



## Torture Treatment Literature Selection, Q2 2014

The PATH 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:

### “Noncommunicable diseases among refugees require more consideration, cost remains a barrier to healthcare access” (Amara and Aljunid):

Amara, A.H., & Aljunid, S.M. (2014). Noncommunicable diseases among urban refugees and asylum-seekers in developing countries: a neglected health care need. *Globalization and Health*, 10(24). DOI: 10.1186/1744-8603-10-24. [[Full Text](#)] [[abstract](#)]

Summary by: Eden Almasude, Volunteer at the Center for Victims of Torture

This article presents a review of 8 articles addressing noncommunicable diseases (NCDs) in refugees and asylum seekers in urban settings. The majority of data in the reviewed studies come from Iraqi refugees, but populations from North Korea, Palestine, Afghanistan, Somalia, and Ethiopia are also included. Health initiatives to address NCDs are often neglected in developing countries due to the prioritization of infectious disease treatment. This leads to an increasing burden of chronic disease and adds to the challenges of refugees seeking healthcare in urban areas.

The most prevalent NCDs reported by refugees were musculoskeletal issues (10-16.6%), cardiovascular disease (3.3-30%), diabetes (2.7-9.1%), and chronic respiratory disease (1.4-11%). Metabolic syndrome was particularly high among North Korean refugees, at 20.8% for men and 15.3% for women, though this was not substantially different from the South Korean population at large. Chronic neurological disease was another issue prevalent among Iraqi refugees (12.5%). Other notable chronic health issues included kidney disease, obesity, and long-term smoking.

While many refugees had the possibility of using medical services via public, private, UNHCR, or NGO clinics, many were not able to purchase medications and cost remained a barrier to healthcare access. In some countries, including Egypt, Malaysia, and Iran, there is a foreigner fee which is also applied to refugees, and rates of medical services are higher than the at-large national population. In particular, secondary and tertiary healthcare services were difficult to access due to cost.

One reason NCDs are a significant issue for refugees is that forced displacement can increase the severity of preexisting conditions or lead to an increased risk for developing NCDs. Urbanization may contribute to this increase by way of lifestyle changes. Also, resettlement examinations focus on infectious rather than chronic disease and rarely provide the in-depth preventive care and education needed to address NCDs. Recommendations of this study include integration between refugee and national medical services and greater access to specialized care.

There are numerous methodological limitations to this study, some of which are intrinsic to studying refugee populations. The reviewed studies rely on samples of convenience, there are



identified language barriers between researchers and study participants, and participants in the studies have diverse backgrounds. In addition, the article did not directly compare the prevalences of NCDs in study populations as compared to the prevalences of the home or host countries. Many of the studies relied on retrospective and/or self-reported data not originally intended for research purposes.

### **“The Mechanisms of Psychosocial Injury following Human Rights Violations, Mass trauma, and Torture” (Nickerson et. al):**

Nickerson, A., Bryant, R., Rosebrock, L., & Litz, B. (2014). The mechanisms of psychosocial injury following human rights violations, mass trauma, and torture. *Clinical Psychology: Science & Practice*, 21(2), 172-191. DOI: 10.1111/cpsp.12064. [[abstract](#)]

Summary by Jared Del Rosso, assistant professor of sociology and criminology at the University of Denver

This article presents a theoretical model to account for the psychosocial impact of human rights violations, including torture. The model highlights the impact of the violations and the post-trauma environment on victims' interpersonal processes, perceptions of control, and individual and group identity. The authors conclude by discussing some of the implications of their model for the treatment of victims of human rights violations.

Human rights violations include torture, sexual violence, interpersonal trauma (such as exposure to violence committed against one's family), and forced perpetration of violence (as in the case of child soldiers). The authors argue that there are three mechanisms by which these violations may lead to psychosocial injury. Human rights violations may disrupt interpersonal processes, decrease perceptions of control, and denigrate individual and group identity.

