

**EXPLORING CULTURAL COMPETENCE IN FORENSIC PRACTICE:
WHAT CAN WE LEARN FROM EVALUATIONS AND TREATMENT WITH MYANMAR REFUGEES?**

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Outline

- Brief History on Myanmar and political backdrop
- Type of refugee groups and religious discrimination
- View of mental illness from different refugee groups
- Religion as cultural script
- Trauma and justice involvement
- Integration of culture in forensic evaluations
- Integration of cultural experiences in treatment of forensic clients

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Why?

- It is a given that cultural competence/humility/reverence are crucial
- Evaluations have impact on clients that are not widely understood
 - Walters et al (2009): "We found a significant effect of assessment on measures of risky drinking and risk reduction behaviors, but not on overall volume of drinking."
 - Carey et al. (2006) found that college students who completed an extensive Timeline Followback (TLFB) interview reported reduced drinking at 1 month follow-up compared to those who had a briefer assessment.
 - McCambridge and Day conducted a study where college students were randomized to either complete or not complete the Alcohol Use Disorders Identification Test (AUDIT). At a two-month follow-up, those who had completed the AUDIT reported lower levels of hazardous drinking.

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Why?

People can be more influenced by what they hear themselves say than by what others have tried to tell them.

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Important

- Assessment processes alone do not produce the same effects as intervention!
- There is more to the studies cited
- We cannot discount the importance of the assessment process itself
- This becomes even more important when we consider the inherent vulnerabilities of refugees.

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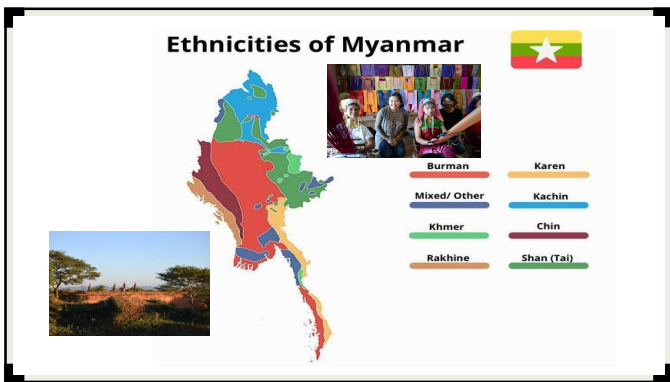
Implications

- How you conduct assessments matters
- Your understanding matters
- How you ask questions matters

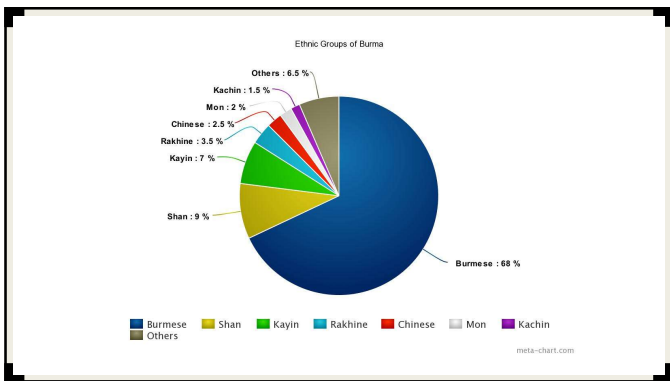
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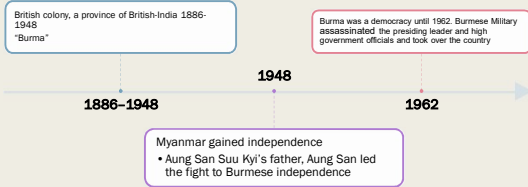


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Brief History of Myanmar and current politics



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Myanmar History

- 1988, "8888" uprising protests the Socialist System of the government
 - Violent responses by the military
- Military take over officially in 1989
- "Burma" → "Republic of Myanmar"
- Nationalism spread
 - Bama ethnic group—68% of the country and 89% Buddhist
- Several civil wars and oppression of ethnic minorities
- Most recent was in 2021, military overthrew democratically elected government officials and imprisoned many

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Ethnic Oppression



- Muslims and Rohingya ethnic group
- Rohingya
 - Muslims brought to Burma by the British for cheap labor
 - Lived in this state for several decades
 - Viewed as "alien"
- 2012 Violence and rioting broke out, led by an Islamic extremist group
- 2016, Violence escalated
- 2017 Burmese military responded with extreme force, violence, cruelty, torture and displacing more than 750,000 and killing several thousands.
- 12,000 Rohingya refugees in the United States

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Ethnic Oppression

- Karen or "Kayin"
- From Tibet and China
- Sided with British during WWII while the dominant Bama military sided with the Japanese
- 15-20% are Christians
- Has conflicted with the Bama military since 1949
- In 2000, Karens began resettling in the United States
- As of 2019, 70,000 Karen refugees are in the United States



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Trauma in the homeland

- Witnessed a family member killed
- Exposure to frequent gunfire
- Destruction and burning of their villages, deliberate destruction of villages
- Dehumanization of Rohingya people on social media sites
- Being forced to do things against their religion
- Seeing dead or maimed bodies
- Witnessing or experiencing sexual violence, systematic rape
- Forced slave labor
- Conscripted as child soldiers
- Withholding of food sources and medical services.

