Torture Treatment Literature Selection, Q2 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.
- **George Abrahams, Frank Hennick, Melissa Sheridan, Marty Smith, and Marissa Wood-Sternburgh** wrote summaries of selected articles for this bibliography.
- **Jared Del Rosso** reviewed the selected article summaries for this bibliography.

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Selected Article Summaries

An evaluation of a common elements treatment approach for youth (CETA-Youth) in Somali refugee camps

Murray, L. K., Hall, B. J., Dorsey, S., Ugueto, A. M., Puffer, E. S., Sim, A., … Bolton, P. A.

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

Study Background

This research study is an evaluation of an intervention approach that would be applicable for youth who present with multiple mental health issues, including post-traumatic stress (PTS), anxiety, depression, behavioral problems and substance abuse. It also includes a parenting skills component if caregivers are available. In contrast to traditional treatment models that tend to focus on single symptoms and narrow treatment modalities, this is designed as a more flexible approach that can be applied to multiple presenting problems. Lay providers were trained in a number of cognitive-behavioral therapeutic strategies common to evidence-based treatments (EBTs) that address a range of the aforementioned issues, utilizing an apprenticeship model with ongoing professional supervision. The study's rationale evolves out of recognition that displaced children reveal higher rates of mental health problems and that co-morbidity or the presentation of multiple symptoms simultaneously is more often the norm than the exception for youth.

Study Methods

This project was conducted in three refugee camps in the Somali region of Ethiopia with youth 7-18 years of age and their caregivers. Three measures were administered pre- and post-treatment to assess internalizing and externalizing problems, as well as feelings of well-being. These measures included the Achenbach Child Behavior Checklist which was completed by both child and caregiver, the Child Post-Traumatic Stress Disorder Symptoms Scale – Interview Format and The Orphans and Vulnerable Children Wellbeing Tool. The instruments were translated into the Somali language by a local translator and reviewed by a local team to ensure the cultural appropriateness of each item for the local context. Results from a brief validation study indicated adequate psychometric properties for all three measures. Participants were administered these instruments prior to the beginning of the program and at one month following completion of treatment. The treatment program was designed to consist of weekly sessions of 60-90 minutes; the program involved 6-12 sessions depending on the needs of the child. Involved caregivers were taught the same skills as the child so they could function as a source of support and reinforcement, and were also taught parenting skills if behavioral problems were part of the symptomatic profile.

Study Results/Findings

A majority of the children in the study were screened positive for co-morbid Post-Traumatic Stress and internalizing problems (51.35%) or co-morbid PTS, internalizing and externalizing problems (18.92%). Youth who participated in this intervention study reported reduced internalizing, externalizing and PTS symptoms. Caregivers also reported reduced child symptoms across all three symptom clusters. Youth also reported significant increases in feelings of well-being. Qualitative interviews revealed positive feelings about the intervention program such as learning how to change negative thoughts, how to calm themselves and how to become more integrated within their communities. Caregivers also reported positive changes that corresponded with their children's self-report.

Conclusions

This study was unique in that it examined a common elements therapeutic approach that allowed for a more flexible delivery of strategies to address child presentations that reveal multiple symptoms simultaneously. The results suggest that CETA-Youth can be delivered by lay providers when they receive adequate training, practice opportunities, and ongoing supervision. Lay counselors aligned with supervisory support demonstrated an ability

to choose appropriate therapeutic elements to address a range of co-morbid symptomatology. This model might be difficult to scale-up due to the intensive professional training, oversight, and support; however, the article suggests that lay providers may need this level of support when delivering mental health programming. This evaluation was limited by the absence of a control group, small sample size, and no follow-up to determine sustainability of treatment effects. However, given the sizeable mental health treatment gap for youth and the prevalence of co-morbid presentations, CETA-Youth might prove more efficient to implement and scale-up than the utilization of multiple treatment protocols for each individual symptom or diagnostic focus.

