

# Torture Treatment Literature Selection, Q2 2019

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.
- **Marissa Wood-Sternburgh, Frank Hennick, 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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## Selected Article Summaries

### **Screening for posttraumatic stress disorder in young adult refugees from Syria and Iraq**

Dietrich, H., Al Ali, R., Tagay, S., Hebebrand, J., & Reissner, V.

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

#### **Study Details**

This study aimed to quantify posttraumatic stress disorder (PTSD) among Syrian and Iraqi refugees who had migrated to Germany due to civil war. Previous studies reveal an above-average prevalence of mental disorders, especially PTSD, among refugee populations. Direct exposure to violence is a main risk factor for the development of psychological disturbances and PTSD. Barriers to integration in the receiving country, including obstacles to entering the labor-market, also contribute to mental illness among refugees.

#### **Study Methods**

Research participants included 175 Syrian and Iraqi refugees in Germany. Participants were randomly sampled from the German unemployment register. Ages ranged from 18 to 24.9 years old.

Two different screening methods, administered through two different mediums, were used to gauge the number of participants who had at least one traumatic experience, the number of participants with positive PTSD screenings, and the number of participants with psychiatric caseness (whether or not a subject has the condition of interest). Participants were questioned either via a computer-assisted web interview or a computer-assessed telephone interview. About half (48%; N = 84) of the respondents were screened using the Essen Trauma Inventory (ETI) based on the DSM-IV, while the rest (52%; N = 91), were evaluated using the Short Screening Scale for Posttraumatic Stress Disorder (SSS-PTSD).

#### **Study Findings**

Among all research participants, the rate of positive PTSD screenings was 8%, and 59.4% of respondents reported at least one traumatic experience. Positive PTSD rates among those who were tested using the ETI was 9.5%, while only 6.6% of those who tested using the SSS-PTSD had positive PTSD rates. In total, 19.4% of the respondents were above the cut-off for psychiatric caseness.

#### **Conclusion**

The PTSD rates found in this study were consistent with rates found in other studies of refugees, though psychiatric caseness was high. The authors argue that these findings could shape the design of labor-market integration programs in refugee-receiving countries and, especially, how these programs could support and promote employment among incoming refugees. These findings also suggest that addressing mental health issues among young refugees in Germany may improve their overall integration into the country. While this information is useful, it may not be generalizable to those not listed on the German unemployment register, though this could be addressed in future studies.

### **Undocumented asylum seekers with posttraumatic stress disorder in the Netherlands**

Lahuis, A. M., Scholte, W. F., Aarts, R., & Kleber, R. J.

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

#### **Study Background and Details**

In seeking to find a stable and healthy life in a new country, refugees and asylum seekers can be challenged by past experiences of trauma, stunted education, disrupted family cohesion, and health problems. Cultural and language barriers also complicate every aspect of resettlement. So, too, do the interconnected challenges of accessing social services, finding employment, and/or navigating education systems. While many previous studies have examined

refugees' and asylum seekers' vulnerability to mental health risks like PTSD, fewer have examined the psychosocial struggles of undocumented refugees and asylum seekers who have been denied entry.

To address these struggles, Lahuis, Scholte, Aarts, and Kleber designed a three-phase treatment program for undocumented refugees and asylum seekers in the Netherlands. Little data exists on that country's significant population of undocumented asylum seekers (UAS). As refugees face high rates of depression, PTSD, and other mental illness, Lahuis, et al., believe that it stands to reason that UAS will suffer these at even higher rates, given the uncertainty of circumstances and sense of powerlessness. Indeed, academic analysis of interviews with UAS in Norway suggests such exacerbation. Further, access to health care is particularly constrained for UAS, as time pressures, lack of trust, stigmatization, and a lack of necessary information create barriers to care. Other barriers also exist in the Netherlands: UAS are frequently unaware they are entitled to such basic services; providers are often unaware of the government reimbursements they may claim for basic healthcare administered to UAS, and providers may be disinclined to follow the separate procedures required for undocumented patients.

### **Treatment Design**

To address the mental health needs of UAS in the Netherlands, Lahuis, et al., developed a three-phase treatment. General practitioners in the Amsterdam metro area refer UAS trauma patients, aged 18-65, to an outpatient clinic. Treatment proceeds in three phases:

- Phase one emphasizes “stabilization.” Stabilization is an important preparatory step to trauma focused treatments (TFT), helping ensure clients tolerate and remain in treatment. The authors envision the stabilization module as weekly 90-minute group sessions for three months, culminating in an introduction to TFT. While little progress toward reducing symptoms would be expected, stabilization would set the foundation for treatment by building relationships and trust.
- Phase two introduces TFT—specifically, Narrative Exposure Therapy (NET). The authors cite the NET process as particularly well-suited to UAS and persons in non-stable conditions; NET sessions help patients process trauma with physical representations—for instance, stones or flowers to represent good or bad events. With a therapist's help, patients reconstruct their history by tracing it over this chronological physical model. Ultimately the process aims to join context with emotion and senses, creating a full account of the past and overcoming the “fear structure.”
- Phase three recommends completing the treatment with a three-month future-oriented module of group sessions geared toward helping patients realize their own agency and power over their futures. Key issues include coping strategies, acknowledgement of symptoms/mental illness, and personal identity. The module outlines five future options for undocumented patients: seeking a residence permit, continuing illegal residence, returning to the country of origin, migrating elsewhere, or any another option known to the patient. Importantly, clinicians will not voice an opinion.

