Working with refugees from Syria and surrounding Middle East countries

PRACTICAL TIPS FROM CULTURAL & PSYCHOLOGICAL PERSPECTIVES

INCLUDING A SPECIAL ADDENDUM ON MENTAL HEALTH
FOR HEALTH AND MENTAL HEALTH PROFESSIONALS

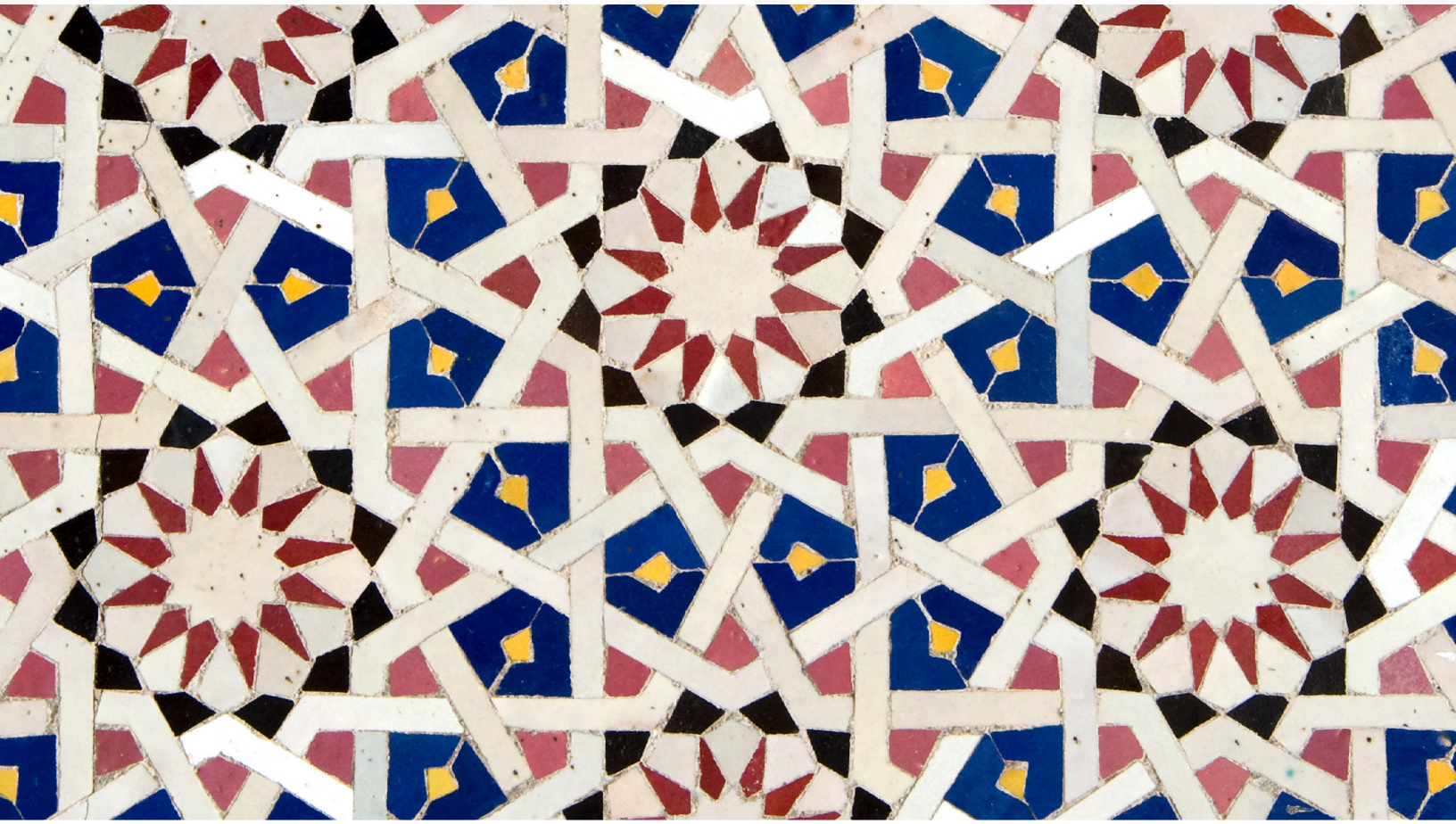

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Table of Contents

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INTRODUCTION

These tip sheets are for individuals working with refugees from Syria and the surrounding Middle East region. They were developed by Clinic Psychology's Public Mental Health Initiative to translate best available knowledge to concrete and useful communication and action strategies. The tip sheets include accessible, applicable, succinct, and culturally relevant advice from experts in cross cultural and international psychology and are focused on Syria and the Middle East.

