culturally specific and sensitive prevention or treatment interventions for PTSD, however, requires careful ethnographic study – that is, observing, and learning about the values, norms, beliefs, and practices endorsed and enforced by different cultural sub-groups.
- Ultimately the goal is that the PTSD clinician will truly work with – rather than imposing external assumptions and standards upon – the members of the wide range of ethnic, and cultural communities
- **The "gold standard" of care would be to incorporate a careful ethnographic study, and collaboration between PTSD clinicians, and varied cultural communities.**

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Assessments/Questionnaires

- Stressful Life Events Screening Questionnaire (SLESQ)
- Subjective Traumatic Outlook Questionnaire (STO)
- **Trauma History Questionnaire (THQ)**
 - English, Spanish, Danish, French, Portuguese, Urdu, Icelandic
 - **Widely utilized tool to assess trauma**
- Posttraumatic Cognitions Inventory (PCTI)

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Questions

- Are there any answers?
- References will be provided to all participants

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