

## Torture Treatment Literature Selection, Q3 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

### **Strengthening resilience among migrant mothers living in Montreal, Canada**

Aube, T. Pisanu, S. Merry, L, La Maison Bleue

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

#### **Study Details**

La Maison Bleue is a community-based perinatal and social service center in Montreal for young migrant mothers. The center is comprised of an interdisciplinary team of healthcare and social service professionals, including family physicians, nurses, midwives, social workers, and educators. The center provides pre- and post-natal care, psychosocial assessments, mental health, and social service support. This support includes both child development and parenting support. Services are embedded within a resilience-based theoretical framework. This study attempts to identify the challenges and protective qualities that impact the physical and psychosocial health of young migrant mothers and their families; it also illuminates how La Maison Bleue programming strengthens the resilience of families receiving services.

#### **Study Methods**

This study was a partnership between McGill University and La Maison Bleue. The study utilized the principles of a “focused ethnography,” a qualitative methodology characterized by a short and intensive data collection and a focus on a specific social phenomenon; in this case, the study focused on the development of resilience by young migrant families. Data collection included interviews, observations of mothers and children during participation in organized group activities, and field notes.

The subjects consisted of nine mothers who were interviewed and an additional fifteen mothers who were observed during their participation in group activities. These activities included pre-natal (n=5) and post-natal (n=1) groups facilitated by midwives; it also included two educator groups designed to provide early stimulation for children, strengthen parenting skills, teach child development milestones, and reinforce a secure parent-child attachment. Migrant mothers who were observed were from Mexico, Sri Lanka, Bangladesh, India, and Algeria; all had been in Canada fewer than ten years.

#### **Study Findings**

The mothers identified a range of challenges including social isolation, separation from family, financial strain, inadequate housing, language barriers, and cultural dislocation. Each of these challenges contributed to a compromised capacity to resettle and integrate into Canadian society. Additionally, there were many challenges associated with pregnancy and parenthood, often compounded by the unavailability of family, extended family, and a reliable social network.

Many of the challenges were overcome by the protective function of new, supportive relationships, as well as the maintenance of transnational family relationships back home. These enabled the mothers who participated in this study to sustain their cultural identity, particularly through the preservation of language and cultural traditions. Moreover, migrant mothers described the strong motivational value of embracing beliefs, values, and hope for a better future. This capacity to project into the future fostered a sense of agency and independence; it also supported the research participants’ desire to cultivate relationships within the community.

La Maison Bleue constructed a holistic model with multiple services delivered by a multidisciplinary team under one roof, facilitating coordination and accessibility of services and advocacy. Study participants expressed a sense of safety, trust, empowerment, cultural acceptance, and community. They also expressed their belief that they

could get practical and emotional support. And they emphasized that they could share the experience of childbirth and parenting with other mothers.

### **Conclusions**

There were a number of limitations to this study. The researchers did not engage fathers or extended family. The research sample included only migrants who could speak English or French. And the study was time-limited and did not include a longer-term follow-up with research participants. In spite of these limitations, La Maison Bleue's community and resilience-based framework underscores the benefits of integrated, interdisciplinary, and trauma-informed care that embraces continuity of care, the provision of a culture of acceptance and safety, and early intervention for young mothers and their children. Additionally, this service model fosters relationship building between service providers and clients, facilitates social networking, and allows for the negotiation of community-based and institutional settings. La Maison Bleue's programming illustrates how to support migrant families during critical transitional and developmental period for both adults and young children.

### **Beliefs about pain and trauma relate to severity of PTSD**

Nordin, L. & Perrin, S.

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

#### **Study Details**

Refugees who have survived trauma often experience posttraumatic stress symptoms. They may, however, also experience depression and chronic pain. Previous research has found potential interactions between PTSD and experiences of pain, such as "pain catastrophizing" (PC). People who experience PC have a heightened awareness of pain and ongoing focus on it, to include thoughts that "the pain will never end." Pain catastrophizing correlates with more severe pain and more interference in one's life. Nordin and Perrin posit that these 'attentional biases and misinterpretations' of pain could reinforce trauma-related beliefs (TRBs) "that the individual has been permanently damaged by the trauma and more vulnerable to future harm" (p. 1498). Research has also shown that depression is common in patients with both PTSD and pain. Thus, this study sought to illuminate relationships between pain, depression, PC, TRBs, and PTSD severity in a refugee population.

