

Trauma-Informed Anticipatory Action: Considerations for Refugees and Other Displaced Populations

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Introduction

Global displacement is rising, and the trend is projected to continue. Today 1 out of every 78 people in the world is displaced (UNHCR 2022). While many of the world's 100 million displaced have fled due to conflict, in 2020 alone an estimated 30.7 million people were displaced due to weather-related events (IDMC 2021). Yet even though people may have moved away from one particular climate hazard, they are often vulnerable to others and even at risk of being harmed or displaced again.

According to the Internal Displacement Monitoring Centre (IDMC) (2018), "Poorly or unplanned urban growth and substandard construction in

hazard-prone areas increase disaster displacement risk. New displacement takes place regularly in densely populated informal settlements on floodplains, steep hillsides and coastlines exposed to cyclones in cities..." Refugee and internally displaced person (IDP) camps are also often placed in hazard-prone parts of countries, further illustrating the risk of climate disasters for displaced people. One of many examples is Rohingya refugees in Bangladesh, who regularly encounter flash floods and landslides in the Cox's Bazar refugee camp (Grey 2021) as well as monsoon, cyclones, and storm surges on the highly contentious island of Bhasan Char (HRW 2021).

Anticipatory action and displaced populations

Within the humanitarian community, a growing type of humanitarian assistance to people affected by extreme weather events seeks to assist them *before* the onset using a combination of climate forecasting, pre-arranged funds and plans, and quick deployment of information and resources. Known as anticipatory

action (or, alternately, forecast-based financing or forecast-based action), this assistance has been proven to save lives and salvage livelihoods (Gros et al. 2020). The type of support varies by context but often includes cash-based and in-kind assistance.



For example, anticipatory actions to better withstand fast-onset disasters (mostly floods and cyclones) often include some combination of:

- Cash/voucher assistance;
- Water, sanitation and health (WASH), health interventions targeting Hepatitis E, cholera, etc.;
- Distribution of household water purification supplies (to reduce waterborne diseases);
- Helping people evacuate;
- Assisting with livestock and/or asset evacuation;
- Reinforcing housing, schools, or other infrastructure (e.g., clearing/digging drainage from crop land and around homes).

For slow-onset hazards (mostly drought, heat waves, and cold waves), common anticipatory actions generally include components such as:

- Dissemination of early warning messages and information campaigns (via public distribution of material, text messages, video, social media, radio, etc.);
- Opening community cooling shelters;

- Cooling buses (to bring people to cooling shelters);
- Conditional cash transfers for cooling devices;
- Unconditional cash transfers to encourage outdoor workers to rest during peak heat;
- Distribution of non-food items (e.g., drinking water, water spray bottles, cooling fans, sun hats, sun umbrellas, and water purification tablets);
- Support to and reinforcing of health services (assistance in referring severe heat-related illnesses to the nearest hospitals).

While some research has explored the role of anticipatory action in preventing so-called disaster displacement (IFRC/RCCC 2020), including the challenges in doing so (Anticipation Hub 2021) and ways to expand anticipatory action into situations of conflict (Wagner and Jaime 2020), very few anticipatory action interventions directly focus on displaced populations. This is despite the potential and need for anticipatory action with these populations in both urban and camp settings (Easton-Calabria et al. 2022). While anticipatory action for displaced populations is not yet common, it is important to consider how it could be successfully implemented with them.

Defining trauma and trauma-informed approaches

Trauma is broadly defined as an emotional response to experiences that overwhelm our ability to respond or cope (Herman 2015, APA 2022). Refugees are at high risk for having traumatic experiences, and any action targeting them must take this into account. (It is equally important to note that traumatic experiences and resilience can, and often do, exist hand in hand.) Statistics on traumatic experiences in refugees vary, particularly as reactions to them differ widely. Rates of post-traumatic stress disorder (PTSD), one possible outcome of traumatic experiences, range from 20% (Gaynor 2017) to up to 75% in some refugee populations (Ahmed 2021). As one head of a refugee-serving organization in Kampala, Uganda explained:

[Within refugee responses] there is often not really a recognition of why people became refugees in the first place...Not all but many people left after they had been severely harmed—they left after soldiers had come, raped them, killed their families—so really they left way too late...yet the humanitarian system still continues to treat them as if they have just run away without first having been harmed.

