Torture Treatment Literature Selection, Q1 2015

The PATH literature 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 wellbeing 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.

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Selected Article Summaries:

Integrating a Contextual Model of PTSD with Multimodal and Trauma-focused Treatment Approaches


Summary by: Eden Almasude, Qualitative Research Analyst at the Center for Victims of Torture

The International Society for Traumatic Stress Studies (ISTSS) guidelines recommend cognitive behavioral therapy (CBT) as a first treatment option for post-traumatic stress disorder (PTSD). A step-by-step treatment model is recommended for complex PTSD, which is severe PTSD with comorbidities such as depression or substance abuse. For complex PTSD, the first step focuses on stabilizing the patient, strengthening life skills, and developing emotional expression and social abilities. Next a trauma-based approach is used, which specifically addresses traumatic experiences and PTSD symptoms. In the third step, therapy focuses on maintaining progress made and helping the patient transition. In refugees, trauma-based approaches have been shown effective but multimodal approaches that address psychosocial health and additional migration-related stressors have not; this may be because multimodal interventions are often used for refugees with severe symptoms and disability resulting from trauma. This study seeks to help clinicians integrate multimodal and trauma-focused interventions for refugees with PTSD, particularly in severe cases or to benefit treatment in a cross-cultural context.

The Integrative Contextual Model of understanding PTSD and resulting impacts considers both developmental and environmental effects of the disorder. There are both intrapsychic and biological aspects of PTSD, as well as interpersonal and sociopolitical aspects. In this model, the interaction between a mental health diagnosis and a social context is bidirectional. The clinician must understand risks and protective factors of the developmental and current experiences of the patient to become aware of both traumas and resilience. By developing this understanding, the clinician is able to tailor therapy to a patient’s context.

A case study was used to demonstrate the way this approach was applied in a Liberian refugee with complex PTSD who experienced multiple re-traumatizations from psychiatric hospitalizations, family stresses, and post-migration stressors such as having an asylum request denied and becoming undocumented and homeless. The therapist assisted in addressing his legal status and homelessness and used trauma-focused treatment with supportive interventions to help the client adjust to a new cultural context. Finally, the therapist and client addressed the client’s cultural understanding of symptoms and the therapist helped him take some ritual actions to address traumas within that cultural context. This treatment approach successfully assisted the client in regaining hope, family connections, and reducing disability from PTSD symptoms. Beyond this case study, however, the article is limited in that it does not provide analysis of the
effectiveness of their model, which requires further investigation and an understanding of when and for what target populations this approach might be applied.

The researchers argue that this approach can improve the assessment of a refugee client’s problems and better design and time interventions depending on their environmental context. In particular, this allows a culturally sensitive assessment of a patient’s causes for their symptoms and in turn, considers cultural identity and coping mechanisms.

**Factors Predicting Risk for PTSD among Highly Exposed Civilians**


Summary by: Hollie Nyseth Brehm, Assistant Professor of Sociology, The Ohio State University

While scholars are making strides in understanding the impact of exposure to stress, the impact of prolonged stress is relatively understudied. Accordingly, the authors of this study sought to better understand the factors that predict PTSD among civilians who were exposed to prolonged episodes of violence.

To do so, Ben-Ezra and his colleagues conducted two longitudinal studies of Israeli citizens residing near the Gaza Strip, which has seen violence since 2001. For the first study, the authors chose to interview Israelis after a particularly intense episode of violence that occurred on December 27, 2008. Over the next three weeks, approximately 800 rockets landed in the region, constituting a majorly traumatic event based on the Diagnostic and Statistical Manual of Mental Disorders.

The authors contacted potential interviewees almost immediately after the violence began. To select participants, they used a random digit number technique to identify the phone numbers of 400 individuals living in Sderot, the area that experienced violence. Selected individuals were asked to participate if they were at least 18 years old and if they had lived in the area since 2001. In total, 194 people participated in interviews that took place between December 30th and January 15th. One hundred and thirty-eight of those individuals participated in a follow-up interview six months later.

Both the first interview and the follow-up interview included questions about demographics, physical health, perceived social support, and life satisfaction. PTSD was measured with the PTSD checklist, though the authors also assessed mental health using three other instruments: a 12-item version of the General Health Questionnaire, the Short Center for Epidemiological Studies Depression Scale, and the Acute Stress Disorder Scale.
After analyzing the data using logistic regression, the authors found that among the known predictors of PTSD, perceived self-responsibility, perceived optimism life satisfaction, and acute stress disorder symptoms were the main predictors of PTSD in the follow-up interviews.

