



## Torture Treatment Literature Selection, Q1 2016

The PATH literature bibliography is a resource for current literature on the topic of the mental health status of and treatments for torture survivors, war trauma survivors, refugees, and asylum seekers. This also includes research in the areas of social work that relate directly to the psychological wellbeing of these populations. The bibliography includes peer reviewed journal article citations in these areas; select original summaries of those articles; and links to the publicly available abstracts and full text versions of these articles. This bibliography is updated and distributed on a quarterly basis. The bibliography does not currently include articles on policy and advocacy.

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## Selected Article Summaries

### **Factors associated with suicidal ideation among survivors of torture include history of sexual violence, female gender, and lack of social support**

Lerner, E., Bonanno, G. A., Keatley, E., Joscelyne, A., & Keller, A. S. (2016). Predictors of suicidal ideation in treatment-seeking survivors of torture. *Psychological Trauma: Theory, Research, Practice and Policy*, 8(1), 17–24. [[abstract](#)]

Summary by: Eden Almasude, Volunteer with The Center for Victims of Torture

#### **Study Details**

There are little data on suicide mortality and risk factors for refugees, asylum seekers, and survivors of torture. Preliminary studies show that rates of suicide attempts and completion are substantially higher than the general population in the host country. More broadly, immigrant populations may have higher suicide mortality as compared to non-immigrants in European and North American contexts. Among individuals with a history of trauma, a large-scale study found that interpersonal and sexual trauma were most strongly associated with suicidal ideation across 21 countries.

#### **Study Sample**

This study examined suicidal ideation among survivors of torture seeking psychological treatment. It also looked at variables of sociodemographic characteristics, the identity of the persecutor, history of torture, and post-migration factors. The retrospective study included adult clients who had experiences that met the U.N. definition of torture, genocide, war trauma, or political violence. Participants came from a variety of ethnic and regional backgrounds, and the majority were male, married, and had a high school education or higher.

#### **Study Findings**

The following factors were found to be significantly associated with suicidal ideation at the time of intake to treatment: female gender, being single/never married, not having applied for asylum, persecution by family, a history of rape or other sexual assaults, and having one or more family members tortured or harassed. Older clients were less likely to have thoughts of suicide.

Not having applied for asylum may impact suicidal ideation due to the legal insecurity the individual experiences as a result of being vulnerable to deportation and the possibility of continued trauma. Other studies provide evidence that not having a legal immigration status and other post-migration factors impact mental health outcomes for survivors of torture. This suggests the need for developing and funding programs to assist asylum-seekers through the application process.

Rape and other forms of sexual assault were found to be correlated with suicidal ideation, which is consistent with studies in the general (non-immigrant) population. Sexual violence predicted suicidal thoughts more so than other traumatic experiences of torture. This finding was not exclusive to women; women and men with a history of sexual violence were equally likely to have suicidal ideation.



The findings that younger age, not being married, and persecution by a family member are associated with suicidal ideation may reflect that these persons have less social support. Some survivors of torture have reported that their spouse and/or children provide a motivation to stay alive.

### **Conclusion**

The study outcomes, while preliminary, have implications for allocating treatment resources and identifying key factors to assess in psychological evaluation: supporting asylum-related legal resources, and screening for family-perpetrated trauma and sexual violence.



## Exposure to genocide and the risk of schizophrenia: a population-based study

Levine, S. Z., Levav, I., Goldberg, Y., Pugachova, I., Becher, Y., & Yoffe, R. (2016). Exposure to genocide and the risk of schizophrenia: a population-based study. *Psychological Medicine*, 46(4), 855–863.

[\[abstract\]](#)

Summary by: Frank Hennick, volunteer at the Center for Victims of Torture

### Study Details

While the link between violent trauma and mental illness has been well established, no studies have analyzed the relationship between exposure to genocide and schizophrenia. Medical theory and related mental health research have suggested such a connection, and so Dr. Levine and his collaborators focused on the psychiatric health records of Israeli Jews who either lived in Europe during the Holocaust as young children or while in utero. The study compared incidences of schizophrenia among patients who encountered these traumas directly to those whose experience was indirect—meaning they had familial and social ties to victims. The authors hypothesized that early childhood exposure to genocide would increase the risk of schizophrenia later in life; they aimed to test and confirm this. Moreover, they asked: which were the critical moments in a young child’s life at which such exposure was most likely to generate schizophrenia? Drawing on data from Israel’s National Psychiatric Case Registry (NPCR), the researchers compared the experiences of those diagnosed with schizophrenia. Specifically, they distinguished between those who had directly experienced the Holocaust and those who had indirectly done so. The direct exposure group was further divided into four subgroups:

