



# 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.

## Contents

### Selected Article Summaries:

<a href="#">High prevalence of secondary psychotic features in a heterogeneous refugee population in Denmark.....</a>	2
<a href="#">Pre-migration trauma exposure and mental health functioning among Central American migrants arriving at the US border.....</a>	3
<a href="#">PTSD symptom severity relates to cognitive and psycho-social dysfunctioning – A study with Congolese refugees in Uganda.....</a>	4
<a href="#">Physical, mental and social consequences in civilians who have experienced war-related sexual violence: a systematic review (1981–2014).....</a>	5

### Selected Article Citations By Topic:

<a href="#">Children/Youth.....</a>	6
<a href="#">Health/Well-being.....</a>	7
<a href="#">Refugees.....</a>	10
<a href="#">Additional Relevant Resources.....</a>	11

## Selected Article Summaries

### High prevalence of secondary psychotic features in a heterogeneous refugee population in Denmark

Nygaard, M., Sonne, C., & Carlsson, J. (2017). Secondary psychotic features in refugees diagnosed with post-traumatic stress disorder: a retrospective cohort study. *BMC Psychiatry*, 17(1), 5.

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.**

Herbert E. Ainamani, Thomas Elbert, David K. Olema & Tobias Hecker (2017). *European Journal of Psychotraumatology*. 8(1)

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).**

Ba, I., & Bhopal, R. S. (2017). *Public Health*, 142, 121-135.

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**

Aitcheson, R. J., Abu-Bader, S. H., Howell, M. K., Khalil, D., & Elbedour, S. (2017). Resilience in Palestinian adolescents living in Gaza. *Psychological Trauma: Theory, Research, Practice and Policy*, 9(1), 36–43. <https://doi.org/10.1037/tra000153> [abstract]

Fayyad, J., Cordahi-Tabet, C., Yeretian, J., Salamoun, M., Najm, C., & Karam, E. G. (2017). Resilience-promoting factors in war-exposed adolescents: An epidemiologic study. *European Child & Adolescent Psychiatry*, 26(2), 191–200. <https://doi.org/10.1007/s00787-016-0871-0> [abstract]



Johnson, J. L., Beard, J., & Evans, D. (2017). Caring for refugee youth in the school setting. *NASN School Nurse (Print)*, 32(2), 122–128. <https://doi.org/10.1177/1942602X16672310> [abstract]

Maršanić, V. B., Franić, T., & Ćurković, K. D. (2017). Mental health issues of refugee children: Lessons from Croatia. *European Child & Adolescent Psychiatry*, 26(3), 377–381. <https://doi.org/10.1007/s00787-016-0924-4> [no abstract]

McNeely, C. A., Morland, L., Doty, S. B., Meschke, L. L., Awad, S., Husain, A., & Nashwan, A. (2017). How schools can promote healthy development for newly arrived immigrant and refugee adolescents: Research priorities. *The Journal of School Health*, 87(2), 121–132. <https://doi.org/10.1111/josh.12477> [abstract]

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]

Reavell, J., & Fazil, Q. (2017). The epidemiology of PTSD and depression in refugee minors who have resettled in developed countries. *Journal of Mental Health (Abingdon, England)*, 26(1), 74–83. <https://doi.org/10.1080/09638237.2016.1222065> [abstract]

Sawyer, C. B., & Márquez, J. (2017). Senseless violence against Central American unaccompanied minors: Historical background and call for help. *The Journal of Psychology*, 151(1), 69–75. <https://doi.org/10.1080/00223980.2016.1226743> [abstract]

Shachar-Dadon, A., Gueron-Sela, N., Weintraub, Z., Maayan-Metzger, A., & Leshem, M. (2017). Pre-conception war exposure and mother and child adjustment 4 years later. *Journal of Abnormal Child Psychology*, 45(1), 131–142. <https://doi.org/10.1007/s10802-016-0153-9> [abstract]

Sharma, M., Fine, S. L., Brennan, R. T., & Betancourt, T. S. (2017). Coping and mental health outcomes among Sierra Leonean war-affected youth: Results from a longitudinal study. *Development and Psychopathology*, 29(1), 11–23. <https://doi.org/10.1017/S0954579416001073> [abstract]