Family focused care for refugees and displaced populations: Global opportunities for family therapists

Patterson, J. E., Abu-Hassan, H. H., Vakili, S., & King, A.

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

Study Background
By the UN's estimate, 2015 saw more than 65 million people displaced from their homes, millions of whom sought refuge abroad. Nations like Turkey, Greece, and Jordan have since seen the erection of sprawling "tent cities" of refugee populations. As marriage and family therapy professor Jo Ellen Patterson and her team of co-authors explain, refugees may suffer trauma and stress before and throughout the displacement experience. Before displacement, people suffer trauma and stress as their homes and communities come apart; during, they suffer while fleeing, en route to the unknown and perhaps enduring human trafficking and other abuses; and upon arrival, refugees are frequently at the margins of an unfamiliar and confusing new country. Mental illnesses in the form of PTSD, depression, and numerous psychoses abound.

Patterson and her partners describe how these trials force family dynamics to the forefront. Family identities and roles are central to how refugees view themselves and the others around them. The trauma of displacement often magnifies stresses, tensions, or interdependences within relationships. But while family therapy is especially relevant to refugees, adequate methodologies for practicing among refugee communities have not developed.

Study Findings
In short, family therapists lack practices and techniques up to the challenge of the refugee crisis, either in scale or in procedures. Clients, too, are disproportionately children and adolescents; Patterson et al. emphasize how research on refugees' mental health has, to date, mostly focused on adults. This lack of research means that many young refugees are not getting the care they need. In previous research, one of Dr. Patterson's co-authors, Dr. Hana Abu-Hassan, had cited some of the important ways that existing family therapy practices fall short, drawing on examples of Syrian refugees in Turkey, as well as on her experiences providing care in a northern Greece camp in 2016. She identified the following six problems, which for her and Dr. Patterson are key for prospective family therapists to understand:

- Family therapists are generally unprepared for traumatized child clients.
- They also are unable to provide individual care to an overwhelming volume of clients.
- There is a lack of standardization in care procedures from camp-to-camp.
- There are profound cultural differences between therapist/client and many clients' shame and concern for privacy are further impediments.
- There are usually language differences between therapist and client.
- Temporary settings make continued care difficult.

The authors suggest that many of these shortcomings owe to the uniqueness of the refugee experience. As such, the family therapy field needs to make significant adjustments in order to adequately serve clients in displaced populations. This needs to happen at a very basic level, Patterson and Abu-Hassan argue, as there are simply too

many refugees and too few therapists. The authors also explain how, to date, therapists among displaced populations have generally used treatment models that focus on the individual client rather than the full family. Perhaps this needs a rethinking, both out of consideration for the importance of family dynamics among refugees, as well as practical necessity.

Conclusions and Recommendations
What, then, is an appropriate model of family therapy for refugees? How can family therapists best account for the disproportion in clients-to-therapists, among the other challenges cited by Abu-Hassan? The authors recommend an approach that builds on and amends existing models for family therapy in low-income countries. The paper looks to the World Health Organization's 2008 Mental Health Gap Action Program as one such adaptable approach, as it emphasizes communities over institutions, cost-saving technologies, and training laypersons to administer care when possible.

Much of what Drs. Abu-Hassan and Patterson recommend—training laypersons and family members, utilizing existing models, focusing on more skills and less on theory —is to emphasize sustainable care that makes do with limited funds. Such an approach centers on primary, rather than specialized care, and integrates family therapy into more widely available primary medicine. This, in turn, can begin to address the scarcity of therapists.

Acknowledging the lack of sufficient research on family therapy for displaced persons, the authors nevertheless stress how family therapists are "well-positioned" to address the particular needs of refugees. They conclude by advising their contemporaries not to let the limited data hold them back, and to see the critical ways family therapy can alleviate the world's refugee crisis by building on existing practices and using primary care as a vehicle for care.

