Torture Treatment Literature Selection, Q4 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

Linking Mental Health and Psychosocial Support Practices with Research Is Needed In Humanitarian Contexts


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

Study Details
Populations affected by conflict are exposed to widespread social upheaval and insecurity, sometimes leading to high rates of PTSD and depression. Because of this, mental health and psychosocial support (MHPSS) are a key component of humanitarian aid. This article analyzes current MHPSS practices and research to provide recommendations for humanitarian assistance.

Study Sample
The researchers reviewed MHPSS practices in the context of humanitarian crises in both low- and middle-income countries. The analysis included four aspects of MHPSS practices:

- Allocation of funds to MHPSS programming
- Awareness-raising of mental health needs
- Availability of psychiatric treatment
- Use of social activities in MHPSS programming

Study Findings
Based on their review of existing studies, the authors found that programming for sexually transmitted infections (primarily HIV/AIDS) and emergency and distress relief were the major areas of funding that included MHPSS assistance. Two-thirds of the studies analyzed were directed at multiple forms of psychological distress and were implemented by non-specialized, trained community workers.

The authors also conducted a meta-analysis of randomized controlled trials (RCTs) that tested diverse forms of psychosocial support or specific interventions for PTSD. The meta-analysis showed that these interventions significantly decreased PTSD symptoms among adults. Among children, PTSD symptoms did not decrease significantly in response to school-based interventions following an exposure to mass trauma. However, group- or school-based psychological interventions did improve symptoms of depression or anxiety. Studies involving children showed a high degree of heterogeneity. There are methodological limitations of conducting RCTs in the context of a humanitarian crisis and thus the quality of evidence for psychological interventions is moderate for adults or low for children and adolescents.

The authors also found that the majority of research studies focus on interventions for PTSD. This is potentially problematic because such interventions are rarely implemented in MHPSS programming; the
public health value of targeting this symptomology is also disputed by humanitarian workers. These interventions commonly include counselling, community-based social support, psychoeducation, and provision of information about mental health. However, there is little research to show that these activities are effective in improving mental health outcomes in humanitarian settings.

**Conclusion**
The authors recommend that MHPSS researchers and practitioners collaborate in the development, design, and implementation of research projects and interventions to bridge the gap between practice and research. They specifically recommend strengthening the body of evidence by increasing allocation of funding to monitoring and evaluation of humanitarian programming. Improved research methodologies should be applied with considerations to social and cultural conceptions of mental health to generate better evidence of the effectiveness of a given intervention.

*How to quantify exposure to traumatic stress? Reliability and predictive validity of measures for cumulative trauma exposure in a post-conflict population*

Sarah Wilker, Anett Pfeiffer, Stephen Kolassa, Daniela Koslowski, Thomas Elbert and Iris-Tatjana Kolassa; European Journal of Psychotraumatology, 19 November 2015


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

**Study Details**

Dr. Sarah Wilker and her team direct their study toward populations that have been exposed to extreme violence and trauma—among whom the likelihood of posttraumatic stress disorder (PTSD) is very high—and ask how best to empirically study this exposure. Among those who endure wartime traumas in conflict regions, the authors note, development of PTSD is all but given. But while this connection has been well established, relatively little research has aimed to identify the most efficient, accurate method for quantifying cumulative exposure—that is, among communities or groups of people. To address this, this article compares two methodologies, both of which have been used to gauge PTSD exposure and its likelihood. Drawing on data collected from a sample of 227 adult male Ugandan war survivors, the authors ask: is it best to focus on the *number* of different traumas experienced by survivors (via event checklists), or to measure the *frequency* with which survivors experienced traumatic events?

**Study Findings**

In the end, this article recommends measuring cumulative trauma by the number of different traumas experienced by survivors. Traditionally, measuring cumulative trauma by the number of different
traumatic events experienced—also known as the classical trauma exposure variable—has been the preferred cumulative predictor of PTSD. But, this paper asks, could a different variable—the frequency with which these events occurred—offer more reliable predictions? The authors note that in studies aiming to measure PTSD likelihood or severity among those who already show symptoms, inclusion of frequency data can boost accuracy. However, the article cautions, this is likely matter of traumatic memories becoming inflated by repeated exposure. After an initial traumatic experience, a survivor often struggles to contextualize or remember the order of subsequent similar events. Moreover, inclusion of frequency data did nothing to help better predict PTSD among those who had not yet shown symptoms—lifetime PTSD risk—and the classical trauma exposure variable proved to be the more accurate measure in most such cases.

Conclusion

The authors conclude that in all but a few efforts to predict PTSD among communities, the classical trauma exposure variable is a preferable method of gathering data. For one thing, it is a significantly simpler, less-costly process. Dr. Wilker and her team explain that, to fully assess how many times a survivor experienced a particular traumatic event, researchers must engage them in long, independently conducted interviews. Memories are often hazy, and a clear sense of frequency can be tough to establish. By contrast, studies using the classical trauma exposure variable need only gather “yes” or “no” answers as to whether a test participant suffered a given traumatic event. The authors argue that this is a considerably briefer and cheaper procedure and its data gave a more accurate measure of cumulative trauma exposure. Dr. Wilker emphasizes that for all its involvement and depth, the frequency variable was the less accurate of the two. In the interest of both efficiency and accuracy, then, the article confidently recommends the classical trauma exposure variables for research aiming to accurately predict PTSD among traumatized populations. There is a confirmed likelihood of PTSD among populations that share severe traumas, and given this, the article concludes it is generally best to build a wider knowledge of the sorts of such events, rather than how often they occurred.
Selected Article Citations by Topic

Health


**Refugees**


**Trauma**


Women


Youth/Children


Pottie, K., Dahal, G., Georgiades, K., Premji, K., & Hassan, G. (2015). Do first generation immigrant adolescents face higher rates of bullying, violence and suicidal behaviours than do third generation and
native born? *Journal of Immigrant and Minority Health / Center for Minority Public Health*, 17(5), 1557–1566. [Full Text] [abstract]


