

Torture Treatment Literature Selection, Q3 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, Eden Almasude, Frank Hennick, Brian Martucci, 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

Using Attachment and Relational Perspectives to Understand Adaptation and Resilience Among Immigrant and Refugee Youth

Juang, L. P., Simpson, J. A., Lee, R. M., Rothman, A. J., Titzmann, P. F., Schachner, M. K., ... Betsch, C.

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

Study Background

Globally, there has been a significant increase in forced migration over the past few years, and estimates suggest that approximately 50% of the immigrant and refugee populations are under the age of eighteen. Many immigrant youth and their families will thrive given new opportunities. However, many, too, will face significant struggles during and after resettlement, including racism, prejudice, poverty, and other deprivations; these difficulties occur against a backdrop of disorganized and disrupted primary relationships. This article uses attachment theory and relational perspectives to theorize youth adaptations to forced migration.

Study Details

This paper explores the nuances of attachment for youth in immigrant and refugee populations. Previous research suggests the importance of secure attachments marked by a sense of safety, predictability, reliability and nurture. Attachments possessing these qualities contribute to the formation of an “internal working model,” a template for how youth will view all relationships and guide their interactions with others. These attachments are particularly important for youths forced to leave their homes, as forced migration brings frequent and intense stresses, dislocations and relocations, exposure to traumatic events, and exposure to discrimination, marginalization, and prejudice upon arrival at a foreign destination. It is particularly important for youth to cultivate secure attachments grounded in reciprocity and responsive care, as these enable them to trust others when in need.

Attachment, as traditionally theorized, typically concerns people’s connections to other people. Juang, et al., however, extends the idea of attachment to one’s attachment or “connection” to places. This includes one’s affective bond or emotional attachment to a geographic area, community, neighborhood, or school; it also includes the meanings one attributes to a particular place. For example, the authors suggest that a strong sense of school belonging predicts higher academic achievement and increased self-efficacy. This sense of belonging indeed can have stronger predictive power than the amount of pre-migration trauma.

CONCLUSION

In closing, the authors provide a template for future research. They underscore the need to appreciate migrant youth adjustment in light of nested and interdependent systems that influence each other. It is important to understand how immigrant and refugee youth develop strong bonds with people. It is also important to extend research by investigating how immigrant and refugee youth develop a strong connection and sense of belonging to their host country, neighborhoods, and communities. Additionally, it is always important to examine how the traumatic impacts of war, displacement, and loss shape the attachment capacities of youth. Understanding the influence of parental availability, functioning, and resilience is also important.

The authors have borrowed from attachment theory and relationship science to develop a social and ecological approach to attachments. They assert that safe, secure and positive relationships with people and place can protect refugee and immigrant youth from the impacts of loss, racism, prejudice, and social marginalization. These relationships will also allow refugee and immigrant youth to construct a sense of connection and belonging to the new people, communities, social networks and institutions (schools, etc.) that make up their new social ecology.

Assessing Trauma in a Transcultural Context: Challenges in Mental Health Care with Immigrants and Refugees

Wylie, L., Van Meyel, R., Harder, H., Sukhera, J., Luc, C., Ganjavi, H...Wardrop, N.

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

Study Details

Refugees face many barriers when trying to access mental healthcare. A particularly consequential one is the lack of transcultural knowledge among mental healthcare providers. A transcultural approach considers the overarching sociocultural landscape of the patient and their community; it also offers a reflective consideration of the culture and context of the system providing care. Although the Cultural Formulation Interview is one tool for guiding culturally aware mental health assessments, many other changes in health systems are needed to represent the importance of cultural differences in psychological wellbeing and distress. This study was intended to assess the practices, perspectives, and gaps in culturally appropriate mental health care for immigrant and refugee patients in London, Ontario.

Study Methods

The investigation began with an assessment of the mental health services available for immigrants and refugees through semi-structured interviews and focus groups with a total of 40 health care providers including psychiatrists and emergency medicine doctors, psychologists, nurses, social workers, occupational and family therapists, etc. These focused on practices as well as attitudes and skills of mental health workers in both hospital and community settings. These qualitative data were coded through NVivo to identify the major themes identified.

Study Findings

One problem identified by the interviewees was a lack of consistency in culturally-relevant assessments, partly due to the many administrative and political barriers to implementation of these in a large hospital system. Providers are often not aware of the DSM sections relevant to cultural psychiatry. Some psychological assessment tools are straightforwardly translated into multiple languages; however, a simple translation does not capture the diversity of emotional concepts present. Instead of these crude approximations, many providers expressed a desire to take a more narrative approach to understanding their patients' lives. They appreciated the importance of cultural differences and the role of the family, but felt unprepared to integrate these within their clinical contexts. Assessments of "trauma" were noted to be particularly challenging given that such experiences can be framed in drastically different ways, particularly within cross-cultural contexts.