Given a likely high rate of traumatic experiences as well as physical issues in many refugee populations, it is imperative that any anticipatory action takes these into account. However, to date, little work has looked specifically at how the design and implementation of anticipatory action might need to be

tailored to be successful for trauma-affected populations, including displaced people.

A trauma-informed approach takes the existence or likelihood of traumatic experiences into account in terms of engaging with patients or recipients of assistance, providing treatment or assistance, and defining outcomes—all while actively avoiding re-traumatization (CDC n.d.). At the same time, a growing body of research explores the cultural contingency of trauma (Mollica et al. 1992, Shoeb et al. 2004, Marsella 2010), often pointing out that existing definitions of mental illness are Western notions that do not necessarily transcend cultures or geographies.

While different fields or schools of thought may have different components of trauma-informed practice, there are multiple overlapping core tenets. Key components relevant for anticipatory action for displaced populations include the following:

- **Safety:** Recipients of assistance as well as staff feel physically and psychologically safe.
- **Trust/transparency:** Decisions are made with transparency and with the aim of developing and maintaining trust.
- **Peer support:** Individuals with shared pasts or experiences are part of service delivery and help inform the rollout of assistance or programs.
- **Collaboration/mutuality:** There is an emphasis on sharing skills and decision-making with the aim of levelling power differences between staff and beneficiaries.
- **Empowerment/choice:** Beneficiary strengths are recognized and built on.
- **Cultural, historical, and gender issues:** Historical traumatic experiences and current biases and marginalization are recognized and addressed (Becker-Blease 2017, Menschner & Maul 2016, CDC n.d.).

Trauma-informed anticipatory action for displaced populations

In fields such as medicine (CDC n.d.), social work, broader humanitarian and development work (PeaceBuilder 2013), as well as refugee assistance (iACT 2019) and resettlement (Im and Swan 2021), there is a plethora of work presenting components and tenets of trauma-informed practice, as outlined above. These help us understand what trauma-informed anticipatory action might look like for displaced populations.

One example of how a trauma-informed approach could increase the effectiveness of anticipatory actions for displaced populations is by focusing on how people perceive information and why they do or do not take action on it, which the above elements feed into. For example, will people receive or heed early warnings about extreme weather events? Helping refugees take necessary action relies on information being communicated and listened to. Helping this to happen involves very practical considerations such

as the language and medium through which early warnings come. For example, an early warning information campaign for refugees would likely need to be targeted, as refugees may not speak the local language of host communities or have access to radios or regular electricity with which to charge phones.

Relatedly, and just as important as receiving messages in the first place, will refugees and other forcibly displaced people *trust* information enough to act on it? A body of literature has explored the relationship between risk perception (Twigg 2003), trust (Samaddar et al. 2018), and appropriate communication “messengers” (Perera et al. 2020) in early warnings, yet very little has examined this relationship in particular with reference to refugees or the broader impact of traumatic experiences on heeding early warnings. Some research on information campaigns related to Covid-19 in refugee camps, however, found a high prevalence of rumors and mistrust (Ground

Truth Solutions/U-Learn 2020), suggesting that lack of trust is a key barrier to informed action in refugee populations. One humanitarian practitioner working with refugees in Cox's Bazar, Bangladesh, described people's unwillingness to evacuate during threats of landslides due to a fear of family separation based on experiences in Myanmar. Instead of risking a repeat of these experiences, they instead "preferred to die where they were" (Informant, June 2022).

At the same time, issues of local language and the need to build trust for acceptance and understanding of early warnings are of course not unique to displaced or traumatized populations. They apply in every context, but displaced populations often necessitate that extra awareness and resources be put into translation and communication. Additionally, avenues for building trust among displaced populations with high rates of trauma may be different than those for host communities.

Research shows, for example, that people who have traumatic experiences due to conflict or other crises may have traumatic flashbacks (Shepherd and Wild 2014) as part of PTSD, mistrust authority figures, have anxiety or panic attacks (Hinton et al.

2005) that can hinder cognition and movement, and experience depression (Roberts et al. 2009) that can impair decision-making. Responses to traumatic experiences such as these all have the potential to make refugees and other populations less likely to heed early warnings, take early action, or otherwise engage in anticipatory action. Some research shows the importance of "cultural mediators" who are able to disseminate information to refugee populations that is trusted, due to shared characteristics like nationality or language, while also being able to advocate to agencies and government actors on behalf of refugees regarding their needs and interests (Latonero et al. 2019, Radicioni and Rosendo 2022).

