



Transcending Violence:
Emerging Models for Trauma
Healing
in Refugee Communities

An Annotated Bibliography

**Andrea Blanch, PhD
National Center for
Trauma Informed Care**

Acknowledgements: This paper is based in part on an earlier manuscript written by Elzbieta Gozdziaik and Susan Martin. Helpful information was provided by John Tuscan, Marta Brenden, Susan Salasin, Gail Robinson, Blanca Gurolla, Helga West, Luc Nya, Lorna Hines-Cunningham, Leslie Brower, Arabella Perez, Claire Harrison, Noel Bonam, Colleen Clark, and Carole Warshaw. Prepared for Abt Associates Inc., National Center of Trauma Informed Care under SAMHSA contract #280-03-2905.

Introduction

This bibliography was prepared as a companion to the monograph entitled: *Transcending Violence: Emerging Models for Trauma Healing in Refugee Communities*. Together these two documents, serve as an introduction and overview of the issues involved in providing mental health trauma services for refugees in the United States. They are intended primarily for people who work in or care about the public mental health system – clinicians, administrators, policymakers, advocates, and consumer/survivors. The goal of these two documents is to help people better understand who refugees are, how they differ from others, what their needs are, and how the mental health system could be most helpful. While refugees have many health, mental health, and social support needs, the focus here is on trauma. Overall, this review suggests that there is a key role for public mental health systems to play in healing refugee trauma. It also points to the development of trauma-informed partnerships as one promising strategy for assisting refugees without pathologizing them.

Consistent with current national mental health policy, this review embraces a public health model. Perhaps the most fundamental principle of a public health approach is to focus on wellness rather than illness. This credo is nowhere more applicable than when working with refugees. As Muecke (1992) stated: “Refugees present perhaps the maximum example of the human capacity to survive despite the greatest losses and assaults on human identity and dignity.” The majority of refugees do, in fact, overcome significant challenges, get jobs, raise families, and adapt well to life in their new country. They deserve our respect as well as our assistance.

The monograph includes 1) an introduction; 2) background information on the refugee service system and the process of refugee resettlement; 3) a discussion of how a public health framework applies to refugee trauma and; 4) a summary of some major cultural issues that arise when working with refugee populations; 5) a review of trauma interventions, including the application of current trauma treatment models to refugees and new approaches to trauma healings; 6) a discussion of gender issues; and 7) suggestions for trauma-informed partnerships to meet the needs of refugees.

This annotated bibliography includes scientific articles, book chapters, and selected books about refugees and trauma published during the period 1980 and 2007. With a few exceptions, references were identified through an online search of PsycINFO, Medline, PubMed, Sage Full Text and Social Science Full Text databases. Key word searches of titles and abstracts included the terms “refugee,” “trauma,” “mental health,” “violence,” “post traumatic stress disorder,” and “recovery.” In addition, several references were identified through a request posted on a listserv of trauma service contacts for state mental health authorities and through interviews with key informants. References were excluded if they focused on children rather than adults; on immigrants rather than refugees; were primarily methodological in nature; were stand-alone clinical case studies; or involved research in other countries that did not appear to be generalizable to the United States. The bibliography is based in part on an earlier work focusing on published scientific literature about refugee women during 1980-2005 (Gozdziak and Long, 2006). The earlier bibliography included materials identified through Pubmed and Medline searches of key terms including “refugee women,” “trauma,” “mental health,” “torture,” “resilience,” “post traumatic stress disorder,” and “well-being.”

Adams, K. M., Gardiner L. D., Assefi, N. (2004). Healthcare challenges from the developing world: post-immigration refugee medicine. *British Medical Journal*, 328, 1548-1552.

This article draws from clinical observations of the physicians involved and from literature searches. Article reports that studies have found refugees to be at a higher risk of psychiatric disorders such as depression, suicide, psychosis, post-traumatic stress disorder, and substance misuse. Furthermore, the article approximates that 5 to 10 percent of refugees in the US have experienced some form of torture, but that the problems of many refugees may not be adequately described by Western psychiatric categories, especially demoralization and bereavement which may be incorrectly labeled as depression. Authors feel that an effort should be made to simultaneously explore psychiatric symptoms, exposure to trauma, and potential social and economic factors contributing to refugees' mental health and that referral to social workers, cultural case mediators, and community organizations may be appropriate.

Agger, I. (1997). *The Blue Room: Trauma and Testimony Among Refugee Women - A Psycho-Social Exploration*. London, Zed Books.

Ai, A.L., Tice, T.M., Whitsett, D.D., Ishisaka, A., and Chim, M. (2007) Posttraumatic symptoms and growth of Kosovar war refugees: The influence of hope and cognitive coping. *The Journal of Positive Psychology*, 2, 55-65.

Research on war trauma has been dominated by a pathological focus for decades. Researchers have now counterbalanced studies of trauma with a new focus, positive changes following crisis. This prospective study examines how specific psychological factors might influence post-war adaptive outcomes (the coexistence of posttraumatic growth [PTG] and posttraumatic stress disorder [PTSD] symptoms) in a sample of 50 Kosovar war refugees. Individual differences in positive attitude and coping strategies were explored. Hope was assessed during resettlement, and cognitive coping strategies, employed between resettlement and follow-up, were associated with PTG, controlling for war-related trauma and baseline symptoms. PTG and symptoms were unrelated. No predictors for present symptoms were identified. Future mental health practice with refugees should address both positive and negative aspects.

Ai, A.L., Tice, T.M., Huang, B., Ishisaka, A. (2005). Wartime faith-based reactions among traumatized Kosovar and Bosnian refugees in the United States. *Mental Health, Religion and Culture*, 8, 291-308.

In William James' view, one function of prayer is a faith-based, conscious approach to a higher power when in distress. Accordingly, this study investigates the use of private prayer among Muslim war refugees from Kosovo and Bosnia (N=138). Results show that these refugees were highly traumatized and most counted on private prayer for coping with their wartime difficulties. Four major types of prayer familiar to Americans were employed by roughly two-thirds to 86% of this sample. As expected, most types of prayer were associated with both wartime traumatic distress and greater religiousness. Also, 77% used prayer so that their enemies would "pay for what they have done." However, this type of prayer was predicted only by higher levels of education and not by religiousness or traumatization. The need for examining the general and specific social contexts of prayer, such as war and terror, and prayer itself, perceived as a common human experience, are discussed. A structural equation model indicated that war-related trauma was only associated directly with negative religious coping but was associated indirectly with positive coping, mediated by levels of emotional distress. Religiousness was related directly only to positive coping. These findings are discussed with respect to their theoretical and clinical implications.

Ai, A.L. and Peterson, C. (2005) Symptoms, religious coping, and positive attitudes of refugees from Kosovar war. In T.A Corales, Ed., *Focus on Posttraumatic Stress Disorder Research*. Hauppauge, NY: Nova Science Publishers.

Over 15825 Kosovar refugees have entered the United States since 1999. Using standardized instruments, we conducted a caseworker-assisted survey of 129 Kosovars settled in the states of Michigan and Washington. The mean (SD) of war-related traumatic events reported was 14.98 (4.48), and all but 10 cases (92.2%) had a trauma score greater than 10. Higher PTSD scores were associated with female gender, older age, more traumatic events, and more depressive symptoms. Also investigated were the use of religious/spiritual coping and its impact on positive attitudes among these refugees of the Kosovar war. We collected information about religiosity, war-related trauma, religious/spiritual coping, optimism, and hope. A path model demonstrated that optimism was positively related to positive coping, which in turn was associated with increased religiosity and higher education. Hope, in contrast, was positively associated with education, and negatively associated with negative coping, which in turn was predicted by more severe trauma.

Ai, A.L., Peterson, C., and Huang, B. (2003). The effect of religious-spiritual coping on positive attitudes of adult Muslim refugees from Kosovo and Bosnia. *International Journal for the Psychology of Religion*, 13, 29-47.

Little empirical evidence is available about the use of religious-spiritual coping and its impact in the positive attitudes of predominantly Muslim war refugees from Kosovo and Bosnia. On the basis of S. J. Lepore and G. W. Evans' (1996) notion about 4 coping resources and K. I. Pargament's (1997) concept of religious-spiritual coping, this hypothesis-driven study focused on the cognitive resources and additional spiritual resources for coping. We collected information about religiosity, war-related trauma, religious-spiritual coping, optimism, and hope from 138 17-79 yr old refugees from Kosovo or Bosnia recently resettled in Michigan and Washington states. A path model demonstrated that optimism was positively related to positive religious coping, which in turn was associated with increased religiosity and higher education. Hope, in contrast, was positively associated with education, and negatively associated with negative religious coping, which in turn was predicted by more severe trauma. These findings are discussed with respect to their theoretical and clinical implications as well as the limitations of the study.

Allden, K. (1998). The Indochinese Psychiatry Clinic: Trauma and refugee mental health treatment in the 1990s. *Journal of Ambulatory Care Management*, 21, 30-38.

The Indochinese Psychiatry Clinic (IPC), located in Boston, was founded in 1981 to meet the special needs of traumatized Cambodian, Vietnamese, and Laotian refugees resettling in the Boston area. Over the past 16 years, IPC has pioneered the field of refugee mental health and the treatment of the psychological and social sequelae of mass violence and torture. IPC developed the bicultural model of psychiatric treatment of refugees suffering from trauma-related mental disorders, which utilizes a multidisciplinary, bicultural team approach that emphasizes understanding the patients' trauma history within the appropriate cultural, social, and political context. This article summarizes IPC's background, patient profile, clinical approach, service elements, and funding structure. Recent immigration and welfare reform legislation will have a harsh impact on the population of refugees who are disabled due to the psychosocial consequences of their traumatic experiences.

Allodi, F. and Stiasny, S. (1990). Women as torture victims. *Canadian Journal of Psychiatry*, 35, 144- 148.

This article reports a retrospective study of the frequency, severity, modalities, and mental health consequences of torture in 28 Latin American refugee women in Toronto. The data on these women and a comparison group of male torture victims were retrieved from case records in a hospital outpatient

clinic. The results support the hypotheses implicit in the scanty available literature that the frequency and effects of torture in women differ from those found in men. In female victims, as in their male counterparts, the severity of the torture was related to the degree of their political involvement. However, torture was more frequently sexual with women and its consequences more often affected women's sexual adaptation.

Almedom, A.M. (2004). Factors that mitigate war-induced anxiety and mental distress. *Journal of Biosocial Science*, 36, 445-461.

The effects of war-induced anxiety and mental distress on individuals and groups can either be mitigated or exacerbated by humanitarian action. This paper focuses on two key factors that protect the mental well-being of war-affected populations: organized displacement or assisted relocation; and coordinated humanitarian aid operations that are responsive to local needs. Qualitative data from two internally displaced person (IDP) camps in Eritrea are presented. Analysis of these data serves to substantiate and refine a working hypothesis: that social support of the right type, provided at the right time and level, can mitigate the worst effects of war and displacement on victims/survivors. An integrated model of psychosocial transition is suggested. The implications of this approach for humanitarian policy and practice are discussed in the wider context of current debates and lamentations of the humanitarian idea.

Atlani, L. and Rousseau, C. (2000). The politics of culture in humanitarian aid to women refugees who have experienced sexual violence. *Transcultural Psychiatry*, 37, 43, 5-449.

There is a growing sense of urgency within international humanitarian aid agencies to intervene quickly when faced with organized violence stemming from war or armed conflict. From this perspective, the rape of refugees calls for prompt psychological intervention. Beyond this sense of urgency, the premises underlying the different models of humanitarian intervention being utilized require further documentation. What concepts and practices characterize the mental health interventions for refugee women who have suffered sexual violence? How is trans-cultural psychiatry conceived and practiced in refugee camps? How is refugee culture defined? What do these definitions imply when translated into therapeutic care to rape victims? This article discusses these issues, and raises some concerns about the appropriateness and the scope of UN and non-governmental approaches.

Basoglu, M., Livanou, M., Crnobaric, C., Franciskovic, T., Suljic, E., Duric, D., Vranesic, M. (2005). Psychiatric and cognitive effects of war in former Yugoslavia: association of lack of redress for trauma and posttraumatic stress reactions. *JAMA: Journal of the American Medical Association*, 294, 580-590.

