



Torture Treatment Literature Selection, Q4 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 pertains to 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 their publicly available abstracts and full text versions. The bibliography is updated and distributed on a quarterly basis and does not currently include articles on policy or advocacy.

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Selected Article Summaries:

Culturally-adjusted Common Elements Treatment Approach (CETA)

Bolton, P., Lee, C., Haroz, E. E., Murray, L., Dorsey, S., Robinson, C., Bass, J. (2014). A transdiagnostic community-based mental health treatment for comorbid disorders: development and outcomes of a randomized controlled trial among burmese refugees in Thailand. *PLoS Medicine*, 11(11), e1001757. doi:10.1371/journal.pmed.1001757. [[Full Text](#)] [[abstract](#)]

Summary by: Eden Almasude, Qualitative Research Analyst at the Center for Victims of Torture

The range of mental health symptoms that can result from traumatic exposures among refugee populations leads to a need for treatments that can simultaneously address such comorbidities. Because many refugees live in under-resourced settings and there is a lack of mental health care, researchers explored the possibility of training non-professional counselors to use a transdiagnostic approach that might accomplish this, providing a flexibility for adjusting treatment based on client needs. They tested this by conducting a randomized controlled trial (RCT) in Burmese refugee adults in Mae Sot, Thailand who experienced trauma and exhibited depressive or post-traumatic stress symptoms.

The Common Elements Treatment Approach (CETA) is transdiagnostic, but differs from those applied in high-income countries in that it is simplified, has step-by-step guides, and provides training for the counselor so that it can be used by non-professionals in resource-limited situations. It is intended for treatment of depression, anxiety, post-traumatic stress (PTS), aggression, situational stress, and alcohol abuse. CETA treatment was adjusted to be culturally relevant for Burmese clients, following a qualitative research study to adapt this methodology. Counselors and supervisors were Burmese and came from a range of professional backgrounds; all received 10 days of training, engaged in practice groups, and received at least 2 hours per week of supervision throughout the intervention period.

Baseline assessments were conducted, including primary outcomes (depression and PTS), secondary measures (anxiety, aggression, alcohol use, and functional impairment, based on culturally-specific tasks), and patient demographics and general lifestyle. Each study participant in the treatment group received 1-hour CETA sessions weekly and participants in the control group were wait-listed. Follow-up assessments for all conducted after 4 months. The study was single-blinded, single-site, and analyzed as intent-to-treat. The control group received no treatment because of the challenge of standardizing a non-CETA therapeutic approach to use as a standard of treatment.

There was a significant improvement in mental health symptom indicators in both experimental and control groups, with the experimental arm showing statistically significant improvements



compared to controls. In particular, this effect was most substantial for depressive and post-traumatic stress symptoms, though there was also significant improvement in functional impairment and aggression. There was no significant difference of alcohol use between the two groups. There was higher loss to follow-up in both the intervention and control groups, as compared to other similar studies, which the researchers explained by instability of the study population.

The significance of the study's findings is that it demonstrates a possible space for utilizing non-professional counselors in a low-resource environment to provide mental health treatment to address multiple mental health issues with a dynamic and individualized approach. There are substantial limitations due to the lack of a "standard of treatment" control group, comparing only to placebo, and population mobility leading to high loss to follow-up.

In Search of the Links between Social Capital, Mental Health, and Sociotherapy

Verduin, Femke, Geert E. Smid, Tim R. Wind, and William F. Scholte. 2014. "In Search of Links Between Social Capital, Mental Health and Sociotherapy: A Longitudinal Study in Rwanda." *Social Science & Medicine* 121: 1-9.

Summary by: Hollie Nyseth Brehm, Assistant Professor of Sociology, The Ohio State University

This study examines the influence of sociotherapy in post-genocide Rwanda. In particular, it assesses whether targeted interventions can increase social capital and, in doing so, influence social cohesion and mental health.

To date, a handful of studies have measured interventions that seek to increase social capital, or the relationships among people. Several of these studies have found that social capital can indeed be improved through targeted interventions, and many have further suggested that there is a link between social capital and mental health. Despite such suggestions, far fewer studies have assessed the association between mental health and social capital.

In order to assess this association, the authors focus on the country of Rwanda, which saw civil war and genocide between 1990 and 1994. After establishing a connection with a church in the region of Byumba, the authors established a sociotherapy program that focused on creating networks and increased trust between participants. The program sessions took place over a fifteen-week period between 2007 and 2008. Local leaders were trained to lead these sessions, and all adults over the age of 16 were able to participate. Participants represented various ages, ethnic backgrounds, and both sexes, and sessions typically consisted of ten to twenty people.

To study the effects of these interventions, the authors collected data on 100 participants before the sociotherapy began, shortly afterward, and again eight months later. They also analyzed a control group whose initial mental health scores, age, and sex matched those of the intervention group. Mental health was measured through the World Health Organization's Self Reporting Questionnaire (SRQ-20), a 20-question assessment of mental wellbeing that was validated for



the local context. Social capital was measured with a shortened form of the Adapted Social Capital Assessment Tool (A-SCAT), and the authors focused particularly on civic participation—one element of social capital.

