Torture Treatment Literature Selection, Q1 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 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.

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.
- Ann Zedginidze, Brian Martucci, Eden Almasude and Frank Hennick wrote summaries of selected articles for this bibliography.
- Jared Del Rosso reviewed the selected article summaries for this bibliography.
- Madeline Schwartz copyedited the bibliography.

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Selected Article Citations By Topic:
- Children/Youth
- Health/Well-being
- Refugees

Additional Relevant Resources
High prevalence of secondary psychotic features in a heterogeneous refugee population in Denmark

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

Study Details
Both the ICD-10 and DSM-V diagnostic criteria of post-traumatic stress disorder (PTSD) include re-experiencing traumatic experiences through flashbacks, intrusive thoughts, and/or nightmares. Trauma literature also describes a category of PTSD with secondary psychotic features (PTSD-SP), in which psychotic symptoms present after the traumatic event and can occur outside of specific flashbacks. The content of hallucinations or delusions is often connected to the trauma, and some studies suggest that the resulting morbidity is higher than among patients with PTSD without secondary psychotic features. However, previous research has been done largely on veterans of war and survivors of sexual violence, rather than with refugees who have experienced different kinds of trauma and are in a different sociopolitical context. This study aimed to estimate the prevalence and nature of PTSD with secondary psychotic features in a heterogeneous refugee population, using a retrospective cohort model.

Study Methods
The study was done at the Competence Centre for Transcultural Psychiatry in Denmark. Participants were included if they had a discharge diagnosis of PTSD. They were excluded if the primary diagnosis was of a psychotic disorder or bipolar disorder; they were also excluded if they had a current alcohol or drug use disorder. Secondary psychotic features were defined as hallucinations or delusions while awake (excluding hypnogogic/hypnopompic hallucinations), intact reality testing, and flashbacks connected to psychotic symptoms.

Study Findings
181 patients were included for a PTSD diagnosis, and of these 40.9% were judged to fit PTSD with secondary psychotic features. Between the PTSD and PTSD-SP groups, no differences were found in gender, age, baseline medication (antipsychotics, antidepressants, benzodiazepines, or no pharmacological treatment), or presence of comorbid depression. The PTSD-SP group did have a significantly higher rate of enduring personality changes after trauma. The type of trauma was also significant. More of the patients in the PTSD-SP group had experienced torture (63.5%) as compared to the patients in the PTSD group (36.4%) or those in the imprisonment group (59.5% vs. 35.5%). No differences were found relating to living in a war zone, living in a refugee camp, or having been a soldier in war.

The most common forms of psychotic features were auditory hallucinations (66.2%) and persecutory delusions (50.0%). Less common, but also described, were visual, olfactory, and tactile hallucinations and delusions of control or bizarre delusions.

Limitations and Conclusions
One of the significant limitations of this study is that it is a retrospective cohort model, which can be more prone to biases and causal relationships cannot be assessed. Also, the study population is heterogeneous and those in the sample likely possess many different interpretations and frameworks of what clinicians classify as hallucinations and delusions. The results do suggest that refugee populations may have a high prevalence of psychotic features related to traumatic experiences, specifically linked to experiences of torture and imprisonment. Further, because there was no difference in rates of major depression between the two groups, this suggests that presence of psychotic features is not due to psychotic depression. The high prevalence and nature of psychotic features documented in this study highlights to clinicians the importance of paying attention to these symptoms as a component of PTSD.
Pre-migration trauma exposure and mental health functioning among Central American migrants arriving at the US border
Keller, A., Joscelyne, A., Granski, M., Rosenfeld, B. (2017) Program for Survivors of Torture, Bellevue Hospital/New York University School of Medicine, New York, NY, Department of Psychology, Fordham University, Bronx, NY

Summary by: Frank Hennick, volunteer with The Center for Victims of Torture.

Study Background and Details
Keller, Granski, and Rosenfeld raise significant psychosocial questions about the 2014 swell of Guatemalan, Honduran, and Salvadoran migrants toward the United States. As their article notes, this surge of migration was intensely scrutinized in U.S. politics and media; however, it has received inadequate academic scrutiny. Migrants arriving at the U.S. border are generally apprehended by the U.S. Customs and Border Patrol (CBP). Families who arrive with children are under the jurisdiction of the Immigrations Customs Enforcement (ICE). If ICE recognizes them as facing persecution, they are detained or placed under the care of a US resident family member, rather than repatriated to their country of origin. Often, such families remain in detention while their asylum claims await court hearings.

Previous studies have established that periods of detention are linked to higher risks of depression, posttraumatic stress disorder (PTSD), and other mental health concerns. This article methodically examines the mental health of migrant Guatemalan, Honduran, and Salvadoran families detained along the US-Mexico border. Crucially, this analysis systematically considers the lives migrants describe as having left behind. To the research team, the relationships between this migration phenomenon and traumatic experiences, like persecution and gang violence, have not received proper academic scrutiny.