Conclusions

This study used qualitative data to better characterize how mental health practitioners interact with culture in their day-to-day work with immigrant and refugee patients. Although participants identified the centrality of culture in their work, they did not have the knowledge or tools to adequately reflect on this in their practice. This, in turn, can lead to misdiagnoses, poor treatment, difficulty forming a therapeutic relationship, and alienation from the healthcare system. However, it is limited by only looking at one Canadian city, as there are likely substantial regional and national differences in addressing transcultural mental health care.

Upon Rejection: Psychiatric Emergencies of Failed Asylum Seekers

Schoretsanitis, G., Bhugra, D., Eisenhardt, S., Ricklin, M. E., Srivastava, D. S., Exadaktylos, A., & Walther, S.

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

Study Background

Migration is associated with mental health risks. Previous research demonstrates that refugees and asylum seekers are particularly vulnerable to these risks. This study examines whether there may be similar patterns of mental health conditions among asylum seekers whose efforts to gain asylum fail.

While mental health conditions in asylum seekers have been well documented, previous research has not differentiated between pending and failed asylum seekers. Thus, there remain questions about how rejection may exacerbate or generate psychiatric trouble for asylum seekers. This study tested the hypothesis that negative decisions would be associated with more severe symptoms.

Study Methods

Schoretsanitis et al., analyzed the psychiatric evaluations of 15 women and 23 men with rejected applications who received treatment at the University Emergency Department in Bern, Switzerland from 2012-2017. These 38 patients were a mix of walk-ins and referred patients. They visited the Emergency Department for suicidal thoughts, aggression, depressive symptoms, sleep disorders, symptoms of psychoses, acute stress, and somatic complaints.

Seven of the thirty-eight patients had come from the Middle East, eight from east Europe, eleven from sub-Saharan Africa, four from northwestern Africa, and eight from central-south Asia. The mean age among the patients was 30.08. The study compared results from these 38 patients with the evaluations of 119 patients whose asylum applications were still pending. To compare patients with pending and failed asylum applications, the study used the Mann-Whitney *U* test for age and gender and the chi-square and Fisher's exact tests for categorical variables.

Results

Among the 38 records examined by the study, stress-related disorders were the most common diagnoses; these were found in 29 (76.3%) of the patients. The results further suggested a strong association between failed asylum efforts and psychiatric disorders. One in three failed applicants were diagnosed with adjustment disorders; negative decisions, in turn, brought on symptoms and medical consultations in almost 90% of these cases. Rates of acute stress were three times greater (21%) among the failed asylum candidates. Rates of suicidal thoughts and attempts were higher for the failed asylum seekers as well; however, aggressive behavior was more frequent in those with pending applications. Still, the differences in suicidal thoughts, suicidal attempts, and aggression did not reach statistical significance.

Study Limitations and Conclusions

Schoretsanitis et al., caution against drawing bold conclusions from this study, given the following limitations:

- Analyses of the patients were retrospective and based on case notes. The notes, in turn, were of varying reliability and fullness. Incomplete case notes led to the exclusions of some patients' records from the study.
- The study was conducted over an arbitrary time frame: availability of records was the main determinant of the project's schedule. Schoretsanitis et al., did not have an opportunity to consider how the study's time frame may or may not be of significance.
- The data did not account for the wide variety of conditions and levels of trauma in applicants' home countries; moreover, the length of a patient's ordeal prior to medical consultation is not known.

In the end, Schoretsanitis et al., suggest that all stages of the asylum seeking process can induce mental health distress. As such, failed asylum applications are more likely to aggravate pre-existing symptoms, rather than generate new ones. The article concludes that pending and failed asylum seekers alike are prone to “extreme psychiatric symptoms.” What’s best for asylum seekers in both situations is for inpatient services to intensify their support services during these volatile periods leading up to and following asylum rulings.

Course of Mental Health in Refugees—A One Year Panel Survey

Kaltenbach, E., Schauer, M., Hermenau, K., Elbert, T., & Schalinski, I.

Summary by Brian Martucci, volunteer with the Center for Victims of Torture

Study Background

Recent studies of refugee populations in Europe reveal widespread incidence of PTSD, and research in other developed countries reveals that substantial numbers of refugees remain affected by PTSD many years after resettlement. Kaltenbach, Schauer, Hermenau, Elbert, and Schalinski contribute to this body of literature by implementing a longitudinal study of untreated refugees in Germany. Their study combined semi-annual clinical interviews with assisted emotional distress self-ratings conducted monthly. The study aimed to associate traumatic experiences, the effects of daily stressors, and other variables with changes in mental health.