The tips were developed from contributions from psychologists and public health workers around the world. The goal is to promote positive cross cultural experiences and assist in the transition of, and work with, refugees from this region. These tips draw on culturally appropriate psychological knowledge and available best practices for these areas:

1. General Information
2. Culture
3. Family and Children
4. Education
5. Gender
6. Building Relationships and Trust
7. Migration and Resettlement
8. Mental Health (focused on health and mental health professionals)

Syria and the Middle East are heterogeneous societies. Thus, although these materials seek to offer insight into working with people from these areas, we encourage users to be mindful that the information provided is a guide, and not a set of rules, to help improve rapport and interactions with refugees from these regions. There will be variation among individuals and across ethnic and religious groups. Specific tips are intended as general guidance, rather than absolute rules.

It is important to note that refugees are likely to have varying levels of experience and comfort with cultures other than their own, and will vary in their level of comfort with their host country and its dominant culture (this is referred to as acculturation).

GENERAL INFORMATION

a. Statistics and Demographics for Syria:

Total population 23 million (decreased an estimated 25%)

Ethnic groups:

- 90.3 % Arab
- 9.7% Kurdish & Armenian

Religions:

- 87% Muslim (includes Sunni 74%, and Alawi, Ismaili, and Shia13%)
- 10% Christian (includes Orthodox, Uniate, and Nestorian)
- 3% Druze
- Jewish (less than 1%)

Languages spoken:

- Arabic (official)
- Kurdish
- Armenian
- Some French and English spoken

b. Syrians and Middle Easterners:

Refugees from the Middle East coming to resettle in North America and Europe is not a new phenomenon, and throughout history there have been waves of refugees from different countries (i.e. Lebanon, Iraq and Palestine). More recently with the conflict in Syria, there has been a new wave of refugees from Syria and some neighboring countries (e.g., Iraq). Thus, we provide relevant tips to working with people from Syria and the surrounding Middle East region. In the following document, when information specifically states "Syria" or "Syrians", that bit of information is specific to that group of people. Otherwise, the more broad term of "Middle East" or "Middle Easterners" will be used to discuss the overall culture for the region, which would also include Syrian culture and norms. Although the term "Middle East" covers different nationalities with many cultural differences in the region, there are some pervasive and widespread general cultural patterns and practices with similar values and norms, that make up an overall culture for that region.

c. Introduction to Syria and Syrian Refugee Groups:

Syrian people come from a well-informed and well-educated culture, which means that many refugees are knowledgeable about social norms and values around the world. Although there may be individual or regional variation, most Syrian refugees will be aware of many of the the differences between their home culture and the dominant culture in many of the regions to which they are fleeing to (e.g., North America, Europe).

Even though the majority of Syrian refugees are aware of broad cultural differences, an acculturation process or adjustment period still occurs for most migrants or refugees.

Culture

a. It is critically important to make every effort to understand cultural practices in context, which helps avoid misinterpretations.

i. An important point to note is that not all Middle Easterners are Muslims and not all Middle Easterners are Arabs. When working with refugees, keep in mind that there will be cultural differences within the group of refugees and variations in terms of religion.

b. Middle Eastern culture, like all cultures, has practices, perspectives, and styles that are often unfamiliar to those from other cultures. Understanding different expectations and meanings of behaviors may help promote better interactions.

i. Middle Eastern norms for behavior and appearance tend to be conservative by Canadian, American, or European standards (although there is broad individual variation).

ii. This is particularly noted in the case of women's dress. Be mindful that dress and social status do not equate to specific behaviors or values. For example, do not assume that a woman who dresses conservatively (by covering the head or face, or by covering arms or legs) is necessarily oppressed. In parallel, do not assume that a woman who dresses in a less conservative manner is ignoring her faith. Either can be very offensive. Approach each woman with dignity and assume she has made choices based on self-determination.

c. Some people from the Middle East are emotionally expressive in their communication style. For example, they may express anger or frustration with intense and vigorous gestures, loud voices, or harsh comments (e.g., an intense argument between two family members or friends, or a display of frustration). Their intent is not necessarily to be rude or threatening.

i. Communications should be assessed within the context of high expressiveness, both between cultural groups, but especially within cultural groups. What might be perceived as dysfunctional communication within a family, or a harsh or seemingly threatening interaction between a refugee and someone from outside their culture, may be expressions of high emotionality in communication style.

ii. Excessive emotional expression is much less common toward people in authority, such as police, health professionals, etc.

iii. Violence, including gender-based violence, is not a sign of culturally based emotional expressivity, and is not deemed as culturally appropriate, and should be handled as a form of abuse.

d. In some but not all Middle Eastern cultures, time perception and constraints may be more relaxed and less specific.

