

Torture Treatment Literature Selection, Q3 2017

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 well-being 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.

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 Brian Martucci** wrote summaries of selected articles for this bibliography.
- **Jared Del Rosso** reviewed the selected article summaries for this bibliography.

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Selected Article Summaries

Experiencing parenthood after forced migration includes challenges and opportunities from transnational links

Merry, L., Pelaez, S., & Edwards, N. C. (2017). Refugees, asylum-seekers and undocumented migrants and the experience of parenthood: a synthesis of the qualitative literature. *Globalization and Health*, 13(1), 75.

Summary by Eden Almasude, volunteer with the Center for Victims of Torture

Study Details

Many survivors of political violence have children, and while parenthood brings a unique set of challenges and potential stressors, it can also provide a source of strength and desire to persevere despite hardship. The experiences of trauma and forced migration affect family dynamics, especially when separated from extended family structures and in a new social and cultural context. This study was intended to provide a review of the qualitative literature on the experiences of parenthood as described by refugees, asylum-seekers, and undocumented migrants.

Study Methods

Researchers included qualitative or mixed methods literature from 2007 to 2017 in English or French, using search terms related to parenthood and migration. Studies were classified by research design, high-income or low-or-middle-income country, and migration status of study population. Qualitative data were then coded to identify themes of parenthood experiences.

Study Findings

The majority of literature addressed refugee populations in high-income countries, and half looked exclusively at mothers. Study designs were primarily ethnographic or descriptive. Prominent themes were:

- *Experiencing hardship* of loss and sacrifice, living in fear of separation from children, and financial stress to provide for the family. Family structures are affected by shifting roles in the new cultural surroundings. Often, refugee mothers became single parents due to a deceased or missing spouse.
- *Building resilience* through personal and community resources, spiritual foundations, increasing language proficiency, and valuing bridges between cultures. Many parents said that their children provided meaning to their lives after experiencing great loss.
- *Living transnationally* with both links and tensions between cultures, leaving behind family members, and developing a sense of transnational identity in the family. Intercultural ties and valuing identity of the home culture can become a source of social support.

Conclusions

This synthesis of qualitative literature highlights major themes in parenthood experiences, namely relating to challenges and positive aspects of living between cultures. This is useful in planning resettlement and support programs that build on these assets. Understanding the stressors can help to validate and address the difficulties of parents impacted by forced migration; it can also help to develop policy changes that both promote family wellbeing and address separation. This study also identifies gaps in the literature, namely in examining experiences of fathers and in low-and-middle-income countries.

Comorbidity of posttraumatic stress disorder and depression in tortured, treatment-seeking refugees

Nickerson, A., Schick, M., Schnyder, U., Bryant, R. A., & Morina, N. (2017). Comorbidity of posttraumatic stress disorder and depression in tortured, treatment-seeking refugees. *Journal of Traumatic Stress*, 30(4), 409–415.

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

Study Background

The comorbidity—or simultaneous affliction—of depression and posttraumatic stress disorder is well-established among refugees. Relatively little is known, however, about ways to predict this relationship or the other factors that correspond with it. The authors analyze mental health outcomes among a group of refugees seeking treatment. Their paper asks: in light of the established relationship between post-traumatic stress disorder (PTSD) and depression among refugees, how would greater exposure to trauma relate to comorbidity of PTSD and depression? What other predictors of comorbidity are identifiable? What is the relationship between comorbidity and mental health-related quality of life?

Study Sample

The study drew 134 participants from a population of refugees in Switzerland where specialized clinics provided them with psychiatric care. Key details of the sample include:

- 78% were men, with a mean age of 42.4 years.
- Countries of origin included Turkey, Iran, Bosnia, Afghanistan, Iraq, Sri Lanka, among others.
- Participants' mean time in Switzerland was nine years; their mean time in treatment was 30 months.

Study Findings and Discussions

A third of the sample only met criteria for depression, while two percent only met criteria for PTSD. Seventeen percent did not meet criteria for either. Among participants who met criteria for depression, 41.7% met criteria for PTSD; conversely, 95.5% of those who met criteria for PTSD also met criteria for depression. Nearly half of the study participants met criteria for comorbid PTSD and depression. The authors found that 92.7% of the study participants had experienced torture.

The authors considered the role of selected demographic and experience variables with mental health outcomes.

- *Gender.* Women were more likely than men to demonstrate a single diagnosis than no diagnosis. Men, on the other hand, were more likely to test for dual diagnoses than no diagnosis. The authors explain that this contrasts with previous research, which suggested that women were more vulnerable to severe PTSD and depression. The paper emphasizes, though, that nearly 80% of study participants were male, and that more research is needed that specifically works to contrast women and men.
- *Age.* The study found that younger participants were more likely than older participants to meet criteria for a dual diagnosis than a single or no diagnosis. The authors suggest that this may owe to younger participants having been more directly involved in traumatic experiences such as combat. As with gender, the paper recommends further study.
- *Length of Time in Switzerland.* Participants who had been in Switzerland longer were more likely to test for a dual diagnosis than a single or no diagnosis. This supports other studies that associate greater psychological difficulty with length of stay in refugees' place of resettlement. This could stem from newer refugees' unfamiliarity with European/Western notions of mental health and a struggle with stigma; paradoxically, a longer stay in Switzerland could make for greater mental health awareness, exposure to postmigration challenges, and higher reporting of symptoms.
- *Traumatic and Postmigration Stressors.* Greater exposure to trauma and greater living difficulties were associated with comorbidity compared with no diagnosis; greater living difficulties were also associated with comorbidity compared with a single diagnosis.

