

Caring for Refugee Students



Guide for School Nurses

**Bureau of Refugee and Immigrant Assistance (BRIA)
New York State Office of Temporary and Disability Assistance**

A refugee is someone who flees their native country because of *fear of persecution* based on race, religion, nationality, social group, or political opinion.

Some refugee children have witnessed terrible violence, and have lost friends and family.

They may have been living in the middle of

- war
- political oppression
- constant violence
- torture
- famine
- religious persecution.



We have children in our school who have relocated from Burma, Somalia, and Bhutan. They are anxious and bewildered – but at the same time they are so excited to be in an American school.

Refugees have managed to escape, but often without family members and personal belongings. The majority of refugees live in refugee camps, some for many years, before arriving in the United States. They have gone through several levels of approval before gaining permission to resettle.

Refugee children have had complete health assessment exams prior to relocating to the United States, and an additional screening exam occurs within the first 90 days from the date of arrival. This screening exam is free and is often the first introduction to United States health care for many refugees.

The school nurse may contact the Refugee Resettlement Case Manager to obtain the date of the screening exam, and to determine how to obtain a copy of the screening exam record. Some physical and emotional health issues may surface after the arrival of refugee children. The issues may be tied directly to the impact of the refugee experience. The strategies in this brochure can assist school nurses in providing care that is sensitive to the unique needs of refugee children.



The health screening exam should include the required initial vaccinations for entrance into NYS schools. Additional immunizations may be necessary to complete all of the required vaccine series, but the student is to be admitted to school as long as they remain in process.

School Nurses and Cultural Competence

I'm very busy and often have kids lined up at the door – but I always respect differences.



As the nation's population becomes more diverse, health care professionals in schools have contact with students from a wide spectrum of races, ethnicities, and religions.

Cultural Competence means the ability to interact positively with students and their family members regardless of their cultural background.

School nurses who assess and treat refugee students can be more effective if they take into consideration the beliefs, cultural traditions, and communication skills of the students.

- Teachers of English language learners can provide specific information about the cultural background of students.
- Be aware of stereotypes and misinformation from the media about different cultures.
- Older refugee students can inform nurses about cultural traditions such as diet, dress, religious beliefs, and social behaviors.

The minute a refugee student is enrolled, I am informed. Then I meet with the English as a Second Language (ESL) teacher and we research the culture of the native country so that we can be prepared.

It's important to know about the culture, but don't generalize. Two children from the same country can have vastly different educational backgrounds and health care experiences.

Nurses should keep in mind that even if refugees come from one specific country, they may have different beliefs and traditions. As in all nursing, treatment should be patient centered, based on the needs of the individual child.

Communication with Refugee Children

Refugee children may become frightened or uncooperative if they are having difficulty understanding the English language.

- Identify the key contact person in the school who can inform you when a refugee child is enrolled.
- Determine the school policy for engaging interpreters.
- Know who is available to interpret, and how to reach them quickly.

Illness can come on quickly and I need to be able to understand the child immediately. I have learned to be prepared for the time that I might need an interpreter.

We had a child from Burma coming into our school, so we arranged for an interpreter who spoke Burmese to be available. It turned out that the student was more comfortable speaking Thai and Karen. Make sure you match the languages!

- Encourage the school district to develop a list of qualified interpreters, including those available on the phone.
- Refugee Resettlement Case Managers assigned to the new refugee student will often be able to arrange for an interpreter.
- Determine the level of English comprehension through dialogue, not by asking the student about their English skills. Some refugee students will nod and say *yes* when they don't understand but are trying to be polite. A teacher of English language learners may be able to inform you about the student's level of English comprehension. Some students can comprehend some English but have difficulty expressing themselves.

- Keep phrases short and simple. Inform quietly, more than once.
- Children should not be interpreters for their parents or other children. They often do not have the knowledge or emotional maturity to serve as interpreters. Even the most basic health topics can be embarrassing or hard to explain, and accuracy is paramount.
- Try to learn a few key words or phrases in the refugee's language, such as:

I can help you feel better.