### **Study Complications**

The authors cite several expected and unexpected complications experienced during the treatment program's first period of implementation. For one, the everyday stressors faced by patients offered regular challenges; forced changes of shelter, substance abuse, and pregnancy were just a few of the complexities likely to impede the progress of treatment. Limited funds have also been a recurrent obstacle to treatment, as public spending cuts on mental health care disproportionately impact the poor and marginalized. The authors also acknowledge the difficulty of retaining an engaged workforce of clinicians with high morale: some may lack the necessary personal dedication and flexibility, while others may become demoralized by the many unique challenges.

### **Conclusions**

Going forward, the authors anticipate that an uncontrolled trial of the treatment model, fully representative of the UAS population and with no exclusion criteria, will demonstrate the feasibility of the treatment process. The study began recruiting participants in 2016. Lahuis, et al., conclude that distinct circumstances and needs of

undocumented asylum seekers requires both future study and the three-phase treatment process that they describe.

## **New Developments in the Mental Health of Refugee Children and Adolescents**

Hodes, M.

Reviewed by George Abrahams, volunteer with The Center for Victims of Torture

### **Study Details**

There has been an increase in refugees globally since 2010, including many displaced children and adolescents under the age of 18. Unaccompanied refugee minors (URMs) are considered a particularly vulnerable group in need of special protection by the United Nations High Commissioner for Refugees (UNHCR). This increase in refugees, including children under 18 years of age, has been accompanied by increased research on child and adolescent mental health, as well as sociological and environmental studies illuminating the medical, educational, familial and parenting contexts that shape the trajectory of children.

Pre-migration and in-flight stressors vary in intensity from country to country, often including exposure to extremes of violence, sexual aggression and destruction of entire communities. Children and adolescents experience the impairment and loss of parents, chronic fear and anxiety fueled by violence and destruction and an impoverished social surround marked by diminished access to resources. Additionally, they often experience compromised nutrition and physical health which can inhibit growth, neurodevelopmental and cognitive functioning as well as produce feelings of chronic insecurity that can increase mood dysregulation.

The majority of refugees also experience chronic stressors upon resettling in a new country. The increased flow of refugees and asylum seekers has engendered harsher policies intended to deter migration and asylum, such as the separation of infants and children from parents at the Mexican-US border. These separations can have devastating developmental and relational impacts on children and parents.

The United States has the largest immigration detention system in the world (p. 73) including many asylum seekers from Central America. Although it has been difficult to carry out research in detention facilities because of limited access, studies have demonstrated the negative effects of detention on infants and young children and higher levels of psychological distress compared to non-detained refugees. These psychological impacts can last for years following release from detention in addition to having to negotiate complex resettlement issues such as poverty and access to legal, medical and social service resources.

### **Study Findings**

In general, young refugee mental health research has revealed a higher risk for PTSD, depression and anxiety. Disruptions to the parent-child relationship through loss, separation or psychopathology is related to insecure attachment, harsher parenting styles and child behavior problems. URMs have a higher prevalence of mental health disorders.

A Canadian study revealed that older adolescents and adults felt less psychological distress if they felt that they belonged to their new country and had a strong social network. Generational differences in acculturation can also contribute to family stress, adding to and compounding the multiple cultural challenges faced by children, adolescents and families.

### **Conclusions**

Given the increase in displaced and refugee children and adolescents, there exists a worldwide services gap between mental health and social service needs and available community-based resources. Literature reviews indicate a need for more ecosystemic and multi-dimensional interventions, inclusive of on-site and accessible supports such as school-based supportive services. There is also a need for more intensive and specialized therapies for more serious psychiatric problems and disorders such as PTSD, depression, neurodevelopmental

disorders and parent-child disruptions as well as broader, more activity-based interventions delivered by lay adults. Finally, the authors state that it is “crucial to implement preventive mental health policies and cease the practices that are known to be detrimental to health and abuse human rights (p. 74).

## **Prevalence of possible mental disorders in Syrian refugees resettling in the United States screened at primary care**

Javanbakht, A., Amirsadri, A., Abu Suhaiban, H., Alsaud, M. I., Alobaidi, Z., Rawi, Z., & Arfken, C. L.