#### **Study Methods**

Researchers recruited 197 adult refugees who experienced torture or organized violence and had legal status in Denmark. This sample included 60% men with an average age of 45; 6% were employed and the average length of time spent in Denmark was 16 years. Most were from Iraq, Iran, and Lebanon, with 60% of participants coming from these 3 countries. Exclusion criteria included substance use disorders and psychotic symptoms. Participants were assessed for pain severity and interference, health-related disability, trauma and PTSD symptoms, depression and anxiety symptoms, pain catastrophizing, and trauma-related beliefs. These data were analyzed using multiple regression analyses and an analysis of mediating influences of various factors.

#### **Study Findings**

Nearly all participants scored above a clinical cut-off for PTSD (90.8%), depression (99%), and anxiety (98%). Based on data analyses, there were significant correlations between all of the measures. Depression accounted for the majority of the variance in PTSD severity, with additional but smaller contributions of pain catastrophizing and trauma-related beliefs.

Additional analysis looked at whether PC and TRBs mediate the relationship between pain severity and interference and PTSD. This showed that, even when controlling for the influence of depression, both PC and TRBs separately mediate two relationships: (1) that between PTSD severity and pain severity and (2) that between PTSD severity and the level of pain interference.

## **Conclusions**

This article supports previous research showing strong relationships between psychiatric symptoms (PTSD, depression, and anxiety) and pain. It also suggests that pain catastrophizing and trauma-related beliefs mediate these relationships. The study helps to illuminate the ways that thoughts about one's experience and resulting pain can exacerbate both psychiatric and physical symptoms. It also suggests that addressing beliefs about trauma and pain—specifically, to address pain catastrophizing—could help in the overall treatment of clients with co-occurring pain and PTSD.

## **Motives, experiences and psychological strain in medical students engaged in refugee care in a reception center – a mixed-methods approach**

David Kindermann\*, Marie P. Jenne, Carolin Schmidt, Kayvan Bozorgmehr, Katharina Wahedi, Florian Junne, Joachim Szecsenyi, Wolfgang Herzog and Christoph Nikendei

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

### **Study Background and Details**

Social upheaval and political violence have uprooted millions of people over the past several years. David Kindermann and his research partners at University Hospital Heidelberg investigate the ways that refugee crises are resonating in Germany, which is among the top destinations for families and individuals fleeing violence. Specifically, Kindermann et al. consider the ways that health care providers are affected by their work with refugees, many of whom experience symptoms of PTSD. Given care providers' regular encounters with traumatized patients, the authors probe the degree to which this regular close contact yields PTSD symptoms among health care providers, in the form of secondary traumatic stress (STS) and/or changes providers' beliefs and self-capacities, through vicarious traumatization (VT).

### **Study Sample and Method**

Sixty-two medical students participated in the study (out of a total of 89 who were invited) . These students worked 3.25 hour-long weekday shifts at the Heidelberg-Kirchheim Refugee Reception Center's outpatient clinic. During these shifts, students performed various tasks, including admitting and directing patients, providing exam room assistance, and making their own diagnosis.

This study examined several aspects of the medical students' experiences. It focused on students' motives for volunteering themselves; it also tracked their learning progress over the course of their involvement. Dr. Kindermann and his research team also used a combination of qualitative and quantitative analysis to measure "resulting psychological strain" and "possible protective factors" among the students. Pre-interviews with a subsample of sixteen students offered qualitative data about students' prior experiences with refugees, expectations, and motivations for volunteering. Post-interviews with a subsample of thirteen students provided insight into students' subjective experiences during and after the assignment. Interviews were transcribed, coded line-by-line, then analyzed for themes using both computer software and two independent analysts.

Psychometric questionnaires, meanwhile, provided necessary quantitative data. Students (n=62) responded to questions on a 7-point Likert scale (completely agree to completely disagree) and the team established the mean values and standards of deviation. The authors assessed psychological strain through questionnaires, modules, and/or scales that measured general anxiety, secondary traumatization, and depression.