Valibhoy, M. C., Kaplan, I., & Szwarc, J. (2017). “It comes down to just how human someone can be”: A qualitative study with young people from refugee backgrounds about their experiences of Australian mental health services. *Transcultural Psychiatry*, 54(1), 23–45. <https://doi.org/10.1177/1363461516662810> [abstract]

Veronese, G., Pepe, A., Jaradah, A., Al Muranak, F., & Hamdouna, H. (2017). Modelling life satisfaction and adjustment to trauma in children exposed to ongoing military violence: An exploratory study in Palestine. *Child Abuse & Neglect*, 63, 61–72. <https://doi.org/10.1016/j.chiabu.2016.11.018> [abstract]

### Health/Well-being

Ainamani, H. E., Elbert, T., Olema, D. K., & Hecker, T. (2017). PTSD symptom severity relates to cognitive and psycho-social dysfunctioning - a study with Congolese refugees in Uganda. *European Journal of Psychotraumatology*, 8(1), 1283086. <https://doi.org/10.1080/20008198.2017.1283086> [Full Text] [abstract]

Alhasanat, D., & Giurgescu, C. (2017). Acculturation and postpartum depressive symptoms among Hispanic women in the United States: Systematic review. *MCN. The American Journal of Maternal Child Nursing*, 42(1), 21–28. <https://doi.org/10.1097/NMC.000000000000298> [abstract]



- Ba, I., & Bhopal, R. S. (2017). Physical, mental and social consequences in civilians who have experienced war-related sexual violence: A systematic review (1981-2014). *Public Health*, 142, 121–135. <https://doi.org/10.1016/j.puhe.2016.07.019> [Full Text] [abstract]
- Bursztein Lipsicas, C., Levav, I., & Levine, S. Z. (2017). Holocaust exposure and subsequent suicide risk: A population-based study. *Social Psychiatry and Psychiatric Epidemiology*, 52(3), 311–317. <https://doi.org/10.1007/s00127-016-1323-3> [abstract]
- Chen, W., Hall, B. J., Ling, L., & Renzaho, A. M. (2017). Pre-migration and post-migration factors associated with mental health in humanitarian migrants in Australia and the moderation effect of post-migration stressors: Findings from the first wave data of the BNLA cohort study. *The Lancet. Psychiatry*, 4(3), 218–229. [https://doi.org/10.1016/S2215-0366\(17\)30032-9](https://doi.org/10.1016/S2215-0366(17)30032-9) [abstract]
- Civaner, M. M., Vatansever, K., & Pala, K. (2017). Ethical problems in an era where disasters have become a part of daily life: A qualitative study of healthcare workers in Turkey. *PloS One*, 12(3), e0174162. <https://doi.org/10.1371/journal.pone.0174162> [Full Text] [abstract]
- Crepet, A., Rita, F., Reid, A., Van den Boogaard, W., Deiana, P., Quaranta, G., ... Di Carlo, S. (2017). Mental health and trauma in asylum seekers landing in Sicily in 2015: A descriptive study of neglected invisible wounds. *Conflict and Health*, 11, 1. <https://doi.org/10.1186/s13031-017-0103-3> [Full Text] [abstract]
- Decker, J. T., Constantine Brown, J. L., & Tapia, J. (2017). Learning to work with trauma survivors: Lessons from Tbilisi, Georgia. *Social Work in Public Health*, 32(1), 53–64. <https://doi.org/10.1080/19371918.2016.1188744> [abstract]
- Decoteau, C. L. (2017). The “Western disease”: Autism and Somali parents’ embodied health movements. *Social Science & Medicine* (1982), 177, 169–176. <https://doi.org/10.1016/j.socscimed.2017.01.064> [abstract]
- Defrin, R., Lahav, Y., & Solomon, Z. (2017). Dysfunctional pain modulation in torture survivors: The mediating effect of PTSD. *The Journal of Pain: Official Journal of the American Pain Society*, 18(1), 1–10. <https://doi.org/10.1016/j.jpain.2016.09.005> [Full Text] [abstract]
- Geynisman-Tan, J. M., Taylor, J. S., Edersheim, T., & Taubel, D. (2017). All the darkness we don’t see. *American Journal of Obstetrics and Gynecology*, 216(2), 135.e1–135.e5. <https://doi.org/10.1016/j.ajog.2016.09.088> [abstract]
- Goodkind, J. R., Amer, S., Christian, C., Hess, J. M., Bybee, D., Isakson, B. L., ... Shantzek, C. (2017). Challenges and innovations in a community-based participatory randomized controlled trial. *Health Education & Behavior: The Official Publication of the Society for Public Health Education*, 44(1), 123–130. <https://doi.org/10.1177/1090198116639243> [abstract]
- Groen, S. P. N., Richters, A., Laban, C. J., & Devillé, W. L. J. M. (2017). Implementation of the cultural formulation through a newly developed brief cultural interview: Pilot data from the Netherlands. *Transcultural Psychiatry*, 54(1), 3–22. <https://doi.org/10.1177/1363461516678342> [Full Text] [abstract]
- Guruge, S., Ford-Gilboe, M., Varcoe, C., Jayasuriya-Illesinghe, V., Ganesan, M., Sivayogan, S., ... Vithanarachchi, H. (2017). Intimate partner violence in the post-war context: Women’s experiences and community leaders’ perceptions in the Eastern Province of Sri Lanka. *PloS One*, 12(3), e0174801. <https://doi.org/10.1371/journal.pone.0174801> [abstract]
- Hashemi, B., Ali, S., Awaad, R., Soudi, L., Housel, L., & Sosebee, S. J. (2017). Facilitating mental health screening of war-torn populations using mobile applications. *Social Psychiatry and Psychiatric Epidemiology*, 52(1), 27–33. <https://doi.org/10.1007/s00127-016-1303-7> [abstract]