The purpose of this study was to examine the mental health and cognitive effects of war trauma and how appraisal of redress for trauma and beliefs about justice, safety, other people, war cause, and religion relate to posttraumatic stress responses in war survivors. A cross-sectional survey was conducted between March 2000 and July 2002 with a population-based sample of 1358 war survivors who had experienced at least 1 war-related stressor (combat, torture, internal displacement, refugee experience, siege, and/or aerial bombardment) from 4 sites in former Yugoslavia, accessed through linkage sampling. Control groups at 2 study sites were matched with survivors on sex, age, and education. Assessment instruments included Semi-structured Interview for Survivors of War, Redress for Trauma Survivors Questionnaire, Emotions and Beliefs After War questionnaire, and Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Participants reported experiencing a mean of 12.6 war-related events, with 292 (22%) and 451 (33%) having current and lifetime posttraumatic stress disorder (PTSD), respectively, and 129

(10%) with current major depression. A total of 1074 (79%) of the survivors reported a sense of injustice in relation to perceived lack of redress for trauma. Perceived impunity for those held responsible for trauma was only one of the factors associated with sense of injustice. Relative to controls, survivors had stronger emotional responses to impunity, greater fear and loss of control over life, less belief in benevolence of people, greater loss of meaning in war cause, stronger faith in God, and higher rates of PTSD and depression.

Beiser, M. (2005). The health of immigrants and refugees in Canada. *Canadian Journal of Public Health, 96*, 30-44.

Canada admits between more than 200,000 immigrants every year. National policy emphasizes rigorous selection to ensure that Canada admits healthy immigrants. However, remarkably little policy is directed to ensuring that they stay healthy. This neglect is wrong-headed: keeping new settlers healthy is just, humane, and consistent with national self-interest. By identifying personal vulnerabilities, salient resettlement stressors that act alone or interact with predisposition in order to create health risk, and the personal and social resources that reduce risk and promote well-being, health research can enlighten policy and practice. However, the paradigms that have dominated immigrant health research over the past 100 years have been inadequate. Part of the problem is that socio-political controversy has influenced the questions asked about immigrant health, and the manner of their investigation. Beginning with a review of studies that point out the shortcomings of the sick immigrant and healthy immigrant paradigms, this article argues that an interaction model that takes into account both predisposition and socio-environmental factors, provides the best explanatory framework for extant findings, and the best guide for future research. Finally, the article argues that forging stronger links between research, policy and the delivery of services will not only help make resettlement a more humane process, it will help ensure that Canada benefits from the human capital that its newest settlers bring with them.

Beiser, M., and Hou, F. (2001). Language acquisition, unemployment and depressive disorder among Southeast Asian refugees: A 10 year study. *Social Science and Medicine, 53*, 1321-1334.

The study examines the risk-inducing effects of unemployment and the protective effects of language facility on the mental health of Southeast Asian refugees resettling in Canada. The study used survey data from the University of Toronto Refugee Resettlement Project (RRP), which draws upon stress process theory, to examine the mental health effects of putative risk and protective factors involved in the resettlement processes. According to this model, resettlement stresses (unemployment or underemployment, separation from family and discrimination) jeopardize mental well-being, while personal resources (ability to speak host country language, social resources) help safeguard mental health. The study found women had higher depression rates and were less likely than men to learn English. Lack of language compromises employability and access to services; it also limits options to participate in other important domains such as civic life and mainstream entertainment.

Bell, P., Oruc, L., Ceric, I., Pojskic, N., Isabel, B., and Licanin, I. (2001). Women, war and trauma: a study description. *Medical Archives, 55*, 31-33.

The last few decades have seen a sharp increase in research into the psychological, psychiatric and social consequences of war. However the bulk of this research relates to male veterans and refugees. There is a serious dearth of literature on female civilians, particularly where the research is being performed in the country of trauma origin. This study aims to explore the psychosocial effects of war on women. One hundred and fifty female civilians participated in this study, conducted in the city of Sarajevo and surrounding refugee settlements in Bosnia. The subjects were divided into three groups: domestic women residing in Sarajevo during and after the war, displaced: women forced to leave their homes,

and staying in refugee settlements, returners: women who have returned to Sarajevo from exile. Each woman was interviewed extensively by local psychiatrists. This interview contained the Harvard Trauma Scale for the screening of PTSD and Social Functioning, and the Hopkins Checklist for Anxiety and Depression. Both these tests have been revised, translated and validated for the Bosnian population. The Rosenberg Self-Esteem Scale and the Lazarus Coping scale examine psychological aspects of self-esteem and coping. A questionnaire containing demographic information was devised for the purposes of this study.

Bhui, K., Abdi, A., Abdi, M., Pereira, S., Dualeh, M., Roberston, D., Sathyamoorthy, G., and Ismail, H. (2003). Traumatic events, migration characteristics, and psychiatric symptoms among Somali refugees preliminary communication. *Social Psychiatry and Psychiatric Epidemiology*, 38, 35-43.

United Kingdom study that assessed relationship between symptoms of psychosis, anxiety, depression, suicidal thinking, and migration-related experiences (traumatic events, immigration difficulties, employment, and income). Data was drawn from a community panel of 700 Somali people in the London Borough off Greenwich. Results indicated that anxiety and depression was incrementally more common with each pre-migration traumatic event. Furthermore, there was no significant difference found between the gender proportions of people registered with general practitioners (89 women, 91 men) or in the frequency of monthly general practitioner visits (mean = 1.9) although fewer women had contact with psychiatric services. The study cites further attention needs to be paid to assessing loss of status and resilience in the face of adversity. Self-admittedly, the study says it is limited by attending to symptoms that are expressions of emotional distress in the psychiatric classifications rather than unearthing indigenous Somali systems of thinking or assessing psychiatric diagnostic categories that may be beneficial to creation and implementation of interventions.

Bhuyan, R. (2005). Understanding domestic violence resource utilization and survivor solutions among immigrant and refugee women: Introduction to the special issue. *Journal of Interpersonal Violence*, 20, 895-901.

The articles in this issue of the *Journal of Interpersonal Violence* were generated using community-based participatory action research to explore how different cultural communities interpret and respond to domestic violence (DV). This issue includes an analysis of the participatory action research process, in addition to four articles that delve into the specific results for women in the Russian-speaking, Vietnamese, Cambodian, and Ethiopian groups. One article illustrates that for women coming from war-torn regions of the world, DV occurs against the backdrop of historic trauma arising from war and migration. For women in the Cambodian, Vietnamese, and Ethiopian communities, DV is one more experience of violence in addition to many others experienced and witnessed prior to immigration. Another article describes how Russian women who immigrate as so-called mail order brides have the additional challenge of overcoming profound isolation and dependence on their American husbands. The community at large needs to get involved. Culturally and linguistically appropriate public education campaigns need to be implemented to raise awareness about DV and how survivors can get help.

Bhuyan, R. (2005). "Women must endure according to their karma": Cambodian immigrant women talk about domestic violence. *Journal of Interpersonal Violence*, 20(8), 902-921.

Part of a special issue on domestic violence among refugee and immigrant women. A study was conducted to explore the issue of domestic violence among Cambodian immigrants. Data were obtained from focus group interviews with 39 Cambodian women in Seattle, Washington. Findings revealed that the women's discussion of domestic violence was influenced by a combination of factors, including adherence to patriarchal cultural traditions, exposure to trauma during war and

migration, adjustment to life in the U.S., and systemic barriers faced as resettled refugees. Findings are discussed in detail.

Blackwell, D. (2005). Psychotherapy, politics and trauma: Working with survivors of torture and organized violence. *Group Analysis*, 38(2), 307-323.

Oppression can occur in the family, school workplace and cultural environment, and in the discourses of psychiatry and psychotherapy as well as under overtly repressive political regimes. Therapy with survivors of torture and organized violence is not a special case of therapy in a political context, nor of the need for politicized therapy. It is rather an example where these issues are writ large and where the place of psychotherapy in a general struggle for collective civilization, personal liberation and human rights can be given a particularly sharp focus. Group analysis provides a particularly valuable approach because it recognizes the dialectic between individual and group, and the resonance between different levels of context.

Boehnlein, J.K., Kinzie, J.D., Sekiya, U., Riley, C., Pou, K., and Rosborough, B. (2004). A ten-year treatment outcome study of traumatized Cambodian refugees. *Journal of Nervous & Mental Disease*, 192(10), 658-663.

The purpose of this study was to assess treatment outcome among 23 severely traumatized Cambodian refugee patients with post-traumatic stress disorder who had been in continuous treatment for 10 or more years. Primary outcome parameters were symptom severity, social and vocational disability, and subjective quality of life. All patients were interviewed using standard assessment tools by a research psychiatrist not connected with the treatment, and charts were reviewed for past and current traumas and for treatment history. There was a wide range of current post-traumatic stress disorder symptom scores, but current depression scores were very low. Thirteen patients were judged to have good outcomes, and 10 had relatively poor outcomes. Reported degree of previous trauma and demographic factors did not distinguish between the two outcome groups. Sixty percent of patients greatly improved. However, even with comprehensive continuous treatment over a period of 10 or more years, a substantial minority was still impaired.

Bonanno, G.A. (2004) Loss, trauma and human resilience. Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59 (1), 20-28.

Many people are exposed to loss or potentially traumatic events at some point in their lives, and yet they continue to have positive emotional experiences and show only minor and transient disruptions in their ability to function. Unfortunately, because much of psychology's knowledge about how adults cope with loss or trauma has come from individuals who sought treatment or exhibited great distress, loss and trauma theorist have often viewed this type of resilience as either rare or pathological. The author challenges these assumptions by reviewing evidence that resilience represents a distinct trajectory from the process of recovery, that resilience in the face of loss or potential trauma is more common than is often believed, and that there are multiple and sometimes unexpected pathways to resilience.

Bonnerjea, L. (1985). *Shaming the World: The Needs of Women Refugees*. London, CHANGE.

Bracken, P.J. (2001). Post-modernity and post-traumatic stress disorder. *Social Science and Medicine*, 53(6), 733-743.

Paper explores how the effects of trauma have assumed a central role in the discourses of psychiatry and psychology in recent years, arguing that the Western world has produced the conditions in which this interest in medicalizing trauma has come about. The author notes that the advent of post-modernity thought has undermined social stability and coherence and a systematically weakened those

cultural institutions which provide meaning and order for individuals. Furthermore he charges that the development of the characteristic symptoms of post-traumatic stress disorder (PTSD) is directly associated to the culture of post-modernity, and that this connection has important implications with regard to understanding of the relationship between trauma, culture, and meaning in more general terms.

Bracken, P.J., Giller, J.E, and Summerfield, D. (1995). Psychological responses to war and atrocity: the limitations of current concepts. *Social Science and Medicine*, 40(8), 1073-1082.

Authors argue in this article that because concepts such as PTSD implicitly endorse a Western ontology and value system, their use in non-Western groups should be tentative. Authors highlight some assumptions that are inherent in biomedicine and psychiatry and how they operate within the context of PTSD that limit physicians and health workers ability to conceptualize the effects of trauma outside of purely individual and medical terms. Article utilizes cases studies to explore these concepts. In summary, the article does not argue for the abandonment of the concepts of PTSD, but rather calls for recognition of the limitations of its use within non-Western situations. Their suggestion is that instead the focus should be place on those aspects that are most fundamental to recover over time including the reconstruction of social and economic networks, cultural institutions and respect for human rights.

Brune, M., Haasen, C., Krausz, M., Yagdiran, O., Bustos, E., and Eisenman, D. (2002) Belief systems as coping factors for traumatized refugees: A pilot study. *European Psychiatry*, 17, 451-458.

The severity of traumatization seems to correlate with a more severe course of post-traumatic stress disorder (PTSD) (and other post-traumatic disorders), while firm belief systems have been found to be a protective factor against post-traumatic disorders. This study sought to determine the role of belief systems in the outcome of psychotherapy for traumatized refugees. The charts of 141 consecutively treated refugees were evaluated retrospectively. A firm belief system was found to be an important predictor for a better therapy outcome. The importance of a firm belief system as a coping factor, which should be used as an instrument in therapy, is discussed.

Burnett, A., and Peel, M. (2001). Health needs of asylum seekers and refugees. *British Medical Journal*, 322, 544-547.

