

Dealing with Trauma in the Asian American/Pacific Islander Community

Asian American/Pacific Islanders, along with the rest of the country, were profoundly impacted by the tragic events of Tuesday, September, 11th. For some, this is their first experience with serious trauma. For others, the images brought back painful memories of the war in Southeast Asia or other traumas experienced many years ago. There are reports throughout the country of AAPIs who are experiencing PTSD due to the recent events. Others are experiencing the backlash of the anti-Arab and anti-Muslim sentiment that is growing in this country. The victims are not isolated to those who died or were injured in New York or at the Pentagon. Unfortunately, innocent members of our community are being targeted for hate crimes by those who blindly seek revenge on anyone they deem to be the enemy.

Many have dealt with the initial crisis and are getting back to their normal routine. Others, however, continue to be strongly impacted by the events of this past week. Experts are keeping a watchful eye on the emotional well being of the country because of the sheer magnitude of this national trauma. In addition, the potential for ongoing military involvement and the economic fallout may keep the emotional uncertainty going. AA/PIs have historically not dealt openly with their emotions and are at risk for experiencing depression, PTSD, and other emotional problems. It is for this reason that NAAPIMHA is sending out this information in the hopes of helping the AAPI community deal with emotional concerns that have already arisen and those that may yet surface.

Individuals respond to trauma in many different ways. It is important to recognize signs within ourselves as well as others that may lead to more serious emotional problems. Any event which was traumatic or difficult in one's past may trigger renewed feelings of depression, anxiety and being out of control. Given the nature of the attack on the World Trade Center and the Pentagon, it is realistic to assume that many with refugee status will experience flashbacks of the war in Southeast Asia. The initial trauma, however, may not always be as obvious as living through a war or being in an accident. It could be moving to a new country, losing a job, getting a divorce, or any other stressful occurrence. Sometimes there may not appear to be a logical connection between events. An individual may, therefore, be surprised at the intensity of his/her response to the current situation.

The following information was put together by the National Asian American Pacific Islander Mental Health Association. NAAPIMHA was established with support from the US Department of Health and Human Services, Center for Mental Health Services (CMHS) to advocate on behalf of AAPI mental health issues as well as serve as a forum for effective collaboration and networking between stakeholders of community based organizations, consumers, family members, service providers, program developers, researchers, evaluators and policy makers representing the various ethnic and regional differences. NAAPIMHA will be compiling a directory of AAPI service providers across the country as well as translating fact sheets on

various mental health issues into the different Asian languages. Information about NAAPIMHA can be obtained by contacting naapimha@cs.com.

The following fact sheet is a compilation of information gathered from numerous sources including the American Psychological Association, The U.S. Dept. of Health and Human Services, Center for Mental Health, The National Center for Children Exposed to Violence (NCCEV), Connect for Kids, Children Now, City Cares, and the National Center for Post Traumatic Stress Disorder. In addition, input was received from the Asian Pacific Development Center in Denver, Colorado, the Richmond Area Multi-Services in San Francisco, California, The Asian Pacific Family Center in Rosemead, California, and the Asian Counseling and Referral Services in Seattle, Washington. Resources for other information and contacts for direct services will be listed at the end of this fact sheet.

Typical Reactions to Trauma and PTSD

After a traumatic event, feelings may become more intense and even unpredictable. Individuals may find themselves surprised by their reaction to what appears to be minor daily stress. People respond differently over time. Some initially react strongly then move past the trauma, others appear to be fine but have symptoms appear days, weeks, or months later when something else triggers a response. There can be an emotional disconnect since the rational mind says “I am safe” yet the emotions feel very unsafe. Typical responses include:

- Feeling irritable, anxious, moody, being on edge and overly sensitive which can strain interpersonal relationships. This in turn creates more stress in the relationship.
- Afraid to be alone, feeling the need for constant reassurance that things will be ok.
- Feeling out of control. This is particularly true with a major trauma that is outside an individual’s control. For example, in the wake of what happened, a lot of people are now afraid to fly.
- Recurring thoughts or nightmares about the event. Reliving the images over and over. This is heightened by the intense media coverage of major events.
- Flashbacks. This can be very stressful for refugees who may feel like they are reliving the war.
- Feeling scattered, having difficulty concentrating, or remembering things, including aspects of the traumatic event.
- Being angry. The response can be quite strong when the disaster is man-made. There is a feeling that this should never have happened, that it could have been prevented. The danger lies in individuals behaving irrationally and feeling justified in taking out one’s anger on innocent victims. South Asians have already begun to be targeted for hate crimes this past week.
- Feeling depressed, hopeless, on the verge of tears all the time.
- Feeling numb, withdrawn, not wanting to talk, feeling disconnected from others.
- AAPIs frequently describe somatic complaints instead of discussing their feelings. It is therefore important to be aware of physical symptoms. These include problems sleeping, headaches, changes in appetite, loss of appetite, nausea and chest pains. Pre-existing medical conditions may also worsen due to the stress.
- Increased alcohol and other drug use and/or domestic violence.

- As one begins to move past the trauma, an individual may feel guilty for being in a good mood, for having fun, as if this is somehow disrespectful to the severity of the event. It is important to incorporate positive events into one's lives to begin providing a balanced perspective.