Overall, the authors found that the sociotherapy sessions had a small but positive effect on civic participation and mental health. Latent growth modeling revealed that civic participation increased by seven percent in the intervention group and two percent in the control group, while mental health improved by ten percent in the intervention group and five percent in the control group.

The authors were nonetheless unable to establish a direct relationship between changes over time in civic participation and in mental health or to fully explore many dimensions of social capital. Spirituality may have also influenced the results, as the sociotherapy program was only open to members of a particular church. Nevertheless, the study hints at the possibility of programs to foster both social capital and mental health.

The Disappearance of Men and Trauma among Female Family Members

Baraković, D., Avdibegović, E., & Sinanović, O. (2014). Posttraumatic stress disorder in women with war missing family members. *Psychiatria Danubina*, 26(4), 340–346. [[Full Text](#)] [[abstract](#)]

Summary by: Sonja Ausen-Anifrani, Volunteer at the Center for Victims of Torture

This article researches the presence of posttraumatic disorder symptoms (PTSD) among women searching for a war missing family member(s) in Bosnia and Herzegovina over the past 18 years since the war within this region ended. The loss affiliated with the forced disappearance of a family member can be identified as “ambiguous loss.” This term refers to the difficulty a loved one may have in finding closure regarding his/her family member; for example, in this situation, it may be difficult to know whether the family member is alive or dead or whether he or she will come back home. Therefore, the full cycle of grief may be thwarted and become stuck. Such disconnected loss may be associated with an increase in anxiety, depression, loneliness, and fear. Similar to experiences of trauma, the individual is not able to attain resolution for the difficult situation.

The study was conducted between April 2010 and May 2011 within three regions of Bosnia and Herzegovina. The final sample included 120 women with war missing family members (such as a husband, brother, father, or son) and 40 women who did not have a war missing family member. To measure PTSD symptoms, researchers administered a version of the Harvard Trauma Questionnaire validated for Bosnia and Herzegovina. The Beck Depression Inventory was administered to measure the presence of depression symptoms. Lastly, to measure anxiety, the Hamilton Anxiety Rating Scale was administered.



Descriptive statistics were used to analyze the collected data among the two groups of women. These statistics revealed that women in the group with missing family members experienced significantly greater levels of war-related trauma experiences than did those women in the group without missing family members. Furthermore, women in the group with missing family members reported higher PTSD scores as assessed by the Harvard Trauma Questionnaire. Researchers also highlighted differences within the group of women with missing family members: those who reported a missing son or husband had higher PTSD scores than those who reported a missing father or brother. The study also demonstrated a significant correlation between the number of traumatic experiences reported and depression and anxiety levels and PTSD symptoms.

The limitations of this study include the reality that those women with a missing family member also indicated exposure to multiple traumatic events and losses throughout the duration of the war. Given the greater amount of exposure, conclusions about the origination of PTSD symptoms may be difficult to parse out. In addition, the small sample size of women without a missing family member limited the overall statistical power of the analysis. Lastly, generalizability of study findings may be limited due to the marital, educational, and financial differences between the groups of women.

In summation, this study supported the hypothesis that when one experiences the forced disappearance of a family member in war (or another catastrophic situation), trauma symptoms similar to those found as the result of other common traumatic events may be present. Without a definite answer as to the missing person's condition or whereabouts, the grieving process is not allowed to start and the individual is not able to attain resolution. This study is important and necessary for those practitioners working with survivors of war who have identified that one or more of their family members are missing. Recognizing the potentially traumatic impact of the disappearance of a family member, the practitioner may be able to identify the presence of ambiguous loss and work with the patient on any PTSD-related trauma symptoms. The vulnerability of women in a war situation may have long-term mental health consequences and should be considered when working with these populations.

Quality of Life of Syrian Refugees Living in Camps in the Kurdistan Region of Iraq

Aziz, I. A., Hutchinson, C. V., & Maltby, J. (2014). Quality of life of Syrian refugees living in camps in the Kurdistan Region of Iraq. *PeerJ*, 2, e670. doi:10.7717/peerj.670. [[Full Text](#)] [[abstract](#)]

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

This study compared the perceived quality of life of Syrian refugees in the Kurdistan region of Iraq to the perceived quality of life of non-refugees, refugees in the Gaza Strip, and refugees in West Africa. The study was inspired by the rapid increase of Syrian refugees residing in the Kurdistan region. There were 9,503 registered Syrian refugees in the region in July of 2012; this grew to 226,934 as of March 2014. About sixty percent of these refugees are hosted within the



Kurdistan communities while the other forty percent reside in refugee camps, the largest permanent camp being the Domiz camp with a population of 58,500 (as of February 2014). Four other permanent camps have been opened in the Kurdistan region since 2013.