Secondary traumatization in caregivers working with women and children who suffered extreme violence by the "Islamic State"

Denkinger, J., Windthorst, P., Rometsch-Ogioun, E., Blume, M., Sedik, H., Kizilhan, J., Gibbons, N., Pham, P., Hillebrecht, J., Ateia, N., Nikendei, C., Zipfel, S., Junne, F.

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

Study Background
Systematic violence, as committed against the Yazidi minority in Northern Iraq by the terror organization known as the Islamic State (IS), is not only a particularly traumatic burden for the victims, but also for their caregivers, including the social workers, psychotherapists, and interpreters who work with victims. The intense exposure to victims' trauma may cause secondary traumatization to caregivers. This study, the first of its kind, sought to identify the prevalence of secondary traumatic symptoms, burdens and resources in caregivers working with traumatized women and children from Northern Iraq, determine the distressing factors for caregivers and analyze the risk and resilience factors for secondary traumatization.

Study Methods
The study focused on caregivers (social workers, psychotherapists/physicians and interpreters) with a Humanitarian Admission Program (HAP) in Germany for women and children traumatized by IS. The HAP offered 1,100 especially vulnerable women and children who survived IS-violence the opportunity to migrate to Germany and receive medical and psychological treatment and housing and education, with the aim of enabling long-term integration into German society.

All registered caregivers of the HAP were invited to participate in the study at a HAP networking meeting in Germany. Participation was voluntary and 84 out of the 132 caregivers participated. Researchers used the Questionnaire for Secondary Traumatization (FST) and performed multiple linear regression analyses to identify

relevant determinants for secondary traumatization. The FST consisted of five subscales: intrusion, avoidance, hyperarousal, parapsychotic sense of threat and PTSD-comorbidities.

The questionnaire-items were developed by the research team consisting of psychotherapists, psychologists, and physicians and were administered by means of expert-interviews using the think aloud method with professionals working in the HAP context.

Study Findings
The efficacy of trauma-specific treatments for refugees is documented, but little research has been done to identify and address the challenges and burdens confronted by the caregivers who work with traumatized refugees. Due to their close contact with clients, caregivers are frequently exposed to details of extremely traumatic events. This repeated exposure can lead to a phenomenon known as secondary traumatization. This phenomenon has been identified in social workers, therapists, physicians and interpreters.

Analysis of the data from the study revealed secondary traumatization in 22.9% of the participating caregivers. A severe symptom load was found in 8.6% of the participants and a moderate load in 14.3%. Risk factors for secondary traumatization include: a personal history of traumatic experiences, a higher number of hours per week working in direct contact with refugees and a preoccupied attachment style (characterized by an over-involvement in close relationships combined with low self-esteem). On the other hand, a secure attachment style (characterized by being comfortable with intimacy and autonomy) was identified as a resilience factor for secondary traumatization.

The findings show that caregivers working in the context of refugee care are a vulnerable group for developing secondary traumatization. The results also indicate that secondary traumatization varies by both individual characteristics, such as attachment styles and personal experiences, and by environmental characteristics, such as the dose of exposure to traumatized clients.

The study suggests that focused seminars where communicative competencies, cultural sensitivity and psychological self-care are trained could benefit caregivers and treat or even possibly prevent secondary traumatization.

Conclusions
Caregivers working with traumatized refugees are at high risk of developing secondary traumatization. The results of the study highlight the need for careful selection, training, continuing education and organizational support of caregivers working with traumatized refugees.

The effect of post-traumatic stress disorder on refugees' parenting and their children's mental health: A cohort study

Bryant, R. A., Edwards, B., Creamer, M., O'Donnell, M., Forbes, D., Felmingham, K. L., … Hadzi-Pavlovic, D.