Study Methodology

This panel study assessed untreated refugee populations between 2015 and 2017 using two methods: (1) monthly self-rating telephone interviews conducted by trained native speakers and (2) three clinical interviews (per research participant) conducted at the start of the study, the six-month mark, and the 12-month conclusion of the study.

The sample population consisted of 57 refugees or asylum seekers over age 12. Sixty-five percent of the sample population was of Syrian or Afghan origin, with the remainder split between Iran, Iraq, Balkan states, West African states, and Russia. Researchers excluded prospective participants who underwent continuous psychotherapy during the study period, exhibited acute psychotic symptoms, and/or lacked telephone access.

The telephone interviews consisted of questions about changes in participants’ daily lives, with detailed follow-up when changes were present. It also involved the Refugee Health Screener–13, a 13-question self-rating tool for assessing emotional distress. The clinical interviews assessed for PTSD, depression, traumatic events, and post-migrational stressors such as protection concerns, health and welfare access, and stress around participants’ resettlement conditions.

Study Findings

Incidence of PTSD declined slightly during the study period. At intake, 32% of participants presented with symptoms of PTSD; at the conclusion of the study, this had dropped to 24% of participants. Incidence of major depression fluctuated during the study period, rising from 16% at intake to 27% at the six-month mark, then falling back to 16% at the 12-month mark. Most participants showed no change in PTSD and depression symptoms during the study period.

The self-rating interviews revealed that employed participants reported less emotional distress than unemployed or intermittently employed participants. However, positive events, such as marriages or births in social or familial groups, were not correlated with lower levels of emotional distress.

Participants reporting greater emotional distress visited healthcare providers more frequently. Participant illness and illness or death in participants’ social or familial networks also correlated with distress. Participants reporting

greater numbers of different traumatic event types and/or post-migration stress saw increases in PTSD during the study period.

Conclusions and Limitations

Kaltenbach et al. note that their findings of no significant change in symptoms of emotional distress, PTSD, and depression contradict previous studies that found significant changes in the same. They attribute the apparent discrepancy to variable mental health symptom presentations attributable to variations in refugee characteristics, home country experiences, and host country setting.

Potential limitations in the authors' findings include a convenience sample derived in part from five family dyads, the subjective nature of assisted self-reporting, and differential outcomes among participants who completed the entire study term and "dropouts." Moving forward, the authors recommend increase cooperation between physicians and mental health professionals to identify mental health issues in refugee populations.

Trauma and Perceived Social Rejection Among Yazidi Women and Girls who Survived Enslavement and Genocide

Ibrahim, H., Ertl, V., Catani, C., Ismail, A. A., & Neuner, F.

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

Study Background

In June of 2014, the Islamic State of Iraq and Syria (ISIS) began an operation to rid Syria and Iraq of non-Arab and non-Sunni Muslim communities. The Yazidis were one of the most severely affected communities. The Yazidi ancestral homeland is in Northwestern Iraq, near the Iraqi-Syrian border; today, many live in northern Iraq, western Iran, eastern Turkey, and northern Syria. During the ISIS operation, it was estimated that 3,100 Yazidis were killed and 6,800 were kidnapped; surviving members of the community were displaced to refugee camps. The crimes committed by ISIS against the Yazidis, including mass killings, rape, sexual violence, enslavement, torture, and forcible transfer, were declared a genocide by the United Nations.

Many studies have linked wartime violence with psychological disorders, such as post-traumatic stress disorder (PTSD), anxiety, and depression. This study adds to previous research in several ways. First, the study sought predictors of poor mental health among Yazidi women. Second, the study examined differences in mental health between those who experienced sexual enslavement and those who did not. And, finally, the study examined how enslavement affects PTSD and depression symptoms beyond other traumatic, war-related events. Yazidis have a male-dominated and community-oriented culture, in which any intimate relationship outside of the community is prohibited. Enslavement, then, may have particular mental health and social effects on Yazidis.

Study Methods

Ten local female psychologists interviewed 416 Yazidi women, between the ages of 17 and 75 years old, who were survivors of the civil war. Some of these women had been abducted and kept as slaves; periods of enslavement ranged from 1 day to 2.5 years. The sample was drawn from women residing in camps for internally displaced people (IDP) of the Kurdistan Region of Iraq (KRI). The interviews, lasting from 60-90 minutes, were conducted in the participants' tents. The researchers developed and used a War and Adversity Exposure Checklist and a checklist to assess traumatic events that participants experienced during enslavement. The researchers also used a questionnaire of perceived social rejection and evaluated PTSD symptoms from the PTSD Checklist for DSM-5. Depression symptoms were also evaluated using a checklist.

