Torture Treatment Literature Selection, Q1 2018

The **Partners in Trauma Healing (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 well-being of these populations. The bibliography includes peer reviewed journal article citations in these areas; select original summaries of those articles; and links to the publicly available abstracts and full text versions of these articles. This bibliography is updated and distributed on a quarterly basis. The bibliography does not currently include articles on policy and advocacy.

Center for Victims of Torture (CVT) Volunteer Contributions to this Bibliography

- **Carolyn Easton** conducted the literature search and compiled the citations for this bibliography.
- **Ellie Lewis** organized, formatted, and edited the content of this bibliography.
- **Eden Almasude, Frank Hennick, Melissa Sheridan, and Marissa Wood-Sternburgh** wrote summaries of selected articles for this bibliography.
- **Jared Del Rosso** reviewed the selected article summaries for this bibliography.

Contents

Selected Article Summaries

Predicting the mental health and functioning of torture survivors.

Song, S. J., Subica, A., Kaplan, C., Tol, W., & de Jong, J. (2018). *The Journal of Nervous and Mental Disease, 206*(1), 33–39.

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

Study Background

Forced displacement has increased in recent years, reaching a record of an estimated 60 million people across the world. Among refugees and asylum-seekers, torture and other adverse experiences contribute to the high levels of distress in these populations. Previous studies of refugees and asylum-seekers identified rates of depression from 31-44%, anxiety at 40%, and PTSD (post-traumatic stress disorder) from 31-36%. Other research has shown that pre- and post-migration variables related to housing, language proficiency, socioeconomic conditions, and education impact mental health outcomes. This study continues the investigation of predictive factors, incorporating analyses of the effects of basic resources, external risks, and relationships.

Study Methods

Two hundred and seventy-eight study participants were recruited from a center for survivors of torture in the United States, with half of participants originating from Iraq, Iran, or Eritrea. They had a variety of reasons for presenting to the center, primarily psychiatric (41%), education/language (19%), employment (12%), and legal (9%). Measures recorded included sociodemographic characteristics, a checklist of exposure to forms of torture, psychosocial resources, relationships, and symptoms of anxiety, depression, and PTSD. Using these data, linear regression models were applied to analyze predictive factors of mental health symptoms.

Study Findings

Regression analyses were separated for clusters of anxiety, depression, and PTSD symptoms.

Anxiety. Among demographic variables, female sex, older age, and unstable housing were found to uniquely predict likelihood of anxiety symptoms. Of pre- and post-migration variables, cumulative exposure to torture and a longer time between migration and presenting for services were predictive. Significant psychosocial factors were lack of basic resources, external risks, and mental health functioning.

PTSD. Again, female sex and older age were independent predictors of PTSD symptoms. Similarly, time before presenting for services, cumulative torture exposure, and mental health functioning were also significant predictors.

Depression. Results for the depression regression analyses were similar to those for PTSD, with the exception that cumulative exposure to torture was not a significant predictor.

Conclusions

This study supported previous data showing that female sex, older age, and unstable housing were predictors of anxiety, depression, and PTSD symptoms. However, in contrast to some studies, education level and employment were not found to be significant. Rather, psychosocial issues of basic needs, external risks, and mental health functioning were important factors. These data support the need for earlier support upon arrival to a host country, thus requiring more community outreach and partnerships with resettlement agencies to connect individuals to a treatment center. The utility of identifying predictive factors can be applied to more efficiently screen refugees and asylum seekers and ensure higher level of support as needed. For example, cumulative exposure to torture was found to be a stronger predictor than trauma type or severity of torture. Understanding the predictive factors in psychiatric symptoms can be used to implement improved prevention against the worsening of post-migration psychological distress.

"Just as Canadian as Anyone Else"? Experiences of Second-Class Citizenship and the Mental Health of Young Immigrant and Refugee Men in Canada.

Hilario, C. T., Oliffe, J. L., Wong, J. P., Browne, A. J., & Johnson, J. L. (2018). *American Journal of Men's Health, 12*(2), 210–220.