i. Although it is acceptable to expect people on time for appointments, professionals should exert caution when interpreting Middle Eastern clients' tardiness as "resistance" or a lack of respect.

ii. Kindly emphasize the importance of arriving on time when scheduling appointments with more recent immigrants or refugees from the Middle East and call to remind them of the appointment time.

e. Middle Easterners who are observant Muslims engage in ritual prayer five times a day, preceded by ritual ablution (cleansing). These rituals occur in the early morning, mid-day, afternoon, early evening and at night.

i. For observant Muslims the time for prayer may take priority over a planned meeting or an appointment. This may cause lateness if an appointment falls during a time for prayer.

ii. Individuals may request a quiet and clean place to perform their prayers. Make this available to her or him. It would also be courteous to make note of the "Quibla" (the direction Muslims face when they pray) and if possible have a small prayer mat available for them to use. See the following website to assist in finding the Quibla (http://qib.la/).

iii. It is important to note that prayer can also be a means of coping at times of stress and has meditative and mindful components. Allowing an individual time and a place to pray, when available, is not just culturally appropriate, but may be helpful to them in coping with their distress or trauma.

Family & Children

a. Family, family structure and coherence are strong priorities in Middle Eastern culture, and reflect deep cultural beliefs and values that the collective good of the family can outweigh the needs of the individual. These beliefs and values permeate all religious and ethnic groups in the Middle East. Upholding actions and values that uphold the good of the family are seen as honorable. This also means that extended family systems are often a big part of the family structure.

Refugees may feel responsibility for caring for extended family members or experience guilt if members were left behind during the war or crisis. This responsibility can take both an emotional and financial toll (when sending money back to family).

i. Be mindful that even if a family or individual may have resettled successfully, this may affect their abilities to perform normally.

b. Family responsibility is strongly encouraged in Middle Eastern and Muslim culture and extends to the nuclear family.

i. It is not uncommon for older siblings to have responsibilities in caring for younger children. Hence, older siblings may feel responsible and anxious for their younger siblings. In the same way, older adults will also often care for their parents, and may also feel responsible and increasingly anxious about their parents' health and condition. In most cases, these responsibilities should be understood as normal parts of Middle Eastern family behavior, as opposed to inappropriate attachment.

c. Middle Eastern culture often encourages people to look within the family for solutions. This means that some people are less likely to disclose their or their family's difficulties to people outside of their family. This may extend to mental health professionals.

i. If disclosure is not necessary, do not ask for information that is not needed.

ii. When necessary, it is important to establish trust and rapport to develop a process for disclosure. It may be useful to begin with more "surface level" disclosures (e.g., the health and well being of family) before more personal ones. Physical and mental health professionals may not receive a full social history at the outset.

iii. In discussing personal issues, it is important to discuss the boundaries of confidentiality. When confidentiality is available, it will be important to highlight this to the person in question.

iv. When working with children and adolescents who have been in their new settings for a while, be aware that this may not apply to them as they may adopt the cultural standard of their new setting, as children and adolescents adjust and change cultural standards more quickly than their parents.

d. For more culturally traditional families, family systems may be patriarchal in structure. It is important to note how this changes as families begin to adopt new cultural norms or when the patriarchal figures (father or grandfather) become absent due to death or separation during the migration process. The most common change is to single parent families.

i. In more traditional families, the eldest child (generally male but could be female) assumes more of a family leadership role. Even with either or both parents present, the eldest child takes increased family responsibility, and may be involved in family decision making. Therefore, it is important to determine who the family decision makers are and include them in discussions.

ii. Due to a variety of circumstances (e.g., cultural shifts, war, economics, etc.), women have taken an increased leadership role in the family than was previously realized.

e. Corporal punishment may be used as a form of disclipline by parents. This ranges from mild spanking to harsher forms.

i. Handling such instances requires sensitivity toward the family and to cultural norms. Understanding the parents' motivations and acculturation stage is important. Working with families to develop non-violent strategies for resolving conflict is key. Take this opportunity to educate the family on the culture norms and legality of the host culture in a non-threatening way.

ii. In newly resettled families, there are cases where children threaten to call 911 when physically disciplined, or at times of verbal conflict. It is important to work with families before more formal interventions from state or social agencies are involved.

f. Although children will tend to adapt to language quicker than their parents, languagecanpose a barrier, and so the following should be kept in mind:

i. Younger children may need help verbalizing their feelings, questions, and concerns. You can assist them by providing simple labels for common emotions (e.g., scared, mad, sad) and by checking in with them often to make sure you understand their needs. Using a translator and cultural broker (community member, family etc.) can be helpful when needed.