Study Findings

Ninety-nine percent of participants reported experiencing at least one traumatic event, and those who were enslaved reported experiencing and/or witnessing a significantly higher number of traumatic events than those

who were not enslaved. Formerly enslaved women also experienced a significantly higher number of general and war-related traumatic events. No relationship was found between enslavement events and age. Higher levels of PTSD and depression symptoms were reported by formerly enslaved subjects. The number of enslavement events experienced was positively correlated with perceived social rejection, PTSD, and depression.

Study Conclusions

The intensity of trauma exposure and perceived social rejection predicts mental health among Yazidi women living in IDP camps in KRI. Those who survived enslavement were likely to report higher levels of both. However, trauma and mental illness are widespread, as ninety percent of participants in this study met criteria for a probable diagnosis of PTSD. The prevalence of PTSD and depression are more than two times higher in women than men. Regardless of previous enslavement status, the high rates of mental health symptoms indicate an intensely urgent need for psychological interventions. It also suggests the importance of interventions for other cultural and religious groups experiencing genocide.

Selected Article Citations

Children/Youth

- Amone-P'Olak, K., & Elklit, A. (2018). Interpersonal sensitivity as mediator of the relations between war experiences and mental illness in war-affected youth in Northern Uganda: Findings from the WAYS study. *Traumatology*, 24(3), 200–208. <https://doi.org/10.1037/trm0000145> [abstract] [Full Text]
- Braun-Lewensohn, O., & Al-Sayed, K. (2018). Syrian adolescent refugees: How do they cope during their stay in refugee camps? *Frontiers in Psychology*, 9, 1258. <https://doi.org/10.3389/fpsyg.2018.01258> [abstract] [Full Text]
- Çeri, V., Nasıroğlu, S., Ceri, M., & Çetin, F. Ç. (2018). Psychiatric morbidity among a school sample of Syrian refugee children in Turkey: A cross-sectional, semistructured, standardized interview-based study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 57(9), 696–698.e2. <https://doi.org/10.1016/j.jaac.2018.05.019> [abstract]
- Fathi, A., El-Awad, U., Reinelt, T., & Petermann, F. (2018). A brief introduction to the Multidimensional Intercultural Training Acculturation Model (MITA) for Middle Eastern adolescent refugees. *International Journal of Environmental Research and Public Health*, 15(7). <https://doi.org/10.3390/ijerph15071516> [abstract] [Full Text]
- Gušić, S., Malešević, A., Cardeña, E., Bengtsson, H., & Søndergaard, H. P. (2018). “I feel like I do not exist:” A study of dissociative experiences among war-traumatized refugee youth. *Psychological Trauma: Theory, Research, Practice and Policy*, 10(5), 542–550. <https://doi.org/10.1037/tra0000348> [abstract]
- Juang, L. P., Simpson, J. A., Lee, R. M., Rothman, A. J., Titzmann, P. F., Schachner, M. K., ... Betsch, C. (2018). Using attachment and relational perspectives to understand adaptation and resilience among immigrant and refugee youth. *The American Psychologist*, 73(6), 797–811. <https://doi.org/10.1037/amp0000286> [abstract]
- Kloning, T., Nowotny, T., Alberer, M., Hoelscher, M., Hoffmann, A., & Froeschl, G. (2018). Morbidity profile and sociodemographic characteristics of unaccompanied refugee minors seen by paediatric practices between October 2014 and February 2016 in Bavaria, Germany. *BMC Public Health*, 18(1), 983. <https://doi.org/10.1186/s12889-018-5878-7> [abstract] [Full Text]
- Lau, W., Silove, D., Edwards, B., Forbes, D., Bryant, R., McFarlane, A., ... O'Donnell, M. (2018). Adjustment of refugee children and adolescents in Australia: Outcomes from wave three of the Building a New Life in Australia study. *BMC Medicine*, 16(1), 157. <https://doi.org/10.1186/s12916-018-1124-5> [abstract] [Full Text]
- Lee, C., Nguyen, A. J., Russell, T., Aules, Y., & Bolton, P. (2018). Mental health and psychosocial problems among conflict-affected children in Kachin State, Myanmar: A qualitative study. *Conflict and Health*, 12, 39. <https://doi.org/10.1186/s13031-018-0175-8> [abstract] [Full Text]

