

Victimization of Bhutanese Refugees

Kawanda Q. Swafford

Rochester General Medical Group

Rochester, NY



Introduction

- 263,600 refugees were allowed to enter the United States in 2013 which is a significant proportion of the U.S. population
- Victimization of refugees has been documented in resettlement areas of Australia, Europe and North American cities like Rochester, NY
- Americans view refugees as being in a foreign land with several disadvantages and vulnerabilities (McDonald & Erez, 2007)
- This makes them easy targets for all forms of victimization including: physical assault, threats, bullying, theft and harassment



Background

- The increased presence of Bhutanese refugees in the U.S. is due “ethnic cleansing” by the king of Bhutan
- As a result, people either were forced out of Bhutan or fled to Nepal to seek refuge in camps
- The Bhutanese people of Nepal are the largest refugee population at approximately 2,300 currently residing in Rochester
- In the past several years, there have been targeted attacks against Bhutanese refugees in the Northwest part of Rochester

Background

- 75% of incidents go unreported either because refugees fear retaliation, the distrust in police or the feeling that their complaints would not be taken seriously
- The suicide rate among Bhutanese refugees in the U.S. is 35 per 100,000, which is more than three times the national rate
- CDC Study: Out of 423 participants, 153 (36%) experienced at least four to seven traumatic events or major stressors before arrival to the U.S. and 145 (34%) experienced eight or more

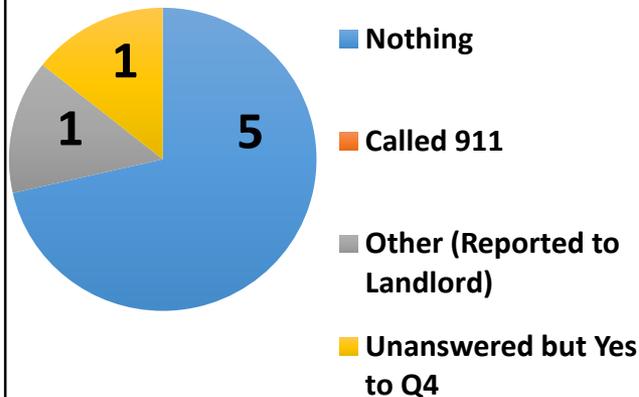
Methodology

- 11 adult Bhutanese adults (≥ 18) and 4 healthcare providers recruited from Refugee Healthcare Center at Alexander Park/Clinton Women's Clinic over a 2 week period
- **Patient Survey**
 - Researcher developed questions about safety, violence exposure and types of support
 - Surveys translated in-person or over the phone by an interpreter or interpreter service
- **Provider Survey**
 - Researcher developed questions about violence exposure, available resources, and feelings regarding preparation of refugees to enter U.S.
 - Completed the survey individually and returned it to the primary investigator

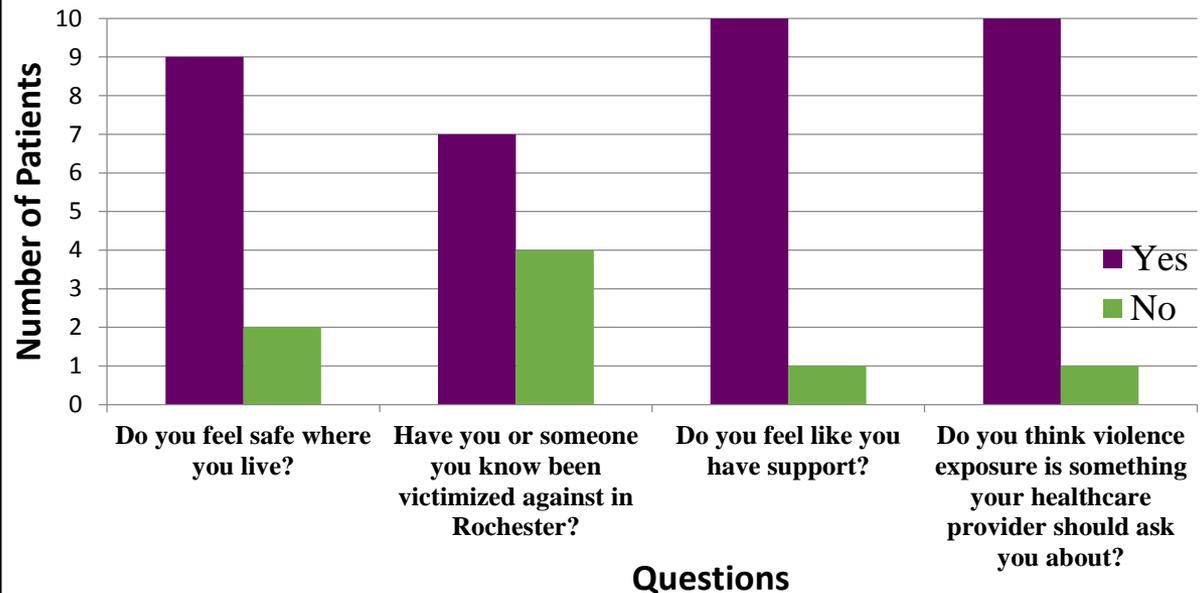
Patient Survey Results

- Gender: 18% male 82% female
- 24 months was average time lived in Rochester
- 82% felt safe where they lived
- 64% been a victim of a crime or knew someone who has been
- 91% have support and feel violence exposure should be asked about

What have you done in the past if an incident like this occurred?



