

## COVID-19 Culturally Informed Crisis Management for Displaced or Refugee Populations

### Bottom Line Up Front

When working in support of individuals who have experienced displacement or are currently living in Washington State with refugee status, there are several significant behavioral health considerations that are important for supporting agencies and their representatives to keep in mind. It is clear from current research that there are often many significant behavioral health concerns that need to be addressed and acknowledged for families and individuals who are experiencing the upheavals associated with displacement of any kind.<sup>1, 2, 3, 4, 5, 6</sup>

When working with displaced persons, there are likely to be many cultural, communication, and other nuances that influence the way displaced and refugee groups may manifest behavioral health issues. In addition, coping methods and choices may be expressed in ways not familiar to supporting staff. Supporting staff should be aware of the differences from the mainstream American cultural norms in terms of the following: communication and expression of distress and/or health; familiarity with and assumptions regarding functional activities and active coping; importance of spiritual care and/or religious considerations; and gender and other cultural norms.

### Communication and Expression of Distress and/or Health

The way that individuals communicate and express both distress and health vary widely across cultures and communities. In some cultures, it is not uncommon for discussion about “mental” health to be taboo, or shameful. When making inquiries about someone’s current mental status or concerns, it is often best to generalize behavioral health into the broader category of healthcare or medical issues in general. For example, it is often more acceptable to inquire about how someone is sleeping or eating, than to ask directly if they may be experiencing symptoms of depression.

### Expressions of Grief or Loss

Grief and loss may be expressed in variety of ways that may seem unfamiliar based on common American cultural norms. Timelines around the expression of grief and bereavement are often culturally relative and can vary widely. Outward expressions of bereavement (e.g. wearing black after the loss of a loved one) can indicate that the grieving person may still working through loss and would appreciate the respect associated with that process. Or they may be conforming to cultural norms and expectations that require showing outward signs of grief for a certain amount of time. It may be helpful to ask someone not directly associated with the loss about

norms within the cultural group. The important thing is to avoid judging behaviors, or expressions as clinically pathological, when they are normal to the grieving process of this cultural perspective or background.

### Expressions of Anger or Fear

Anger and fear may be expressed in a multitude of ways for individuals and families in the context of displacement or recent relocation to an unfamiliar environment. Anger may often be directed at a target that is unrelated to the true source of the concern.

Healthcare workers and other medical or clinical supporters may be perceived as 'safe' people around whom it is acceptable to express distress and anger. An individual may present very differently (angry, tearful, and/or distressed) to a healthcare worker in a private setting than when he/she/they are in the proximity to their family members (calm, controlled, etc.). Anger and fear can be displayed in different ways due to constant situational or environmental changes and new cultural contexts.

When individuals who experience displacement do not know how what behaviors or expressions may be normative in a new context, anger and fear can be the dominant feeling, impacting their communication. As a result, healthcare and support staff should recognize that anger and fear often reflect an individual's or family's ability to express their needs.

### Assumptions Regarding Trauma or the Expression of Trauma

Traumatic experience is conceptualized and managed differently in different parts of the world and among different cultures. An incident that may be considered 'traumatic' in the U.S. may not be in other places. When communicating with refugees or displaced persons, please note that people may downplay their experiences as being non-traumatic. It is important to recognize that in addition to differing terminologies, the social and cultural norms around exposure to and management of challenging or distressing experiences may also be different and should not be misinterpreted as denial.

Being aware of the cultural interpretation of a crisis or trauma is vital. Many traumas or crises reflect the importance of specific cultural traditions or norms and their interpretations are tied to a cultural context. Understanding cultural norms and traditions as much as possible is crucial for correctly interpreting or understanding the meaning behind expressions of trauma or reactions to a crisis, and ways that communities may express traumatic reactions.

### Familiarity with & Assumptions Regarding Functional Activities & Active Coping

In disaster recovery efforts, it is commonplace to make coping suggestions to individuals in support of behavioral health symptom management. Those coming from a Western psychological tradition may suggest that people engage in solutions or techniques based in mindfulness, cognitive behavioral, or social learning theory in order to develop resilience. When active coping techniques are suggested, it is crucial to determine that the individuals you are supporting have an understanding of and access to resources necessary to the proposed coping plan. It is also important to develop an understanding about the types of things (activities and strategies) people already engage in that are useful to them.

Begin by learning about common behaviors or reactions people have when experiencing hardship. You can ask about typical coping skills and examples of other successful interventions.

When suggesting for interventions, ensure that the individual understands the techniques and is familiar with the necessary resources. For example, suggesting that a parent do “bubble breathing” with their child, or try a relaxation app, can only be effective when the parent has access to bubbles and understands why deep, slow breathing may be helpful for their child. Additionally, any technology or app suggestions need a reliable translation feature.

### Importance of Spiritual Care and/or Religious Considerations

Giving space to honor religion and spirituality can help individuals and families to navigate the complexity of tragic events. Providing access to spiritual support, recognizing holy or significant holidays and events, facilitating private space for spiritual or religious practice or worship, and access to spiritual guidance (a person) or materials (Bible, Quran, Torah, prayer rugs, etc.) should be considered essential behavioral health supports for displaced persons.

Approximately 84% of the world’s population is affiliated with a religion of some kind.<sup>7</sup> For displaced persons and refugees, the positive psychological benefits of religious or spiritual support are significant and related in many cases to higher levels of resilience and the reduction of psychological symptoms.<sup>8</sup> In many cultures that tend to be more spiritual and religious, individuals may be more comfortable sharing information about their psychological wellbeing through their relationship with a higher power, transcendence, or higher reality. Spiritual relationships can also greatly facilitate conversations about purpose and meaning during significant life challenges (such as displacement). Spiritual and/or religious worldviews of meaningful life may help responders understand thoughts, emotions, and behaviors and thus provide more meaningful supports.

### Gender and Other Cultural Norms

There may be strict and very meaningful cultural taboos about mixing genders, being alone or in a private space with someone of a different gender or feeling comfortable discussing true concerns in mixed-gender groups. It is important to intentionally form gender-diversified healthcare teams to respond to a crisis. In some communities, gender separation is significant and healthcare workers from the opposite gender might not be welcomed. It is important to form gender-diversified healthcare teams intentionally to respond to a crisis.

### Key Takeaways

- **Use a professional translator whenever possible**  
Avoid asking a friend or family member to translate for someone you are supporting. There may be behavioral health or physical concerns that a person would be uncomfortable disclosing in the presence of a family or community member. Professional translators may help a person feel safe to express their concerns or to discuss their experiences.

- **Create communication plans for crisis or emergency management to avoid magnifying the traumatic experience**

These plans should include informing the impacted groups as soon as possible about the incident in the appropriate language. Have a plan in place that identifies what is needed (including professional translation services) to communicate with displaced persons about what has happened, what happens next, and what the next steps may be in managing the critical incident or emergency.

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