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Trauma in refugee camps

- Extreme poverty and insufficient access to food, jobs, medical care, medical care
- Unsafe living situations
- Exposure to violence
- Experiencing violence



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<p>Stressors in resettled country</p> <p>(Small, Kim, Pratorious, et al, 2016)</p> <ul style="list-style-type: none"> ■ Language barriers ■ lack of access to adequate employment opportunities, and new social and educational norms, among others ■ Limited access to social and economic resources, poor performing public schools and high rates of crime 	<p>Rate of Mental Disorders</p> <p>(Steel, et al, 2009)</p> <ul style="list-style-type: none"> ■ Post Traumatic Stress Disorder rates 13-25% ■ Refugees are 10 x more likely to develop a mental disorder, such as anxiety, depression, PTSD or TBI
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<p>Mental Illness in Myanmar</p> <ul style="list-style-type: none"> ■ "It doesn't exist" ■ "Thinking is wrong" shameful to have "wrong thoughts" <p>Tay, et al (2019) found that idioms such as "no peace of mind" is often used to describe mental illness</p> <p>* spirit possession--in rural areas</p> <p>Words to express emotional pain and suffering is absent. Emphasis is on the "thoughts"</p> <p>Mental illness will be expressed in terms of cognitive disruption, "worries too much," "no peace of mind"</p>
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<p>Complex Post Traumatic Stress Disorder (C-PTSD)</p> <ul style="list-style-type: none"> ■ Ongoing, inescapable, relational trauma since childhood ■ Loss of safety ■ Many adult survivors of complex trauma, having experienced this loss of safety, had no agency over themselves or their environment during critical times in brain development for extended periods of time ■ Under-developed brain

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C-PTSD Symptoms

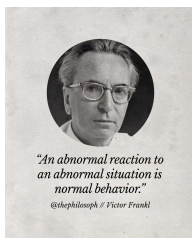
- Symptoms
 - Hypervigilance and suffering, even after escaping physical danger.
 - Amnesia
 - Alienation
 - Chronic mistrust
 - Chronic physical pain/body memories/ auto-immune disease
 - Debilitating flashbacks, nightmares, anxiety, dissociation
 - Trouble with regulating volatile emotions,
 - Severe depression
 - Toxic shame
- Appear like a Personality Disorder

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Cultural Script for Mental Disorder

- 89% Theravada Buddhist
 - Influences cultural outlook on mental illness
 - Buddhist beliefs
 - "Dukkha" Dukkha is the belief that in life, everyone experiences physical and mental suffering (e.g., old age, sickness, sorrow, lamentation, dejection and despair, separation from a desired object or person).
 - Attachment is the root cause of suffering
 - Samsara- Hindu and Buddhist belief in endless cycle of birth and rebirth-reincarnation
 - Karma "Karma"
- May believe the military persecution and the suffering they caused is due to their karma and something they must endure.

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Trauma and Justice Involvement

- Rate of crime in Burmese refugee communities is difficult to discern
- Immigrant communities generally do not report crimes
- The reasons for underreporting crime
 - Fear of deportation,
 - Minimization of the crime
 - Mistrust of the police, believing they can handle the crime on their own
 - Fear of retaliation, or fear of getting the offender into trouble (especially if it's family member)

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Trauma and Justice Involvement

- Rahman et al (2020)
 - Substantial Rohingya minorities were children when they were displaced and exposed to violence by military (under 12 years old)
- Early exposure to violence can lead to trauma, normalize violence and create mistrust of police
- The impact of the refugee experience precipitates posttrauma psychiatric decompensation and aggressive or other criminal behavior.
- Prolonged exposure to traumatic events is often Complex PTSD, which mimic personality disorders

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Culture and Forensic Evaluations

- How to address cultural context in forensic evaluations
- Lived perspective of Myanmar refugees: what does this context mean?



