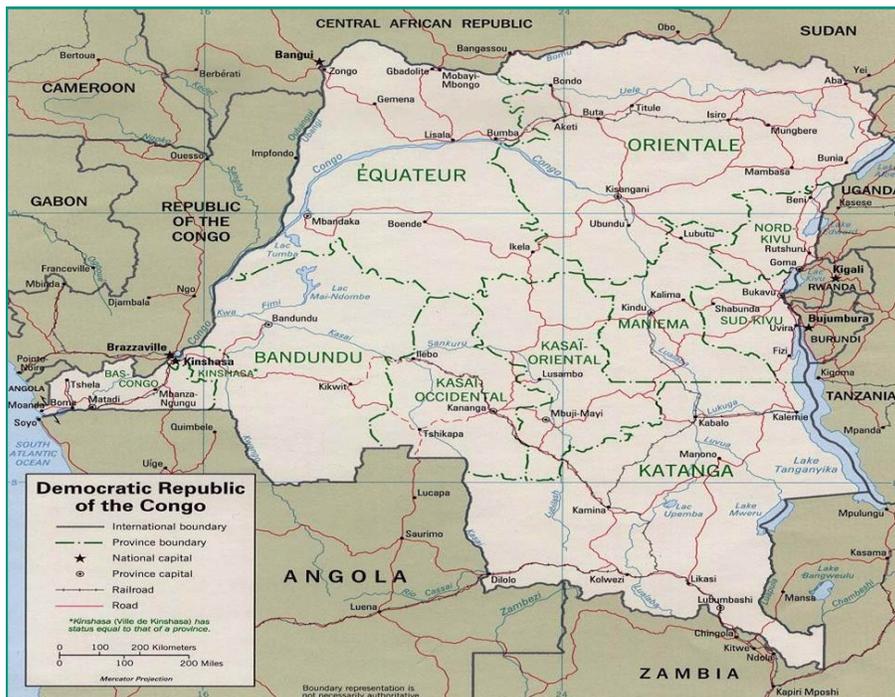


# Background: Levels of Conflict

Congolese refugees have fled repeatedly over the last 15 years as various rebel groups have added to the unrest. As of January 2013, UNHCR reported over 509,000 Congolese refugees and 56,000 asylum seekers residing outside the country and approximately 2.6 million internally displaced people. The conflict in the DRC can be problematic and puzzling due to multiple versions of historical facts.



**Present situation:** Since 2003, there has been a series of incursions or insurrections into Eastern DRC. The Congolese government has regained the territory that had been under the control of the National Congress for the Defense of the People (CNDP), a military movement led by Congolese Tutsi. However, this has not ensured peace. There are about 30 armed groups in Eastern Congo performing various forms of extortion and violence against the civilian population and at times fighting one another. Additionally, all state violence is not solely a consequence of war.

Congolese refugees are not new to the US. About 13,000 Congolese have been resettled since 2001 with 65% of arrivals coming in the last four years mostly from the North and South Kivu region, the Orientale provinces, and a smaller number from Kasai and Katanga.



## Strengths of the Congolese

- Family - There is typically a strong sense of community and family, particularly in the extended family
- Church - Many Congolese find a real benefit in faith
- Music - Congolese music gets everyone dancing
- Humor - Sharing laughter, telling stories, and teasing
- Food - Many Congolese take great pride in their cooking
- History - The Congolese tend to be very proud of their nation's long history
- Topography - The Democratic Republic of Congo is a beautiful resource rich country

## Promising Practices:

1. Develop the capacity for Swahili and Kinyarwanda interpretation
2. Coordinate closely with local resettlement agencies
3. Offer early rapid mental health assessment for timely referral
4. Link clients to services
5. Tailor therapies for survivors of SGBV
6. Implement alternatives to talk therapy
7. Mobilize around schools/youth
8. Implement additional social support for single women

This information guide is based on an NPCT webinar on this topic presented by Amnesty International DR Congo country expert, Dr. Thomas Turner, Associate Director for Resettlement and Integration, Sandra Vines, and Clinical Director of the Bellevue/NYU Program for Survivors of Torture, Dr. Hawthorne Smith. The webinar is archived on our website, [www.gcifcs.org/refugee](http://www.gcifcs.org/refugee) under [Webinars](#).