Summary by Marty Smith, volunteer with the Center for Victims of Torture

Study Background
Children and adolescents, who account for most of the world's refugees, have an increased prevalence of psychological disorders. The mental health of refugee children is often associated with the severity of post-traumatic stress disorder (PTSD) in their caregivers. Despite the potential for refugee caregivers' PTSD to affect child mental health, little evidence exists concerning the underlying mechanisms of this association. This study tested the effect of refugee caregivers' previous trauma and levels of ongoing stressors on current PTSD and, in turn, how this influences parenting behaviors and consequent child psychological health.

Study Methods

This study utilized a large, longitudinal representative sample of resettled refugees and their children. It is based on data extracted from the Building a New Life in Australia (BNLA) study done by the Australian Government Department of Social Services. This study used three waves of the BNLA survey, with a sample size of 411 adult refugees and 660 children, to provide the first large-scale investigation of the effect of refugees' experiences, mental health and parenting styles on the mental health of their children. Study participants were adult refugees with children who were awarded a humanitarian visa in 2013. Primary caregiver PTSD and post-migration difficulties were assessed at Wave 1 in 2013. Post-migration difficulties included ten factors that were self-reported by participants as stressors: work, housing, finances, family safety, discrimination, school/study, caring for family, conflict with neighbors, language barriers, and acculturation. At Wave 2 (2014) caregiver PTSD was reassessed. Wave 3 (2015-2016) data were collected after refugees had lived in the country for 2-3 years and included an assessment of their children.

The PTSD-8 is an eight item self-reported screening measure for probable PTSD. It was derived from the Harvard Trauma Questionnaire and was used to assess caregiver's PTSD symptoms. This measure was administered at all three waves of data collection.

Parenting style was assessed on both warmth and harsh dimensions derived from questionnaires used in the Longitudinal Study of Australian Children; namely parental displays of affection and awareness of child's needs indicating warmth, and items reflecting negativity - use of physical discipline and rigid enforcement of rules – were used for measuring harshness.

The Strengths and Difficulties Questionnaire (SDQ) was used to assess children's psychological difficulties at Wave 3 only. The SDQ is comprised of 25 items measuring behavioral, emotional and social problems and can be completed by parents and children. This well-validated questionnaire consists of five subscales: conduct problems, hyperactivity, emotional symptoms, peer problems and pro-social behavior. The pro-social behavior subscale was excluded from this study analysis. Whenever possible, children ages 11-17 participated in this study so that both the child and parent could complete the SDQ allowing for comparison of child self-report and parental report. In instances where the child was younger, only the parental report was completed.

Study Results/Findings

The analysis included data from the 394 primary caregivers of children who completed all of the study elements. Most were female and migrated with another caregiver. Due to missing data on independent variables, the final number of children included in the model was 639. Approximately half of the children included in the analysis were female. Thirty eight percent (147 of 394) caregivers had probable PTSD at Wave 3. Seven percent (42) of the children scored above the cutoff for psychological difficulties (≥20 on SDQ). It was found that the greater the primary caregiver symptoms of PTSD, the harsher their parenting style. This, in turn, corresponded with higher levels of conduct problems, hyperactivity, emotional symptoms and peer problems in their children. Refugees' trauma experiences and post-migration difficulties were found to affect their own mental health, which can also impact their children's psychological wellbeing. Specifically, traumatic experiences and post-migration stressors contribute to harsh parenting, which in turn is associated with poorer mental health outcomes of refugee children. Direct causation, however, was not documented.

Conclusions

Given the relationship between refugee trauma/PTSD and stress experienced after migration and children's psychological wellbeing, it is important to provide ongoing support for parents. Parents should receive ongoing intervention for PTSD as well as parenting education and support to assist parents in meeting the needs of their children. Efforts to mitigate or decrease post-migration stressors (work, housing, finances, family safety, discrimination, school/study, caring for family, conflict with neighbors, language barriers, and acculturation) should be in place.

Supporting asylum seekers: Clinician experiences of documenting human rights violations through forensic psychological evaluation

Baranowski, K. A., Moses, M. H., & Sundri, J.