- *In utero* only
- Combined in utero and postnatal; born during the war
- Early postnatal, ages 1-2
- Late postnatal, older than 2

By examining the differences between these sets of Holocaust survivors, the team hoped to offer a generalized indication of schizophrenia likelihood among Israeli Jews who lived—or whose parents lived—in Europe during the Holocaust.

### Study Hypotheses and Conclusions

To determine the validity, nuances, and gradations of the relationship between genocide and schizophrenia, the researchers formed and tested four hypotheses:

1. Survivors of genocide are less likely to be at risk of schizophrenia since the most vulnerable individuals are least likely to have survived.
2. Genocide exposure increases the risk of schizophrenia, as suggested by previous epidemiological surveys and the “social defeat theory” (Selten & Cantor-Grae, 2007).

3. Individuals with in utero exposure to genocide traumas are at an increased risk of schizophrenia. The authors propose that a mother’s experience of trauma could damage an unborn child’s mental health much the way malnutrition can.
4. Childhood is a sensitive time; exposure to genocide traumas potentially boosts the risk of schizophrenia. This hypothesis focused on individuals exposed to the holocaust in the early postnatal (age 2- years) and late postnatal (age 2+ years) stages of childhood.

In the end, the study determined the lowest risk of schizophrenia was among the indirect exposure group, and this data was statistically similar to the *in utero* subgroup. On the other hand, the study suggested that patients from the late postnatal and combined *in utero*/postnatal subgroups were at a higher risk of schizophrenia—slight but significant.

The team ultimately rejected hypothesis 1, deeming selective mortality an insufficient force to curb the risk of schizophrenia. Likewise, the study concluded that *in utero* exposure alone could not significantly enhance the risk, noting many mothers’ deaths and miscarriages. Hypothesis 3 was thus rejected. On the other hand, the study supported the second and fourth hypotheses: genocide survivors were indeed at a statistically greater risk of schizophrenia (hypothesis 2), and the study confirmed childhood as an especially vulnerable period for genocide exposure (hypothesis 4). The team concluded that such findings are in keeping with what the science of childhood psychology would suggest: that “malnutrition, neurodevelopmental insults and psychosocial adversities” elevate the risk of schizophrenia.

## Insomnia in North Korean refugees: association with depression and post-traumatic stress symptoms

Lee, Y.-J. G., Jun, J. Y., Lee, Y. J., Park, J., Kim, S., Lee, S. H., ... Kim, S. J. (2016). Insomnia in North Korean refugees: Association with depression and post-traumatic stress symptoms. *Psychiatry Investigation*, 13(1), 67–73. [[Full Text](#)] [[abstract](#)]

Summary by: Marissa Wood-Sternburgh, Volunteer for the Center of Victims of Torture

The current study explores levels of insomnia, depression, and post-traumatic stress disorder among North Korean refugees (NKR) living in South Korea compared to levels amongst South Koreans. Most refugees experience traumatic and stressful events prior to becoming refugees. Then, after immigrating, they experience socioeconomic troubles, difficulties with cultural transitions, fear of deportation, prejudice and economic hardships. All of these factors make refugees highly vulnerable to psychological problems. The authors hypothesized that, because of these factors, insomnia would be more prevalent among NKR than South Koreans, and that insomnia in NKR would be closely related to psychiatric symptoms. To test this hypothesis, NKR were given a self-reported questionnaire on insomnia, the Center for Epidemiological Studies' Depression Scale (CES-D), the Trauma Exposure Check List for North Korean Refugees, and the Impact of Life Event Scale-Revised (IES-R). South Koreans were given a self-reported questionnaire on insomnia and the CES-D only. 177 NKR and 315 South Koreans participated.

The study found that clinically significant insomnia was more common in NKR than in South Koreans for all three types of insomnia: initial, maintenance, and terminal. (Initial insomnia involves problems falling asleep; maintenance insomnia involves difficulties staying asleep; and terminal insomnia involves waking too early). NKR were more likely to score higher on the CES-D than South Koreans, indicating that more symptoms of depression were present. NKR were also more likely to show symptoms of both depression and insomnia than South Koreans. Among the NKR, over forty percent had significant post-traumatic stress disorder (PTSD) symptoms and over twenty-five percent exhibited both PTSD and insomnia.