ii. Learning some words in their language can be helpful. But it is also helpful to assist them in learning words and labels to express how they feel, both in a new language and in their own language.

g. It is common for children in Middle Eastern families to be dependent on their parents for financial and emotional support, even after they become adults (e.g. parents typically support their children through the entire education process and sometimes until they are married), which is seen as adaptive.Trauma associated with the refugee experience may increase separation anxiety in families and lead to increased intra-familial dependencies that are sometimes not adaptive. With trauma, there can be an increase in separation anxiety, and it can be difficult to distinguish between what is a cultural norm and what is an outcome of trauma.

i. When observing unusual degrees of dependence it would be useful to query family members if increased attachment is the behavior expected in the family or is a change from the child's previous behavior. Time and increased comfort to their new host country may help the family with this.

ii. A referral to a mental health professional may assist the family in coping with separation anxiety, particularly in the case of children.

h. Children will adapt to new surroundings, languages and culture more rapidly than their parents. When this adaptation includes changing expected norms or normative behaviors, this can create intergenerational conflict, with children wanting to blend into the new culture, and parents wanting them to keep the original one.

i. It is important to help families and children discuss and negotiate cultural conflicts and acceptable behaviors. Workers can assist in the negotiation process and help parents understand the struggles of their children to find a balance.

ii. To help children find a balance between customs and traditions from their original culture and their new culture, it can be helpful to pair newer immigrant families with families who are from the same culture or religious background but who have been in the new country for longer. This can help provide a model and comparison of what had occurred in families similar to them.

Education

a. Education is considered a serious activity analogous to work in Middle Eastern culture. Thus, interactions about educational processes and options as well as interactions with educators are more formal than in western contexts. This formality with educators is seen as a sign of respect toward authority.

i. Parents may expect a more formal learning environment in schools, even for preschool and elementary school children. They may find extracurricular and play activities (though perceived as helpful for building trust) to be of less importance for their young children for the purpose of learning. This may change with a process of acculturation and time.

ii. Parents are likely to be formal with the teacher or other school officials. Generally, children and youth are not accustomed to calling teachers or elders by only their given name. It is common to address adults by "Mr." or "Mrs." or their professional title (e.g., "Doctor", or "Professor") followed by their given name.

b. A majority of refugee children from Syria and the surrounding areas may have come from different educational systems taught in Arabic. In addition they may have missed school or are currently not able to attend school, and will therefore have gaps in their learning.

i. Expect that lapses in formal education and the refugee experience may cause some gaps in skills in education. Schools should be careful to assess academic skills with this in mind and assume that additional education will be necessary.

c. Education is a highly valued institution and process in Middle Eastern culture, as it is tied to life success and upward mobility (sometimes out of poverty).

i. Expect that children will have an increased need to do well in school, and any lapse in education caused by migration may result in a perceived lack of intellect and thus may cause frustration in children and perhaps their parents.

ii. Inform parents and their children that because of the gaps in education that it may take some time for the child's ability to realized.

d. Acting out in school (disruptive behavior) or out of school (shoplifting, loitering, etc.) may reflect difficulties with adjustment, or difficulties associated with past trauma.

i. Workers addressing disruptive behaviors might explore addressing psychosocial issues prior to recommendation of engagement in sanctions.

Gender

a. "Gender courtesy" is an important aspect of Muslim and Middle Eastern culture. Gender courtesy means that women and adolescent girls are allowed the right to avoid physical contact with an adult man or adolescent male they do not know well. Women and adolescent girls should be allowed to make the first gesture, such as in the case of common greetings, such as handshakes. The same is true for men and adolescent boys, in that they too, are allowed the right to avoid physical contact with an adult woman or adolescent girl. They, too, should be allowed to make the first gesture of physical contact with someone of the opposite gender. This has several implications:

i. If you are a female professional, be aware that when you first introduce yourself to a Muslim and/or Middle Eastern man, he may not engage in handshakes or other greetings that require physical contact out of "gender courtesy" toward women. A verbal greeting is appropriate in this situation.

ii. If you are a male professional, it is important to allow a female who is Muslim and/or Middle Eastern to initiate greetings based on contact. If she does not, a verbal greeting is appropriate.

iii. Some individuals may respond to an invitation to shake hands with a person of the opposite gender by placing their hand over their heart. This is a courteous way of them declining the handshake and, at the same time, noting a sense of respect.

b. Many, although not all, Muslims and Middle Easterners would be most comfortable receiving care from health providers of the same sex, because physical contact with persons (e.g., in the case of a physical examination) of the opposite sex may be less common in their cultural experience.