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

Study Background

Dr. Carla Hilario and her research team examine the challenges facing Canada's young male immigrants and refugees to identify patterns in mental health. At the outset, the authors emphasize that mental health means more than the absence of mental illness; rather, they argue that the capacity to live freely and happily in one's society is central to mental health. To examine this meaning of mental health, the article presents qualitative findings of 33 interviews with young men, most of who identified as immigrants or refugees.

The paper calls social context the "lens" that guides the study. Indeed, the authors argue, mental health scholarship has tended to downplay considerations like society and politics. Our understanding of mental health has too often been both "ahistorical" and "apolitical" and the perspectives of marginalized groups like refugees and immigrants have not received their due examination (p. 211). However, the authors note that Canada has a significant population of young refugee/migrant men who are statistically among the most vulnerable to depression, mental illness, and emotional distress.

Study Sample and Method

The study is based on interviews with 33 men aged 15-22 in the Vancouver metro between October 2014 and October 2015. All but a few identified as immigrants or refugees, though some had been born in Canada to immigrant families. Most participants were deemed by the research team to be persons of color. Interviews lasted 30 to 90 minutes and were recorded verbatim. The research team used NVivo 10, qualitative software, to organize and analyze the interviews. In analyzing this data, the team was able to identify the three narratives that would form the structure of the paper: a better life, living the immigrant dream, and starting over at the bottom of society.

Study Findings

Analysis of the interviews and their data revealed three dominant themes.

A Better Life. As the authors define it, a better life means more economic and political security, better career opportunities, and more physical safety. These improvements—and expectations of them—can have considerable bearing on mental health. Many interview participants spoke to their ongoing search for such welfare—regardless of their national and ethnic backgrounds.

Living the Immigrant Dream. Interview participants referred often to dreams and aspirations—both of their own and of their families. These dreams were connected to aspects of the first theme, a better life. Interviewees referenced aspects of daily life in Canada such as better air quality and public transit and spoke of these as benefiting their mental health. The authors emphasize the sense of responsibility that typically burdened the men in her study: they often felt as though they were measured against Canadian social benchmarks. Setbacks and disappointments led to especially harsh self-criticism.

Starting Again from Way Below

The study identified a third "narrative" with notable health mental influence in the notion of "starting again from way below" (p. 213). This narrative came through in the ways interview participants described their ongoing challenges with learning a new language, adjusting to a new culture, and other struggles to integrate into mainstream Canadian culture. Some of these challenges with mental health implications included:

- Sense of social isolation resulting from struggles with a new language,
- Racism and discrimination,
- De-skilling, or the process by which skills and credentials learned in one's home country are overlooked, rendered irrelevant, or considered less valuable, and
- An acute awareness to being "different" and a sense of being unable to ever be thoroughly Canadian.

Conclusions
Observing the general positivity with which study participants seemed to view life in Canada, the authors stress that there is more at play than mere optimism. This vision of a better life, the data suggests, is framed by participants' negative views of their home countries. The authors wonder, too, whether the young men's responses might reflect some pressure to express gratitude and enthusiasm for their new country. All the same, the paper stresses that given the dearth of studies that include perspectives of this marginalized population, projects like this one can go an especially long way in enhancing scholarship of mental health, particularly among such populations. Such work, Dr. Hilario hopes, encourages more such studies, linking social dynamics to mental health.

Toxic stress and child refugees.

Murray, J. S. (2018). *Journal for Specialists in Pediatric Nursing: JSPN, 23*(1).

Summary by Melissa Sheridan, volunteer with the Center for Victims of Torture

Study Background
Since the start of the Syrian conflict in 2011, Syrian children have faced a constant barrage of significant psychological and physical stressors. These include:

- relentless bombing,
- destruction of homes, schools and hospitals,
- the deaths of family members and friends,
- and the lack of food, water and healthcare.

Indeed, many Syrian children live in constant fear due to the conflict.

This article briefly describes the phenomenon of toxic stress and its impact on the physical and mental health of child refugees, with a focus on those from Syria. The author argues that prevention of toxic stress should be a primary goal of all pediatric healthcare professionals working with child refugees.