Strengthening the Congolese Community: Background, Resettlement, and Treatment

Refugee Services  
National Partnership  
for Community Training  
Gulf Coast Jewish Family & Community Services



# Working with Refugees from the DRC: Insights for Preparation

## Strengthening the Congolese Community: Background, Resettlement, and Treatment

### Children and Youth:

- Increasing numbers of young people are being resettled. Those arriving without parents might be attached to blood relatives; however, unaccompanied refugee minors will be destined for foster care.
- Limited access to education** in refugee camps, particularly secondary education, coupled with overcrowded classroom conditions in countries of asylum where the teacher to student ratio can be as high as 80 to 1, has left education gaps for arriving school-age children. Additionally, teens who are at an age where they are able to work full time, hope to focus on completing school.
- High levels of trauma have been reported among youth populations especially among unaccompanied

### Observations:

- behavior issues
- stealing
- hording items
- biting
- teenage bedwetting
- gang involvement
- bullying
- teenage girls involved with older men
- malnutrition
- disabilities affecting mobility

### Implications:

- increased psycho-social support needed in public schools
- youth programs such as soccer leagues
- need for parenting classes
- need for employment and ESL programs for parents

### Alternative Therapeutic Interventions

- Art projects
- Mentor involvement
- Guidance and support from culture, not necessarily nationality
- Support from faith community
- Boys tend to be motivated by sports, especially soccer
- Girls tend to enjoy braiding, African dance, music, church choirs, cooking, piano, and painting

### Mental Health Concerns among Youth

- Depression
- Abandonment
- Attachment issues
- Stress
- Generalized anxiety

### Housing:

- Crowded and cramped refugee camps may translate into problems with home hygiene in the US
- A lack of financial literacy may impact the management of household expenses
- Large family size can be problematic in finding adequate housing
- Congolese mothers may be particularly vulnerable to homelessness, as child care needs tend to lengthen the road to self sufficiency for female headed households
- A lack of available subsidized housing in some areas of the US makes it difficult for single mothers to maintain decent housing standards



Shelter in Kiziba Camp, Rwanda

### Physical Health:

“Medical cases” is defined very broadly. The CDC requires any communicable diseases to be identified and treated before arrival into the US, yet no longer screens for HIV overseas. Anything that needs follow up after arrival is flagged; however, this could range from TB or pregnancy to needing a pair of glasses.

### Most reported health issues:

- Arthritis
- Gynecological problems
- Dental
- Vision
- HIV

### Spheres of Marginalization

**Educational Functioning** - Age and linguistic challenges coupled with missing considerable amounts of time at school may impact developmental functioning.

**Social Service Provision** (logistical/financial) - Many clients may have a serious mistrust of social service systems and not want others in the community to know that they are receiving “charity”.

**Legal Advocacy** - There may be a lack of familiarity with legal structures, including cultural differences.

**Vocational/ Professional** - Educational degrees may not be respected and individuals may feel devalued.

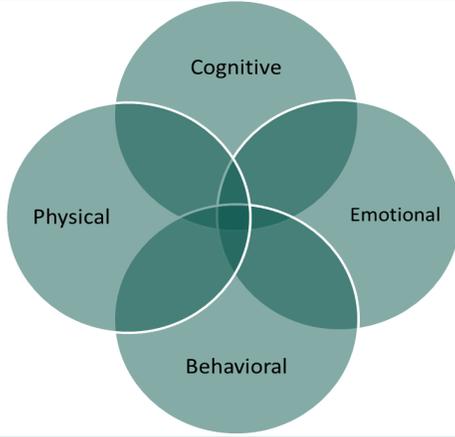
**Social Functioning** - Many clients may have developmental gaps because their adolescence has been truncated by war, life in a refugee camp, and going through the resettlement process. This may include dating and starting a family.



# Psychological Treatment with Congolese Survivors of Torture

## Common Reactions to Torture and Refugee Trauma

Physical, cognitive, emotional, and behavioral domains overlap. For example, intrusive thoughts or nightmares can lead to insomnia; which can lead to physical actions such as fatigue, low energy, or headaches; which can feed into behavioral manifestations such as missed appointments; which can lead to social implications such as ongoing unemployment and other social stressors; which might all serve to reinforce the difficulty in learning new things; which can increase frustration or depressive symptoms and even self medicating behaviors like drinking or using drugs.



### Cognitive Manifestations

- Memory deficits
- Learning difficulties
- Limited attention span
- General reasoning and decision making issues
- Negative thoughts

### Behavioral manifestations

- Adaptation issues
- Attempts to self medicate
- Social isolation
- Avoiding reminders of the traumatic experience or even avoiding trying to reconnect with the community

### Emotional Manifestations

A wide spectrum of “normal” responses exist. Some people might have an emotional comportment that is easily changed. They might be tearful and have significant mood shifts and swings. Comparatively, others may be more dissociated. There may be a very distinct divide between what is going on with them cognitively and affectively. Some people can sit down and tell the most horrific of events almost monotone. Any combination between these extremes can be within the normative spectrum.