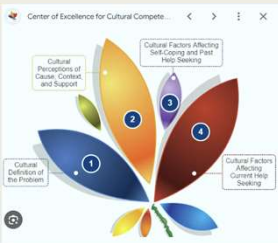
Building a Better Future for Rohingya Refugees in Bangladesh | Crisis Group

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Cultural Concepts of Distress

Just as standard screening instruments can sometimes be of limited use with culturally diverse populations, so too are standard diagnoses. Expressions of psychological problems are, in part, culturally specific, and behavior that is aberrant in one culture can be standard in another. For example, seemingly paranoid thoughts are to be expected in clients who have migrated from countries with oppressive governments. Culture plays a large role in understanding phenomena that might be construed as mental illnesses in Western medicine. These cultural concepts of distress may or may not be linked to particular DSM-5 diagnostic criteria (APA 2013). The table that follows lists DSM-5 cultural concepts of distress; other concepts exist that are not recognized in DSM-5.

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DSM-5-TR

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DSM-5 OUTLINE FOR CULTURAL FORMULATION AND CULTURAL FORMULATION INTERVIEW

Codes	Subcategories
Culture and identity	Positive and valuable experiences from the culture The relevancy of being in a shared environment A culture of honor A strength of identity and self-view Loved and treasured memories
Discrimination	Cham, racism, and discrimination Prejudice and prejudice Fear and clinging to former ideology Continues regarding mental illness Bridging gaps and meeting needs Barriers to talk about call experiences
Health and healing-seeking	Talk through life with common experiences Finding other former members to exchange experiences A new sense of belonging A new release to health and the call experience
Present problems	Current psychiatric symptoms Body-related symptoms Trauma-related experiences

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RESOURCE



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SAMSHA DOCUMENT



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APPROACH WITH LISTENING

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LISTEN WITH A GOAL OF UNDERSTANDING

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Understanding Impact of Fleeing




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Number of Rohingya children fleeing Myanmar violence alone increases | Daily Sabah

ASSESSING IMPACT OF VIOLENCE ON CHILDREN

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Los Angeles Times

ASSESSING TRAUMA OF UNCERTAINTY

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Worsening Humanitarian Crisis in Myanmar

- Since the military coup in February 2021, 2.6 million Burmese people have been displaced and approximately 18 million are in need of humanitarian aid.
- Military junta has routinely punished civilians, indiscriminately targets civilians, medical facilities and school
- The people face inadequate living conditions, barriers to accessing humanitarian aid, food insecurity, and safety concerns
- They have restricted aid for the civilians in need
- Many religious and ethnic groups continue to face discrimination, leaving more vulnerable groups, such as the Rohingya's to face more horrifying conditions

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Assessing consequences of fear



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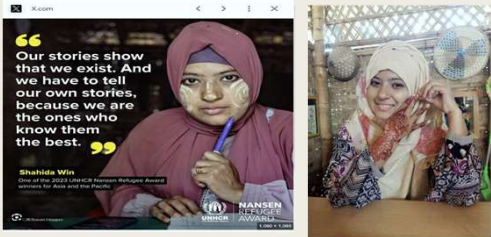
Understanding life in Refugee Camp



Refugees cross a flimsy bridge in the Bakrahal Rohingya refugee camp on September 16, 2017 in Cox's Bazar, Bangladesh.

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Understanding trauma narratives



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Assessing Post Traumatic Growth



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Wednesday, May 8, 2024: A Worsening Humanitarian Crisis in Rakhine State



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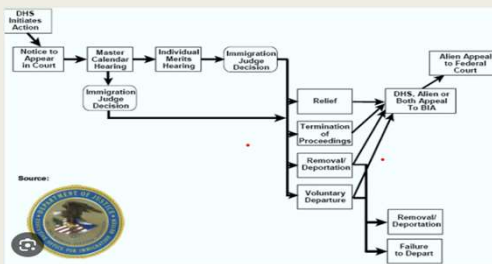
Forensic Assessment



- Competency in Immigration Proceedings
- Competency to Stand Trial

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Immigration Proceedings



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Competency in Immigration Proceedings

Asylum Seekers are making a claim of refugee status, but their case has not been determined and they are already in the United States; refugees are outside the United States and seek entry into the country or at a port of entry.

- Forensic evaluations are necessary to document the physical or psychological evidence associated with the asylee's claim.
- Psychological evaluations are a mechanism to document the sequelae of multiple traumatic events experienced in asylum seekers' home countries or in refugee camps, and to connect observed mental disorders with their trauma histories.
- Asylum is granted 89% of the time with a psychiatric/psychological evaluation vs. 36% without an evaluation

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Standard for competency in immigration proceedings: *Matter of M-A-M* (I&N Dec. 474, BIA 2011)

- Three prong standard:
 - "Whether he or she has a rational and factual understanding of the nature and object of the proceedings
 - Can consult with the attorney or representative if there is one.
 - And has a reasonable opportunity to examine and present evidence and cross-examine witnesses?"
- Context of an immigration evaluation, respondents may fear deportation if they acknowledge or report anxiety, depression, or other symptoms of mental illness.
- Respondents may want to appear resilient and minimize impairment, so they are seen as a desirable contributor to the United States rather than a burden.