Study Sample and Method
The research team conducted its project from a Texas church near the US-Mexico border, where recently apprehended migrant families had sought aid. Between August and December 2014, eight interviewers gathered data from 234 adults who had consented to participation after being informed of the study’s purpose. Participants included 198 women and 36 men, aged 18 to 62 years (the mean age was 29.83). 114 participants were from El Salvador, 74 from Honduras, and 46 from Guatemala.

The research team conducted a structured interview with each participant, which consisted of 41 questions, ranging from reasons for leaving home, trauma and persecution at home, and experiences along the way. Moreover, the research team developed an algorithm to help gauge whether or not these migrants may be considered for asylum status. This process linked interview responses to the “core criteria” for asylum status, measured whether participants fled violence or persecution in their native country, whether they had faced threats of violence, whether they believed themselves to have legal recourse, and whether they feared returning to their native country.

Study Findings
Violence and/or fear of it motivated nearly every migration to some degree; indeed, 83% of study participants offered violence as a reason for fleeing. When asked to cite the primary reason for leaving, 60% of all participants cited gang-related violence, 7% cited domestic violence, and 2% other forms of violence. Roughly one-third of participants indicated that a family member had been murdered; almost 60% reported having received threats of violence themselves, and nearly 70% said family members had. Ninety percent (90%) of all those interviewed reported a fear of returning to their home country.

The authors’ explain that approximately 70% of participants would meet the criteria for asylum status, as
measured by the project’s algorithm, although this would vary dramatically among the three countries. Guatemalans spoke to measurably less violence around themselves and their families than did their counterparts from El Salvador and Honduras. For instance, 37.2% Guatemalan participants reported having experienced threats of violence, while 48.6% of Hondurans and 71.8% of Salvadorans reported the same.

In determining trauma exposure, the study used two scales of psychological distress, the Harvard Trauma Questionnaire (HTQ) and the Patient Health Questionnaire-9 (PHQ-9). The former was a measure of PTSD-related symptoms, the latter a measure of depressive symptoms. Significant takeaways from mental health evaluations included:

- 32% participants indicated symptoms associated with PTSD; 24% indicated symptoms of a depressive disorder.
- 17% met the criteria for both disorders listed above; 59% for neither.
- PTSD rates were similar among Salvadorans, Hondurans, and Guatemalans; 32%, 34%, 30%, respectively.
- Salvadorans (27%) and Hondurans (29%) reported comparable rates of depressive symptoms; Guatemalans were markedly lower (8%).

Limitations and Conclusions
Keller, Granski, and Rosenfeld tested only for symptoms of PTSD and depression, and they acknowledge that the study does not account for a wide range of other possible mental illnesses. Some of these, like somatizations and anxiety, are quite common among detained individuals.

Is it possible some participants, hoping for asylum status, had exaggerated or fabricated the nature of their experiences? The authors concede but downplay this risk, pointing to the low rates of serious crimes reported, such as sexual assault. Counterfeit stories, he reasons, would include more of such cases. Further, the authors note, rates of trauma were comparable to those found in other study samples—samples with no incentive to exaggerate.

Given what Keller, Granski, and Rosenfeld found and what is already widely understood about trauma among detainees, this study merits the attention of policymakers. Ultimately, the article contends that a more thorough understanding of these issues will reveal that more of these migrants meet the criteria for asylum status than generally assumed.

PTSD symptom severity relates to cognitive and psycho-social dysfunctioning – A study with Congolese refugees in Uganda.

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

Study Background and Details
Previous studies in crisis zones show strong association between the traumatic event types and the development of PTSD, with the frequency of experienced traumatic events increasing the risk of trauma disorders. Previous studies have also demonstrated that traumatic experiences and PTSD impair many domains of cognitive functioning: learning and attention, executive function, working memory, and concentration. However, no consensus exists as to which domains are most significantly affected. Further, few studies have examined cognitive functioning in populations living in conflict or post-conflict areas, nor in traumatized refugee populations. And, to the authors’ knowledge, no studies have examined “whether these cognitive impairments have negative implications for psycho-social functioning in everyday life beyond the impact of poor mental health” (p. 2). This study aims to answer that question.
Study Sample and Method
The authors examined whether trauma-impaired cognitive functioning contributes to “lack of prospect” and poverty by adversely affecting psycho-social functioning in everyday life, “such as for work-related tasks, household chores, or maintaining social relationships” (p. 2). The authors hypothesized a negative correlation between PTSD symptom severity, impaired executive functioning, and poor working memory performance. They further hypothesized a correlation between impaired psycho-social functioning and PTSD symptom severity, impaired executive functioning, and poor working memory performance.

The authors conducted interviews in the Nakivale Refugee Settlement, western Uganda, between March and June 2013. The study sample included 323 Congolese refugees who arrived at the camp after January 2012. The median participant age was 31.28 years. Fifty-six percent of study participants were female. All reported fleeing the Democratic Republic of Congo (DRC) due to conflict-related threats.