Mohwinkel, L.-M., Nowak, A. C., Kasper, A., & Razum, O. (2018). Gender differences in the mental health of unaccompanied refugee minors in Europe: A systematic review. *BMJ Open*, 8(7), e022389. <https://doi.org/10.1136/bmjopen-2018-022389> [abstract] [Full Text]

O'Higgins, A., Ott, E. M., & Shea, M. W. (2018). What is the impact of placement type on educational and health outcomes of unaccompanied refugee minors? A systematic review of the evidence. *Clinical Child and Family Psychology Review*, 21(3), 354–365. <https://doi.org/10.1007/s10567-018-0256-7> [abstract] [Full Text]

Panter-Brick, C., Hadfield, K., Dajani, R., Eggerman, M., Ager, A., & Ungar, M. (2018). Resilience in context: A brief and culturally grounded measure for Syrian refugee and Jordanian host-community adolescents. *Child Development*, 89(5), 1803–1820. <https://doi.org/10.1111/cdev.12868> [abstract] [Full Text]

Park, S., Rim, S. J., & Jun, J. Y. (2018). Related factors of suicidal ideation among North Korean refugee youth in South Korea. *International Journal of Environmental Research and Public Health*, 15(8). <https://doi.org/10.3390/ijerph15081694> [abstract] [Full Text]

Saunders, N. R., Lebenbaum, M., Lu, H., Stukel, T. A., Urquia, M. L., & Guttman, A. (2018). Trends in mental health service utilisation in immigrant youth in Ontario, Canada, 1996-2012: A population-based longitudinal cohort study. *BMJ Open*, 8(9), e022647. <https://doi.org/10.1136/bmjopen-2018-022647> [abstract] [Full Text]

Smetana, J. G., & Ahmad, I. (2018). Heterogeneity in perceptions of parenting among Arab refugee adolescents in Jordan. *Child Development*, 89(5), 1786–1802. <https://doi.org/10.1111/cdev.12844> [abstract]

Suárez-Orozco, C., Motti-Stefanidi, F., Marks, A., & Katsiaficas, D. (2018). An integrative risk and resilience model for understanding the adaptation of immigrant-origin children and youth. *The American Psychologist*, 73(6), 781–796. <https://doi.org/10.1037/amp0000265> [abstract]

Teicher, M. H. (2018). Childhood trauma and the enduring consequences of forcibly separating children from parents at the United States border. *BMC Medicine*, 16(1), 146. <https://doi.org/10.1186/s12916-018-1147-y> [abstract] [Full Text]

Health/Well-being

Baumann, S. L. (2018). From posttraumatic stress disorder to posttraumatic growth: A paradigm shift or paradox? *Nursing Science Quarterly*, 31(3), 287–290. <https://doi.org/10.1177/0894318418774923> [abstract]

Browne, A. J., Varcoe, C., Ford-Gilboe, M., Nadine Wathen, C., Smye, V., Jackson, B. E., ... Blanchet Garneau, A. (2018). Disruption as opportunity: Impacts of an organizational health equity intervention in primary care clinics. *International Journal for Equity in Health*, 17(1), 154. <https://doi.org/10.1186/s12939-018-0820-2> [abstract] [Full Text]

Duarte-Gómez, M. B., Cuadra-Hernández, S. M., Ruiz-Rodríguez, M., Arredondo, A., & Cortés-Gil, J. D. (2018). Challenges of health services related to the population displaced by violence in Mexico. *Revista De Saude Publica*, 52, 77. [abstract] [Full Text]

Hasanović, M., Morgan, S., Oakley, S., Richman, S., Šabanović, Š., & Pajević, I. (2018). Development of EMDR in Bosnia and Herzegovina - from an idea to the first EMDR conference. *Psychiatria Danubina*, 30(Suppl 5), 243–248. [abstract] [Full Text]

Ibrahim, H., Ertl, V., Catani, C., Ismail, A. A., & Neuner, F. (2018a). The validity of Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) as screening instrument with Kurdish and Arab displaced populations living in the

Kurdistan region of Iraq. *BMC Psychiatry*, 18(1), 259. <https://doi.org/10.1186/s12888-018-1839-z> [abstract] [Full Text]

Kaminer, D., Eagle, G., & Crawford-Browne, S. (2018). Continuous traumatic stress as a mental and physical health challenge: Case studies from South Africa. *Journal of Health Psychology*, 23(8), 1038–1049. <https://doi.org/10.1177/1359105316642831> [abstract]

Poole, D. N., Hedt-Gauthier, B., Liao, S., Raymond, N. A., & Bärnighausen, T. (2018). Major depressive disorder prevalence and risk factors among Syrian asylum seekers in Greece. *BMC Public Health*, 18(1), 908. <https://doi.org/10.1186/s12889-018-5822-x> [abstract] [Full Text]