### Physical Manifestations

Sexual and physical assaults result in physical sequelae to the maltreatment that individuals have experienced. Yet, there can also be an emotional component where physical complaints are linked to the traumatic experiences and may even be somaticized (physical manifestations of emotional distress). A client might not sit down and state that they are feeling depressed, however, they might complain of headaches or gastro intestinal distress. There is a strong link between the physical and the emotional.

### Sexual and Gender Based Violence (SGBV)

- High levels of SGBV exist in the DRC. Some counseling is available for SGBV survivors in countries of asylum as are community awareness activities on gender and reproductive health in the forms of drama, music, focus group discussions, and home visits.
- There is a reluctance to speak publicly about SGBV incidents and refugees tend not to report incidents to local authorities.
- SGBV is also present in the refugee camp environment particularly where women and girls must travel on foot to collect firewood. Limited work opportunities may force women and girls into abusive relationships or to engage in survival sex, which is coerced sex in exchange for temporary access to food, shelter, or protection. Overcrowded living conditions also expose girls to abuse within the household.
- Men and boys may also be targets of rape and SGBV in the DRC and in refugee camps, but are even less likely to report such incidents.
- Both men and women might be more likely to discuss SGBV incidents with a female.

### Challenges experienced by Congolese survivors and refugees

- Recurring and reinforcing stressors may go beyond the particular traumatic events that somebody may have witnessed at home. The Congolese have experienced multiple losses that include ongoing stress and challenges. They are not just dealing with a particular traumatic incident that is distinct and placed in the distant past. Social dislocation, war, trauma, torture, internally displaced in their home country, flight and relocation in a neighboring country, life in a refugee camp, immigration processing, resettlement in the US, all serve to keep the trauma alive and very much in the present.
- Torture and refugee trauma will impact individuals in different levels of functioning



## Trauma Informed Culturally Syntonic Approach to Service Provision

The ongoing challenges can be daunting, but the real job is to help survivors harness their internal resources. Individuals will respond to stressors in different ways. Not everyone is going to need therapy. How people respond and how social service providers help to facilitate positive coping, can allow people to get the sense that they are survivors as opposed to just being victims. Clients are able to internalize this notion that anyone can be a victim in the wrong place, wrong time, wrong ethnic group, wrong gender, etc. **But to be a survivor really does speak to the internal resilience that is manifested in their behaviors going forward. These people are incredibly strong.**

- It does not have to be therapy to be therapeutic. The ability of the clients to access and internalize services and tangible benefits provided in a culturally syntonic way is therapeutic.
- Ensure client's feeling of safety.
- Reduce ambiguity. Give clients anticipatory guidance of the therapeutic process, the potential benefits they can expect and your expectations for engagement. The more information they get, the better.
- Take an interdisciplinary approach. Look at clients holistically in order to best help them move forward.
- Normalize. Clients are dealing with circumstances that are abnormal, stressors that are significant, and trying to find their way through. They are survivors. It can be a daunting task and create a great deal of anxiety to sit down and talk about their situation, about their trauma history, and about their needs. Help to internalize that the situation and circumstances are "crazy", not the client.
- Collaborate with the client as opposed to engaging with them as the all-powerful helping person and the helpless victim.
- Empower clients. Really help raise them in the hierarchy, so it becomes a conversation between two human beings who have a lot to offer and a lot to benefit from the relationship. Clients need to have a voice in prioritizing their own service plan with guidance. They can be included in timing, prioritizing and putting things in order in terms of engaging in service provision plans.
- Focus on utilizing the experiences and insights of the clients. Learn from them. They are the true experts. We can not be an expert on the countries of all our clients and there is no way to be an expert on the country conditions of one single country to the extent that the person sitting across from you is an expert from his or her own experiences. So allow them to teach and recognize that while they might be struggling with English, they know other languages.
- Don't forget everyone is an individual. We have to respect them and hope that they respect themselves as someone who is intelligent and really has a lot to offer. We must not think because we know a lot about a country that the individual must fit into that worldview.
- Extend the notion of family to a larger African context in order to aid in the process of breaking down the distrust in the Congolese community. The notion of the extended family, of belonging to a larger community helps to normalize what clients are going through and also permits people to be a part of the healing process.
- Identify and facilitate local resources so that you are proactive in being able to make future referrals.
- Use your colleagues to network and be your own teacher.
- Infuse within your clients the knowledge that growth and advancement still remain possible.

### Office Space

- Ensure client feels safe
- Ensure the office is warm and welcoming
- Think about the lighting
- Think about the client's sense of privacy
- When clients come in, they should know they can talk to you privately and that they are not being showcased or made to feel vulnerable

“Rien n’est facile, amis tout est possible”  
“nothing is easy, but everything is possible”

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