Article is an observational summary written by medical examiners at the Medical Foundation for the Care of Victims of Torture in London. Authors emphasize that the cultural diversity of asylum seekers and refugees lends them to have different experiences and expectations for healthcare. Furthermore, article states that symptoms of psychological distress are common among refugee populations but do not necessarily signify mental illness. While the role of counseling is briefly mentioned, its therapeutic values are stated to only be beneficial if trust can be established and purpose explained in a culturally significant manner since it is a Western-orientated concept. Therapeutic emphasis is instead placed on community and religious organizations providing social support and acting as advocates. Article paints women as a more vulnerable population as training and employment pro-grams are less likely to be targeted at them, they are less likely to speak English or to be literate, and they are more likely to report poor health and depression.

Canda, E., Phaobtong, T. (1992). Buddhism as a social support for Southeast Asia refugees. *Social Work*, 37(1), 61-67.

In this article, authors examined the physical, psychological, social, and spiritual services provided in the Lao and Khmer temples in the United States in efforts to examine how Buddhist services were being adapted for Southeast Asian refugee located in the Midwest. The study utilized an ethnographic

participant-observation research methodology that included observation of subjects in their natural life contexts and interviews with refugees and spiritual leaders in either Lao or Thai languages. Suggestions from this article are aimed primarily at social works educators, and calls for recognition of the religious heterogeneity of modern day United States (outside the Judeo-Christian tradition) and subsequent need for reformed services that are culturally sensitive.

Carballo, M., Smajkic, A., Zeric, D., Dzidowska, M., Gebre-Medhin, J., Van Halem, J. (2004). Mental health and coping in a war situation: the case of Bosnia and Herzegovina, *Journal of Biosocial Sciences*, 36(4), 463-77.

The latter part of the twentieth century has seen an increased concern for the implications of war for civilian populations, and more attention has been given to psychosocial impacts of uprooting and displacement. Loss of place, acute and chronic trauma, family disruption and problems of family reunification have become issues of concern. The war in Bosnia was characterized by massive displacement, disruption and loss of life, relatives and property. Health and psychosocial well-being were affected in a number of ways. There was an overwhelming loss of perceived power and self-esteem. Over 25% of displaced people, for example, said they no longer felt they were able to play a useful role; even in non-displaced populations approximately 11% of those interviewed said that they had lost a sense of worth. Widespread depression and feelings of fatigue and listlessness were common and may have prevented people from taking steps to improve their situation. Almost a quarter of internally displaced people had a high startle capacity and said they were constantly nervous. Most adverse psychosocial responses increased with age and in a population that includes many elderly people this poses serious problems. The findings point to major challenges with respect to repatriation and reconstruction. They highlight the importance of family reunification and the facilitating of decision-making by affected people themselves. The findings also shed light on potential problems associated with over-dependence on external assistance and hence the need for people to be given the means of using their skills and knowledge to control their day-to-day lives.

Cardoza, B.L., Talley, L, Burton, A., and Crawford, C. (2004) Karenni refugees living in Thai-Burmese border camps: Traumatic experiences, mental health outcomes, and social functioning. *Social Science and Medicine*, 58(12), 2637-2644.

In June 2001, we assessed mental health problems among Karenni refugees residing in camps in Mae Hong Son, Thailand, to determine the prevalence of mental illness, identify risk factors, and develop a culturally appropriate intervention program. A systematic random sample was used with stratification for the three camps; 495 people aged 15 years or older from 317 households participated. We constructed a questionnaire that included demographic characteristics, culture-specific symptoms of mental illness, the Hopkins Symptoms Checklist-25, the Harvard Trauma Questionnaire, and selected questions from the SF-36 Health Survey. Mental health outcome scores indicated elevated levels of depression and anxiety symptoms; post-traumatic stress disorder (PTSD) scores were comparable to scores in other communities affected by war and persecution. Psychosocial risk factors for poorer mental health and social functioning outcomes were insufficient food, higher number of trauma events, previous mental illness, and landmine injuries. Modifications in refugee policy may improve social functioning, and innovative mental health and psychosocial programs need to be implemented, monitored, and evaluated for efficacy.

Carlsson, J.M., Olsen, D.R., Mortensen, E.L., and Kastrup, M. (2006). Mental health and health-related quality of life: A 10-year follow-up of tortured refugees. *Journal of Nervous and Mental Disease*, 194(10), 725-731.

The aim of the study was to identify predictors of mental symptoms (posttraumatic stress disorder, depression, and anxiety), and of health-related quality of life in refugees 10 years after referral to the Rehabilitation and Research Centre for Torture Victims, and to study changes in mental health over time. The study sample comprises 139 tortured refugees admitted to a pretreatment assessment in 1991 to 1994. Data on background and trauma, and in a subsample on mental symptoms, were collected at baseline. In 2002 and 2003, data on mental symptoms, health-related quality of life, and the participants' social situation were collected. The level of emotional distress was high at follow-up. Social relations and unemployment at follow-up were important predictors of mental health symptoms and low health-related quality of life. A significant decrease in mental symptoms was observed in the subsample. Social relations and unemployment should be taken into account when developing health-related and social interventions.

Carlsson, J.M., Mortenson, E.L., and Kastrup, M. (2005). A follow-up study of mental health and health-related quality of life in tortured refugees in multidisciplinary treatment. *Journal of Nervous and Mental Disease*, 193(10), 651-657.

Longitudinal studies of traumatized refugees are needed to study changes in mental health over time and to improve health-related and social interventions. The aim of this study was to examine changes in symptoms of PTSD, depression, and anxiety, and in health-related quality of life during treatment in traumatized refugees. The study group comprises 55 persons admitted to the Rehabilitation and Research Centre for Torture Victims in 2001 and 2002. Data on background, trauma, present social situation, mental symptoms (Hopkins Symptom Checklist-25, Hamilton Depression Scale, Harvard Trauma Questionnaire), and health-related quality of life (WHO Quality of Life-BREF) were collected before treatment and after 9 months. No change in mental symptoms or health-related quality of life was observed. In spite of the treatment, emotional distress seems to be chronic for the majority of this population. Future studies are needed to explore which health-related and social interventions are most useful to traumatized refugees.

Carroll, J.K. (2004). Murug, Waali, and Gini: Expressions of distress in refugees from Somalia. *Primary Care Companion, Journal of Clinical Psychiatry*, 6(3), 119-125.

The objective of this study was to explore how mental illness is understood, expressed, and treated among Somali refugees and how these factors influence use of health services for mental problems. Seventeen adult Somali refugees (9 women, 8 men) were recruited by mail or by word-of-mouth to participate in the study in Rochester, N.Y. A qualitative design was used that incorporated a combination of methods, chiefly semi-structured interviews. Nearly all participants felt that mental illness was a new problem for their community that did not exist to the same extent in prewar Somalia. Themes that emerged to explain the causes of mental illness included the shock and devastation of war; dead, missing, or separated family members; and spirit possession or a curse. Three major types of mental problems were identified that were associated with specific behaviors and treatment strategies: *murug* (sadness or suffering), *gini* (craziness due to spirit possession), and *waali* (craziness due to severe trauma). Rather than seek help from a clinician, participants preferred to first use family support, prayer, or traditional therapies for most situations. Somali refugees have distinct ways of conceptualizing, expressing, and treating commonly understood mental problems. Participants differed in their opinions about whether they would consult a doctor to discuss feelings of sadness or craziness.

Casimiro, S. (2007). Isolation and insecurity: Resettlement issues among Muslim refugee women in Perth, Western Australia. *Australian Journal of Social Issues*, 42(1), 55-69.

Refugee Muslim women face a number of formidable obstacles in the resettlement process within Australia. As Muslims, they are a religious minority that has come under considerable racial attack in recent years in the wake of international terrorism. As refugees, they are struggling to put past traumas behind them and find 'security' in a strange land with different customs. As women, they are trying to find a voice for themselves amidst ethnic traditions that limit their range of expression and an Australian society that aspires to, but has not yet achieved, equality for women. Our qualitative study, upon which this paper is based, explored resettlement issues of Muslim refugee women during their first five years of arrival in Perth, Australia. It is based on focus groups and semi-structured interviews with 80 Muslim refugee women: 35 Iraqi, 34 Sudanese and 11 Afghan. Our study re-affirms that well-documented issues of resettlement continue to be poor English language competency.

Caspi, Y., Poole, C., Mollica, R. F., and Frankel, M. (1998). Relationship of child loss to psychiatric and functional impairment in resettled Cambodian refugees. *Journal of Nervous & Mental Disease*, 186(8), 484-491.

Data was taken from 168 respondents who were recruited and interviewed from a community of resettled Cambodian refugees in Massachusetts and were interviewed for study on trauma. Of the 161 respondents who have ever had any children, 70 parents (43%) reported the death of between one and six of their children. Child loss was positively associated with health-related concerns, a variety of somatic symptoms, and culture-bound conditions of emotional distress. No relationship was found with conventional psychiatric symptoms of depression and post-traumatic stress disorder. Parents whose children died were performing most routine daily activities and participating in social activities to a similar and even greater extent than were parents who did not lose children. Nevertheless, child loss was strongly associated with a perception of health-related limitation in both physical functioning and social activities. Further research on the prevalence of child loss and its impact on long-term adjustment in survivors of mass trauma are indicated.

Catolico, O. (1997). Psychological well-being of Cambodian women in resettlement. *Advances in Nursing Science*, 19(4), 75-84.

The experience of traumatic pain and multiple losses, coupled with the struggle for adjustment in a foreign community, places refugee women at risk for diminished health and psychological well-being. The present study delineated the situational and cultural context relevant to the migration experience of Cambodian women, examined the value assumptions of psychological well-being from micro (affect, ability, and personal perception of life satisfaction and integration) and macro (interaction and cultural change) perspectives and their relevance to Cambodian immigrant women, and reviewed and critiqued related literature.

Chow, J., Jaffee, K.D., and Choi, Y. (1999). Use of public mental health services by Russian refugees. *Psychiatric Services*, 50, 936-940.

Chung, R.C., Bemak, F., and Kagawa-Singer, M. (1998). Gender differences in psychological distress among Southeast Asian refugees. *Journal of Nervous Mental Disease* 186(2), 112-119.

The focus of this study was to examine gender differences in levels and predictors of psychological distress using data taken from the California Southeast Asian Mental Needs Assessment study which was comprised of 959 women and 1,221 men. This study found that there were gender differences in the predictors of distress and that refugee women reported significantly higher levels of psychological distress and experiences of traumatic events than their male counterparts. Women also reported receiving less formal education in their home countries (17%) versus men (6%) which may be associated to why only 66 percent of women reported attending ESL class as opposed to 75 percent of

men. Results of the study strongly suggest that a combination of pre- and post- migration factors in addition to pre-migration trauma contribute to gender differences in psychological distress. Authors suggest that group psychotherapy may be important for Southeast Asian refugees in addition to the development of support networks of similar ethnic groups, especially women, with an emphasis on universality as a curative factor and important tool to developing such networks.

Chung, R.C., and Singer, M.K. (1995). Interpretation of symptom presentation and distress. A Southeast Asian refugee example. *Journal of Nervous and Mental Disease*, 183(10), 639-648.

This exploratory study investigated symptom presentation of distress among a community sample of Vietnamese, Chinese-Vietnamese, Cambodian, and Lao refugees. The study examined whether or not the Western-designed distress measure used in the study was culturally sensitive enough to accurately capture culturally framed expressions of distress. The results of the factor analyses showed that the four Southeast Asian refugee groups did not express distress in three separate factors as devised in the original measure. Instead, a single robust factor emerged. The single factor comprised items from the depression, anxiety, somatic, and psychosocial dysfunction subscales. The items that made up the single factor strongly resemble the construct for the diagnosis of neurasthenia. The findings strongly suggested that this Southeast Asian refugee population expressed distress in a pattern of symptoms more consistent with Asian nosology.

Cole, E., Espin, O.M., and Rothblum, E.D. (Eds.) (1996). *Refugee Women and Their Mental Health: Shattered Societies, Shattered Lives*. New York, Haworth Press.

This book details the hardship of women refugees and explores how they recover from refugee traumas. It offers hope for improving the lives of women refugees, even as residents in new countries. The information and narratives in this book are vital for all who are concerned about the physical and emotional well-being of women in refugee or exile circumstances around the world. This book focuses on understanding the plight of women refugees around the world and adds innovative treatment and recovery models for helping these women survivors. It is a unique insight into the plight and resulting emotional problems of refugee women.