Things to do to help improve the situation

- Give yourself time to heal, to mourn the loss, to grieve. Don't be in a rush to be strong, to feel "normal" immediately. Pushing one's feeling aside and pretending they don't exist could have negative consequences in the future and may leave you vulnerable to future trauma. Recognize that your emotions may go up and down for a period of time, this is normal.
- Ask for support, communicate in whatever way feels comfortable to you. Be aware that your support system may also be traumatized and therefore not always emotionally available.
- Take care of yourself physically as well as emotionally. Exercise, eat properly and get plenty of rest. If this is difficult, try relaxation techniques.
- Find local support groups if this feels comfortable. Sharing your experience with others can be reassuring that your reaction is normal and that you are not alone.
- Establish or reestablish routines that bring order to your life. Include pleasant activities such as hobbies, sports, etc.
- Become involved. Some people feel that helping others gives their life meaning again. Be cautious, however, that this is not done as a way to avoid feeling the sadness or pain.
- Don't make major life decisions while under stress. This includes changing jobs as these are in and of themselves stressful situations.

Working with Children after a disaster

- Provide reassurance and support to children. Adults need to help children feel safe.
- Some AAPI parents may have been re-traumatized by recent events and may therefore find it difficult to deal with their children's fears. Do not sit in judgment of parents who may seem detached from their children's concerns. Seek support for all family members.
- Be open to talking but let children take the lead on how much they can/need to discuss. Do not pressure them into talking.
- Answer questions honestly and at their level without dwelling on frightening details, protect them from being bombarded by painful images on the television and in the newspapers
- Respect their feelings. Sometimes in an attempt to make children feel better we say things like "Oh, it doesn't really hurt that much" or "Don't be silly, everything's ok". These act to discount the child's feelings and gives the message it isn't safe to be afraid.

When should I seek professional help?

Mental Health continues to be surrounded with stigma and shame in the AAPI community. Since many do not readily seek help, it is important to be aware of the symptoms and help the individual get the necessary support. Frequently, individuals will go to primary care physicians with complaints of physical symptoms such as headaches, poor appetite, feeling anxious, difficulty sleeping, etc. They will describe symptoms of depression without saying they are depressed. Health care workers need to be aware of these symptoms and should seek mental health assistance if necessary. Friends and family can also be a tremendous source of support and may be all that is needed in some cases. If additional help is needed, it is also important to recognize that seeking help outside one's natural support system is not a sign of weakness nor does it mean that an individual is "crazy". Culturally, AAPIs do not usually discuss their feelings openly. Recent events give everyone permission to be upset. Continually feeling disoriented, overwhelmed or lingering sadness that adversely affects job performance, the ability to care for self, and/or interpersonal relationships, however, would be an indication that help from a trained professional might be appropriate. Signs of suicide or homicidal thoughts or plans require immediate professional attention. Domestic violence, child abuse, elder abuse, problematic use of alcohol or drugs also require professional involvement.

How to respond to Anti-Asian violence

Following the attacks on the World Trade Center and the Pentagon, references have been made to the attack on Pearl Harbor by the Japanese during World War II and the racial hysteria against Japanese Americans that followed. It is a sad commentary that this is happening again to another innocent population. There has been an increase of hate crimes and violence targeting Arab Americans, Muslims, and South Asian Americans, particularly Sikhs, Bangladeshis and Pakistanis. NAAPIMHA is working with other national organizations to see how we can best combat this critical issue. More information on how to combat hate crimes will be coming out shortly. There are numerous organizations collecting data on these hate crimes. The two that are listed are only a partial list:

- If someone you know has been targeted for hate crimes report it to the proper authorities.
- If a child has been taunted and harassed, reassure him/her that they are fine, that some people are very ignorant and insensitive.
- Work with teachers, community leaders, church groups, those in the work force and establish policies that racial harassment, or harassment of any kind, is not acceptable and will not be tolerated.
- Be open to talking about issues of racism with family members, friends, co-workers.

If you know of any incidents please contact one of the following:

Sinyen Ling
Asian American Legal Defense and Education Fund
99 Hudson Street
New York, New York 10013
212-760-9110
sling@aaldef.org

Aryani Ong
National Asian Pacific American Legal Consortium
1140 Connecticut NW
Suite 1200
Washington, D.C. 20036
202-296-2300

Resources: There is a wealth of information on the internet concerning trauma and PTSD. The following is a brief listing of available resources which can link to other sites. Following is a partial list of service providers and organizations familiar with AAPI mental health. NAAPIMHA will compile a comprehensive national directory of AAPI service providers which will be available for future use. NAAPIMHA will also translate fact sheets on mental health issues into the various Asian languages. If you need help in locating service providers in your area, please contact NAAPIMHA.

- National Center for Children Exposed to Violence: How adults talk to children: www.ncccev.org/resources/aftermath.html
- American Psychological Association: Help with trauma: www.apa.org/psychnet/coverage.html
- CMHS Knowledge Exchange Network: Information about disaster mental health services: www.mentalhealth.org
- National Center for PTSD Fact Sheet: www.ncptsd.org/facts/general/fs_effects.html
- Connect for Kids: Guidance for Grownups: www.connectforkids.org
- Talking with kids about tough issues: www.talkingwithkids.org
- Citycares: www.citycares.org/national
- American Academy of Pediatrics: www.aap.org/advocacy/releases/disastercomm.html
- National Mental Health Association: <http://www.nmha.org/>