*Interpersonal Processes.* Human rights violations can lead to a disruption in interpersonal processes. Victims may lose their trust in others, as well as in their belief in social norms and rules. This can lead to a sense of insecurity in social life and can diminish victims' ability to form relationships with others. All of this can slow the rehabilitation and recovery process, as victims of trauma may retreat from the social networks that they need to support them.

*Perceptions of Control.* Victims of human rights violations often experience a decreased sense of control. This is largely because of the nature of human rights violations; victims are repeatedly assaulted and may be helpless to protect themselves or loved ones. Torture is especially likely to lead to a decreased sense of control, since it occurs against a detained or imprisoned person. The decreased sense of control can intensify the disruption in interpersonal processes, as victims of human rights violations further perceive the dangers of social settings as out of their control. The loss of a sense of control can also diminish victims' belief that they can manage stressors and distress.



*Denigration of Individual and Group Identity.* Human rights violations intentionally target the individual and group identities of victims. Victims are dehumanized by perpetrators. Perpetrators may force victims to violate norms and moral codes of victims and their communities. Members of the targeted group, such as a persecuted religion, may be forced to convert to the religion of perpetrators. Perpetrators may destroy cherished symbols, such as buildings or statues, of their victims. This may subsequently lead to feelings of low self-worth, depression, and cycles of re-traumatization.

These three processes may be compounded by the posttrauma environment, which is often an unstable one. Refugees, for instance, face displacement, uncertainty, instability, and sometimes violence at refugee camps. Immigrants may face prolonged detention in the countries to which they have immigrated. And those who remain in the country where the human rights violations occurred may have to coexist with the perpetrators of human rights violations. The authors conclude by suggesting that these three factors—disruptions of interpersonal processes, loss of control, and denigration of identity—have not been the subject of most intervention and rehabilitation programs and new ways of addressing these issues may need to be developed.

## Selected Article Citations (organized by topic):

### Trauma, Treatment, and Rehabilitation:

Chrisman, A.K., & Dougherty, J.G. (2014). Mass trauma: disasters, terrorism, and war. *Child & Adolescent Psychiatric Clinics of North America*, 23(2), 257-279. DOI: 10.1016/j.chc.2013.12.004. [[abstract](#)]

Droždek, B., Kamperman, A.M., Tol, W.A., Knipscheer, J.W., & Kleber, R.J. (2014). Seven-year follow-up study of symptoms in asylum seekers and refugees with PTSD treated with trauma-focused groups. *Journal of Clinical Psychology*, 70(4), 376-387. DOI: 10.1002/jclp.22035. [[abstract](#)]

Fossion, P., Leys, C., Kempnaers, C., Braun, S., Verbanck, P., & Linkowski, P. (2014). Disentangling Sense of Coherence and Resilience in case of multiple traumas. *Journal of Affective Disorders*, 160, 21-26. DOI: 10.1016/j.jad.2014.02.029. [[abstract](#)]

Ghaleb, S.S., Elshabrawy, E.M., Elkaradawy, M.H., & Nembr Welson, N. (2014). Retrospective study of positive physical torture cases in Cairo (2009 & 2010). *Journal of Forensic and Legal Medicine*, 24, 37-45. DOI: 10.1016/j.jflm.2014.03.005. [[abstract](#)]

Hadgkiss, E.J., & Renzaho, A.M. (2014). The physical health status, service utilisation and barriers to accessing care for asylum seekers residing in the community: a systematic review of the literature. *Australian Health Review*, 38(2), 142-159. DOI: 10.1071/AH13113. [[abstract](#)]