Crosby, S.S., Mashour, G.A., Grodin, M.A., Jiang, Y., and Osterman, J. (2007). Emergence flashback in a patient with posttraumatic stress disorder. *General Hospital Psychiatry*, 29(2), 169-171.

This article presents a clinical case that may confound the diagnosis of postoperative delirium. We suggest that posttraumatic stress disorder (PTSD) may also be associated with disordered consciousness in the recovery room. We describe a case of a patient with a history of severe physical and psychological trauma and subsequent PTSD who experienced a posttraumatic flashback upon emergence from general anesthesia. A flashback is a dissociative experience, during which the person re-experiences a past event that may include one or more sensory modalities, and is typically associated with disorientation to time and place. The patient was an English-speaking young adult female refugee from Africa, who, at the time of surgery, had been in the United States for 5 years. She was receiving psychiatric treatment for more than 1 year prior to surgery for chronic PTSD and depression. In the present case, the administration of sedatives postoperatively may have exacerbated the situation. This is true of both delirium and flashbacks, due to effects on brain functioning and the capacity to ground. A familiar person in the recovery room may be helpful in minimizing or treating a flashback in this circumstance.

DAvanzo, C.E., and Barab, S.A. (1998). Depression and anxiety among Cambodian refugee women in France and the United States. *Issues in Mental Health Nursing*, 19(6), 541-556.

Study reports findings from comparison study that related refugee data to symptomatic signs of depression and anxiety, the tendency to work over past events (culture-bound syndrome called Khoucherang), and differences that might be influenced by social systems and cultural practice. One-hundred-and-fifty-five women of Cambodian national origin were interviewed in their homes in the United States and France. Anxiety and depression scores were based on answers to the Hopkins Symptom Checklist written in the Cambodian language. Study found that women residing in France (87%) were significantly more likely to show signs of depression than women residing in the United States (67%). In general, women in the study reported three times as much depression as the average American women. Both groups experienced extreme symptoms of Khoucherang and appeared to be strongly influenced by different social systems of the two countries. Women in the United States most commonly voiced despair over their inability to minister to aging parents and other relatives remaining in Cambodia in addition to the abandonment of traditional Cambodian culture by their teenaged or young adult children.

DAvanzo, C.E., Frye, B., and Froman, R. (1994). Culture, stress and substance use in Cambodian refugee women. *Journal of Studies on Alcohol*, 55(4), 420-426.

Study explored the self-medication tendencies of 120 Cambodian refugee women and their families in Massachusetts and California. In those families where alcohol was perceived as a problem, the majority of problem drinkers were husbands. About 45 percent of the East Coast women, however, said they used alcohol for nervousness, stress, headaches, insomnia, and pain. Study supposes that since numerous stressors influence Cambodian women during the acculturation to the U.S. lifestyle, some may turn to self-medication in the form of alcohol, prescription sleeping pills, or other drugs as a coping mechanism.

DAvanzo, C., Frye, B., and Froman, R. (1994). Stress in Cambodian refugee families. *The Journal of Nursing Scholarship*, 26(2), 10 1-105.

Study attempted to document some of the sources, manifestations, and coping strategies associated with stress experienced by the Cambodian refugee population. Interviews were conducted with 120 Cambodian women from Massachusetts and California and incorporated in this comparative descriptive study to identify their perceptions of stress-related factors confronting families. Memories of the war, financial concerns, and family problems were frequently cited. Somatic manifestations were the most common symptoms. Study notes a general sense of inability to cope with stress that suggests the need for health care providers to be sensitive to undeclared problems.

Davis, R.E. (2000). Refugee experiences and Southeast Asian women's mental health. *Western Journal of Nursing Research* 22(2), 144-162.

The wars in Southeast Asia displaced thousands of families from Cambodia, Laos, and Vietnam. The upheavals led to a number of waves of immigration to the United States. Current research supports hypotheses of post-traumatic stress disorder diagnoses in refugees from the wars in Vietnam but omits pertinent cultural factors. This phenomenological study of 19 women from Southeast Asia examines the meanings of their refugee experiences. Open-ended interviews with these women reveal themes of survival, despair, and isolation. Health care providers may notice cultural bereavement as opposed to post-traumatic stress disorder, reflecting a psychological resilience not extensively explored previously. Developing empathetic interactions and including important ethnic identity factors in caring for refugee women appear essential in providing appropriate health care.

DeVoe, P.A., (1993). The silent majority: women as refugees. *The Women and International Development Annual*, 3, 19-51.

A review of literature on refugee women, this article reveals a number of gaps in knowledge about the experiences of women refugees during the three phases of their forced migration. Understanding of the migration process from the home country to resettlement camps is incomplete. There is also a lack of adequate information about life in resettlement camps, where men rather than women tend to be targeted with assistance. The gendered implications of refugee programs need to be better understood. Information about how people and groups reorganize in long-term refugee settlements is also lacking - as is information about the cultural systems that are created. There is little research on women's cultural loss and bereavement. More research is needed on women's support networks, as well as the differing experiences of different groups of women. There is also a problem in research which objectifies women as nurturers and views them solely in the family context rather than as dynamic people who actively participate in society.

Dong, Y.T. and Church, A.T. (2003). Cross-cultural equivalence and validity of the Vietnamese MMPI-2: Assessing psychological adjustment of Vietnamese refugees. *Psychological Assessment*, 15, 370-377.

The cross-cultural equivalence and validity of the Vietnamese translation of the Minnesota Multiphasic Personality Inventory—2 (MMPI-2) were examined in a sample of 1st-generation Vietnamese refugees in the United States (N = 143). Respondents completed the Vietnamese MMPI-2, the Harvard Trauma Questionnaire, a measure of acculturation, and a demographic questionnaire. An inspection of MMPI-2 mean profiles and items showing extreme endorsement rates suggested that certain symptom tendencies and cultural values may be reflected in responses to some MMPI-2 items. Older age, lower acculturation, greater experienced pre-migration-post-migration traumas, and military veteran status were all associated with elevated MMPI-2 profiles, suggesting that the MMPI-2 functions in a reasonably equivalent and valid way in this population.

Downs, K., Bernstein, J., Marchese, T. (1997). Providing culturally competent primary care for immigrant and refugee women. A Cambodian case study. *Journal of Nurse-Midwifery*, 42(6), 499-508.

This article illustrates barriers to health care experienced by foreign-born women and demonstrates how cultural competence increases provider effectiveness in meeting the unique needs of this population. The article uses a case study approach highlighting findings from Cambodian population encountered in the Boston area. Authors note that effective primary care requires understanding the context of the refugee experience and its physical and emotional sequelae; addressing geographic, linguistic, economic, and cultural barriers; and providing high-quality care through the efficient use of resources without unduly controlling women's choices. Furthermore, care should be provided within the context of the traditional family structure, gender roles, family support systems, and community services and resources further enhances health care services.

Eisenbruch, M. (1991). From post-traumatic stress disorder to cultural bereavement: diagnosis of Southeast Asian refugees. *Social Science and Medicine*, 33(6), 673-680.

Eisenbruch, M., de Jong, J.T., van de Put, W. (2004). Bringing order out of chaos: a culturally competent approach to managing the problems of refugees and victims of organized violence. *Journal of Traumatic Stress*, 17(2), 123-131.

This paper describes the 9-step model that Transcultural Psychosocial Organization (TPO) has developed as a blueprint for each new intervention. The collaborative program of the TPO aims to provide a community-oriented and culturally sensitive public health response to the psychosocial problems of refugees and victims of organized violence. The paper uses two case studies, one related to Sudanese refugees in Uganda and the other to internally displaced persons and returnees in postwar Cambodia, to show how the TPO intervention protocol is adapted to local settings. In terms of mental health care, identification and assessment of psychosocial and mental health problems takes place by

means of a multi-method approach combining qualitative ethnographic with quantitative epidemiological methods, the later of which is used for training and for reinforcing self-management and self-help activities within the framework of a psychosocial intervention program. Evaluation of TPO model resulted in three recommendations for cross-cultural public mental health: study of culture and context on population and individual levels, avoid sole use of Western quantitative research instruments that may perpetuate category fallacy, and establish flexibility in original design of long-term outcome programs.

Englund, H. (1998). Death, trauma and ritual: Mozambican refugees in Malawi. *Social Science and Medicine*, 46(9), 1165-1174.

For many non-governmental organizations, the treatment of war trauma among refugees has become a key issue in humanitarian assistance. There is, however, as yet little independent evaluation of the notions and therapeutic practices which inform humanitarian interventions in refugees' mental health. By drawing on intensive anthropological field-work, the paper problematizes two central issues in these interventions: the role of past experiences in refugees' present well-being, on the one hand, and the need to verbalize trauma in a therapy, on the other. An alternative approach to refugees' mental health draws on current theoretical insights into non-discursive bodily practices. The paper substantiates these insights by focusing on the therapeutic salience of funerals and spirit exorcism among Mozambican refugees in Malawi. By exorcizing the vengeful spirits of those who had died during the war, refugees were also healing their war traumas. It was not so much the loss as the difficulty in observing a full range of rituals that characterized refugees' predicament. The paper concludes by suggesting ways in which humanitarian assistance could utilize these insights. Ferrada-Noli, M. (1998) Suicidal behavior after severe trauma. Part 1: PTSD diagnoses, psychiatric comorbidity and assessments of suicidal behavior. *Journal of Traumatic Stress*, 11(1), 103-112.

Assessed the prevalence of posttraumatic stress disorder (PTSD) and psychiatric comorbidity, the incidence of suicidal behavior among refugees with history of exposure to severe trauma, and the possible difference between the different diagnoses with respect to modes of suicidal behavior. 149 adult refugees with severe traumatic experiences underwent PTSD diagnoses and an assessment of suicidal behavior. PTSD prevalence was 83% in all cases in which a principal psychiatric diagnosis was established. A significant overrepresentation of suicidal behavior was found in Ss with PTSD compared with non-PTSD Ss. No difference was found with respect to the total prevalence of suicidal behavior between depressed and nondepressed PTSD subgroups. Nondepressed PTSD patients showed an increased frequency of suicide attempts, but decreased frequency of suicide thoughts, relative to depressed-PTSD patients.

Fox, P.G. (1991). Stress related to family change among Vietnamese refugees. *Journal of Community Health Nursing* 8(1), 45-56.

The purpose of this study was to identify changes in the structural and functional dimensions of family life of Vietnamese refugees following resettlement and assess their impact on spousal relations. The major variables considered in effecting change in spousal interactions were relocation, exposure to more liberal attitudes toward gender equality in the United States, and wife employment. Spousal power differentials and affectivity were used as measures of change. Intensive interviews, using a semi-structured interview guide, were conducted with 30 Vietnamese refugee women; the sample was nonrandom and cross-sectional. Information was collected on sociodemographic characteristics and pre- and post-resettlement spousal relations. Wife employment, associated with proficiency in English and longer length of residence in the United States, was found to promote more egalitarian spousal relations and greater spousal affectivity. When wives were not employed, they tended to describe an

increase in affectivity without an appreciable decrease in spousal power differentials. This effect was enhanced by isolation within the host society as a result of limited English skills, unemployment, and a shorter length of residence.

Fox, P.G., Cowell, J.M., and Johnson, M.M. (1995). Effects of family disruption on Southeast Asian refugee women. *International Nursing Review*, 42(1), 26-30.

Identifying refugee women at a high risk of depression, anxiety and post-traumatic stress is an important role of the nurse, so that appropriate interventions including family and community support can be implemented. This paper provides an assessment of South-east Asian refugee women experiencing emotional distress from the disruption of family ties that occurred during war, escape and resettlement.

Fox, P.G., Cowell, J.M., Montgomery, A.C., and Willgerodt, M.A. (1998). Southeast Asian refugee women and depression: a nursing intervention. *International Journal of Psychiatric Nursing Research*, 4(1), 423-432.

The aim of this paper is to explore the mental health of Southeast Asian refugee women in the United States following resettlement. Refugee women were interviewed on four occasions, before home visit interventions by school nurses and bilingual teachers, and at 10, 20 and 33 weeks following the intervention. The underlying problem for the majority of women was poverty and social isolation. The study demonstrates that indeed, refugee women in the United States are experiencing needs and problems related to basic survival issues in multiple areas of their lives. Furthermore, the study shows that home visits from nurses may be a valuable means of reducing depression in Southeast Asian refugee women.