- Hodges-Wu, J., & Zajicek-Farber, M. (2017). Addressing the needs of survivors of torture: A pilot test of the psychosocial well-being index. *Journal of Immigrant & Refugee Studies*, 15(1), 71–89. <http://dx.doi.org/10.1080/15562948.2016.1171941> [abstract]
- Johnson, C. M., Rostila, M., Svensson, A. C., & Engström, K. (2017). The role of social capital in explaining mental health inequalities between immigrants and Swedish-born: A population-based cross-sectional study. *BMC Public Health*, 17(1), 117. <https://doi.org/10.1186/s12889-016-3955-3> [Full Text] [abstract]
- Keller, A., Joscelyne, A., Granski, M., & Rosenfeld, B. (2017). Pre-Migration trauma exposure and mental health functioning among Central American migrants arriving at the US border. *PloS One*, 12(1), e0168692. <https://doi.org/10.1371/journal.pone.0168692> [Full Text] [abstract]
- Killian, K., Hernandez-Wolfe, P., Engstrom, D., & Gangsei, D. (2017). Development of the Vicarious Resilience Scale (VRS): A measure of positive effects of working with trauma survivors. *Psychological Trauma: Theory, Research, Practice and Policy*, 9(1), 23–31. <https://doi.org/10.1037/tra0000199> [abstract]
- Lazarevic, V. (2017). Effects of cultural brokering on individual wellbeing and family dynamics among immigrant youth. *Journal of Adolescence*, 55, 77–87. <https://doi.org/10.1016/j.adolescence.2016.12.010> [abstract]
- Liu, H., Petukhova, M. V., Sampson, N. A., Aguilar-Gaxiola, S., Alonso, J., Andrade, L. H., ... World Health Organization World Mental Health Survey Collaborators. (2017). Association of DSM-IV posttraumatic stress disorder with traumatic experience type and history in the World Health Organization World Mental Health Surveys. *JAMA Psychiatry*, 74(3), 270–281. <https://doi.org/10.1001/jamapsychiatry.2016.3783> [abstract]
- Mewes, R., Reich, H., Skoluda, N., Seele, F., & Nater, U. M. (2017). Elevated hair cortisol concentrations in recently fled asylum seekers in comparison to permanently settled immigrants and non-immigrants. *Translational Psychiatry*, 7(3), e1051. <https://doi.org/10.1038/tp.2017.14> [Full Text] [abstract]
- Munjiza, J., Britvic, D., Radman, M., & Crawford, M. J. (2017). Severe war-related trauma and personality pathology: A case-control study. *BMC Psychiatry*, 17(1), 100. <https://doi.org/10.1186/s12888-017-1269-3> [Full Text] [abstract]
- Myhrvold, T., & Småstuen, M. C. (2017). The mental healthcare needs of undocumented migrants: An exploratory analysis of psychological distress and living conditions among undocumented migrants in Norway. *Journal of Clinical Nursing*, 26(5-6), 825–839. <https://doi.org/10.1111/jocn.13670> [abstract]
- Sifaki-Pistolla, D., Chatzea, V.-E., Vlachaki, S.-A., Melidoniotis, E., & Pistolla, G. (2017). Who is going to rescue the rescuers? Post-traumatic stress disorder among rescue workers operating in Greece during the European refugee crisis. *Social Psychiatry and Psychiatric Epidemiology*, 52(1), 45–54. <https://doi.org/10.1007/s00127-016-1302-8> [abstract]
- Simon, P. Y. R., & Rousseau, P.-F. (2017). Treatment of post-traumatic stress disorders with the Alpha-1 Adrenergic Antagonist Prazosin. *Canadian Journal of Psychiatry*. *Revue Canadienne De Psychiatrie*, 62(3), 186–198. <https://doi.org/10.1177/0706743716659275> [abstract]
- Sweileh, W. M. (2017). Bibliometric analysis of medicine - related publications on refugees, asylum-seekers, and internally displaced people: 2000 - 2015. *BMC International Health and Human Rights*, 17(1), 7. <https://doi.org/10.1186/s12914-017-0116-4> [Full Text] [abstract]

