

Influences of native culture on Southeast Asian adolescent refugees and its accuracy in diagnosing trauma

Adolescents are more likely to face issues regarding their development when there is a major change in their lives. For Southeast Asian (SEA) adolescent refugees, major changes include trauma from violence in their home countries as well as the resettlement process (Pine, Costello, Masten, 2005; Ellis, Lincoln, MacDonald, Cabral, 2008); however, SEA refugees show a lower prevalence of PTSD and other trauma because of differences in cultural definition of certain symptoms being displayed (Hinton, Fernandez, 2011, Gadeberg et. al, 2017). In order to explore this issue, we conducted a literature review using the Developmental Psychopathology framework (Pine, Costello, Masten, 2005) as a basis in understanding 1) how cultural-specific symptoms can affect a diagnosis for SEA adolescent refugees between the ages of 14-18 and 2) how the lack of an accurate diagnosis can possibly hinder later emotional development. In the United States, healthcare providers may miss symptoms that are not observed in Western medicine or in the DSM-IV. The DSM-IV includes a Western definition for post-traumatic stress disorder, but it fails to incorporate the possibility of a culture-bound syndrome (Hinton, Fernandez, 2011). This can cause a missed diagnosis, which can result in a domino effect that impacts SEA adolescents' emotional development and behaviors such as increased aggression, risk taking, and depressive symptoms (Fragkaki, Cima, Granic, 2018).

Key Words: adolescent refugees, PTSD, developmental psychopathology, culture-bound syndrome

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