Frye, B.A., D'Avanzo, C. (1994). Themes in managing culturally defined illness in the Cambodian refugee family. *Journal of Community Health Nursing*, 11(2), 89-98.

Study emphasizes that the concept of equilibrium is the overarching theme to understanding and managing illness within the Cambodian refugee population along with the blending of traditional and scientific healing practices. Study draws from interviews of 120 Cambodian refugee women resettled in California and Massachusetts. The literature suggests that four factors influence health-care decision making: beliefs about disease causation, pragmatics of the situation, language and cultural factors, and familism. The authors note that Cambodians have been the least assertive in seeking health care in America suggestively due to their high levels of depression, lack of English skills, cultural bias toward avoidance of confrontational situations, and widespread misunderstanding among American health-care providers of Cambodian concepts of disease causation and traditional health modalities. Article provides good summary of cultural viewpoints of health and healing.

Frye, B.A., and D'Avanzo, C. (1994). Cultural themes in family stress and violence among Cambodian refugee women in the inner city. *Advances in Nursing Science*, 16(3), 64-77.

This qualitative study investigated cultural beliefs, coping strategies, and management of family stress among Cambodian refugee women living in the inner-city environment. The study utilized focused and open-ended interviews that were conducted in the informants' homes using the Cambodian language. Results found that stressful and violent events were managed by nonconfrontation and withdrawal. These two themes are hypothesized as the culturally identified means by which inner-city Cambodian refugee women control and harmonize situations of stress. Findings may aid in the creation of a theoretical-based study base for developing culturally sensitive intervention strategies with the Cambodian refugee population.

Gold, S.J. (1992). Mental health and illness in Vietnamese refugees. *Western Journal of Medicine*, 157(3), 290-294.

Paper states that Vietnamese mental health needs are best understood in terms of the family unit, which is extended, collectivistic, and patriarchal. It further notes that many refugees suffer from broken family status and that the experience of role reversals where women and children experience an increase in social and economic power (versus men and adults) disrupts the traditional family ethos. In terms of health, papers notes that cultural conflicts often make communication between practitioners and clients difficult and obscure central issues in mental health treatment. Suggestion put forth is that rather than treating symptoms alone, mental health workers should acknowledge the cultural, familial, and historical context of Vietnamese refugees.

Goldfeld, A.E., Mollica, R.F., Pesavento, B.H., and Faraone, S.V. (1988). The physical and psychological sequelae of torture: symptomatology and diagnosis. *Journal of American Medical Association*, 259(18), 2725-2729.

Article presents a review of the international literature on the medical and psychological effects of torture. It reveals that certain tortures and their physical and emotional sequelae are more prevalent than previously appreciated, including the common occurrence of sexual violence during the torture of women and female adolescents, and the high frequency of head injury and associated neuropsychiatric consequences. Authors recommend the use of standardized diagnostic criteria in the evaluation of patients who have survived torture in order to facilitate patient care and the documentation of human rights violations.

Gomez, C. and Yassen, J. (2007) Revolutionizing the clinical frame: Individual and social advocacy practice on behalf of trauma survivors. *Journal of Aggression, Maltreatment and Trauma*, 14(1/2), 245-263.

In this article, we discuss the role of individual and social advocacy as practices that promote resilience and enhance the ecological relationship between trauma survivors and their communities. Issues of access, comprehension, linguistic and social isolation, cultural disorientation and displacement, and feelings of powerlessness within governmental and non-governmental systems encompass common challenges that trauma survivors experience. We discuss two composite cases that explore what individual advocacy and social action entail, how these activities can change a victim's relationship with, inform and mobilize health-promoting competencies within the larger community that assist in the healing from trauma. Included in the article are guidelines and handouts intended to be useful for service providers who are interested in incorporating advocacy into their work settings.

Goodkind, J.R. (2006). Promoting Hmong refugees' well-being through mutual learning: Valuing knowledge, culture and experience. *American Journal of Community Psychology*, 37(1), 77-93.

Refugees who resettle in a new country face numerous struggles, including overcoming past traumas and coping with post-migration stressors, such as lack of meaningful social roles, poverty, discrimination, lack of environmental mastery, and social isolation. Thus, in addition to needing to learn concrete language skills and gain access to resources and employment, it is important for refugees to become a part of settings where their experiences, knowledge, and identity are valued and validated. The Refugee Well-Being Project (RWBP) was developed to promote the well-being of Hmong refugees by creating settings for mutual learning to occur between Hmong adults and undergraduate students. The RWBP had two major components: (1) Learning Circles, which involved cultural exchange and one-on-one learning opportunities, and (2) an advocacy component, which involved undergraduates advocating for and transferring advocacy skills to Hmong families to increase their access to resources in their communities. The project was evaluated using a mixed quantitative and qualitative approach. This article discusses data from qualitative interviews with participants, during which the importance of reciprocal helping relationships and mutual learning emerged as significant themes.

Gorman, W. (2001). Refugee survivors of torture: Trauma and treatment. *Professional Psychology: Research and Practice, 32*(5), 443-451.

It is increasingly likely that psychologists may be faced with clients who have been tortured, although the significance of this background can be easily unrecognized or mishandled. With the growing incidence of refugees to the United States escaping from organized violence and human rights violations in many parts of the world, the need for psychological assistance in the recovery from torture is well documented. By integrating principles from trauma theory and multicultural theory with a conceptual analysis of power and liberation theory, the author offers an understanding of both the nature of the damage inflicted by politically-based torture and strategies to help overcome that damage.

Gozdziak, E. and Long, K.C. (2006) *Suffering and resiliency of refugee women. An annotated bibliography 1980-2005.*

Gronseth, A.S. (2001). In search of community: a quest for well-being among Tamil refugees in northern Norway. *Medical Anthropology Quarterly, 15*(4), 493-514.

Over the past ten years, Tamil refugees have settled in marginal fishing communities along the Arctic coastline of northern Norway. This article focuses on social aspects of Tamil resettlement and on the refugees' struggle for well-being. Tamils in these communities often experience diffuse aches and pains that are difficult for health workers to diagnose and treat. This article argues for the need to understand such health problems as embedded in social relations as they are experienced and embodied by the Tamils. Case studies are presented emphasizing that Tamils experience being misunderstood as individuals and as whole persons. This article draws a picture of a social context in which Tamils are stretched and pulled in different directions in search of community and individuality. The question emerges how best to understand the process of embodiment, which may transcend the individual body.

Guruge, S., and Khanlou, N. (2004). Intersectionalities of influence: researching the health of immigrant and refugee women. *Canadian Journal of Nursing Research, 36*(3), 32-47.

The purpose of this paper is to theorize and operationalize the concept in mental health promotion research with immigrant and refugee women. At the conceptual level, the authors propose an approach to inquiry that is informed by critical scholarship and draws from postcolonial and feminist perspectives. At the operational level, they apply an ecosystemic framework to help locate individual health issues within the familial, community, and social realms. The authors introduce Participatory Action Research as a way of putting these concepts into action within the research process. Their aim is to introduce a new way of inquiry that can benefit immigrant and refugee women while furthering the nursing agenda for community-based research.

Haeri, S. (2007). Resilience and post-traumatic recovery in cultural and political context: Two Pakistani women's strategies for survival. *Journal of Aggression, Maltreatment and Trauma, 14*(1/2), 287-304.

Violence against women has been conceptualized in terms of controlling female sexuality, restricting women's autonomy, humiliating and keeping women out of sight, maintaining male control and dominance, and dishonoring other [male] enemies. This paper discusses situations where the violation of women's bodies becomes the site for political rivalries and thus incurring masculine/national honor. The etching of political rivalries onto women's bodies for national honor or to inflict dishonor has a long history and is not unique to Pakistan. Within the theoretical frameworks of ecological psychology and cultural anthropology, this paper highlights the resiliency shown by two Pakistani women in their efforts toward posttraumatic recovery as they situate their

traumatic experiences within their immediate structural, political, and cultural contexts, which in turn influence their behavior and shape the specific choices they make.

Harris, M., Humphries, K., and Nabb, J. (2006). Delivering care for women seeking refuge. *RCM Midwives*, 9(5), 190-192.

Maternity services in many parts of the UK are providing care for asylum-seekers. These women are among the most vulnerable and socially excluded in our care, and in many instances they have fled from horrific circumstances to reach this country. In addition to the trauma and psychological effects of their experiences, many also have complex physical health needs. Women seeking asylum in the U.K. often begin to receive support late in their pregnancy and may have had no previous antenatal care. The problems they may face include poor general health, anaemia, high parity, closely-spaced pregnancies, HIV, hepatitis B and female genital mutilation.

Harvey, M.R. (2007). Towards an ecological understanding of resilience in trauma survivors: Implications for theory, research, and practice. *Journal of Aggression, Maltreatment and Trauma*, 14(1/2), 9-32.

The ecological perspective of community psychology offers needed understanding of diverse sources and expressions of resilience among trauma survivors. Investigations by community psychologists into the nature of wellness-enhancing interventions and empowering social change can inform trauma-focused interventions at individual, community, and societal levels. Here, works by selected community psychologists are reviewed. The ecological view of trauma, recovery, and resilience guiding work at the Victims of Violence (VOV) Program, the range and reach of VOV's clinical and community interventions, and elements of its trauma recovery and resiliency research project illustrate the implications and relevance of these works. Five premises of an ecological understanding of resilience in trauma survivors are discussed

Harvey, M.R., Mondesir, A.V., and Aldrich, H. (2007). Fostering resilience in traumatized communities: A community empowerment model of intervention. *Journal of Aggression, Maltreatment and Trauma*, 14(1/2), 265-285.

This paper describes the history, composition, and community intervention activities of the Community Crisis Response Team (CCRT) of the Victims of Violence Program and the community empowerment model of intervention that guides its work. The paper uses a single case study to illustrate the nature of community-wide trauma, the core attributes of ecologically informed and effective community intervention, and the intervention design, implementation, and evaluation processes that are embedded in the community empowerment model. The paper includes a description of the CCRT's approach to the conduct of traumatic stress debriefings and a discussion of the practical and theoretical implications of the CCRT.

Harvey, M.R. and Tummala-Narra, P. (2007). Sources and expressions of resilience in trauma survivors: Ecological theory, multicultural perspectives. *Journal of Aggression, Maltreatment and Trauma*, 14(1/2), 1-7.

There is growing recognition among trauma researchers, clinicians, and human rights activists of the need for greater understanding of the nature, impact, and mediators of traumatic exposure among trauma survivors from diverse cultures and contexts and a growing interest in the phenomenon of resiliency and the possibility of recovery in the aftermath of traumatic exposure. This introduction briefly describes the articles that comprise this volume, emphasizing their status both as individually unique and worthwhile contributions to this literature and as a collection of works that speak powerfully to the promise of multi-cultural research and practice and to the need for a theoretical framework able to account for wide variations in individual expressions of

psychological trauma, trauma recovery, and resilience. For us, as co-editors of this volume, that framework resides in the ecological perspective of community psychology and in the attention to culture and context inherent in ecological theory.

Hinton, D.E., Chhean, D., Fama, J.M., Pollack, M.H. and McNally R.J. (2007). Gastrointestinal-focused panic attacks among Cambodian refugees: Associated psychopathology, flashbacks, and catastrophic cognitions. *Journal of Anxiety Disorders*, 21(1), 42-58.

Among Cambodian refugees attending a psychiatric clinic, we assessed psychopathology associated with gastrointestinal panic (GIP), and investigated possible causal mechanisms, including “fear of fear” and GIP-associated flashbacks and catastrophic cognitions. GIP (n = 46) patients had greater psychopathology (Clinician-Administered PTSD Scale [CAPS] and Symptom Checklist-90-R [SCL]) and “fear of fear” (Anxiety Sensitivity Index [ASI]) than did non-GIP patients (n = 84). Logistic regression revealed that general psychopathology (SCL; odds ratio = 4.1) and fear of anxiety-related sensations (ASI; odds ratio = 2.4) predicted the presence of GIP. Among GIP patients, a hierarchical regression revealed that GIP-associated trauma recall and catastrophic cognitions explained variance in GIP severity beyond a measure of general psychopathology (SCL). A mediational analysis indicated that SCL's effect on GIP severity was mediated by GIP-associated flashbacks and catastrophic cognitions.

Hinton, D.E. and Otto, M.W. (2006). Symptom presentation and symptom meaning among traumatized Cambodian refugees: Relevance to a somatically focused cognitive-behavioral therapy. *Cognitive and Behavioral Practice*, 13(4), 249-260.