Study Details: Toxic Stress
Exposure to and coping with mild and moderate stress is an important aspect of child development. Research shows that the buffering protection of a supportive adult caretaker facilitates adaptive coping and moderates the physiological effects of stress. But when adult relationships are absent, toxic stress – can result from exposure to recurring adverse childhood events (ACE). These events include abuse and household dysfunction, and they are associated with significant increases in serious illnesses during adulthood, such as heart diseases, lung diseases, liver diseases, cancer, and bone fractures. When adult relationships are absent and when trauma is extreme and prolonged, toxic stress, which results from exposure to four or more ACEs during childhood, results. In a child, toxic stress can result in significant and permanent changes in brain development and functioning.

Child health experts increasingly recognize that toxic stress can weaken the structure of children's developing brains. The brain's plasticity during early childhood makes it sensitive to the influence of elevated levels of hormones associated with the stress response. Brain changes caused by such hormonal influences can permanently affect children's ability to adapt to future adversity. Toxic stress in childhood also causes biological changes to the nervous, endocrine, and immune systems into adulthood, which, in turn, increase the risk for serious diseases.

Study Details: Toxic Stress and Child Refugees
Although little literature exists on toxic stress and child refugees, research shows that the protracted war in Syria is having a profoundly traumatic effect on child refugees. Previous research exploring the well-being of youth in Syria during the civil war showed that 25% of the children reported having no one to talk to when they are afraid or sad; 50% said they did not feel safe outdoors; and 30% had lost a family member, had their home bombed, or were physically injured from the war. Mental health experts report that child refugees experience significant adverse psychological and physical conditions during the process of fleeing their homes and resettling in a foreign country. All of these challenges associated with prolonged war contribute to toxic stress.

Study Details: Resilience and Toxic Stress
Research shows that many children survive toxic stress and thrive despite significant trauma through the power of resilience – the process by which refugees seek out a variety of resources to maintain well-being. Healthy relationships with loving caregivers, effective parenting, social ties with friends, helpful teachers, and believing that life has purpose and meaning promote resilience in children who have been exposed to toxic stress. Also important are safe neighborhoods, community support services, access to health care and education and belonging to civic and spiritual organizations.

Study Findings
Preventing toxic stress should be a primary goal of pediatric healthcare professionals who work with child refugees. Despite the severity of the stressors that child refugees experience, some basic interventions can make a big difference. Such interventions include anticipatory guidance to parents and caregivers to help them buffer stress effects; providing support for caregivers who themselves are suffering from stressors; community-based outreach programs and resettling organizations to help with immigration; and creating and sustaining local traumatic stress networks to provide care for refugee children.

Conclusions
Although scarce, the literature is clear that child refugees are susceptible to the effects of toxic stress. Future research should consider the effects of toxic stress on child refugees so that prevention efforts can occur for the most at-risk populations. Focused efforts on strengthening family and community stability will help mitigate the effects of toxic stress on child refugees.

ACEs in childhood contribute to adverse physical and mental outcomes over the life course. Therefore, pediatric healthcare professionals must recognize and address early signs of toxic stress to mitigate its impact across the lifespan. Timely interventions significantly increase the likelihood of giving child refugees the chance for a healthy and productive future.

Interpersonal violence and suicidality among former child soldiers and war-exposed civilian children in Nepal.

Bhardwaj, A., Bourey, C., Rai, S., Adhikari, R. P., Worthman, C. M., & Kohrt, B. A. (2018). *Global Mental Health (Cambridge, England), 5*, e9.

Summary by Marissa Wood-Sternburgh, volunteer with the Center for Victims of Torture

Study Background
Fifteen to 29 year-olds account for 46% of suicide deaths in low- and middle-income countries (LMIC). This figure is likely an underestimate due to inaccurate and absent reporting. In this age group, psychiatric disorders are the strongest predictors of suicidality – defined as ever having any suicidal thoughts, plans, or attempts. However, 31-57% of suicide attempts are not linked to prior psychiatric disorders. This lack of consistent association between psychiatric disorders and suicidality in LMIC suggests that there may be other factors that can help predict or better predict suicidality.

In Nepal, at least 61% of women who committed suicide had a relative who knew they had been physically abused. In rural Nepal, 85% of women who commit suicide do so before the age of 26. This study aims to better understand predictors of suicidality among former child soldiers and war-exposed civilian children in Nepal. It does so by examining a range of possible predictors, including experiences of sexual and physical interpersonal violence (IPV). The participants experienced a decade of armed conflict in childhood. This included the civil war between the People's Army of the Communist Party of Nepal (Maoist) and the government of Nepal. This war started in 1996 and ended in 2006.