Study Findings
Despite experiencing traumatic events at about the same frequency as males, female study participants experienced higher traumatic symptom severity and greater psycho-social impairment. Females also demonstrated poorer working memory and executive function.

Traumatic event exposure itself did not correlate with poor working memory performance or executive function. However, PTSD symptom severity accounted for 48% of observed psycho-social dysfunction. The authors also observed a negative relation between executive function and psycho-social dysfunction, with higher executive function moderating observed psycho-social dysfunction.

Conclusions
The authors hypothesized that female participants’ greater psycho-social impairment, poorer working memory, and poorer executive function may be attributable to high rates of sexual assault and abuse in the DRC conflict zone, as well as lower education attainment for females in DRC. More broadly, the authors found a significant negative association between PTSD symptom severity, working memory performance, and impairment of psycho-social functioning in everyday life. Their findings support the notion that the consequences of trauma exposure and high PTSD prevalence affect not just individuals, but entire families and communities, due to impaired psycho-social functioning among trauma survivors.

The authors note that their analysis did not account for non-conflict trauma known to increase PTSD vulnerability, such as adverse childhood experiences. They suggest further study into this issue. They also recommend further study on the interplay between trauma-related disorders and psycho-social dysfunction in post-conflict societies, with an eye to determining whether and how this interplay contributes to long-term cycles of poverty and lack of prospect. And, as this study could not establish directionality (whether PTSD causes cognitive deficits or extant cognitive deficits increase PTSD likelihood), they recommend longitudinal study of conflict-zone populations at high risk of trauma.

Physical, mental and social consequences in civilians who have experienced war-related sexual violence: a systematic review (1981–2014).

Summary by: Ann Zedginidze, volunteer with the Center for Victims of Torture

Study Details
This study examines the physical, mental, and social consequences of sexual violence on victims. Sexual violence in war is a form of torture against civilians; it has been declared a crime against humanity by the United Nations.
However, conservative estimates suggest that 11–40% of civilians in countries that recently experienced violence conflict, such as Colombia, Azerbaijan, Sierra Leone, the Democratic Republic of Congo, and Rwanda, were victims of war-related sexual violence. The authors of this study conducted a systematic review of studies, published between 1981 and 2014, that examined the health consequences of sexual violence.

**Study Sample and Method**

The authors collected quantitative and mixed-method studies of war-based sexual violence and the physical, mental, and social consequences of the violence on victims. To be included, the publications had to present findings from a study of research subjects who were victims of war-related sexual violence. The authors defined sexual violence as:

(a) violence against the sexual organs, i.e., introduction of objects in the vagina, shooting on the genital parts and various genital mutilation; (b) physical sexual assault, i.e., sexual acts involving direct physical contact between victims and torturer, between victim and victim, between victim and animal, or all of the above; and (c) mental sexual assault, i.e., forced nakedness, sexual humiliations, sexual threats and the witnessing of others being sexually tortured. (p. 122)

To be included, the publications also had to address conflicts that occurred after 1981. And, finally, the publications had to include method sections. Articles were excluded if they presented findings from a study in which more than 25% of the perpetrators were civilians, addressed sexual violence that was not identified as predominantly war related, were based on a sample of less than 50 subjects, or if the sample included asylum seekers and/or former combatants. Overall, the review included 20 articles.

**Study Findings**

The systematic review found that pregnancy was one of the most common physical consequences of sexual violence (3.4–46.3%). Other common physical consequences include: traumatic genital injuries/tears (2.1–28.7%), fistulae (9–40.7%), and sexual problems/dysfunctions (20.1–56.7%). The mental health consequences were usually symptoms of PTSD (3.1–75.9%), although not all of the subjects in the reviewed studies were clinically diagnosed. Symptoms of anxiety (6.9–75%) and depression (8.8–76.5%) were also reported. Social consequences included high-levels of stigmatization by family and/or community members (3.5–28.5%), as well as spousal abandonment (6.1–64.7%). Social dysfunction was also reported at high rates (39%). The systematic review revealed that males who had been victims of sexual violence had higher prevalence rates of anxiety than females. The review also found that males were more likely to abuse alcohol and other drugs as a result of their trauma.

**Conclusions**

This article reveals the profound physical, mental and social impacts of sexual violence. There are several implications, including the need to address barriers to health care for victims of sexual violence and the need to recognize that this type of trauma can have a negative consequence throughout someone’s life. Recognizing that pregnancy is a common physical consequence of war-related sexual violence is especially important, as children from unwanted pregnancies can be mistreated, neglected, or ostracized. Continued research on the consequences of war-related sexual violence can contribute to the development of appropriate responses for survivors.

**Selected Article Citations**

**Children/Youth**


Posselt, M., McDonald, K., Procter, N., de Crespigny, C., & Galletly, C. (2017). Improving the provision of services to young people from refugee backgrounds with comorbid mental health and substance use problems: Addressing the barriers. BMC Public Health, 17(1), 280. https://doi.org/10.1186/s12889-017-4186-y [Full Text] [abstract]


Health/Well-being


Refugees


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).