Among psychologically distressed Cambodian refugees, somatic complaints are particularly prominent. Cambodians interpret anxiety-related somatic sensations in terms of “Wind” (khyâl), an ethnophysiology that gives rise to multiple catastrophic interpretations; and they have prominent trauma-memory associations to anxiety-related somatic symptoms. In this article, we detail some of the common sensation-related dysphoric networks of Cambodian refugees, focusing on catastrophic cognitions and trauma associations. We argue that delineating symptom-related dysphoric networks is crucial to successfully adapt cognitive-behavioral interventions to treat panic disorder and posttraumatic stress disorder among Cambodian refugees, and that such an approach may be useful for the culturally sensitive adaptation of cognitive-behavior therapy for other traumatized non-Western groups.

Hinton, D.E., Pich, V., Chhean, D., and Pollack, M.H. (2005). The ghost pushes you down: Sleep paralysis-type panic attacks in a Khmer refugee population. *Transcultural Psychiatry*, 42(1), 46-77.

Among a psychiatric population of Cambodian refugees (N = 100), 42% had current – i.e., at least once in the last year–sleep paralysis (SP). Of those experiencing SP, 91% (38/42) had visual hallucinations of an approaching being, and 100% (42/42) had panic attacks. Among patients with post-traumatic stress disorder (PTSD; n = 45), 67% (30/45) had SP, whereas among those without PTSD, only 22.4% (11/45) had SP ($\chi^2 = 20.4, p < .001$). Of the patients with PTSD, 60% (27/45) had monthly episodes of SP. The Cambodian panic response to SP seems to be greatly heightened by elaborate cultural ideas – with SP generating concerns about physical status, 'good luck' status, 'bad luck' status, sorcery assault, and ghost assault – and by trauma associations to the figure seen in SP. Case vignettes illustrate cultural beliefs about, and trauma resonances of, SP. A model to explain the high rate of SP in this population is presented. SP is a core aspect of the Cambodian refugees response to trauma; when assessing Cambodian refugees, and traumatized refugees in general, clinicians should assess for its presence.

Hollifield, M., Eckert, V., Warner, T.D., Jenkins, J., Krakow, B., Ruiz, J., and Westermeyer, J. (2005). Development of an inventory for measuring war-related events in refugees. *Comparative Psychiatry*, 46(1), 67-80.

Knowledge about the range of war-related events experienced by refugees is lacking. This initial report of the New Mexico Refugee Project (NMRP) details the development of the Comprehensive Trauma Inventory (CTI), the first empirically developed instrument that measures war-related events in community-dwelling refugees. Both expert and participant methods using quantitative and qualitative approaches were used to broaden knowledge about the range of war-related experiences in refugees. The CTI-164, developed by expert rational methods, was administered to 36 Kurdish and 31 Vietnamese refugees along with an in-depth interview (IDI) and five other quantitative instruments measuring symptoms, impairment, and social support. Focus groups (FGs) were also conducted. Text and descriptive analyses, t tests, and correlations were used to analyze data. Refugees reported an average of 150 war-related events on the CTI-164, more than in other studies. IDIs and FGs revealed 123 war-related events and event types that were not on the CTI-164 or other measures currently used. Refugees reported multiple chronic symptoms and significant impairment in daily functioning. The CTI-164 was modestly correlated with symptoms and impairment. The definable number and type of war-related events endured by refugees is greater than in previously published research. Expert rational methods are not adequate to develop an instrument to define war-related events and measure their association with health outcomes. Participatory and qualitative methods reveal events and event types that have not been previously defined. The CTI warrants further testing after revision to incorporate items and event types determined by qualitative methods.

Hollifield, M., Warner, T.D., Lian, N., Krakow, B., Jenkins, J.H., Kesler, J., Stevenson, J., and Westermeyer, J. (2002). Measuring trauma and health status in refugees: a critical review. *JAMA: Journal of the American Medical Association*, 288(5), 611-621.

The objective of this article was to assess the characteristics of the literature on refugee trauma and health, to identify and evaluate instruments used to measure refugee trauma and health status, and to recommend improvements. Data sources included: MEDLINE, PsychInfo, Health and Psychosocial Instruments, CINAHL, and Cochrane Systematic Reviews, and the New Mexico Refugee Project database. Articles were excluded from further analyses if they were review or descriptive, were not primarily about refugee health status or trauma, or were only about infectious diseases. Instruments were then evaluated according to 5 criteria (purpose, construct definition, design, developmental process, reliability and validity) as described in the published literature. In 183 publications selected, 125 different instruments were used; of these, 12 were developed in refugee research. None of these instruments fully met all 5 evaluation criteria, 3 met 4 criteria, and 5 met only 1 of the criteria. Another 8 standard instruments were designed and developed in nonrefugee populations but adapted for use in refugee research; of these, 2 met all 5 criteria and 6 met 4 criteria. The majority of articles about refugee trauma or health are either descriptive or include quantitative data from instruments that have limited or untested validity and reliability in refugees. Primary limitations to accurate measurement in refugee research are the lack of theoretical bases to instruments and inattention to using and reporting sound measurement principles.

Holmqvist, R. and Andersen, K. (2003). Therapists' reactions to treatment of survivors of political torture. *Professional Psychology: Research and Practice*, 34(3), 294-300.

Working with survivors of political torture and war trauma can trigger strong emotional responses in the therapist. As more survivors seek treatment, it is essential to identify and develop robust

support systems for therapists who help their clients confront nearly unspeakable experiences. The emotional reactions of 6 psychotherapists who worked with traumatized survivors in a refugee treatment center were explored. The psychotherapists' reactions were compared with those of therapists who worked in different treatment settings with other presenting problems. The results of the study show that the strong level of responsibility therapists feel for their traumatized clients may hide an emotional strain and may lead to burnout. Suggestions are offered for supporting therapists in this difficult but important work.

Holtz, T.H. (1998). Refugee trauma versus torture trauma: a retrospective controlled cohort study of Tibetan refugees. *Journal of Nervous and Mental Disease, 186*(1), 24-34.

Study was conducted in India in conjunction with the Boston University School of Medicine. Participants included 35 refugee Tibetan nuns (80%) and lay students (20%) who were arrested and tortured in Tibet and a comparison population of 35 controls who were not arrested or tortured matched exactly by sex and lay status and closely by age (within 1 year). Interviews were conducted by one physician and a team of two interpreters, and consisted of a questionnaire and symptom checklist. Forms of torture, length of abuse, and other captivity variables and prison conditions were documented and included within the results. Torture survivors had a statistically significant higher proportion of elevated anxiety scores but did not show elevated depression scores. Results suggest that torture has long-term consequences on mental health over and above the effects of being uprooted, fleeing ones country, and living in exile as a refugee. Political commitment, social support in exile, and prior knowledge of and preparedness for confinement and torture in the imprisoned cohort served to foster resilience against psychological sequelae. The contribution of Buddhist spirituality also played an active role in the development of protective coping mechanisms.

Hunt, N. and Gakenyi, M. (2005). Comparing refugees and nonrefugees: The Bosnian experience. *Journal of Anxiety Disorders, 19*(6), 717-723.

The Bosnian War (1992–1995) led to millions of Bosnians being either internally displaced or seeking refuge in other countries. The present study compares the mental health status of refugees with people who were internally displaced. Questionnaires examining wartime experiences, traumatic symptoms and personality were administered to 190 Bosnians (69 refugees and 121 internally displaced). Refugees scored significantly higher on traumatic symptoms. Traumatic symptoms are related to harm avoidant personality traits. Certain war experiences were also associated with greater symptomatology. The findings show that there may be more serious longer-term psychological problems in people who are forced to leave their country during wartime. This may be linked to personality. There are social, political, and treatment

Husni, M., Cernovsky, Z.Z., Koye, N., and Haggarty, J. (2002). Socio-demographic correlates of assimilation of refugees from Kurdistan. *Psychological Reports, 90*(1), 67-70.

Successful assimilation of refugees in their host country is an important prerequisite of psychological well-being. Refugees' satisfaction in the new country is one of key indicators of their assimilation. The satisfaction with their host country was assessed for 54 Kurdish refugees of mean age of 35.8 yr. (SD= 10.9) via an 8-item rating scale partly based on Cernovskys Assimilation Scale. The 36 men and 18 women had resided in the host country for a mean of 4.5 yr. (SD=4.0). An overall score was calculated from ratings of satisfaction with personal safety, health, employment, food, financial security, social life, and entertainment. This overall score was unrelated to age, sex, and employment status. Those who emigrated at a younger age ($r = -.28, p = .03$) and those with lower education reported more satisfaction with their host country ($r = -.28, p = .03$) perhaps because they

could more easily and rapidly re-establish social status comparable to what they had in their homeland than could older refugees from Kurdistan's higher educational strata.

Hynes, H.P. (2004). On the battlefield of women's bodies: An overview of the harm of war to women. *Women's Studies International Forum*, 27(5-6), 431-445.

By the 1990s, 9 of 10 people who died in war from direct and indirect effects were civilians. Bombs and weapons of modern war kill and maim civilian women in equal numbers to civilian men. A unique harm of war for women is the trauma inflicted in military brothels, rape camps, and the growing sex trafficking for prostitution and by increased domestic violence, all of which is fueled by the culture of war, male aggression, and the social and economic ruin left in the wake of war. Widows of war, women victims of landmines, and women refugees of war are particularly vulnerable to poverty, prostitution, the extortion of sex for food by post-war peacekeepers, and higher illness and death in the post-conflict period. While problems exist with definitions and methods of measurement, a full accounting of the harm of war to civilian women is needed in the debate over whether war is justified.

Jamil, H., Hakim-Larson, J., Farrag, M., Kafaji, T., Duqum, I., and Jamil, L.H. (2002). A retrospective study of Arab American mental health clients: Trauma and the Iraqi refugees. *American Journal of Orthopsychiatry*, 72(3), 355-361.

The purpose of this study was to clarify the mental health needs of Iraqi immigrants who arrived in the United States in the 1990s after the Persian Gulf War. The records of 375 clients were examined at a clinic that serves Arab Americans. More posttraumatic stress disorder and health problems were found in Iraqi refugees than in other clients. Results suggest the need for further research on immigrants with traumatic histories to facilitate effective treatments.

Jaranson, J.M., Butcher, J., Halcon, L., Johnson, D.R., Robertson, C., Savik, K., Spring, M., and Westermeyer, J. (2004). Somali and Oromo refugees: correlates of torture and trauma history. *American Journal of Public Health*, 94(4), 591-598.

This cross-sectional, community-based, epidemiological study characterized Somali and Ethiopian (Oromo) refugees in Minnesota to determine torture prevalence and associated problems. A comprehensive questionnaire was developed and administered by trained ethnic interviewers to 1134, 529 of which were women. Measures assessed torture techniques; traumatic events; and social, physical, and psychological problems, including post-traumatic stress symptoms. Torture prevalence ranged from 25 to 69 percent by ethnicity and gender, higher than usually reported. Study reported that, unexpectedly, women were tortured as often as men. Torture survivors had more health problems, including post-traumatic stress. This study highlights the need to recognize torture in African refugees, especially women; identify indicators of post-traumatic stress in torture survivors; and provide additional resources to care for tortured refugees.

Johnson, H. and Thompson, A. (2007). The development and maintenance of post-traumatic stress disorder (PTSD) in civilian adult survivors of war trauma and torture: A review. *Clinical Psychology Review* (In press).

This review provides a comprehensive and critical summary of the literature as to the development and maintenance of post-traumatic stress disorder (PTSD) following civilian war trauma and torture. Prevalence rates are reviewed and predictors are discussed in terms of risk factors, protective factors, and factors that maintain PTSD. Most epidemiologically sound studies found relatively low rates of PTSD. There is good evidence of a dose-response relationship between cumulative war trauma and torture and development and maintenance of PTSD. There is also some

evidence that female gender and older age are risk factors in development of PTSD. Some refugee variables may exacerbate symptoms of PTSD and contribute to their maintenance. Preparedness for torture, social and family support, and religious beliefs may all be protective against PTSD following war trauma and torture. Applicability of the concept of PTSD to non-western populations and areas for much needed further study are discussed.

Kagee, A. (2004). Present concerns of survivors of human rights violations in South Africa. *Social Science and Medicine*, 59, 625-635.