Show me where it hurts.

- Have simple illustrations, website pictures, or posters available, to assist with explanations.

In addition to an interpreter, call the parents, guardian, or Refugee Resettlement Case Manager. They can help you to discuss the problem with the child, and can remind you of cultural traditions that may influence your approach to care.

Take Into Consideration

When assessing and treating refugee students, take the following additional information into consideration:

Make sure that you know the cultural traditions of the family. Many families have very strict views about women's health, social interaction of men and women, early pregnancy and marriage, and domestic arrangements.

- Refugee students and their parents or guardians may not be familiar with Western medicine and may be resistant to the involvement of the school nurse. They will need to be reassured that the school nurse is authorized to help the student, and the concerns of the family will be taken into consideration.
- Basic hygiene may need to be reviewed with refugees who have been living in refugee camps and other primitive conditions. This includes washing all parts of the body and wearing clean clothes.
- Families may be using herbal therapies, prayer, or leaders in their community to treat illnesses that require more formal medical intervention. Be aware of what may be used for treatments in some cultures.
- Refugee students may be experiencing bullying, and may be unwilling to share information about it. Related ailments such as bruises can be visible, but some problems may not be as apparent, such as stomach and headaches, high absenteeism, or loss of appetite.



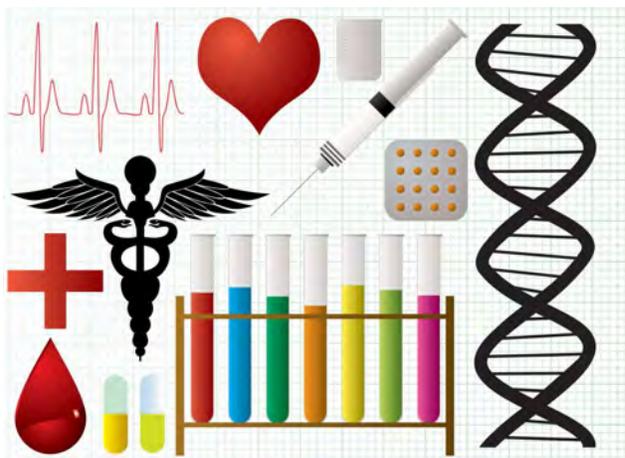
Many female refugees have not received any information about women's health including menstrual cycles, family planning, or pregnancy symptoms. Both boys and girls may need to be informed about reproduction, HIV, and sexually transmitted diseases. Know the district policies related to informing students about these topics. Check with the parents before providing information to a student, but only if doing so will not endanger the child.

The school nurse can act as the student's advocate. I'm sensitive to the feelings of the family, but I work with the school to ensure the student's health and safety.

Consider

Students may exhibit signs and symptoms of the following, even though testing may have been conducted prior to resettling.

- lead poisoning
- post-traumatic stress disorder
- poor hygiene
- nutritional deficits
- attention-deficit disorder or undiagnosed learning disability
- food and other allergies from first-time exposure
- undiagnosed mental illness
- undiagnosed pregnancy
- TB
- lack of information about insects, bees and wasps, ticks, vermin, poisonous plants and household products, electrical outlets, cooking and heating systems, and other environmental factors that could cause health problems.



To be honest, I was concerned about refugee students arriving with HIV, TB, and other diseases. They are completely screened before coming here. I review their files so that I know the status of their health and to determine the date of the last health screening.