Other characteristics besides mental health are also crucial to consider for refugee populations. For example, even refugees who may not outwardly appear disabled may have over- and underlying conditions that may not be identified or treated. Further, at least half of the world's refugees are women and girls who often travel with young children or other dependents (FMRN n.d.). Considering this when determining the location of cooling or evacuation shelters is important. Can the population walk there or will transport be possible?

Key elements of a trauma-informed approach for anticipatory action for displaced populations

Addressing the question and considering the factors above is of course not confined to working with refugees, and in fact represents good practice for anticipatory action and other humanitarian programming. Yet this work also becomes much less relevant if tailored efforts addressing specific experiences like trauma within communities are not undertaken as a means to help people understand early warnings, trust the information communicated, and feel safe enough to leave an area or make other adaptations needed to protect themselves in advance of an extreme weather event. To address these concerns, anticipatory action practitioners can build on a trauma-informed approach to consider:

- **Targeted communication campaigns for refugees distinct from those for host populations (language, medium, etc).** Building on existing research identifying effective ways to communicate with refugee populations is needed. Partnerships with existing actors working with refugees also mean that existing communication channels could be piggybacked on, such as the United Nations High Commissioner for Refugees (UNHCR) Innovation Service's (2016) work to increase two-way communication with refugees on the move.
- **Gaining trust to counter possible mistrust of authority figures.** Trust could be established in part through peer support, wherein trained

fellow refugees disseminate information. Empowerment and choice could also be fostered through information about hazards and the identification of anticipatory elements such as the location of an evacuation shelter discussed with community members in advance. Activities such as these may lead to a higher uptake of action, as sudden warnings would be coupled with prior information and knowledge.

- **Encouraging mental health support in advance of and during extreme events.** Crowded cooling shelters, panic in members of populations, and the extremity of a weather event such as a flash flood or cyclone can all induce traumatic flashbacks or symptoms and are stressful events for all people, regardless of trauma history. Working with local religious leaders or training community workers in psychosocial support, with an emphasis on culturally appropriate support, are ways to address feelings and reactions that may impede anticipatory action. Given the high prevalence of traumatic experiences in many refugee populations, mental health support should be a key element of assistance provision in anticipatory action for displaced people. To this end, existing Mental Health and Psychosocial Support (MHPSS) programming for refugees could be used or tailored accordingly.
- **Building in time to build trust—which may not always be available in the case of fast-onset disasters.** Building trust, developing peer support, and offering psychosocial assistance is likely extremely difficult or even impossible to

do in a fast-onset context where only 1–2 days of lead time exist between the trigger and the hazard impact. While this difficulty suggests that trauma-informed approaches may be more suited for anticipatory action targeting slow-onset disasters like drought (where seasonal forecasts are often provided months in advance), it also highlights the importance of the development of longer-term relationships between agencies and communities receiving assistance. Even in cases of impact-based forecasting, in which agencies don't know in advance where actions will take place, there is the potential to develop local and national networks (such as those existing within the Red Cross Red Crescent Movement) to lay the foundation for communication, trust, and ultimately trauma-informed action.

Other next steps for donors, policymakers, and practitioners include:

- Build communities of practice within and beyond non-governmental organizations (NGOs) and practitioners to explore trauma-informed approaches to anticipatory action and other types of humanitarian action with displaced populations;
- Strengthen research on climate hazards and displaced people, with a focus on how trauma-informed anticipatory action could be employed in different settings;
- Strengthen appropriate trauma-informed early warning systems in camps and other areas where displaced people live (e.g., urban informal settlements) and pilot anticipatory actions.

Conclusion

Refugees and other displaced people are currently largely left out of the conversation on anticipatory action, while anticipatory action itself is a new concept for many humanitarian practitioners working with refugees. As climate hazards and global displacement increase, considering how anticipatory

action can be most effective for displaced people is imperative. As anticipatory action pilots for displaced people develop, a trauma-informed approach presents a promising way forward for assisting these populations in advance of extreme weather events and climate disasters.

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About the Academic Alliance for Anticipatory Action

The Academic Alliance for Anticipatory Action (4As) is a consortium of researchers from seven universities working to increase the knowledge base on anticipatory action. 4As is led by Feinstein International Center, Friedman School of Nutrition Science and Policy at Tufts University in the US, partnering with Bangladesh University of Engineering and Technology, Eduardo Mondlane University in Mozambique, Makerere University in Uganda, University of Namibia, National University of Lesotho, and University of the Philippines.



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