As respondents are not afforded a right to counsel, they often proceed pro se; the burden of determining whether a competency assessment is appropriate falls on the immigration judge

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Competency to Stand Trial

- Respondents' competency-related abilities can be affected by the trauma in their home countries and refugee camps, as well as the stress of migration and acculturation processes, stigma and marginalization, discrimination, and the threat of removal, all of which destabilize an individual's mental health.
- Exceedingly small number of evaluators of Burmese descent
- Complexity of dialects and idioms, may limit access to skilled interpreters.



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Fictitious Case Example- Competency to Stand Trial

- A Rohingya Muslim man in his mid-20s with no prior criminal or psychiatric history is referred for a competency to stand trial evaluation. He and his family had recently been granted U.S. asylum status and were residing in a small refugee community in the Pacific Northwest. He was charged with attempted sexual assault. After the girl reported the incidents to her schoolteacher, Child Protective Services were notified, and the police were called. While awaiting trial, the context of incarceration caused the young man to become noncommunicative and withdrawn when approached by his attorney, thus precipitating the competency evaluation.

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Lessons learned

- Determining whether a noncommunicative presentation represents paranoia or other clinical syndromes or simply evaluatee caution is a difficult task; therefore, as much as possible, securing the trust of evaluatees and recognizing the context of their responses is important before pathologizing the presentation. Obtain collateral information when possible

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Harris, Pedneault, & Willis (2019)

- Interviewed 42 men released into the community to examine the extent to which they desired and pursued primary human goods in the Good Lives Model.
- Results highlighted that participants valued many of the human goods outlined in the GLM, but their means to achieve them were restricted by their correctional status.
- "Interpersonal relationships" and "life/survival" emerged most frequently during the interviews and were identified as the two most important goods.
- Implications include the value of attending regular treatment in obtaining the goods of "knowledge" and "community."

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GLM Approach

- Offending relates to the pursuit of legitimate goals via harmful, maladaptive means
- All human beings are goal-directed and predisposed to seek *primary human goods*
- Primary human goods = actions, experiences, circumstances, states of being, etc., that individuals seek to attain for their own sake

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A note on narrative

- We often think in terms of risk and protective "factors"
- Problem of reification
- Ward and his colleagues (including us) encourage thinking in terms of the narrative that underlies the factors
- What's the actual story?
- How did events result in this "factor"?

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Primary Human Goods

- GLM proposes at least 10 primary human goods
- Value/importance placed on various goods determines individual's conceptualisation of a "good life"; reflected in good life plan (GLP)
- Assumption: Pro-social attainment of goods will help reduce or manage risk to re-offend (alongside targeting criminogenic needs)

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Primary Human Goods as Common Life Goals
(Yates & Prescott, 2011)

Primary Good	→	Common Life Goal
Life	→	Life: Living and Surviving
Knowledge	→	Knowledge: Learning and Knowing
Excellence in Work & Play	→	Being Good at Work & Play
Excellence in Agency	→	Personal Choice and Independence
Inner Peace	→	Peace of Mind
Friendship/Relatedness	→	Relationships and Friendships
Community	→	Community: Being Part of a Group
Spirituality	→	Spirituality: Having Meaning in Life
Happiness	→	Happiness
Creativity	→	Creativity

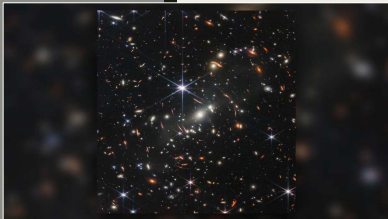
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GLM vs. Andrews & Bonta Big 8
(possible comparison)

GLM	Big 8
<ul style="list-style-type: none"> ■ Happiness/Pleasure ■ Creativity ■ Knowledge ■ Being good at work and play ■ Personal choice/independence ■ Relationships and friendships ■ Meaning and purpose in life ■ Peace of mind ■ Community ■ Living and surviving 	<ul style="list-style-type: none"> ■ Substance abuse and other pleasure seeking ■ Poor performance in school or work ■ Impulsivity/self-regulation deficits ■ Antisocial peer group/social isolation/family problems ■ Antisocial history ■ Aggression/irritability ■ Attitudes and beliefs supportive of sexual violence ■ Alcohol/drugs, reckless, dangerous behavior

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Questions?



Thank You!

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