The authors acknowledge that the small size of their sample, as well as a possible self-selection effect—students who already suffer from psychological stress might be unlikely to volunteer themselves for the study—may distort the data.

### **Study Findings**

Key findings of the article included:

- Students' motivations for volunteering varied widely. However, medical interest (22%), curiosity (20%), feeling of responsibility (20%), and personal development (20%) were the top four motives identified among the 16 interviewees.
- Through day-to-day activities and tasks, students learned significant details of patients' lives and hardships. Despite language barriers, interactions between students and patients were intense and produced "a broad range of emotions" among students, including feelings of helplessness.
- Most students reported a sense of satisfaction with their work. The vast majority (nearly 97%) did not show signs of STS. Still, some students showed signs of psychological strain after the assignment: depressive feelings lingering for weeks and "intrusive recollections" of experiences refugees had shared with them.

### **Conclusions**

Despite the limitations of the study, the authors suggest that the study is nonetheless revelatory and that signs of STS were indeed clear. Given the enduring challenges faced by refugees and those who work with them, the authors recommend that medical schools adopt curricula that include the study of secondary traumatization from both theoretical and practical standpoints.

## **Prevalence of sexual violence among refugees: a systematic review**

Araujo, J. de O., Souza, F. M. de, Proenca, R., Bastos, M. L., Trajman, A., & Faerstein, E.

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

### **Study Details**

This article presents a systematic review of 60 articles on the prevalence of sexual violence among refugees and asylum seekers. The reviewed studies present data from 31 countries. Articles were published between 1990 and 2017; all were originally published in English. The articles presented findings from studies that included 28,101 refugees and asylum seekers. The mean age of participants in the published studies ranged from a low of 10.6 years to a high of 41.6 years old. Many of the studies focused on women, and about one-third of the studies (n = 21) included exclusively female samples.

### **Study Outcomes**

The reviewed studies suggest that the prevalence of sexual violence among refugees and asylum-seekers varies widely. Fifteen of the studies found that 10% or less of research participants reported having experienced sexual violence. Eleven of the studies, on the other hand, reported that more than 50% of research participants had experienced sexual violence.

Many sexual violence victims are from Africa and experience sexual violence in their countries of origin. Women tend to be the main victims, and perpetrators tend to be either intimate partners or agents of "supposed protection," such as military personnel, police, and other official officers. However, perpetrators include acquaintances, relatives, rebel soldiers, armed groups, and guards in prison. Women and girls are more vulnerable to rape and other forms of sexual violence in times of war. Sexual violence often leads to obstetric complications, sexual dysfunctions, unwanted pregnancies, unsafe abortions, and sexually transmitted infections. It also can contribute to mental health disorders.

Men and boys are more at risk of sexual violence during detention and interrogation situations. Men who've experienced sexual violence report experiencing sexual dysfunction, somatic complaints, sleep disorders, withdrawal from relationships, attempted suicide, alcohol and drug abuse, and violent behavior. Sexual violence in children is accompanied by guilt, shame, eating disorders, cognitive distortions, mental disorders, sexual and relationship problems, and school absenteeism.

### Study Limitations

The authors concede that sexual violence may be underreported since many victims, especially men, do not report their experiences because of shame, threats by perpetrators, fear of being found guilty, or suffering from stigma and exclusion from family and community. More people are being displaced than the current health system can support, which may also reduce the chances of case identification. At the same time, studies focused on the evaluation of trauma, as opposed to focusing on sexual violence, may overestimate the prevalence of the latter.

### Conclusions

The authors argue that armed conflict, with its norms of violent, masculine domination, contributes to sexual violence. So, too, does the immigration process; the difficulties of this process—economic insecurity, language barriers, and acculturation—can lead to imbalances of power between women and partners. The authors argue that this can contribute to increased sexual violence. Economic, political, and social changes during wars and postwar periods lead to more men using violence to control women and reestablish their status of power. Protection measures for refugees and asylum seekers are urgently needed. Sexual violence is a problem throughout the migratory journey; further studies may better measure the current magnitude of the problem.

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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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