Most research on persons subjected to physical torture for political reasons has framed this experience as traumatic, with the sequelae approximating the diagnostic criteria of posttraumatic stress disorder. However, responses to checklists, questionnaires, and structured interview schedules may reflect the effect of demand characteristics more than the actual concerns of respondents. In order to circumvent this problem we conducted semi-structured qualitative interviews with 20 South Africans who were detained for political reasons during the apartheid era. The interviews were transcribed and analysed with the assistance of the Atlas.ti 4.5 programme. Results showed that the major concerns expressed by the sample were somatic problems, economic marginalization, non-clinical emotional distress, and dissatisfaction with the present political dispensation in South Africa. Respondents also expressed concerns that reflected symptoms of traumatization, but these were not salient in comparison with the other themes that emerged. These data suggest that a model of trauma and the diagnostic category of posttraumatic stress disorder may be less appropriate than suggested by most of the literature in accounting for the concerns of many South African former political detainees. We critique the hegemony of the psychiatric model of traumatization in conceptualizing the needs of this population and suggest an alternate perspective that is broader and more inclusive than a psychiatric paradigm. We also discuss the research and possible clinical implications of our results in terms of addressing the needs of former detainees in South Africa.

Keller, A., Dechen, L., Rosenfeld, B., Sachs, E., Aladjem, A., Cohen, I., Smith, H., and Porterfield, K. (2006). Traumatic experiences and psychological distress in an urban refugee population seeking treatment. *Journal of Nervous and Mental Disease*, 194(3), 188-194.

While a growing literature has addressed the psychological consequences of torture and refugee trauma, most studies have focused on homogeneous samples drawn from a single region. Thus, relatively little research has attempted to identify demographic or experiential factors that might help explain different levels of distress in these individuals. We measured depression, anxiety, and posttraumatic stress disorder (PTSD) symptoms in a convenience sample of refugees and survivors of torture seeking treatment in a torture treatment program (N = 325). We found 81.1% of patients had clinically significant anxiety, 84.5% had clinically significant depressive symptoms, and 45.7% had significant PTSD symptoms. Regression analyses revealed that anxiety and depressive symptom were significant higher among women ($\beta = .08$, $p = 0.02$ and $\beta = .22$, $p = 0.0001$ for anxiety and depression respectively) and those who reported death threats as part of their traumatic experiences ($\beta = .10$, $p = 0.033$ and $\beta = .12$, $p = 0.036$ respectively). Symptoms of PTSD were also predicted by death threats ($\beta = .22$, $p = 0.03$), but were also influenced by the experience of rape ($\beta = .33$, $p < 0.001$), family torture experiences ($\beta = .23$, $p = 0.022$), religion ($\beta = .21$, $p = 0.03$), and age ($\beta = -.18$, $p = 0.004$). The clinical implications of these results are discussed.

Keyes, E.F. (2000). Mental health status in refugees: an integrative review of current research. *Issues in Mental Health Nursing, 21*(4), 397-410.

The purpose of this integrative review was to assess the results of current published quantitative research about refugees and their mental health status. An extensive literature review using several approaches was performed. A group of 12 articles met inclusion criteria for this study sample (N = 12). All 12 studies showed negative mental health status in the refugees sampled. Mental health outcomes included posttraumatic stress disorder, depression, anxiety, psychosis, and dissociation. This review revealed a lack of culturally sensitive understandings and diagnostic measures in the majority of current published quantitative research on refugees. The scope of this research for health professionals is broad, as the number of refugees continues to rise. Recommendations for clinicians include an expanded range of practice to incorporate refugee-specific assessment and treatment.

Keyes, E.F., Kane, C.F. (2004). Belonging and adapting: mental health of Bosnian refugees living in the United States. *Issues in Mental Health Nursing, 25*(8), 809-831.

Study purpose was to elucidate experience of Bosnian refugees currently living in the United States. Using a phenomenological method, seven adult female Bosnian refugees each participated in an audio-recorded interview lasting from one to two hours. Two major themes emerged from the analyses of the text: belonging and adapting. Belonging included concepts of cultural memory, identity, and difference, empathy and reciprocity, and perfection of speech. Adapting focused on coping with transitions, coping with memories of past and attendant losses, coping with accepting a new culture while trying to fit into the new culture, and learning the new language perfectly. Simultaneously the refugees reported feelings of relief and safety after leaving behind the threat of death in their old homes, feelings of gratefulness for their new freedom to hope for a better life, and their restored ability to notice beauty, as well as a sense of normalcy in their new lives.

Khamphakdy-Brown, S., Jones, L.N., Nilsson, J.E. et al (2006) The empowerment program: An application of an outreach program for refugee and immigrant women. *Journal of Mental Health Counseling, 28*(1), 38-48.

Kinzie, J.D. (2007). PTSD among traumatized refugees. In L. J. Kirmayer, R. Lemelson, and M. Barad, (Eds), *Understanding Trauma, Integrating Biological, Clinical and Cultural Perspectives*, (p194-206). NY, NY: Cambridge University Press.

Since 1977, the Intercultural Psychiatric Program of the Oregon Health and Science University has been treating refugees. As civil wars, ethnic cleansing, and tribal violence continued throughout the world, successive waves of refugees coming to the US became patients in our program. They recounted horrors they had witnessed and endured and their subsequent symptoms. In this chapter, I summarize some of the major findings from 25 years of clinical experience working with traumatized refugees. Posttraumatic stress disorder among refugees is the story of trauma, usually both psychological and physical, often prolonged and involving extreme cruelty. The stories we hear are of those who have suffered and survived. This chapter presents vignettes of three cases (Elly, a Somali woman; Yen, a 44-yr-old Cambodian woman; Maria, a Guatemalan woman in her mid-20s) from the author's practice whose stories are representative of the traumas suffered by refugees from their respective countries.

Kinzie, J.D., Boehnlein, J.K., Riley, C., and Sparr, L. (2002). The effects of September 11 on traumatized refugees: Reactivation of posttraumatic stress disorder. *Journal of Nervous and Mental Disease, 190*(7), 437-441.

Secondary traumatization from the tragic events of September 11, 2001 was studied among an ethnically diverse group of refugees who had been previously traumatized in their native war torn countries. A brief clinically oriented questionnaire was developed and administered to a clinic population of 181 Vietnamese, Cambodian, Laotian, Bosnian, and Somalian refugees (aged 20-80 yrs). Traumatic symptoms and responses to the widely televised images from September 11 were assessed among the 5 ethnic groups, and the differential responses among patients with posttraumatic stress disorder (PTSD), depression, and schizophrenia also were assessed. Results indicate that the strongest responses were among Bosnian and Somalian Ss with PTSD, and the Somalis had the greatest deterioration in their subjective sense of safety and security. Regardless of ethnic group, PTSD Ss reacted most intensely, and Ss with schizophrenia the least. Although Ss largely returned to their baseline clinical status after 2-3 months, this study shows that cross-cultural reactivation of trauma has a significant clinical impact. The authors state that it is essential for clinicians anticipate PTSD symptom reactivation among refugees when they are re-exposed to significant traumatic stimuli.

Kleinman, A., aDas, V., and Lock, M. (1997). *Social Suffering*. Berkeley, University of California Press.

Kulig, J.C. (1990). A review of the health status of Southeast Asian refugee women. *Women International*, 11(1), 49-63.

Six substantive areas that contribute to knowledge of the health status of Southeast Asian (SEA) refugee women were identified in the current literature. The six areas are general information, childbearing issues, health beliefs and practices, health-illness focus, stress and adaptation, and miscellaneous issues. The majority of the articles focused on the women's childbearing role, emphasizing their unique cultural beliefs and the implications of those for health care delivery. The remaining substantive areas provided more limited information about this group's health status, including incidence and prevalence of disease, the women's role in resettlement, and the presence of mental health problems. Future research with this group could be conducted from a feminist perspective by studying the multitude of roles of SEA refugee women and their effects on health status.

Kulig, J.C. (1994). Those with unheard voices: the plight of a Cambodian refugee woman. *Journal of Community Health Nursing*, 11(2), 99-107.

This article discusses the plight of a Cambodian refugee woman, Theory, who was interviewed as part of a larger ethnographic study in Canada (Kulig, 1991). Theory's story reveals the differences in perceptions of events according to cultural understanding and the consequences of community shunning. Her story reveals how her inability to act as an ideal wife as defined by the Cambodian community resulted in rejection that largely impacted her mental health. Theory's case is described as extreme but it is highlighted because it shares themes noted among other refugee women including loss of support, self-worth, physical and emotional abuse, in addition to social, cultural, and language barriers that prevent refugee women from having a voice.

Laurence, R. (1992). Part I: Torture and mental health: a review of the literature. *Issues in Mental Health Nursing*, 13(4), 301-310.

This article presents an overview of torture as a current issue and reviews the literature that addresses the mental health effects of torture. Subtopics addressed include the effects of torture on the individual, the effects of torture on the community, studies of women who have survived torture, the ethics involved in studying torture victims, and the debate over identifying a torture syndrome.

Lears, L.O., and Abbott, J.S. (2005). The most vulnerable among us. *Health Progress*, 86(1), 22-25.

This article primarily serves as a literature review. The article notes that resettled refugees in the United States are at significantly higher risk of developing mental health problems due to both the trauma from which they fled and the Western model of psychotherapy may seem foreign to many refugee populations as in many cultures, people disclose deep mental anguish only in the company of a few trusted individuals. Furthermore, it states that some refugees may also have difficulty confiding in medical professionals because they have learned not to trust authority figures. The article suggests that in order for mental health therapy to be successful with refugees, an appropriate interpreter one who matches not only language of the client but also the ethnic and political identity is crucial.

Lekskes, J., Van Hooren, S., and de Beus, J. (2007). Appraisal of psychosocial interventions in Liberia. *Intervention, 5*(1), 18-26.

This article presents the methodology and results of a study on the effectiveness of two psychosocial interventions targeting female victims of war-related and sexual violence in Liberia. One intervention provided counseling, the other offered support groups and skill training. Qualitative research suggests that the participants of both interventions were positive with regard to the help provided. Quantitative analyses revealed that counseling was effective in reducing trauma symptoms as compared to the support and skill training and to a waiting list control group. Taking into account the number of women with a high post traumatic stress disorder score, both interventions were effective compared to the control group.

Ley, K. (2006). Bread and roses: Supporting refugee women in a multicultural group. *Intervention, 4*(1), 47-52.

This field report describes the support and reconciliation work in a weekly multicultural and multilingual therapeutic group of African refugee women in a shelter in Johannesburg, South Africa. The problems of the participants, the therapeutic approach (which includes team building exercises, guided imaginations, story telling, drawing, modeling and discussion) as well as the impact on the participants, are all discussed.

Liang, B., Tummala-Narra, P., Bradley, R., and Harvey, M.R. (2007). The Multidimensional Trauma and Resiliency Instrument: Preliminary examination of an abridged version. *Journal of Aggression, Maltreatment and Trauma, 14*(1/2), 55-74.

This paper describes two studies leading to the construction of and psychometric support for the MTRR-99, a shortened version of the Multidimensional Trauma Recovery and Resiliency Scale (MTRR-135, formerly MTRR). In the first study, the original body of MTRR-135 data was reevaluated to remove psychometrically weak or theoretically unnecessary items. The remaining 99 items were then assessed for reliability, validity, and internal consistency. In the second study, the new MTRR-99 was applied to assess the recovery status of 164 incarcerated women prisoners with extensive abuse histories. Together, these two studies further document the utility of a multidimensional approach to assessing trauma impact, recovery, and resiliency; in addition, they provide preliminary evidence for the MTRR-99 as a viable measure for use with clinical and non-clinical populations.

Lindgren, T., and Lipson, J.G. (2004). Finding a way: Afghan women's experience in community participation. *Journal of Transcultural Nursing, 15*(2), 122-130.

Community participation is embedded in primary health care and is key to improving the health and well-being of communities. The concept has not, however, been well studied particularly from the perspective of community members who participate. This article describes findings from qualitative interviews with five Afghan refugee women to explore their experience and

the meaning of community participation. From data analysis, two themes emerged: becoming active encompasses their stories of home, flight, resettlement, learning, and coming together; and being active reflects what they are doing and why they are doing it. Nascent themes and questions that need further elucidation are also discussed.