Rees, S., Mohsin, M., Tay, A. K., Steel, Z., Tam, N., da Costa, Z., ... Silove, D. (2018). Risk of perpetrating intimate partner violence amongst men exposed to torture in conflict-affected Timor-Leste. *Global Mental Health* (Cambridge, England), 5, e23. <https://doi.org/10.1017/gmh.2018.16> [abstract] [Full Text]

Šabanović, Š., & Draganović, S. (2018). Socio-demographic characteristics of clients who were treated with EMDR therapy in humanitarian nongovernmental organization Islamic relief world wide in Bosnia and Herzegovina. *Psychiatria Danubina*, 30(Suppl 5), 253–256. [abstract] [Full Text]

Schoretsantis, G., Bhugra, D., Eisenhardt, S., Ricklin, M. E., Srivastava, D. S., Exadaktylos, A., & Walther, S. (2018). Upon rejection: Psychiatric emergencies of failed asylum seekers. *International Journal of Environmental Research and Public Health*, 15(7). <https://doi.org/10.3390/ijerph15071498> [abstract] [Full Text]

Singh, N. S., Bass, J., Sumbadze, N., Rebok, G., Perrin, P., Paichadze, N., & Robinson, W. C. (2018). Identifying mental health problems and idioms of distress among older adult internally displaced persons in Georgia. *Social Science & Medicine* (1982), 211, 39–47. <https://doi.org/10.1016/j.socscimed.2018.05.007> [abstract]

Refugees

Abdul-Hamid, W., Hughes, J. H., & Morgan, S. (2018). The Syrian refugees' need for trauma-based services, a survey of mental health professionals. *Psychiatria Danubina*, 30(Suppl 5), 249–252. [abstract] [Full Text]

Budde, H., Akko, D. P., Ainamani, H. E., Murillo-Rodríguez, E., & Weierstall, R. (2018). The impact of an exercise training intervention on cortisol levels and post-traumatic stress disorder in juveniles from an Ugandan refugee settlement: Study protocol for a randomized control trial. *Trials*, 19(1), 364. <https://doi.org/10.1186/s13063-018-2753-x> [abstract] [Full Text]

Carlsson, J., Sonne, C., Vindbjerg, E., & Mortensen, E. L. (2018). Stress management versus cognitive restructuring in trauma-affected refugees-A pragmatic randomised study. *Psychiatry Research*, 266, 116–123. <https://doi.org/10.1016/j.psychres.2018.05.015> [abstract]

Cha, J., Surkan, P. J., Kim, J., Yoon, I. A., Robinson, C., Cardozo, B. L., & Lee, H. (2018). Human rights as political determinants of health: A retrospective study of North Korean refugees. *American Journal of Preventive Medicine*, 55(2), 271–279. <https://doi.org/10.1016/j.amepre.2018.04.006> [abstract]

Chemali, Z., Borba, C. P. C., Johnson, K., Khair, S., & Fricchione, G. L. (2018). Needs assessment with elder Syrian refugees in Lebanon: Implications for services and interventions. *Global Public Health*, 13(9), 1216–1228. <https://doi.org/10.1080/17441692.2017.1373838> [abstract] [Full Text]

Dator, W., Abunab, H., & Dao-Ayen, N. (2018). Health challenges and access to health care among Syrian refugees in Jordan: A review. *Eastern Mediterranean Health Journal = La Revue De Sante De La Mediterranee Orientale = Al-Majallah Al-Sihhiyah Li-Sharq Al-Mutawassit*, 24(7), 680–686. <https://doi.org/10.26719/2018.24.7.680> [abstract]