Additional findings include:

- Among NKR with insomnia, CES-D scores were significantly higher than NKR without insomnia and South Koreans. They also experienced a higher number of traumatic events and higher IES-R scores and were more likely to experience PTSD symptoms.
- Among NKR with depression, insomnia was more common than in NKR without depression and South Koreans with and without depression. NKR with depression also experienced a larger number of traumatic experiences and had higher IES-R scores than non-depressive NKR. NKR with depression also more often had clinically significant PTSD than those without depression.
- NKR with PTSD were more likely than NKR without PTSD to exhibit both insomnia and depressive symptoms and have higher CES-D scores.

While insomnia, PTSD, depression, and life events all seem to be closely linked, the researchers found that only the CES-D score significantly predicted the presence of all three types of insomnia. The IES-R score predicted maintenance and terminal insomnia symptoms. Previous experiences, current living



situation, and cultural stigma may all play a role in the presence of insomnia as refugees often come from countries where psychiatric disorders are unfamiliar or stigmatized. Measuring a definite symptom like insomnia may be an indicator of other psychiatric problems amongst refugees.

A potential problem with this study is that all of the assessments were self-reported, so future studies may need to include diagnostic testing from a professional. Needless to say, information from self-reports and about insomnia may be indicators of underlying psychiatric disorders that may need more attention.

## Selected Article Citations by Topic

### Children/Youth

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Amone-P'Olak, K., Lekhutlile, T. M., Ovuga, E., Abbott, R. A., Meiser-Stedman, R., Stewart, D. G., & Jones, P. B. (2016). Sexual violence and general functioning among formerly abducted girls in Northern Uganda: The mediating roles of stigma and community relations - the WAYS study. *BMC Public Health*, 16(1), 64. [[Full Text](#)] [[abstract](#)]

Borba, C. P. C., Ng, L. C., Stevenson, A., Vesga-Lopez, O., Harris, B. L., Parnarouskis, L., ... Henderson, D. C. (2016). A mental health needs assessment of children and adolescents in post-conflict Liberia: Results from a quantitative key-informant survey. *International Journal of Culture and Mental Health*, 9(1), 56–70. [[Full Text](#)] [[abstract](#)]

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Kaplan, I., Stolk, Y., Valibhoy, M., Tucker, A., & Baker, J. (2016). Cognitive assessment of refugee children: Effects of trauma and new language acquisition. *Transcultural Psychiatry*, 53(1), 81–109.

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## Trauma and Posttraumatic Stress

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Sleijpen, M., Haagen, J., Mooren, T., & Kleber, R. J. (2016). Growing from experience: An exploratory study of posttraumatic growth in adolescent refugees. *European Journal of Psychotraumatology*, 7, 28698. [[Full Text](#)] [[abstract](#)]

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## Women

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Ghaddar, A., Elsouri, G., & Abboud, Z. (2016). Torture and long-term health effects among Lebanese female political prisoners. *Journal of Interpersonal Violence*, 31(3), 500–514. [[abstract](#)]

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## Other

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Shoshani, A., & Slone, M. (2015). The Resilience function of character strengths in the face of war and protracted conflict. *Frontiers in Psychology, 6*, 2006. [[Full Text](#)] [[abstract](#)]

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### Additional Relevant Resources:

- Dignity (The Danish Institute Against Torture) provides a database that allows you to search for a wider range of articles, books, and other publications on the topic of torture (<http://www.reindex.org/RCT/rss/Portal.php>)
- IRCT (International Rehabilitation Council for Torture Victims) provides free access to their journal, *TORTURE Journal* (<http://www.irct.org/media-and-resources/library/torture-journal.aspx>)

### CVT Volunteer Contributions to this Bibliography:

- **Carolyn Easton** conducted the literature search and compiled the citations for this bibliography.
- **Ellie Lewis** organized, formatted, and edited the content of this bibliography.
- **Eden Almasude, Frank Hennick, and Marissa Wood-Sternburgh** wrote summaries of selected articles for this bibliography.
- **Jared Del Rosso** reviewed the selected article summaries for this bibliography.