i. When you make referrals to health care providers, ensure they are of the same sex as the client who is being referred. If you are a health care provider or a civil worker (e.g. police official or teacher) and are receiving a referral, find a colleague of the same gender as the individual being referred to perform services. This may assist with greater comfort and thus further disclosure.

ii. In the case of physical examinations with female patients, if a health care provider of the same sex is not available, offer to have a female chaperone attend.

c. Rape and sexual assault have been documented as tools of war, particularly against women and adolescent girls. A history of sexual abuse prior to leaving one's home country is also an important consideration. Female health care personnel will be particularly important in these cases, given that women and adolescent girls often, but not always, have limited physical contact with men outside their family, in addition to having potentially been victims of male perpetrators.

i. Ensure that a medical professional of the same sex as the client conducts physical examinations and clinical interviews.

ii. Inquire if the client would like to have a support (i.e. community or family member) accompany them to any appointments related to issues of sexual assault. The client may simply want this support to wait in the waiting area or may wish to have their support be present during discussions with health care providers or civil personnel.

Building Relationships & Trust

a. It is critically important to develop rapport and trust to be effective in working with refugees or for obtaining accurate information. Be aware that refugees have probably undergone a grueling journey before they see you. In addition, as noted elsewhere, disclosing personal details (e.g., emotional state, family dynamics, etc.) to persons outside the family, especially from a different culture, is not typical.

i. When possible, the use of culturally congruent volunteers or professionals can help establish a sense of security and trust.

ii. When it is not possible to find culturally congruent volunteers or professionals, it is important to make your interest and desire to learn about the person's culture apparent. This can be done in a variety of ways, including: asking about religion (as a means of showing respect for the importance that religion holds for many people from Middle Eastern cultures); asking about their language or cultural practices; or asking about which aspects of the host country they find appealing and which they find challenging.

iii. In talking with Middle Eastern refugees, be aware of the geopolitics and history of the region. It will be critical to make yourself aware of the nature of the conflict, and current developments in the region. Also educate yourself about the current challenges faced by refugees in terms of racism, xenophobia, and Islamophobia. This will be a process of learning, but some familiarity will be better than none.

iv. Humor can be an effective tool in developing trust with people who are the same age or younger than you. Use of humor when dealing with someone who may be much older can be seen as a sign of disrespect to more elderly individuals.

v. Play is an effective means of developing trust with children, but also seen as a sign of trustworthiness to the parents.

vi. Retaining your professional stance by presenting yourself in a more formal professional manner (e.g. use of last name and title), may make many refugees more comfortable interacting with you, because it can demonstrate your legitimacy in that profession. At the same time, it is also important to spend at least a short time to inquire about the well-being of the person and their family. The answers will not necessarily accurately reflect the conditions or the emotional well being of the person or the family, but taking time to ask is considered a courtesy and a sign of warmth for many newer immigrants, and typically is a necessary precursor to formal conversation.

vii. Be open to building partnerships with the larger Muslim or Middle Eastern community, or community leaders. If refugees know that others in their community already trust you, this can help build bridges and trust with refugees.

viii. Work with Muslim or Middle Eastern communities that are already in the area, as they may be good sources of additional information needed to help refugees.

b. Religion is very important to many individuals from the Middle East. It is often a part of many aspects of life.

i. Becoming familiar and comfortable with using spiritual metaphors used by Middle Eastern people may be a helpful tool in making them feel comfortable and building trust. It can demonstrate openness to understanding their culture and reduce fear of being misunderstood and judged. Build relationships with Muslim and Middle Eastern people already in your community who can inform you further about cultural and spiritual metaphors. There are also many online resources of "hadith" (i.e. Prophetic parables) that can be sought out for Islamic metaphors.

c. Many forms that collect demographic information do not provide appropriate identification categories for Middle East persons. Forms that collect demographic information on ethnicity can have an important part to play in helping new Middle Easterners feel more acknowledged and welcomed.

i. By including categories such as "Arab", "Iranian/Persian", and "Middle Eastern" in forms, people feel more included and significant. This may be a good time to update forms to include other ethnicities normally not included as well.

d. Language barriers make it important and valuable to engage translators (preferably ones who are also knowleagable about the culture too) for refugee populations.

i. Keep in mind that there are different dialects within the Arabic Language, and not every Arabic speaking interpreter will be a good fit for the person. Ensure you employ a translator that they can communicate with.

Migration and Resettlement

a. It is both respectful and increases a sense of acceptance and welcome to assume that a person new to the country knows many of the broader local cultural norms, but may not be aware of the details of "how things work" in their new culture. Thus, it is helpful to engage in discussion about what information would be useful as a newly settled refugee (e.g. information about the processes of finding a job or obtaining credentials). These kinds of discussions will build a positive relationship in which the refugee may feel comfortable inquiring about unfamiliar or new systems or processes.