- De Schrijver, L., Vander Beken, T., Krahé, B., & Keygnaert, I. (2018). Prevalence of sexual violence in migrants, applicants for international protection, and refugees in Europe: A critical interpretive synthesis of the evidence. *International Journal of Environmental Research and Public Health*, 15(9). <https://doi.org/10.3390/ijerph15091979> [abstract] [Full Text]
- Echeverri, C., Le Roy, J., Worku, B., & Ventevogel, P. (2018). Mental health capacity building in refugee primary health care settings in Sub-Saharan Africa: Impact, challenges and gaps. *Global Mental Health* (Cambridge, England), 5, e28. <https://doi.org/10.1017/gmh.2018.19> [abstract] [Full Text]
- Eleftherakos, C., van den Boogaard, W., Barry, D., Severy, N., Kotsioni, I., & Roland-Gosselin, L. (2018). “I prefer dying fast than dying slowly”, how institutional abuse worsens the mental health of stranded Syrian, Afghan and Congolese migrants on Lesbos island following the implementation of EU-Turkey deal. *Conflict and Health*, 12, 38. <https://doi.org/10.1186/s13031-018-0172-y> [abstract] [Full Text]
- Finnvold, J. E., & Ugreninov, E. (2018). Refugees’ admission to mental health institutions in Norway: Is there an ethnic density effect? *Social Science & Medicine* (1982), 209, 43–50. <https://doi.org/10.1016/j.socscimed.2018.05.029> [abstract]
- Georgiadou, E., Zbidat, A., Schmitt, G. M., & Erim, Y. (2018). Prevalence of mental distress among Syrian refugees with residence permission in Germany: A registry-based study. *Frontiers in Psychiatry*, 9, 393. <https://doi.org/10.3389/fpsy.2018.00393> [abstract] [Full Text]
- Kaltenbach, E., Schauer, M., Hermenau, K., Elbert, T., & Schalinski, I. (2018). Course of mental health in refugees-A one year panel survey. *Frontiers in Psychiatry*, 9, 352. <https://doi.org/10.3389/fpsy.2018.00352> [abstract] [Full Text]
- Koesters, M., Barbui, C., & Purgato, M. (2018). Recent approaches to provision of mental healthcare in refugee populations. *Current Opinion in Psychiatry*, 31(4), 368–372. <https://doi.org/10.1097/YCO.0000000000000428> [abstract]
- Mangriò, E., Zdravkovic, S., & Carlson, E. (2018). A qualitative study of refugee families’ experiences of the escape and travel from Syria to Sweden. *BMC Research Notes*, 11(1), 594. <https://doi.org/10.1186/s13104-018-3702-1> [abstract] [Full Text]
- Noh, J.-W., Woo, J.-M., Park, H., Jung, S. J., Lee, Y., & Kwon, Y. D. (2018). Factors related to the attitude of North Korean refugees towards people with mental illness. *Iranian Journal of Public Health*, 47(Suppl 1), 39–46. [abstract] [Full Text]
- Tay, A. K., Mohsin, M., Rees, S., Tam, N., Kareth, M., & Silove, D. (2018). Factor structures of Complex Posttraumatic Stress Disorder and PTSD in a community sample of refugees from West Papua. *Comprehensive Psychiatry*, 85, 15–22. <https://doi.org/10.1016/j.comppsy.2018.05.001> [abstract]
- Tekeli-Yesil, S., Isik, E., Unal, Y., Aljomaa Almosa, F., Konsuk Unlu, H., & Aker, A. T. (2018). Determinants of mental disorders in Syrian refugees in Turkey versus internally displaced persons in Syria. *American Journal of Public Health*, 108(7), 938–945. <https://doi.org/10.2105/AJPH.2018.304405> [abstract]
- Thompson, C. T., Vidgen, A., & Roberts, N. P. (2018). Psychological interventions for post-traumatic stress disorder in refugees and asylum seekers: A systematic review and meta-analysis. *Clinical Psychology Review*, 63, 66–79. <https://doi.org/10.1016/j.cpr.2018.06.006> [abstract]
- Tol, W. A., Augustinavicius, J., Carswell, K., Brown, F. L., Adaku, A., Leku, M. R., ... van Ommeren, M. (2018). Translation, adaptation, and pilot of a guided self-help intervention to reduce psychological distress in South

Sudanese refugees in Uganda. *Global Mental Health* (Cambridge, England), 5, e25. <https://doi.org/10.1017/gmh.2018.14> [abstract] [Full Text]

Van Ee, E. (2018). Multi-family therapy for veteran and refugee families: A Delphi study. *Military Medical Research*, 5(1), 25. <https://doi.org/10.1186/s40779-018-0170-9> [abstract] [Full Text]

Waldhauser, G. T., Dahl, M. J., Ruf-Leuschner, M., Müller-Bamouh, V., Schauer, M., Axmacher, N., ... Hanslmayr, S. (2018). The neural dynamics of deficient memory control in heavily traumatized refugees. *Scientific Reports*, 8(1), 13132. <https://doi.org/10.1038/s41598-018-31400-x> [abstract] [Full Text]

Wylie, L., Van Meyel, R., Harder, H., Sukhera, J., Luc, C., Ganjavi, H., ... Wardrop, N. (2018). Assessing trauma in a transcultural context: Challenges in mental health care with immigrants and refugees. *Public Health Reviews*, 39, 22. <https://doi.org/10.1186/s40985-018-0102-y> [abstract] [Full Text]

