

WORKING WITH TRAUMATIZED REFUGEES

Stress and trauma in refugees

Refugees react and cope with trauma differently. Not all develop post-trauma symptoms. Some may only experience the impact of trauma at a later time, as a result of additional stresses.

Common reactions after traumatic life events include:

- anxiety
- panic attacks; startle responses - flashbacks - depression
- grief reactions
- dissociation or numbing
- sleeping problems irritability or aggressiveness
- emotional stress
- eating disorders
- psycho-sexual problems
- inability to plan for the future; pre-occupation with the past.

Some people may also have symptoms of post traumatic stress disorder (PTSD), including:

- intrusive thoughts, memories, flashbacks and nightmares of traumatic/persecutory content
- ▶ numbing and blocking responses such as avoiding thoughts, memories, people and situations that trigger traumatic memories
- ▶ hyper-arousal symptoms such as sleeping, memory and concentration problems, startle responses, and irritability.

Typically, intrusive phenomena are stronger soon after the trauma; eventually, numbing symptoms begin to dominate.

Clients may swing from being overwhelmed by past experiences to becoming numb and withdrawn, unable to discuss the past. Severely traumatised people could be misunderstood as deliberately withholding information, being uncooperative, lying, giving inconsistent stories or being unreliable.

Some people try to block memories of trauma by excessive drinking, smoking, gambling, self-medication and risk-taking behaviours.

Working with Refugees: a guide for social workers, produced by NSW Refugee Health Service and STARTTS (NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors), Sidney, 2004 p 14 ("2.1 Psychological consequences of the refugee experience.")