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.
- Melissa Sheridan, George Abrahams and Eden Almasude wrote summaries of selected articles for this bibliography.
- Jared Del Rosso reviewed the selected article summaries for this bibliography.

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- Dental anxiety in relation to torture experiences and symptoms of post-traumatic stress disorder
- Assessing the impact of artistic and cultural activities on the health and well-being of forcibly displaced people using participatory action research

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

Additional Relevant Resources
The Japanese American wartime incarceration: Examining the scope of racial trauma

Nagata, D. K., Kim, J. H. J., & Wu, K.

Summary by George Abrahams, volunteer with Center for Victims of Torture

Details
This article describes the mass incarceration of more than 110,000 Japanese American men, women and children following the attack on Pearl Harbor in 1941. U.S. politicians and, in particular, the Franklin Delano Roosevelt administration, described policies of incarceration as necessary to protect the country from hostile acts. The article, which presents a review of previous studies on Japanese American internment, discusses the impacts of racial trauma and prejudice on those who were interned and subsequent generations. It further examines Japanese American internment for its relevance to our current political and socio-cultural context, as well as its implications for the process of healing and the field of psychology/psychotherapy.

Review of Literature: Summary
In 1942, U.S. President Franklin Delano Roosevelt signed an executive removal order that applied to three generations of Japanese Americans: first generation Japanese American immigrants (Issei); U.S. born, second generation Japanese Americans (Nisei); and their third generation offspring (Sansei). They were imprisoned in camps behind barbed wire for two to four years without benefit of review.

The authors describe a range of individual and intergenerational impacts relative to incarceration stressors and related traumas. These include feelings of shame, humiliation and helplessness, increased mental health problems including increased rates of depression and suicide, post-war verbal harassment and discrimination, and symptoms of PTSD. They also note a “conspiracy of silence” common to trauma survivor groups that often interferes with healing and impacts parent-child relationships. In contrast to the many debilitating impacts, many of the Japanese American detainees embraced core collectivistic cultural values of “interdependence and social harmony,” which promoted adaptation and coping.

In addition to the many social-emotional and physical issues related to the incarceration experience, many trauma-related impacts are transmitted, inter-generationally, through parenting. Of particular note is silence among U.S. born, second generation Japanese Americans. The authors argue that this silence among Nisei was an effort to protect their Sansei children from knowledge of what happened. The result, however, often was greater familial distance. In contrast, increased parental communication often produced increased Sansei anger and sadness as the younger generation attempted to reconcile the injustice with their recognition that parental goals and dreams had been compromised. Another post-incarceration impact among second generation Japanese Americans involves their effort to fit into mainstream society by “deemphasizing Japanese culture and language” (p.9). This diminishment of culture produced a social trajectory for Sansei children to become “super” American and minimizing their racial and cultural heritage.

Social and Clinical Implications:
In addition to addressing the mental health implications of detainment, the authors consider the social and clinical implications. Among these is the value of redress and restitution. The authors note that members of the Japanese community held varied beliefs about the value of the redress movement.

However, this movement ultimately succeeded in having the federal government acknowledge the injustice and incarceration trauma. This, in turn, promoted healing by “replacing self-blame with public system blame and promoting recovery from longstanding silence” (p. 12). In addition to the redress movement, pilgrimages to former camp locations and Days of Remembrance gatherings have enabled children of survivors to better understand their parents’ traumatic past. Pilgrimages have also allowed parents to reprocess the experience while surrounded
by family and community support. This has provided victims, parents and children, as well as grandchildren, an opportunity to remember the past promoting group resilience and cohesion.

Conclusion
Although the Japanese American incarceration experience happened 75 years ago, it remains highly relevant. The authors caution us to remain vigilant when it comes to the treatment of marginalized groups. They note that similarities exist between the Japanese incarceration, responses to 9-11 targeting Muslims and Arab Americans, and the current travel ban, which were all fueled by national security concerns. The Japanese American incarceration serves as a reminder, to psychologists, public policy makers, and politicians alike, to be mindful of the social and systemic processes that contribute to prejudice and discrimination. It further serves as a reminder of the need to construct racially just social policy and provide experiences to children, adolescents and adults that will foster a sense of belonging and fair treatment.

Dental anxiety in relation to torture experiences and symptoms of post-traumatic stress disorder

Høyvik, A. C., Lie, B., & Willumsen, T.

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

Study Details
Many survivors of torture have experienced violence that targets the face, mouth, or teeth. Prior reports suggest that this leads to high anxiety about dental care in this population. Some survivors subsequently need a forensic dental examination or other dental care to promote overall rehabilitation. However, visiting a dentist can be a particularly distressing time. It involves being in a physically vulnerable position, with metal instruments and bright lights that may evoke a survivor’s prior experiences of torture. Existing research also suggests that there is higher dental anxiety among survivors of sexual assault or those who have PTSD, though this had not been studied in survivors of torture.

Study Methods
This study was based in Norway, where researchers recruited refugees and asylum seekers who originated from countries known to practice torture. The majority of the 173 participants were from Eritrea, Syria, or Somalia, and 67% were men. About half (47%) had experienced torture. Data collection involved assessment of dental service use, a dental examination, PTSD symptoms via the Harvard Trauma Questionnaire, and dental anxiety via the Modified Dental Anxiety Scale (MDAS). Participants were grouped based on their self-reported exposure to torture.