In addition, the authors examined the relationship between diagnosis group and health-related quality of life, finding that participants in any diagnosis group (single or comorbid) reported lower physical and mental health-related quality of life than those with no diagnosis. Further, those in the comorbid diagnosis group reported lower physical and mental health-related quality of life than those in either of the single diagnosis groups.

Study Limitations

The authors acknowledge several limitations of their study. They note that some measures were not validated for all study populations, and participants' self-reporting could potentially vary from clinician-administered diagnostic interviews. Further, much remains to be seen from a broader perspective; this research focused exclusively on PTSD and depression. Finally, the study's sample was both small and diverse. Much is to be learned, the authors feel, in future analysis of these variables in specific communities.

Coping strategies among conflict-affected adults in low- and middle-income countries: A systematic literature review.

Seguin, M., & Roberts, B. (2017). Coping strategies among conflict-affected adults in low- and middle-income countries: A systematic literature review. *Global Public Health, 12*(7), 811–829.

Summary by Brian Martucci, volunteer with the Center for Victims of Torture

Study Background

Mental health research in conflict-affected populations has been criticized for narrowly conceptualizing trauma. This narrow definition fails to account for the cultural basis of mental health and gives short shrift to the coping mechanisms and systems employed by different groups. There has been no systematic review to date of coping mechanisms among conflict-affected civilians, for instance. This literature review addresses that deficiency.

Coping strategies are defined as the “cognitive and behavioral efforts to manage external or internal demands” (Lazarus, 1991, p. 112 as quoted in Seguin and Roberts, 2017, p. 812). Coping strategies analyzed in this review include seeking social support, positive cognitive restructuring, problem-solving, distraction (e.g., humor), and escape-avoidance.

Evidence from high-income countries suggests that seeking social support and problem-focused coping correlate with lower levels of PTSD symptoms. The evidence from low- and middle-income countries (LMICs), where most conflict-affected civilians originate and reside, is much less clear. This review examines the evidence on the types of coping strategies utilized by conflict-affected civilians in LMICs, factors influencing strategy choice, and the relationship between coping strategies and mental health outcomes.

Study Methodology

The review includes studies of adults (ages 18 and above) in countries and territories defined as LMICs by the World Bank. It includes four types of conflict-affected persons: internally displaced persons (IDPs), refugees residing outside their home countries, IDPs returning or recently returned to their homes (returnees), and currently or recently conflict-affected residents.

The authors conducted a search of English-language articles through May 13, 2014, in six databases—dMedline, PsycINFO, Embase, Global Health, IBSS, and Web of Science—using common mental health disorder terms like “anxiety” and “PTSD.” They subjected each article to descriptive analysis and reviewed methodological quality using two frameworks: STROBE for quantitative and RATS for qualitative studies. They selected 50 studies for final review; thirty-eight were quantitative, 11 were qualitative, and one was mixed methods.

Study Findings

The quantitative studies included all five coping strategies, with support-seeking as the most common (34 studies) and distraction as the least common (14 studies). The qualitative studies' revealed unique coping strategies that were more difficult to categorize.

In the quantitative studies, the strongest factors influencing coping strategies were gender and trauma exposure; in qualitative studies, they were culture and religion. Though only a handful of studies showed clear correlations, two quantitative studies found that women were more likely to turn to family (including in-laws); one of those studies also highlighted the role of friends and medical professionals for women, while men were more likely to seek help from counselors. Problem-solving behaviors were positively correlated with trauma exposure in both genders, with a stronger correlation in women.

Support-seeking was generally correlated with positive mental health outcomes, though the evidence was not overwhelming. The positive effect of problem-solving behaviors was less clear. Positive cognitive restructuring was generally associated with positive outcomes. Escape-avoidance was generally correlated with negative outcomes, while distraction had mixed results. Some qualitative studies also found that coping strategies are deeply influenced by faith and cultural customs; for instance, some trauma-affected subjects suppress outward signs of grief for religious reasons.

Study Limitations and Questions for Further Research

Among quantitative studies, common weaknesses included unclear study design, lack of bias source reporting, and poor generalizability. Some qualitative studies had serious limitations as well, including highly variable epistemological approaches and assumptions by researchers. The authors concluded that future studies should give greater consideration to recruitment study samples and other limitations, and that longitudinal studies would likely produce more conclusive results.

Selected Article Citations by Topic

Children/Youth

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Refugees

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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.irt.org/media-and-resources/library/torture-journal.aspx>).

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