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

Study Background
For refugees coming to the United States, admittance is not guaranteed. Those seeking asylum often go through a long legal process. And if asylum is granted, refugees often experience further discrimination and hardships during and after resettlement. Adding to these difficulties is the shortage of mental health professionals experienced and willing to conduct forensic evaluations in asylum applications. These evaluations are important because they can validate the asylum seeker's story and help others understand the physical and emotional trauma that refugees have survived.

Study Methods
This article presents findings from qualitative research of 15 mental health professionals who conduct forensic psychological evaluations of asylum seekers in the United States. Each participant was called by one of the authors, who asked 10 scripted questions over the phone. The topics included self-reported strengths and weaknesses associated with their evaluation of asylum seekers, how clinical training prepared (or did not prepare) them for this work, what training could help offer better support for asylum-seekers, how this work has impacted the participant professionally, politically, and personally, and thoughts on what could improve the asylum-seeking process and what they would tell other clinicians. These interviews averaged 58 minutes in length. The researchers examined six domains of participant experiences, including, "strengths associated with evaluating asylum seeker," "challenges associated with evaluating asylum seekers," "impact of work on clinician[s]," "barriers experienced by asylum seekers," "recommendations for forensic asylum evaluators and mental health professionals," and "recommendations for policy."

Study Results/Findings
The interviews with mental health professionals revealed several things.

First, the interviewees expressed a belief that the more aware clinicians are of global current events, the diversity of refugee communities, and individuals' expression of mental illness, the better clinicians are able to conduct forensic evaluations. The interviewees also believe that the experience of interviewing asylum seekers gives mental health professionals an understanding of the impact of torture and exploitation on mental health functioning; this, in turn, allows them to conduct appropriate, non-interrogative interviews.

The interviewees also described challenges associated with evaluating asylum seekers. They admitted feeling intimidated working in a legal setting and expressed concerns about the possibility of delivering a court testimony. They also said that some clients assumed that the clinician made the final decision about their asylum case, though this is not the case. Because of limited resources and training in forensic evaluations, the participants also reported feeling isolated, and they reported difficulties providing pro-bono services.

The participants also offered assessments of the obstacles experienced by asylum seekers. They reported that asylum seekers had trouble meeting their basic needs, such as finding employment, housing, and mental and medical care after entering the United States. Asylum seekers also experience hostility and racism from citizens and other asylum seekers based on sexuality, former political affiliations, etc. The interviewees noted that asylum seekers also are forced into migration and, so, cannot properly prepare for their journeys. A fear of deportation was also common because of their vulnerable immigration status.

The participants offered several recommendations for future forensic asylum evaluators. They highlighted the need for specialized skills in forensic assessment and a deeper understanding of legal issues facing asylum seekers. They also encouraged other professionals to contact their representatives to influence policy and have research-based, evidential support for policy changes. They also recommended that agencies and organizations provide some sort of compensation for those completing this work. Offering mentorship to less experienced or non-experienced evaluators was also suggested.

Lastly, the interviewees strongly encouraged creating public awareness campaigns and simplification of asylum procedures. Awareness campaigns could lead to more people getting involved in the process of asylum-seeking. They can also help provide an accurate portrayal of asylum seekers, dispelling myths and misconceptions associated with immigrants and asylum seekers. The participant group also expressed that the asylum process is too long and cumbersome for survivors, and that the United States should be more open to accepting more people fleeing human rights violations.

Conclusions

While this study offers a unique and nuanced view of United States' current asylum evaluation procedure, the researchers are hesitant to extrapolate too much from the results. Thirteen of the fifteen interviewees practiced in East Coast urban centers, and only one identified as politically conservative. Nonetheless, this research opens the floodgate for future research, policy changes, widespread understanding of the asylum process, higher social and political acceptance rates of those granted asylum, and less trouble meeting their basic needs.

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Children/Youth

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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 (http://irct.org/media-and-resources/publications).

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