There are a number of strategies that can assist in communication, easing initial anxiety on resettlement, and preparing for integration into the local community.

i. Upon arrival, Arabic speakers in receiving centers should be available in order to communicate directly and fluently with refugees and assess their immediate needs, while also explaining to them what is expected from them.

ii. House families (nuclear and extended) together, or in close proximity to each other.

iii. Settle refugees from the same region or who are culturally and linguistically congruent in the same neighborhood, especially at the beginning of their arrival.

iv. Provide new refugees with connections to people in their own cultural and religious community already living in their new city.

Special Addendum on Mental Health

(focused on health & mental health professionals)

Although many tips thus far implicitly may address issues related to mental health, the section below specifically addresses unique issues associated with mental health. Although most of these tips are written for health and mental health professionals specifically, many other volunteers who work with these refugees may find some value in them as well.

Mental health issues have been identified as an area of critical need as refugees displaced due to the Syrian civil war, continuing conflict in Iraq, and violence and resource crises across the broader Middle East region continue to leave their countries of origin and migrate to Europe, Canada, the United States and elsewhere. There is ongoing evidence that suggests that mental health needs are among the most pronounced needs in health care for refugees. As a result of experiences that include war and civil unrest, the psychological needs of refugees reflect trauma, transit difficulties, cultural conflict and adjustment problems and loss.

The significant and unique stressors associated with refugee status include high risk for mental health difficulties such as posttraumatic stress disorder (PTSD), depression, anxiety, and somatization. In the case of Syrian refugees in particular, the rates of emotional disorders were measured at levels as high as 31% in 2015, much greater than in the general population. Data collected on Iraqi refugees indicated higher rates of mental health symptoms than the general population, particularly on measures of PTSD, anxiety, and depression. When psychiatric conditions are addressed early, treatment can lead to relatively rapid positive progress. Left unchecked for extended time periods, however, the implications of mental health difficulties in refugees can be significant and endure over long periods of time. The tips in this special addendum on mental help professionals begin to address the critical mental health needs observed in Syrian, Iraqi, and other refugees from the Middle East region.

Mental Health

a. Focusing on basic needs (housing, food, work) will be more important initially, than screening for mental health concerns. However mental health screening is an important part of the refugee integration process. Mental health screening can help mitigate the onset of future mental health problems. The process may also allow the community and the individual to identify any potential mental health problems (e.g. unable to work due to mental health difficulties).

Despite having survived a difficult civil war and the processes of migration, not all refugees have experienced psychological trauma and many of those that have will not show signs of these experiences. Those who do, may struggle with the aftermath of trauma at varying times, some sooner, and some later. This can manifest itself in many different ways, ranging from classic mental health difficulties such as PTSD, depression, and anxiety, but also some problems less identified with trauma. These might include difficulty with interpersonal relationships, problems at work or school, behavior management problems for children and adolescents, etc.

i. Focus on immediate needs, such as shelter, food, safety, and medication.

ii. For mental health practitioners, providing information to refugees about mental health (preferably through primary care centers or through community engagement) and how and where to seek out this care, can help refugees self-identify when they need assistance.

iii. Identifying and addressing mental health problems earlier can mitigate the onset of more severe mental health or mental health related difficulties in the future. It may be helpful for agencies and mental health professionals to address these sooner than later, when identified.

iv. It can be helpful to refer individuals or families who may be struggling with adjustment, or with difficulties due to their past experiences, to trained mental health professionals.

v. When possible, culturally congruent, or culturally aware mental health professionals should be engaged.

vi. Cross cultural training may assist mental health professionals who are not culturally congruent to the refugees.

vii. Not all mental health problems related to the migration of refugees will be post traumatic stress disorder (PTSD). For those working in the medical or mental health field, it will be important to know that difficulties with mental health may start small, and much later after resettlement.

b. The term "mental health" can cover a broad range of issues and concerns. When this term is used in the context of Middle Eastern culture, it can be misunderstood because of the following cultural perspective. Stigma is usually associated with mental health because of a cultural perception that mental illness refers to more severe forms of mental illness such as schizophrenia. This is seen as a loss of control of one's mind, which although people may empathize with, would not want to be associated with having experienced themselves. More

common mental health disorders, and feelings associated with anxiety and depression are often seen as a part of everyday life, but also things that can and should be managed by strength in character, by increased faith, or in some cases may be seen as the result of the "evil eye" (a curse caused by a jealous glare). It is for this reason that more common mental health difficulties may not be seen as a form of "mental health or illness" and for some, labelling it as such may cause confusion. This could prevent people from seeking care.