To further assess their findings, the authors conducted a second longitudinal study in 2011. Specifically, in April of that year, the same area was hit with 132 missiles in a surprise attack. In the days following this attack, a convenience sample of 26 civilians who had lived in the region since 2001 agreed to participate in interviews. The interviews took place in the days following the attack and again three months later.

The authors relied upon the same interview instruments and assessments that they used during the first study. After analyzing the data, they found that acute stress disorder symptoms were the only predictor of PTSD in the follow-up interviews, illustrating the importance of acute stress disorder in predicting PTSD.

These results should be interpreted in light of the fact that the dropout rate between first and follow-up interviews in the first study was more than 30 percent. Notably, the number of participants in the second study was relatively small. Accordingly, future studies should seek to replicate these studies while also examining variation in exposure among participants.

**Stigma of Mental Illnesses as Perceived by North Korean Defectors Living in South Korea**


Summary by: Marissa Wood-Sternburgh, Volunteer for the Center of Victims of Torture

This study compared the stigma related to four mental illnesses—psychosis, alcoholism, attempted suicide, and depression—between varying socio-demographic groups of North Korean defectors (refugees) in South Korea, and also between those defector and South Korean population at large. North Korea is a closed society whose government prevents assessment of mental illnesses, including prevalence, risk factors, treatments, and prejudices, and the country's mental health facilities. Accordingly, studying North Korean defectors from this context represents a significant contribution to the literature.

As of 2013 there were more than 26,000 North Korean defectors living in South Korea. Defectors are supported by the government of South Korea, which helps provide living expenses, housing, education, and employment. North Korean defectors, however, typically do not receive psychiatric help. High levels of stigma around mental illness in South Korea may explain this.

The researchers used the Perceived Devaluation-Discrimination Scale (PDD), the Korean Version of Psychiatric Diagnostic Screening Disorder (K-PDSQ), and collected socio-
demographic and clinical variables. The PDD was used to evaluate the severity to which a participant believes someone with a mental illness will be stigmatized if their disorder were known. It was subdivided into four subscales for perceived stigma of psychosis, alcoholism, attempted suicide, and depression. The K-PDSQ was used to decide if the subject had a mental illness.

North Korean defectors participants were living in the Settlement Support Center for North Korean refugees between June 2012 and February of 2013, and had been in South Korea for less than three months. 505 North Korean defectors and 3,055 South Koreans completed the study. Notably, many of the North Korean defectors needed pre-interviews to explain the symptoms of depression because of unfamiliarity with the term.

North Korean defectors reported higher perceived stigma of psychosis and alcoholism, but lower perceived stigma of depression when compared to South Koreans. There was a menial difference of scores for attempted suicide. The researchers proposed that the higher perceived stigma of alcoholism among North Korean defectors was due to the recency with which the North Korean government gave up control of alcohol production and distribution in the country. The authors suggest that this development, coupled with reported high levels of alcoholism in North Korea, is likely to increase the stigma of the illness among North Korean defectors. The researchers explained the higher levels of stigma about psychosis among North Korean defectors by the generally negative images of psychiatric clinics in North Korea. They proposed that North Korean defectors had a lower stigma of depression because North Korea lacks a concept of depression; the symptoms of depression are treated by internal medicine doctors or neurologists.

**Selected Article Citations (organized by topic):**

**Trauma, Treatment, and Rehabilitation**


Wittekind, C. E., Muhtz, C., Jelinek, L., & Moritz, S. (2014). Depression, not PTSD, is associated with attentional biases for emotional visual cues in early traumatized individuals with PTSD. Frontiers in Psychology, 5, 1474. [Full Text] [abstract]


**Immigrants, Refugees, and Asylum Seekers**


**Conflict and Post-Conflict**


Women and Girls


Children and Adolescents


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 (http://www.reindex.org/RCT/rss/Portal.php)
- IRCT (International Rehabilitation Council for Torture Victims) provides free access to their journal, TORTURE Journal (http://www.irct.org/media-and-resources/library/torture-journal.aspx)

CVT Volunteer Contributions to this Bibliography:
- Carolyn Easton conducted the literature search and compiled the citations for this bibliography
- Austin Dufort organized, formatted, and edited the content of this bibliography
- Eden Almasude, Hollie Nyseth Brehm, and Marissa Wood-Sternburgh wrote summaries of selected articles for this bibliography
- Jared Del Rosso reviewed the selected article summaries for this bibliography