Wang, S.-J., Bytyçi, A., Izeti, S., Kallaba, M., Rushiti, F., Montgomery, E., & Modvig, J. (2016). A novel bio-psycho-social approach for rehabilitation of traumatized victims of torture and war in the post-conflict context: A pilot randomized controlled trial in Kosovo. *Conflict and Health*, 10, 34. <https://doi.org/10.1186/s13031-016-0100-y> [Full Text] [abstract]

Wittekind, C. E., Jelinek, L., Kleim, B., Muhtz, C., Moritz, S., & Berna, F. (2017). Age effect on autobiographical memory specificity: A study on autobiographical memory specificity in elderly survivors of childhood trauma. *Journal of Behavior Therapy and Experimental Psychiatry*, 54, 247–253. <https://doi.org/10.1016/j.jbtep.2016.09.002> [abstract]

Wong, W. C. W., Cheung, S., Miu, H. Y. H., Chen, J., Loper, K. A., & Holroyd, E. (2017). Mental health of African asylum-seekers and refugees in Hong Kong: Using the social determinants of health framework. *BMC Public Health*, 17(1), 153. <https://doi.org/10.1186/s12889-016-3953-5> [Full Text] [abstract]

Zalta, A. K., Gerhart, J., Hall, B. J., Rajan, K. B., Vechiu, C., Canetti, D., & Hobfoll, S. E. (2017). Self-reported posttraumatic growth predicts greater subsequent posttraumatic stress amidst war and terrorism. *Anxiety, Stress, and Coping*, 30(2), 176–187. DOI: 10.1080/10615806.2016.1229467 [abstract]

## Refugees

Al-Smadi, A. M., Tawalbeh, L. I., Gammoh, O. S., Ashour, A. F., Alshraifeen, A., & Gougazeh, Y. M. (2017). Anxiety, stress, and quality of life among Iraqi refugees in Jordan: A cross sectional survey. *Nursing & Health Sciences*, 19(1), 100–104. <https://doi.org/10.1111/nhs.12323> [Full Text] [abstract]

Apostolidou, Z., & Schweitzer, R. (2017). Practitioners' perspectives on the use of clinical supervision in their therapeutic engagement with asylum seekers and refugee clients. *British Journal of Guidance & Counselling*, 45(1), 72–82. <http://dx.doi.org/10.1080/03069885.2015.1125852> [abstract]

Davis, A. (2017). Belonging and “unbelonging”: Jewish refugee and survivor women in 1950s Britain. *Women's History Review*, 26(1), 130–146. <https://doi.org/10.1080/09612025.2015.1123028> [Full Text] [abstract]

Enticott, J. C., Shawyer, F., Vasi, S., Buck, K., Cheng, I.-H., Russell, G., ... Meadows, G. (2017). A systematic review of studies with a representative sample of refugees and asylum seekers living in the community for participation in mental health research. *BMC Medical Research Methodology*, 17(1), 37. <https://doi.org/10.1186/s12874-017-0312-x> [Full Text] [abstract]