i. Some Middle Eastern refugees may resist psychological treatment due to a fear of being labeled as "crazy".

ii. In some cases, as mentioned above, some negative attitudes toward mental health may be due to the perception that it is due to a weakness in character and the inability to handle stress. Public education through community engagement may assist to reduce this misunderstanding.

iii. Because learning disabilities and developmental delay are perceived as more medical problems, they tend not to be seen under the category of mental health.

c. Mental health professionals and teams are more easily accepted by refugees when integrated within primary care centers and with medical teams, or at least have the appearance of being medical. Most refugees would feel stigmatized if a mental health professional is assessing them for "mental health problems", since they would fear being considered "mentally ill" (see point above). Also, most of them would have had little experience with the mental health field, due partly to stigma, as well as to limited resources in Syria and the Middle East.

For mental health professionals, allow time for clients to share their backgrounds, their pre-migration stories, and the changes in their lives since immigrating. This may mean allowing more time for appointments when needed.

i. When working with Middle Eastern refugees, keep in mind that they may tend to express emotional symptoms physically. For example, a Middle Eastern woman may state that she has body pain when describing symptoms of depression. When physical causes are ruled out, mental health concerns should be considered.

d. For Middle Easterners who are Muslim, there is a fair amount of ritual in the practice of their faith, including some ritual cleansing before prayer. These behaviors usually occur in groups of three, and are sometimes mistaken for mental health difficulties such as obsessive-compulsive disorder (OCD). Note that the opposite may also be true, in that some Muslims who actually struggle with obsessive-compulsive disorder may have their symptoms disguised.

i. For mental health professionals, this is something that they would benefit learning more about by speaking with other Muslims to understand what is normal ritual and what may be above the norm and a possibly sign of an anxiety disorder such as OCD.

e. Rape and sexual assault have been documented as tools of war, particularly against women and adolescent girls. A history of sexual abuse prior to leaving one's home country is also an important consideration. As stated earlier, gender congruent medical personnel will be particularly important in these cases, given that women and adolescent girls often, but not always, have limited contact with men in Muslim and/or Middle Eastern culture in addition to having potentially been victims of male perpetrators. In addition to the points noted in the

section on gender in this document, which would also be critical to understand here, the following tips would also be helpful.

i. Boys or men who have been sexually abused are less likely to report sexual abuse than girls or women. Reporting it can be significantly damaging to their sense of self-worth and masculinity.

ii. This does not mean a history of abuse should not be queried, but rather should be done so delicately, and may occur over time and with increased trust. It may be critically important to explicitly make note of the fact that there would be no judgment on the individual if they happened to disclose abuse.

iii. When assessing for sexual trauma, it would be important to first ensure that you have good rapport with the client. Upon developing good rapport (which may not occur in the first meeting), the second most important thing to do is to ask if sexual trauma occured.

iv. Most sexual abuse (in any situation) is not reported because health professionals do not ask about it. It would also be important to ask about "unwanted" or "difficult" sexual experiences than to ask directly about "rape" or "sexual assault" initially. Many survivors of sexual assault may categorize their experiences as an unpleasant sexual experience or simply an assault rather than "rape" or "abuse". This would especially be true for boys and men.

f. Be mindful that not all the trauma experienced by refugees occurred in their home country, or even in the course of fleeing their country of origin. Racism, discrimination, and Islamophobia in their new country can have serious negative effects on the mental health of an individual. Within the current political climate many refugees face harsh and inhumane treatment from some host countries. These difficult experiences of discrimination can confound and worsen already pre-existing trauma, if not create trauma in and of itself.

i. When exploring traumatic experiences, be mindful that racism and discrimination may be equally as traumatic as difficulties encountered in their home country. Be sure to inquire about it.

g. Prayer and reliance on spiritual and religious beliefs is often an important way for many Middle Eastern people to cope with distress.

i. Acknowledging the importance of spiritual practices, and allowing refugees a form of religious and spiritual expression can be a helpful tool for individuals struggling with trauma or other forms of mental health concerns.

h. For mental health professionals working with Middle Eastern refugees, more practical and prescriptive types of treatment, such as cognitive behavioral therapy (CBT), may be the most effective, and culturally appropriate way to engage someone in a therapeutic relationship (at least initially). Not only is it directive, but it allows for discussions of behavioral and cognitive symptoms before discussion of feelings. In addition, it may be more palatable to individuals who present with somatic symptoms.

i. Referrals to professionals who focus on cognitive behavioral methods are recommended.

ii. Integrating cognitive-behavioral methods into a broader treatment plan is an option for increasing treatment efficacy.

i. For mental health professionals, addressing emotional problems through practical problem

solving of situations is a good way to address mental health concerns. It will allow people to eventually open up about how they feel, but also offer them some control over the situation at hand, instead of feeling helpless.

i. A focus on practical needs, such as getting children to school, find supports for family members, living arrangements and job options may be a meaningful addition to the therapeutic process.

j. Social support is critical for building resilience in children, especially for those who have undergone trauma. For children or adolescents who are resettled, organizing peers who would befriend them and act as social hosts can help bridge their transition into their new society, and help prevent any onset of mental health difficulties that could occur with acculturation and/or past trauma.

i. Help families get connected to socially oriented activities – from sports to clubs or other community organizations that are interesting and positive for their children and can increase social supports.