- Hall, B.J., Puffer, E., Murray, L.K., Ismael, A., Bass, J.K., Sim, A., & Bolton, P.A. (2014). The importance of establishing reliability and validity of assessment instruments for mental health problems: An example from Somali children and adolescents living in three refugee camps in Ethiopia. *Psychological Injury and Law*, 7(2), 153-164. [[abstract](#)]
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- Nickerson, A., Liddell, B.J., Maccallum, F., Steel, Z., Silove, D., & Bryant, R.A. (2014). Posttraumatic stress disorder and prolonged grief in refugees exposed to trauma and loss. *BMC Psychiatry*, 14(106). DOI: 10.1186/1471-244X-14-106. [[Full Text](#)] [[abstract](#)]
- Pollard, R.Q. Jr., Betts, W.R., Carroll, J.K., Waxmonsky, J.A., Barnett, S., deGruy, F.V. 3rd, Pickler, L.L., & Kellar-Guenther, Y. (2014). Integrating primary care and behavioral health with four special populations: Children with special needs, people with serious mental illness, refugees, and deaf people. *American Psychologist*, 69(4), 377-387. DOI: 10.1037/a0036220. [[abstract](#)]
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- Ritter, M. (2014). Silence as the voice of trauma. *The American Journal of Psychoanalysis*, 74(2), 176-194. DOI: 10.1057/ajp.2014.5. [[abstract](#)]
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Devakumar, D., Birch, M., Osrin, D., Sondorp, E., & Wells, J.C. (2014). The intergenerational effects of war on the health of children. *BMC Medicine*, 12(57). DOI: 10.1186/1741-7015-12-57. [[Full Text](#)] [[abstract](#)]

Farhood, L.F., Richa, H., & Massalkhi, H. (2014). Group mental health interventions in civilian populations in war-conflict areas: a Lebanese pilot study. *Journal of Transcultural Nursing*, 25(2), 176-182. DOI: 10.1177/1043659613515717. [[abstract](#)]





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### Women and Girls:

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- Stevens, A.J. (2014). The invisible soldiers: understanding how the life experiences of girl child soldiers impacts upon their health and rehabilitation needs. *Archives of Disease in Childhood*, 99(5), 458-462. DOI: 10.1136/archdischild-2013-305240. [[abstract](#)]

### Children and Adolescents:

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### Illness and Disease:

Amara, A.H., & Aljunid, S.M. (2014). Noncommunicable diseases among urban refugees and asylum-seekers in developing countries: a neglected health care need. *Globalization and Health*, 10(24). DOI: 10.1186/1744-8603-10-24. [\[Full Text\]](#) [\[abstract\]](#)

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Mixson-Hayden, T., Lee, D., Ganova-Raeva, L., Drobeniuc, J., Stauffer, W.M., Teshale, E., & Kamili, S. (2014). Hepatitis B virus and hepatitis C virus infections in United States-bound refugees from Asia and Africa. *The American Journal of Tropical Medicine and Hygiene*, 90(6), 1014-1020. DOI: 10.4269/ajtmh.14-0068. [\[abstract\]](#)

Mohamed, A.H., Dalal, W., Nyoka, R., Burke, H., Ahmed, J., Auko, E., Shihaji, W., Ndege, I., Breiman, R.F., & Eidex, R.B. (2014). Health care utilization for acute illnesses in an urban setting with a refugee population in Nairobi, Kenya: a cross-sectional survey. *BMC*



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Spiegel, P., Khalifa, A., & Mateen, F.J. (2014). Cancer in refugees in Jordan and Syria between 2009 and 2012: challenges and the way forward in humanitarian emergencies. *Lancet Oncology*, 15(7), e290-7. DOI: 10.1016/S1470-2045(14)70067-1. [[abstract](#)]

### Miscellaneous:

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Filippi, M.K., Faseru, B., Baird, M., Ndikum-Moffor, F., Greiner, K.A., & Daley, C.M. (2014). A pilot study of health priorities of Somalis living in Kansas City: laying the groundwork for CBPR. *Journal of Immigrant and Minority Health*, 16(2), 314-320. DOI: 10.1007/s10903-012-9732-1. [[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 Volunteers' Contributions to this Bibliography*

**Carolyn Easton** conducted the literature search and compiled the citations for this bibliography. **Austin Dufort** organized, formatted, and edited the content of this bibliography. **Eden Almasude** and **Jared Del Rosso** wrote summaries of articles for this bibliography.