



Experiences of Trauma and Implications for Nurses Caring for Undocumented Immigrant Women and Refugee Women

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ABSTRACT: Experiences of trauma affect the health needs of women across all groups, particularly in vulnerable populations such as undocumented immigrant women or refugee women. Nurses across inpatient and outpatient settings providing care to these women can consider how women's experiences of trauma and barriers they encounter to accessing resources may affect their experience of health care. In this article, we review two recent studies in which researchers examined the experiences of trauma and posttraumatic stress in women who are undocumented immigrants or refugees. Implications for nursing practice, including the importance of providing trauma-informed care, are discussed.

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Across inpatient and outpatient settings, nurses care for women who are undocumented immigrants or refugees. In 2016, there were 84,989 refugee admissions to the United States, of which 49.1% were women (Mossaad & Baugh, 2018). Although estimates of numbers of undocumented immigrants are more difficult to obtain, the

U.S. Department of Homeland Security estimated that there were 5.7 million undocumented immigrant women in the United States in 2014 (Baker, 2017). Although undocumented immigrant women and refugee women are distinct populations, in this short review we focused on two recent research studies that pertain to both groups,

CLINICAL IMPLICATIONS

- Women who are undocumented immigrants or refugees are often exposed to various mental health stressors, including assault, war, persecution, and hardship in their country of origin.
- Undocumented immigrant or refugee women who are experiencing symptoms related to trauma often face barriers that impede their access to mental health services.
- A trauma-informed approach to care engages people with trauma histories, recognizes the presence of trauma symptoms, and acknowledges the role that trauma has played in their lives.
- Exploring a woman's trauma history requires great clinical knowledge and sensitivity and should always be guided by the woman's needs.
- Cultural and language differences may influence how women report their symptoms, and traditional assessment questions/tools may not yield accurate clinical information. Therefore, it is important for clinicians to use valid, culturally appropriate assessment tools intended for a specific population.

highlighting the similarities that may exist between their experiences of trauma and stress and supporting the need for trauma-informed nursing care. We provide definitions of terms in [Box 1](#).

Trauma and Health

Experiences of trauma may profoundly affect women's physical and mental health. According to the American Psychological Association (APA; 2017), a little more than half of all women will experience at least one traumatic event in their lifetimes. Not all women who experience a traumatic event develop posttraumatic stress disorder (PTSD); however, women are more than twice as likely as men to develop PTSD (U.S. Department of Veterans Affairs, 2015). Researchers have found high rates of posttraumatic stress symptoms among immigrants and refugees, particularly from war-torn countries (Goodman, Vesely, Letiecq, & Cleaveland, 2017).

The World Health Organization (2017) noted that being an immigrant or refugee woman is not, in itself, a risk factor for mental health issues. However, women who are undocumented immigrants or refugees are often exposed to various mental health stressors, including assault, war, persecution, and hardship in their country of origin (World Health Organization, 2017). In systematic reviews and meta-analyses, it was found that, likely because of high rates of trauma exposure, refugees are at a significantly greater risk than the general population for certain psychological conditions, including PTSD and depression (Kirmayer et al., 2011).

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Undocumented immigrant or refugee women who experience symptoms related to trauma often face barriers that impede their access to mental health services. These barriers may include their roles and responsibilities in the home, lack of knowledge about treatment options, lack of insurance or financial means to access resources, reluctance to disclose emotional problems outside of the family, concern that their mental illness will burden or stigmatize the family, feelings of shame, or fear of losing their children to authorities (Kirmayer et al., 2011). Survivors of trauma often wait years before receiving help, and some may never receive treatment at all (APA, 2017). Although these factors are not unique to these populations, barriers may be exacerbated for women in these groups.

A Trauma-Informed Approach to Care

A trauma-informed approach is critical when caring for vulnerable populations. This approach, as described by the National Center for Trauma Informed Care (2015), is used to engage people with trauma histories, recognize the presence of trauma symptoms, and acknowledge the role that trauma has played in their lives. Knowledge about the widespread impact of trauma is integrated into everyday care and helps the provider actively avoid re-traumatization (National Center for Trauma Informed Care, 2015).

This article takes a second look at two recent studies in which researchers examined experiences and symptoms of trauma as reported by women who identify as undocumented immigrants or refugees. In the first study, Goodman et al. (2017) used qualitative methods to identify shared meanings of trauma and resilience among women with undocumented or refugee status. In the second study, Haldane and Nickerson (2016) explored gender as a moderating factor of the effect of trauma on refugee mental health. Both studies provide Level II-3 evidence (see [Box 2](#)).

The First Study

The authors of the first study (Goodman et al., 2017) examined how refugee and undocumented immigrant women experience trauma and stress, as well as coping and resilience development.

Design, Sample, and Data Analysis

The researchers conducted a qualitative phenomenological study to describe the shared meanings of trauma and resilience among a sample of women. Of the 19 immigrant women who participated in the study, 10 identified as undocumented immigrant women, and 9 identified as refugee women. Each woman participated in an individual in-depth interview. The interviews were conducted in each participant's preferred language. Interviews were transcribed and coded by the first two authors.

Findings

Four themes and several subthemes emerged from the analysis of the women's experiences. The first identified theme

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