Haagen, J. F. G., Ter Heide, F. J. J., Mooren, T. M., Knipscheer, J. W., & Kleber, R. J. (2017). Predicting post-traumatic stress disorder treatment response in refugees: Multilevel analysis. *The British Journal of Clinical Psychology*, 56(1), 69–83. <https://doi.org/10.1111/bjc.12121> [abstract]

Holmes, E. A., Ghaderi, A., Eriksson, E., Lauri, K. O., Kukacka, O. M., Mamish, M., ... Visser, R. M. (2017). “I can't concentrate: A feasibility study with young refugees in Sweden on developing science-driven interventions for intrusive memories related to trauma. *Behavioural and Cognitive Psychotherapy*, 45(2), 97–109. <https://doi.org/10.1017/S135246581600062X> [Full Text] [abstract]

Ibrahim, H., & Hassan, C. Q. (2017). Post-traumatic stress disorder symptoms resulting from torture and other traumatic events among Syrian Kurdish refugees in Kurdistan Region, Iraq. *Frontiers in Psychology*, 8, 241. <https://doi.org/10.3389/fpsyg.2017.00241> [Full Text] [abstract]

Kazour, F., Zahreddine, N. R., Maragel, M. G., Almustafa, M. A., Soufia, M., Haddad, R., & Richa, S. (2017). Post-traumatic stress disorder in a sample of Syrian refugees in Lebanon. *Comprehensive Psychiatry*, 72, 41–47. <https://doi.org/10.1016/j.comppsy.2016.09.007> [abstract]

Kim, Y. J. (2017). Secondary traumatic stress and burnout of North Korean refugees service providers. *Psychiatry Investigation*, 14(2), 118–125. <https://doi.org/10.4306/pi.2017.14.2.118> [Full Text] [abstract]

Llosa, A. E., Van Ommeren, M., Kolappa, K., Ghantous, Z., Souza, R., Bastin, P., ... Grais, R. F. (2017). A two-phase approach for the identification of refugees with priority need for mental health care in Lebanon: A validation study. *BMC Psychiatry*, 17(1), 28. <https://doi.org/10.1186/s12888-016-1154-5> [Full Text] [abstract]

Nosè, M., Ballette, F., Bighelli, I., Turrini, G., Purgato, M., Tol, W., ... Barbui, C. (2017). Psychosocial interventions for post-traumatic stress disorder in refugees and asylum seekers resettled in high-income countries: Systematic review and meta-analysis. *PloS One*, 12(2), e0171030. <https://doi.org/10.1371/journal.pone.0171030> [Full Text] [abstract]

Nygaard, M., Sonne, C., & Carlsson, J. (2017). Secondary psychotic features in refugees diagnosed with post-traumatic stress disorder: A retrospective cohort study. *BMC Psychiatry*, 17(1), 5. <https://doi.org/10.1186/s12888-016-1166-1> [Full Text] [abstract]

Shawyer, F., Enticott, J. C., Block, A. A., Cheng, I.-H., & Meadows, G. N. (2017). The mental health status of refugees and asylum seekers attending a refugee health clinic including comparisons with a matched sample of Australian-born residents. *BMC Psychiatry*, 17(1), 76. <https://doi.org/10.1186/s12888-017-1239-9> [Full Text] [abstract]

Slewa-Younan, S., Guajardo, M. G. U., Yaser, A., Mond, J., Smith, M., Milosevic, D., ... Jorm, A. F. (2017). Causes of and risk factors for posttraumatic stress disorder: The beliefs of Iraqi and Afghan refugees resettled in Australia. *International Journal of Mental Health Systems*, 11, 4. <https://doi.org/10.1186/s13033-016-0109-z> [Full Text] [abstract]

Utržan, D. S., & Northwood, A. K. (2017). Broken promises and lost dreams: Navigating asylum in the United States. *Journal of Marital and Family Therapy*, 43(1), 3–15. <https://doi.org/10.1111/jmft.12188> [Full Text] [abstract]

Wright, A. M., Talia, Y. R., Aldhalimi, A., Broadbridge, C. L., Jamil, H., Lumley, M. A., ... Arnetz, J. E. (2017). Kidnapping and mental health in Iraqi Refugees: The role of resilience. *Journal of Immigrant and Minority Health*, 19(1), 98–107. <https://doi.org/10.1007/s10903-015-0340-8> [abstract]

## 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>).