Study Method

A five-year study began in 2007 to compare suicidality prevalence among child soldiers and demographically-matched civilian children from across Nepal. The average age in 2007 was just over 15.5 years old. In 2007, after the war, 258 child soldiers were interviewed, as were 258 civilian children demographically matching each child soldier. All participants who could be reached were re-interviewed in 2012.

The interviews were conducted individually and lasted between 60 and 90 minutes. The mental health assessment questions were developed based on findings from a semi-structured qualitative interview with child soldiers during the 2007 interviews. Participants were asked about IPV, suicidality, depression, and levels of social support. The IPV and suicidality sections were not included in the original study because of the age of the participants and concerns expressed by non-governmental agencies supporting them. The IPV section consisted of up to 40 questions, the number being dictated by experiences endorsed by participants. Participants were asked about both sexual and physical IPV. Suicidality was investigated as three different categories: suicidal thoughts, suicidal plans, and suicide attempts. If any of these behaviors were endorsed, more questions were asked of the participant. The format was adapted from the Composite International Diagnostic Interview (CIDI). The Depression Self Rating Scale (DSRS) for children is an 18-item scale used to assess levels of depression. The participants were also asked to rate their perceived levels of social support received from family, friends, and/or teachers, four questions corresponding to each subcategory.

The results were used to help understand suicidality predictors in Nepali youth based on former child soldier status, sex, social support, psychiatric assessment, sexual IPV experiences, and physical IPV experiences. Child soldiers received non-governmental reintegration services provided by UNICEF after their interviews in 2007, whereas their civilian counterparts did not. The reintegration programs aimed to increase education, give vocational training, and provide apprenticeships and income-generating activities.

Study Findings

This study found that suicidality predictors for males and females are not the same. For females, sexual IPV was associated with suicidality regardless of the presence or absence of depression. This was not true for males, despite there being no differences in the rates of sexual IPV reported between males and females. Sexual IPV was strongly associated with suicidality in all participants, increasing the likelihood of participants developing suicide plans over their lifetime by over 5 times. Females were also more likely to experience physical IPV, which has been identified as a precursor to substance abuse, mood disorders, and suicidal ideation. For males, depression was a predictor of suicidality on its own, as was sexual IPV.

Increased teacher support reduced suicidality in males. Teachers hold positions of respect in Nepal, allowing them to influence parental, other adults', and students' behavior, which may be why their support is so powerful. Higher rates of family support also proved to be beneficial in reducing depression and suicidality, but support from friends was not a consistent predictor. For all participants, depression was not a predictor of suicidal plans.

Finally, the study revealed that child soldiers had increased rates of suicidal ideation, suicidal plans, suicidal attempts, and experiencing physical IPV. The highest prevalence of suicide plans and suicide attempts were among female former child soldiers.

Conclusion
The results of this study suggest that screening, care, and prevention programs for child soldiers and war-exposed civilian children could reduce the risk of suicidality. The study also overwhelmingly suggests the importance of considering factors others than psychiatric disorders that contribute to suicidality.

This study, when considered in the context of previous ones, also suggests that there are locally variable pathways between mental health, IPV, and suicidality, as these are not uniform around the world. This means that the results of this study may be unique to Nepal; however, the authors affirm the importance of considering how multiple factors contribute to suicidality. By considering multiple factors, future work might evaluate how public health initiatives reduce IPV (and other country-specific predictors of suicidality), contribute to reducing suicidality, promote communication pathways for those faced with suicidality, and educate people on suicidality. Initiatives could also reduce suicidality among children and young adults across the globe, raise awareness of the prevalence of suicidality, and help promote laws and regulations that can protect people from predictors of suicidality like IPV. Encouraging education and awareness of suicidality predictors and setting laws and regulations against acts like IPV could help save and enhance lives of children and young adults worldwide.

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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 (https://dignity.reindex.net/RCT/main/Landing.php?Lang=eng).
- IRCT (International Rehabilitation Council for Torture Victims) provides free access to their journal, TORTURE Journal (https://irct.org/media-and-resources/publications).

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