Consider

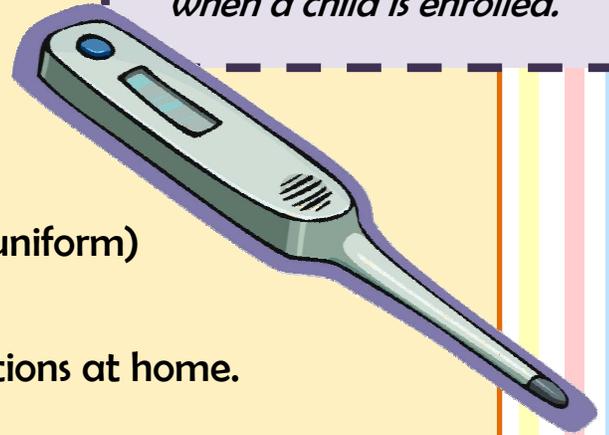
As refugee students try to fit into a new lifestyle, they may experience health issues related to:

- drugs and alcohol
- smoking and other tobacco use
- sexually transmitted diseases
- HIV/AIDS
- use of nontraditional medicines or stimulants such as betel nut
- misuse of over-the-counter medications and prescriptions.

Refugee students may hide health problems because of:

- fear of authority figures (especially those in uniform)
- concerns about contributing to family stress
- embarrassment about lack of healthy conditions at home.

I am mandated to report suspected abuse. It doesn't matter if it is culturally acceptable. I've discussed this dilemma with my administrators and we distribute information immediately to parents when a child is enrolled.



Refugee students, male and female, may not be aware that physical abuse and sexual assault (including date rape and human trafficking) are against the law in the United States. They may need information on resources in the community that can provide them with guidance and protection.

Some refugees may be unwilling to reach out for help because of cultural norms or fear of law enforcement. The school nurse may need to provide information to the students and educate parents and leaders in the refugee community.

School Behaviors



The emotional response of refugee students to family trauma and resettlement may not be visible. Anxieties about school can be similar to any child attending school for the first time, compounded by lack of familiarity with the American school system in general.

The following behaviors may show up as refugee children try to figure out how to navigate through a school day that can be rewarding and fun, but also discouraging and overwhelming. The school nurse is often involved in assisting school personnel in addressing student behavior problems. The following strategies may be effective when they are used with refugee students.

BEHAVIOR	SUGGESTED STRATEGY
Wandering and inattentive	Arrange for one-on-one focus Conduct sensory assessment (hearing, eyesight)
Silent	Don't push; assist in assessing speech
Fatigued	Check for possible reasons for lack of sleep, including crowded households, diet, emotional stress, post-traumatic stress disorder
Depressed	Assess sleeping patterns, diet, loss of family members and friends Refer to psychologist, social worker, Refugee Resettlement Case Manager
Hitting, fighting	Talk to guidance counselors about student behavior Help to develop friendships and involve students in support groups
Exaggerated startle response	Practice bells and drills before they occur Quickly reassure and explain
Frequent health complaints	Determine if complaints are because of stress or a need for attention Check for lead poisoning Assess new diet Assess for seasonal clothing and knowledge about dressing for the weather
Erratic behavior	Use pre-setting strategies for changes in schedule and routine
Resistance to physical, eye contact	Understand cultural and social norms; respect resistance; ease into contact
Embarrassment	Counsel about good hygiene, lunch items/money, clothing that fits, seasonal clothing Recognize inexperience with changing clothes, interacting with other gender in sports Use professional interpreters, not children as interpreters

Refugee children want to fit in make friends feel safe.



To help refugee students adjust to their new school, the school nurse can:

- Review health files in advance.
- Arrange for interpreters.
- Research the cultural traditions of the native countries of refugees.
- Learn a few phrases in the refugee child's language.
- Arrange for tours of the nurse's office.
- Demonstrate a typical exam and the equipment that is used.
- Meet with parents and guardians to explain the role of the school nurse and to find out their needs and concerns.
- Ensure that students know how to ask to see the nurse and where to find the nurse's office.
- Keep in touch with colleagues who work directly with refugee students, such as teachers of English language learners, guidance counselors, Refugee Resettlement Case Managers, and classroom teachers.
- Work with school personnel to arrange for peer mentors and student buddies.
- Consider possible explanations for health and behavior problems that may be related to the child's experience as a refugee.
- Check with refugee students periodically to ensure that their health is not being neglected and they are making positive lifestyle decisions.