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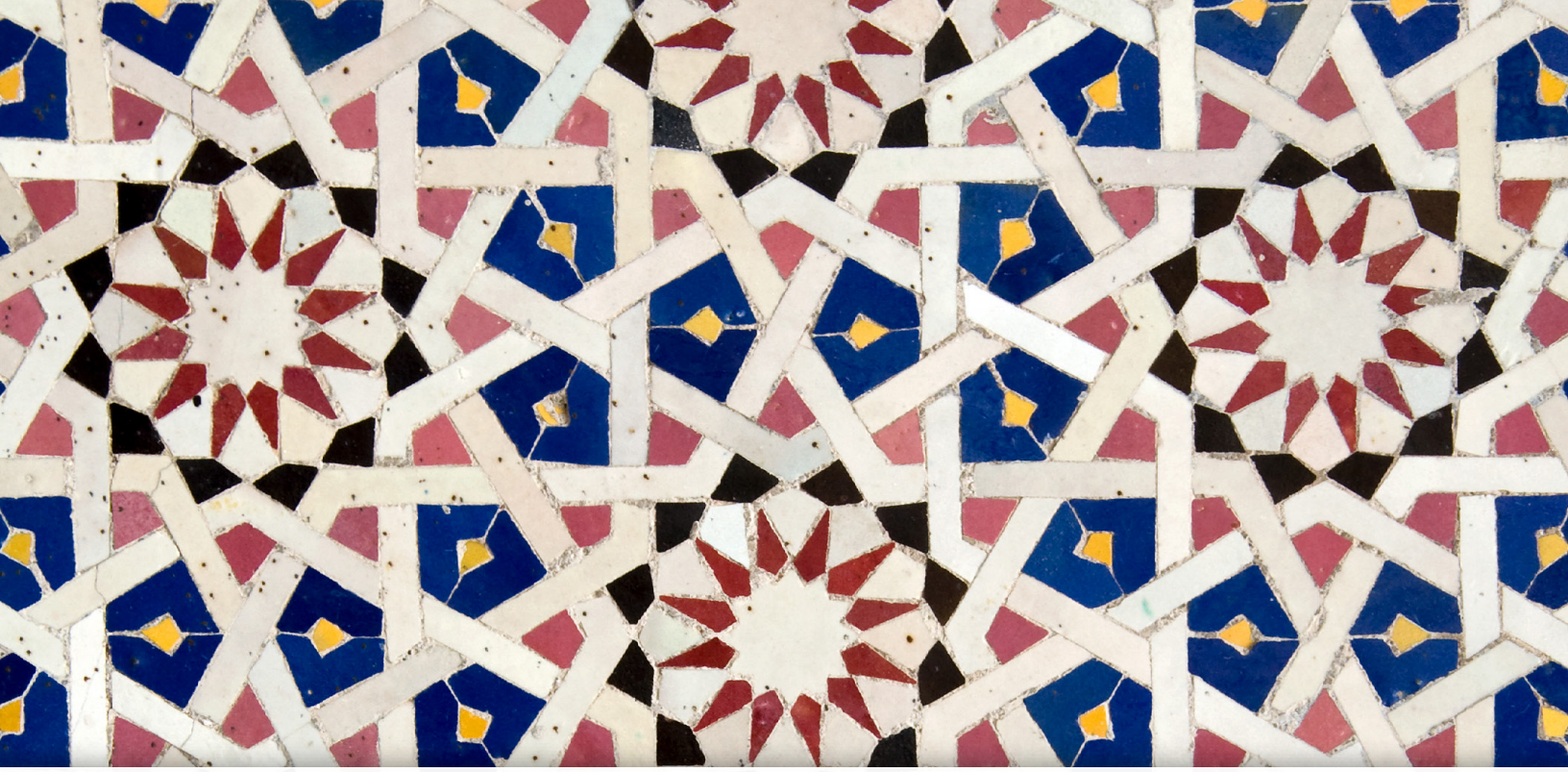

"Speak to people according to their understanding of things."

- PROPHET MOHAMMAD -