Reviewed by George Abrahams, volunteer with The Center for Victims of Torture

### **Study Details**

We know little about the psychological functioning of Syrian refugees who have resettled in the United States. We do know that refugees in general are exposed to multiple traumatic and stressful events prior to, during, and following migration. This exposure results in an increased prevalence of Post-Traumatic Stress Disorder (PTSD) and Depression; symptoms of both tend to be stable over time. Lifelong mental health and medical consequences of migration can compromise adjustment and resettlement. For these reasons, it is important to evaluate mental health status at the front end of the resettlement process.

### **Study Method**

This cross-sectional study integrated a brief mental health assessment of 157 Syrian adult refugees, all between 18 and 65 years old. The mean age of research participants was 36.08 years. About 47% of the sample consisted of women; about 53% were men. The study occurred during the initial primary healthcare screening that is required during the first month of resettlement. There is no requirement to conduct a mental health screening as part of the initial primary healthcare evaluation. The study was conducted at two primary care clinics in the Detroit area. Each participant completed two self-administered, paper and pencil surveys, answering questions about demographics, health/medical history, and a self-rating of general health. The screening instruments included the PTSD Checklist Civilian Version (PCL-C) and the Hopkins Symptom Checklist (HSCL-25). Both instruments are self-rated and take 5-10 minutes to complete. Total scores were calculated for PTSD, anxiety, and depression. The researchers used bilingual and bicultural research assistants to facilitate the consent process and instrument administration.

### **Study Findings**

The authors reported several key findings. Almost one-third of the sample had possible PTSD (32.2%); there were no gender differences in this. Many of the refugees reported symptoms of anxiety (40.3%) and depression (47.7%); women were more likely than men to endorse feelings of anxiety and depression. Overall, 39.3% of respondents had high scores on two out of the three diagnostic categories reflecting a trend towards high co-morbidity. Although there is minimal data regarding the adult mental health status of Syrian refugees, the findings of this study are consistent with refugee mental health research in general, suggesting high prevalence rates of PTSD and depression.

### **Conclusions**

Although this study is limited by its reliance on self-reported data, it reveals the importance of integrating brief mental health screening into early primary care contacts. This may help identify those refugees with an elevated risk for psychiatric disorders, facilitate early clinical interventions, and help activate other institutional and community-based services that can be responsive to both individual and family needs during the resettlement process.

## Is for silence about trauma harmful children? Transgenerational communication in Palestinian families

Dalgaard, N.T., Diab, S.Y., Montgomery, E., Qouta, S.R., & Punamäki, R.L.

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

### Study Details

For parents who have experienced political violence, how they communicate about that trauma can affect the wellbeing of their children. In some contexts, like in Palestine, that trauma has happened on a widespread, societal level and it affects each generation. This is often known as intergenerational trauma, but can also be thought of as *resilience transmission*; families often convey ways of overcoming extraordinary difficulties. Communication can happen consciously and verbally; it can also happen in unconscious and non-verbal ways. This study examined Palestinian families. Specifically, it examined three things: the nature of parents' verbal content about national trauma to their children; how communication is affected by current war trauma; and how communication is related to children's mental health.

### Study Methods

One hundred and seventy families living in the Gaza Strip participated in this study. The study only considered families that included both parents and at least one child between the ages of 10 and 13. The parents answered open-ended questions about what their own parents told them about the War of 1948 and displacement of Palestinians. Parents were also asked what they told their own children about these events, as well as the 1967 Arab-Israeli War. A content analysis identified major themes and communication content categories. For children, measures included PTSD symptoms, a depression scale, and psychological distress. Each family member responded to a measure about the traumatic events that they experienced during the 2008/09 Gaza War.

### Study Findings

The study identified seven main categories of communication: violence and aggression; factors and reasons of wars; mental suffering and humiliation; physical suffering and life-threatening events; material and non-material losses; positive resource and future prospects; and political lessons and moral messages. In addition, another category was "maintaining silence." There were no differences between mothers and fathers in their frequencies of these categories.

One notable finding was a positive correlation between the father's current experience of war trauma and communication from both parents around "reasons and meanings of wars", so there was more of this communication if the family is currently experiencing a great deal of trauma. For mothers who experienced high current war trauma, there was a *negative* correlation with parents maintaining silence; in other words, they were more likely to communicate about their experiences. There was no relationship between children's psychological distress and communication about suffering and violence; similarly, maintaining silence was not related to mental health symptoms among children. However, specific communication around facts, meaning, and explanations of war was associated with a lower rate of PTSD symptoms and psychological distress in children.

### Conclusions

Experiences of violence occur within families and also within broader social contexts. What parents communicate about their trauma can impact the mental health of their children and contribute to their children's psychological strengths and vulnerabilities. This study found that maintaining silence was not necessarily related to poor mental health among children. One limitation is that the study did not look at mental health symptoms among the parents, which can be related to harsh parenting. This article contributes to our understanding of intergenerational transmission by considering the major themes of how parents explain political violence to their children and by examining the complex relationships between these explanations.

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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://tidsskrift.dk/index.php/torture-journal/index>).

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