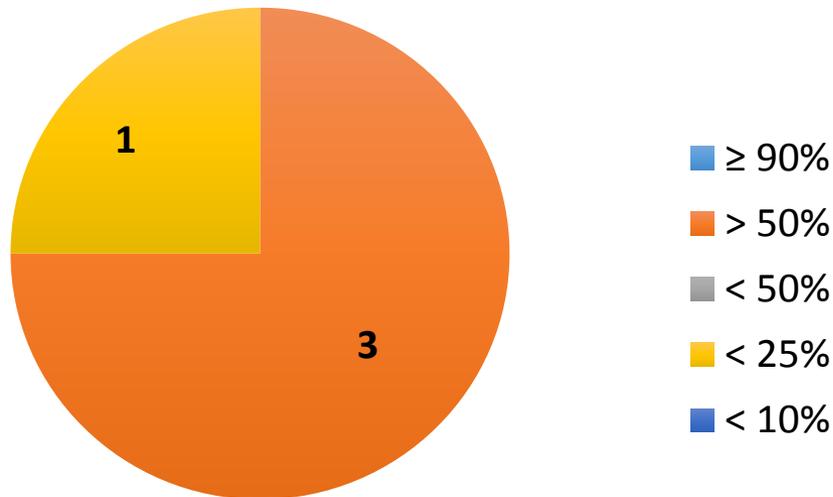
Patient Questions: Yes or No



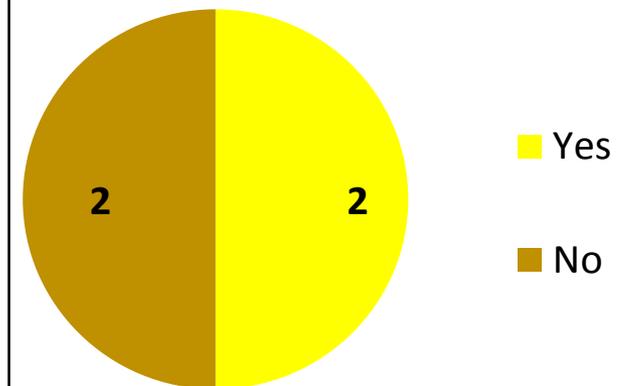
Provider Survey Results

- 75% described their patient population as 50% or more Bhutanese refugees
- 50% said it was common practice to screen for victimization
- 100% felt it is important to screen for violence exposure and that refugees are not adequately prepared for the conditions they will face in Rochester

What percentage of your patients are Bhutanese refugees?



Is it common practice to screen for victimization among your Bhutanese patients?



Discussion

- Bhutanese refugees would like their healthcare provider to discuss violence exposure with them
- Most felt safe where they live yet overwhelming percentage of patients have experienced violence for themselves or know someone who has
- Police support was documented as the main form of support yet same people reported nothing was done about an incident
- The one participant who experienced violence firsthand was the only one who felt like there was no support. Felt providers can “Give good suggestions and tell us what to do, that would be great”.

Discussion

- Healthcare Provider stated
 - “PTSD (Post-traumatic stress disorder) [is] also in place in many people [and they] do not recognize increased symptoms as “abnormals”. Refugees generally come from areas of conflict and have experienced some form of trauma already. She went on to say that their, “Very passive people and have become desensitized to violence through their current living situation as [a] refugee in Nepal
- Maybe preparing refugees for the circumstances in which they will face in the U.S. is not seen as important as removing them from refugee camps

Discussion

- Prevalent violence exposure and mental health issues
 - Most common: assault, threats, bullying, robbery, suicide PTSD
- Questions Raised:
 - Are Bhutanese women suffering from higher rates of Domestic Violence than the rest of the population?
 - Should a screening tool be implemented due to the high prevalence of violence exposure among refugees?
- Further Research:
 - Longer and more detailed study with larger sample size
 - Domestic Violence in Bhutanese Refugee Women
- Possible Tangible Results of Findings:
 - Providers should screen for victimization among refugees

Recommendations

- Simply ask patients about violence
 - Do you feel safe where you live?
 - Have you had any previous experiences with trauma pre or post resettlement?
 - Why did you live your home country?
- Know available resources
 - Rochester Resettlement Services, Catholic Family Center, Mental Health Services, Peer Counselors
- Tips on how to stay safe
 - Always Call Police (911)
 - Buddy System

Conclusion

- Research tell us there is an increased number of suicides, mental illness and post-migration difficulties specifically among Bhutanese refugees, therefore an assessment of violence by healthcare providers is crucial
- Adult Bhutanese refugees want healthcare providers to ask them about violence
- Limitations
 - Small sample size, females > males

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