Ziersch, A., & Due, C. (2018). A mixed methods systematic review of studies examining the relationship between housing and health for people from refugee and asylum seeking backgrounds. *Social Science & Medicine* (1982), 213, 199–219. <https://doi.org/10.1016/j.socscimed.2018.07.045> [abstract]

Women

Brown, F. L., Carswell, K., Augustinavicius, J., Adaku, A., Leku, M. R., White, R. G., ... Tol, W. A. (2018). Self Help Plus: study protocol for a cluster-randomised controlled trial of guided self-help with South Sudanese refugee women in Uganda. *Global Mental Health* (Cambridge, England), 5, e27. <https://doi.org/10.1017/gmh.2018.17> [abstract] [Full Text]

Emery, C. R., Yoo, J., Lieblich, A., & Hansen, R. (2018). After the escape: Physical abuse of offspring, posttraumatic stress disorder, and the legacy of political violence in the DPRK. *Violence Against Women*, 24(9), 999–1022. <https://doi.org/10.1177/1077801217731540> [abstract]

Fellmeth, G., Plugge, E. H., Nosten, S., Oo, M. M., Fazel, M., Charunwatthana, P., ... McGready, R. (2018). Living with severe perinatal depression: A qualitative study of the experiences of labour migrant and refugee women on the Thai-Myanmar border. *BMC Psychiatry*, 18(1), 229. <https://doi.org/10.1186/s12888-018-1815-7> [abstract] [Full Text]

Gebreyesus, T., Sultan, Z., Ghebrezghiabher, H. M., Tol, W. A., Winch, P. J., Davidovitch, N., & Surkan, P. J. (2018). Life on the margins: The experiences of sexual violence and exploitation among Eritrean asylum-seeking women in Israel. *BMC Women's Health*, 18(1), 135. <https://doi.org/10.1186/s12905-018-0624-y> [abstract] [Full Text]

Ibrahim, H., Ertl, V., Catani, C., Ismail, A. A., & Neuner, F. (2018b). Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide. *BMC Medicine*, 16(1), 154. <https://doi.org/10.1186/s12916-018-1140-5> [abstract] [Full Text]

Lilleston, P., Winograd, L., Ahmed, S., Salamé, D., Al Alam, D., Stoebenau, K., ... Palekar Joergensen, S. (2018). Evaluation of a mobile approach to gender-based violence service delivery among Syrian refugees in Lebanon. *Health Policy and Planning*, 33(7), 767–776. <https://doi.org/10.1093/heapol/czy050> [abstract]

Schweitzer, R. D., Vromans, L., Brough, M., Asic-Kobe, M., Correa-Velez, I., Murray, K., & Lenette, C. (2018). Recently resettled refugee women-at-risk in Australia evidence high levels of psychiatric symptoms: Individual, trauma and post-migration factors predict outcomes. *BMC Medicine*, 16(1), 149. <https://doi.org/10.1186/s12916-018-1143-2> [abstract] [Full Text]

Şimşek, Z., Yentur Doni, N., Gül Hilali, N., & Yildirimkaya, G. (2018). A community-based survey on Syrian refugee women's health and its predictors in Şanlıurfa, Turkey. *Women & Health*, 58(6), 617–631. <https://doi.org/10.1080/03630242.2017.1321609> [abstract]

Um, M. Y., Kim, H. J., & Palinkas, L. A. (2018). Correlates of domestic violence victimization among North Korean refugee Women in South Korea. *Journal of Interpersonal Violence*, 33(13), 2037–2058. <https://doi.org/10.1177/0886260515622297> [abstract]

Wachter, K., & Gulbas, L. E. (2018). Social support under siege: An analysis of forced migration among women from the Democratic Republic of Congo. *Social Science & Medicine* (1982), 208, 107–116. <https://doi.org/10.1016/j.socscimed.2018.04.056> [abstract]

Wachter, K., Murray, S. M., Hall, B. J., Annan, J., Bolton, P., & Bass, J. (2018). Stigma modifies the association between social support and mental health among sexual violence survivors in the Democratic Republic of Congo: Implications for practice. *Anxiety, Stress, and Coping*, 31(4), 459–474. <https://doi.org/10.1080/10615806.2018.1460662> [abstract]

Wirtz, A. L., Perrin, N. A., Desgropes, A., Phipps, V., Abdi, A. A., Ross, B., ... Glass, N. (2018). Lifetime prevalence, correlates and health consequences of gender-based violence victimisation and perpetration among men and women in Somalia. *BMJ Global Health*, 3(4), e000773. <https://doi.org/10.1136/bmigh-2018-000773> [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>).
- 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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