International aid agencies and the Kurdistan Regional Government aim to provide food, shelter, water, healthcare, education, and employment to Syrian refugees in Iraq, and the United Nations refugee agency records physical health complaints and clinical mental health problems of each refugee upon registration. While intake assessments are completed, follow-up monitoring is often unavailable due to the challenges and constraints of the current crisis. The researchers were unable to find any data on the perceived quality of life of Syrian refugees in the Kurdistan area, so they conducted this study to obtain that data. The World Health Organization Quality of Life Assessment was given to 270 refugees to gain this information. Half of the respondents were male and half were female, ranging in age from 18 to 60 years old and were Syrian refugees residing in one of the Erbil Governorate camps as of January 2014. The four camps sampled were Qushpa, Kawrgosk, Basirma, and Darashakran.

The responses were compared to the normative data of the test, a sample including 11,830 adults from 23 different countries. They were also compared to responses from refugees in West Africa and the Gaza Strip, as those were the only two for which the researchers found reports from non-clinical samples. The assessment divides perceived quality of life into four domains: physical health, psychological, social relationships, and environment.

The normative sample reported higher perceived quality of life than the Syrian refugees on the physical health, psychological, and environment domains and lower on the social relationships domain. Compared to refugees in West Africa, the Syrian refugees reported higher perceived quality of life on all four domains. Refugees in the Gaza Strip reported higher perceived quality of life on physical health and psychological domains, scored lower on the environment domain, and very similarly on the social relationships domain compared to the Syrians.

The findings of this study suggest that the perceived quality of life of Syrian refugees in the Kurdistan region of Iraq with regard to social relationships is not worse than normal, and that these refugees also have higher perceived quality of life in the environment domain than the other two groups of refugees. This suggests that efforts made with regard to living conditions and access to health and transport services by the United Nations Refugee Agency are having a positive impact on the refugees. An area of concern brought forth by this research is the lower perceived quality of life on the physical health and psychological domains when compared to refugees in the Gaza Strip. It is speculated that the how recent the Syrian conflict is, more specifically the movement to refugee camps, may increase physical and psychological health problems. Treating those with low physical and psychological reported quality of life should be a priority as this can be indicative of stress-related disorders.



Selected Article Citations (organized by topic):

Trauma, Treatment, and Rehabilitation

Abrams, J., & Shapiro, M. (2014). Teaching Trauma Theory and Practice in MSW Programs: A Clinically Focused, Case-Based Method. *Clinical Social Work Journal*, 42(4), 408–418. [\[abstract\]](#)

Al-Hadethe, A., Hunt, N., Thomas, S., & Al-Qaysi, A. (2014). Prevalence of traumatic events and PTSD symptoms among secondary school students in Baghdad. *European Journal of Psychotraumatology*, 5, 23928. [\[Full Text\]](#) [\[abstract\]](#)

Barrington, A. J., & Shakespeare-Finch, J. (2014). Giving voice to service providers who work with survivors of torture and trauma. *Qualitative Health Research*, 24(12), 1686–1699. doi:10.1177/1049732314549023. [\[abstract\]](#)

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Ferrell, N. J., Melton, B., Banu, S., Coverdale, J., & Valdez, M. R. (2014). The development and evaluation of a trauma curriculum for psychiatry residents. *Academic Psychiatry: The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry*, 38(5), 611–614. doi:10.1007/s40596-014-0095-x. [\[abstract\]](#)

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- Ehiri, J. E., Gunn, J. K. L., Center, K. E., Li, Y., Rouhani, M., & Ezeanolue, E. E. (2014). Training and deployment of lay refugee/internally displaced persons to provide basic health services in camps: a systematic review. *Global Health Action*, 7, 23902. [\[Full Text\]](#) [\[abstract\]](#)
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Children and Adolescents

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Illness and Disease

Makhashvili, N., Chikovani, I., McKee, M., Bisson, J., Patel, V., & Roberts, B. (2014). Mental Disorders and Their Association With Disability Among Internally Displaced Persons and Returnees in Georgia. *Journal of Traumatic Stress*, 27(5), 509–518. [[abstract](#)]

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Woodward, A., Howard, N., Kollie, S., Souare, Y., von Roenne, A., & Borchert, M. (2014). HIV knowledge, risk perception and avoidant behaviour change among Sierra Leonean refugees in Guinea. *International Journal of STD & AIDS*, 25(11), 817–826. doi:10.1177/0956462414521163. [[abstract](#)]

Miscellaneous

Barber, B. K., Spellings, C., McNeely, C., Page, P. D., Giacaman, R., Arafat, C., ... Mallouh, M. A. (2014). Politics drives human functioning, dignity, and quality of life. *Social Science & Medicine* (1982), 122, 90–102. doi:10.1016/j.socscimed.2014.09.055. [[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
- **Austin Dufort** organized, formatted, and edited the content of this bibliography
- **Eden Almasude, Hollie Nyseth Brehm, Sonja Ausen-Anifrani, and Marissa Wood-Sternburgh** wrote summaries of selected articles for this bibliography