Study Findings
More men (52%) reported having experienced torture as compared to women (37%), though a significant number of women (31%) reported other forms of sexual violence. Of those who were survivors of torture, many had experienced torture against their faces (62%) and specifically against their mouth and teeth (35% and 23%, respectively). Survivors of torture had higher PTSD symptoms (53% as compared to 21%) and were found to have higher dental anxiety than were those who had not experienced torture. Specifically, survivors of torture were six times more likely to have high dental anxiety than refugees who had not experienced torture, after adjusting for variables such as age, gender, and education. This increases to nine times higher odds for those who had experienced torture and had PTSD symptoms.

Conclusions
This paper presented initial support for the hypothesis that anxiety related to receiving dental care may be especially troublesome for refugees who have experienced torture. This anxiety, then, is an important consideration for the overall health of survivors of torture as well as for their psychological wellbeing. The resulting
data are consistent with prior research on the relationship between dental anxiety and experiencing any type of violence. There could be a particularly strong correlation between dental anxiety and those who experienced torture against the teeth specifically; however, the study was not large enough to address this.

These data bring attention to a health issue among survivors of torture that may be under-recognized by mental health workers and other professionals. It may be useful to incorporate this broadened understanding of dental concerns in therapy and other aspects of holistic rehabilitation programs. There is also a role for dental providers to become more aware of psychological barriers to receiving dental care and ways of making the experience less distressing.

**Assessing the impact of artistic and cultural activities on the health and well-being of forcibly displaced people using participatory action research**


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

**Study Details**
A growing body of research suggests that taking part in artistic and cultural activities benefits health and well-being. The study’s objective was to develop a participatory action research (PAR) method for assessing the impact of arts interventions on forcibly displaced people. It further identified themes concerning perceived benefits of such programs.

A large number of organizations engage migrants, refugees, and asylum seekers in the arts as part of a holistic approach to supporting their clients. The study took the view that arts participation would enhance the clients’ sense of well-being. Arts-based programs would do so by allowing participants to form meaningful relationships based on trust and mutual support, enhance self-esteem, and enhance self-confidence.

**Study Methods**
The study was conducted at the Helen Bramber Foundation (HBF), a charity offering support to refugees and asylum seekers. The foundation primarily serves those who are survivors of torture and other human rights violations. HBF has a creative arts program led by volunteers. The program is attended by about 100 clients. The study used the collaborative approach of the PAR method to explore client experiences of creative activities, with HBF clients, staff and volunteers acting as co-researchers. Thirty-one participants (12 clients, 4 volunteers, 15 staff) volunteered for the study and attended focus groups. Of these, 17 participants (7 clients, 7 volunteers and 3 staff) were interviewed.

In keeping with PAR, co-researchers developed research questions and outcome measures. These focused on the effects of artistic and cultural activities on the psychosocial well-being of refugees and asylum seekers. In addition to participating in focus groups and interviews, a core group of seven co-researchers (3 clients, 2 volunteers and 2 staff) designed the interview guides, discussed emerging themes, and disseminated the research findings to other participants for verification and comments. Creative and cultural activities were then observed over five months.

**Study Findings**
Analysis of the focus group and interview data revealed three key benefits of engaging in artistic or cultural activities:

*Learning new skills.* Clients discussed the benefit of learning new skills such as painting, sewing, choral singing and film editing, along with improving language skills as they participated in the arts and culture activities. Learning new or improving existing skills appeared to change clients’ perceptions of their status from being victims to being learners or artists. Clients also mentioned how acquiring new skills was an important factor in improving self-esteem.
Social skills. Participating in artistic and cultural activities allowed clients to create friendships and support networks. Clients also learned to have balanced, reciprocal relationships, and were provided with an alternative identity apart from being a victim.

Mood enhancement. Being busy in the company of others allowed clients with PTSD to feel safe and it enhanced their mood. In addition, feeling part of a group connected to growing self-confidence and self-esteem as clients acquired new skills.

Conclusions
Artistic and cultural activities provided refugees and asylum seekers with new skills. They developed practical and technical skills. They also developed social and life skills. Particularly important were opportunities for language acquisition, which were provided through informal peer learning and mutual support. Learning new skills contributed to the sense of well-being and empowerment experienced by HBF clients. The activities also positively enhanced mood and emotion, social skills, self-confidence and resilience.

The study bridged the gap between two research disciplines: arts-in-health and mental health among those who have experienced displacement. It contributed to existing literature by demonstrating beneficial effects of creative activities on the well-being of refugees and asylum seekers. It also showed that PAR is an appropriate and democratic means of collaboration between displaced communities and academics.

Selected Article Citations

Children/Youth
https://doi.org/10.1016/j.healthplace.2019.01.019 [abstract]

https://doi.org/10.1080/17482631.2018.1564517 [abstract] [Full Text]

https://doi.org/10.3390/children6020018 [abstract] [Full Text]

https://doi.org/10.1080/1369183X.2017.1404261 [abstract] [Full Text]

https://doi.org/10.1002/ijop.12427 [abstract] [Full Text]

https://doi.org/10.1080/16549716.2019.1585709 [abstract] [Full Text]

https://doi.org/10.1111/jan.13782 [no abstract] [Full Text]


Health/Well-being


Refugees


Women


Ivanova, O., Rai, M., Mlahagwa, W., Tumuhairwe, J., Bakuli, A., Nyakato, V. N., & Kemigisha, E. (2019). A cross-sectional mixed-methods study of sexual and reproductive health knowledge, experiences and access to services among refugee adolescent girls in the Nakivale refugee settlement, Uganda. Reproductive Health, 16(1), 35. [abstract] [Full Text]


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).

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