Lindencrona, F., Ekblad, S., and Hauff, E. (2008). Mental health of recently resettled refugees from the Middle East in Sweden: The impact of pre-resettlement trauma, resettlement stress and capacity to handle stress. *Social Psychiatry Psychiatric Epidemiology*, 43, 121-131.

The pathways to symptoms of common mental disorder and post-traumatic stress symptoms among refugees during resettlement need to be better specified. We aim to identify models of these different mental health outcomes among refugees during resettlement, taking pre-migration, migration and post-migration stress conditions, a person's capacity to handle such stress and socio-demographic variables into consideration. A new questionnaire developed to better cover resettlement stress, as well as pre-resettlement trauma exposures and different measures of a person's capacity to handle stress was administered to 124 Middle Eastern refugees that had been granted permanent residency in Sweden only a few months before responding. We found four dimensions of resettlement stress; social and economic strain, alienation, discrimination and status loss and violence and threats in Sweden, that account for 62% of the total variance in resettlement stress. Social and economic strain and alienation are important for explaining symptoms of common mental disorder. In the model of core post-traumatic stress symptoms, pre-resettlement trauma exposure seems to have the strongest impact. A person's capacity to handle stress plays significant direct and mediating roles in both models. The impact of resettlement stressors in the context of the whole migration process for different mental health outcomes is discussed.

Lipson, J.G., and Miller, S. (1994). Changing role of Afghan refugee women in the United States. *Health Care for Women International*, 15(3), 171-180.

The authors reported on cultural, familial, and role conflicts faced by Afghan women in Northern California from the perspective of three generations. Data were collected from an ongoing ethnographic study, begun in 1986, in which participant observation and structured and informal interviews were used to determine the health and adjustment of 32 Afghan women between the ages of 21 and 75 years. Although similar issues were expressed by most Afghan women, generation influenced the experiences faced by the respondents and consequently the implications for health care. The elderly suffer from social isolation and lack of respect; the middle generation bears the triple role of housewife, employee, and mediator between children and spouse; and young and single women face culture conflicts and the lack of appropriate mates.

Lipson, J.G., Hosseini, T., Kabir, S., Omidian, P.A., and Edmonston, F. (1995). Health issues among Afghan women in California. *Health Care for Women International*, 16(4), 279-286.

In this article, authors present findings from a San Francisco Bay Area Afghan community health assessment conducted from 1992 to 1993. The assessment included 38 telephone interviews, seven community meetings, and a survey of 196 Afghan families. The study is further supported contextually by six years of ethnographic study data with more than 200 Afghans and their health providers. The article describes the cultural characteristics that influence women's access to health care, women's approach toward preventive care, control of information regarding sexuality, and spouse abuse.

Lipson, J.G., Weinstein, H.M., Gladstone, E.A., Sarnoff, R.H. (2003). Bosnian and Soviet refugees' experiences with health care. *Western Journal of Nursing Research*, 25(7), 854-871.

This study examined health, illness, and health care use patterns of refugees in northern California using a database analysis taken from the Forced Migration and Health Study, a medical record review (N=187), and an ethnographic study of the Bosnian and former Soviet Union refugee communities. The article describes some ethnographic findings from participant observation, semi-structured interviews, and focus groups, with an emphasis on people's experiences with health care, health risk behaviors, and self-care. Findings note that most Bosnian and Herzegovina refugees cite basic living conditions and the Medicare/Medicaid system as the primary source of psychological problems. Refugees state that even with the assistance of resettlement agencies, the U.S. health care system remains confusing, largely because of cultural and language differences. Article suggests the need for increased efforts to orient refugees to the complexity of U.S. health care and the choices that are available, establishment of language and culturally appropriate outreach programs for prevention, and an increased budget for trained interpreters in the facilities used.

Lynch, S.M., Keasler, A.L., Reaves, R.C., Channer, E.G., and Bukowski, L.T. (2007). *Journal of Aggression, Maltreatment and Trauma*, 14(1/2), 75-97.

The purpose of this study was to explore the narratives of 18 survivors of trauma for elements of resilience present in their stories at a time when they were seeking treatment for their psychological distress. While these participants appeared to be struggling in some or even several aspects of their lives, analyses suggested that they had personal characteristics and experiences of supportive relationships similar to those of individuals often labeled as resilient. In particular, their narratives conveyed motivation to cope and recover, recognition of how traumatic events had influenced them, and faith in the possibility of a better life. The participants also seemed to be in a process of noticing their capacity to make active choices to take care of themselves and developing a sense of themselves as worthy of care

Mann, C.M., and Fazil, Q. (2006). Mental illness in asylum seeker and refugees. *Primary Mental Health Care*, 4(1), 57-66.

Symptoms of psychological illness are much more common in asylum seekers and refugees as compared to the general population and other migrants. They do not, however, necessarily signify mental illness. Asylum seekers and refugees have been the subject of much negative political and media attention in recent months. This paper reviews current literature regarding the mental health of asylum seekers and refugees. Factors increasing vulnerability of these groups to mental illness, and compounding social factors are discussed.

Marshall, G.N., Schell, T.L., Elliott, M.N., Berthold, S.M., and Chun, C.A. (2005). Mental health of Cambodian refugees 2 decades after resettlement in the United States. *JAMA: The Journal of the American Medical Association*, 294(5), 571-579.

The purpose of this study was to assess the prevalence, comorbidity, and correlates of psychiatric disorders in the US Cambodian refugee community. A cross-sectional, face-to-face interview was conducted in Khmer language on a random sample of households from the Cambodian community in Long Beach, California. A total of 586 adults aged 35 to 75 years who lived in Cambodia during the Khmer Rouge reign were selected. Exposure to trauma and violence before and after immigration (using the Harvard Trauma Questionnaire and Survey of Exposure to Community Violence); weighted past-year prevalence rates of posttraumatic stress disorder (PTSD) and major

depression (using the Composite International Diagnostic Interview version 2.1); and alcohol use disorder (by the Alcohol Use Disorders Identification Test) were assessed. All participants had been exposed to trauma before immigration. Ninety-nine percent (n = 483) experienced near-death due to starvation and 90% (n = 437) had a family member or friend murdered. Seventy percent (n = 338) reported exposure to violence after settlement in the United States. High rates of PTSD (62%, weighted), major depression (51%, weighted), and low rates of alcohol use disorder were found (4%, weighted). PTSD and major depression were highly comorbid in this population (n = 209; 42%, weighted) and each showed a strong dose-response relationship with measures of traumatic exposure. In bivariate analyses, older age, having poor English-speaking proficiency, unemployment, being retired or disabled, and living in poverty were also associated with higher rates of PTSD and major depression.

Martin, S.F. (2004). *Refugee Women*. Second Edition. Lanham, MD: Lexington Books.

Originally published in 1992, this book outlines the situation of refugee and displaced women, discussing both their needs and the contributions that they can make and have made. It also describes steps that have been taken by the UN, governments and non-governmental organizations (NGOs) to respond more effectively to the presence of refugee women. Throughout, it makes recommendations for further action. As such, it is intended to encourage discussion and networking on what can be done to inform, organize and work to improve peoples understanding of the situation of refugee and displaced women, and to develop programs, campaigns and strategies which genuinely respond to the needs outlined. Following a general introduction, the situation of refugee and displaced women and children is discussed in chapters touching on the following issues: (1) the role of refugee and displaced women in their communities and their participation in decision-making and programming; (2) physical and legal protection issues affecting refugee and displaced women; (3) assistance issues, including access to food, shelter and water, health care, education and social services; (4) the economic activities of refugee and displaced women; (5) the search for durable solutions in developing countries, including repatriation and permanent settlement in countries of asylum; (6) resettlement in industrialized countries; and (7) the evolution of policy and programmatic actions at the international level to improve assistance and protection efforts for refugee women, including the staffing and training that can be undertaken to improve responses to the needs of refugee women.

Mattson, S. (1993). Mental health of Southeast Asian refugee women: an overview. *Health Care for Women International*, 14, 155-165.

This paper described manifestations of mental health disorders among Southeast Asian refugees, focusing on the responses displayed by women who had suffered under the Pol Pot regime, during the flight from Cambodia, and while in the refugee camps. A review of the literature was presented to support the evidence shown. Intervention strategies based on reports commissioned by the U.S. Office of Refugee Resettlement in 1983 were suggested. The main failures in providing effective mental health services were due to cultural beliefs regarding mental health problems and emotions among Southeast Asians and due to the lack of a professional who spoke their language. Interview settings and pace of the clinical interview, respect for values and coping strategies, and use of bilingual professionals and community workers were stressed.

Mechanic, M.B. (2004). Beyond PTSD: mental health consequences of violence against women: a response to Briere and Jordan. *Journal of Interpersonal Violence*, 19(11), 1283-1289.

This article proposes that we move beyond PTSD in our conceptualization of traumatic stress responses of victimized women exposed to serial forms of unrelenting violence, such as intimate partner violence and stalking. It is argued that the traditional PTSD framework is ill-fitting in the context of

some forms of violence against women (VAW), and these limits have consequences for developing appropriate interventions for some victimized women. The article further suggests going beyond PTSD by developing a more nuanced understanding of the ways in which PTSD and other mental health symptoms contribute to the vast array of deleterious personal, societal, and economic costs of VAW.

Miller, K.E., Kulkarni, M., and Kushner, H. (2006). Beyond trauma-focused psychiatric epidemiology: Bridging research and practice with war-affected populations. *American Journal of Orthopsychiatry*, 76(4), 409-422.

This article examines the centrality of trauma-focused psychiatric epidemiology (TFPE) in research with war-affected populations. The authors question the utility of the dominant focus on posttraumatic stress disorder and other disorders of Western psychiatry, and they identify a set of critical research foci related to mental health work with communities affected by political violence. Core assumptions of TFPE and its roots in logical positivism and the biomedical model of contemporary psychiatry are explored. The authors suggest that an alternative framework—social constructivism—can serve as a bridge between researchers and practitioners by helping to refocus research efforts in ways that are conceptually and methodologically more attuned to the needs of war-affected communities and those working to address their mental health needs.

Moffic, H.S., and Kinzie, J.D. (1996). The history and future of cross-cultural psychiatric services. *Community Mental Health Journal*, 33(6), 581-592.

This article discusses the shift from a genetic-type psychiatry to one recognizing that cultural beliefs, mores, peer pressure, family expectations, and other ingredients operate in unique combinations in various cultures and ethnic groups. Discussion is rooted within the context of the cultural issues prominent in the United States today and the ongoing rapid changes in health care management and delivery. The author notes how these social and cultural factors can and will impact treatment modalities and outcomes. Literature reviewed within the article illustrates the progressive stages of awareness and incorporation of cultural differences and the many ways they impact treatment. However, the article also highlights how the rise in managed, rationed health care within the United States threatens progress. The author concludes by stating that while there have been some encouraging signs that the impact of culture on patients is reaching current and future clinicians, continued movement in the current direction towards culturally sensitive and specific psychiatric treatment plans is needed.

Moisander, P.A. and Edston, E. (2003). Torture and its sequel – A comparison between victims from six countries. *Forensic Science International*, 137(2-3), 133-140.

The aim of the study was to compare torture victims from six different nations and analyse differences and similarities. From the files of the Centre for Trauma Victims in Stockholm (KTC), 160 patients were selected: 53 patients from Bangladesh, 21 from Iran, 16 from Peru, 24 from Syria, 25 from Turkey, and 21 from Uganda. The data was classified into: (i) information about social conditions and circumstances pertaining to alleged torture, (ii) type of trauma and torture methods, and (iii) acute and late sequel to torture. Descriptive and non-parametric statistics were used in the analyses. The stories of circumstances and torture methods were similar within each group but differed a great deal between groups. The sequelae of torture differed in some respects between groups. The study shows significant differences between countries regarding circumstances, torture methods, and sequel to torture. This knowledge is of value to forensic specialists documenting alleged torture and essential for fair and valid forensic statements.

Mollica, R.F. (1992). The prevention of torture and the clinical care of survivors: A field in need of a new science. In Metin Baþođlu (Ed.). *Torture and Its Consequences: Current Treatment Approaches*, (p.23-37). Cambridge, Cambridge University Press.

Mollica, R.F., Carudadm K.R., and Massagli, M.P. (2007). Longitudinal study of posttraumatic stress disorder, depression, and changes in traumatic memories over time in Bosnian refugees. *Journal of Nervous and Mental Disease*, 195(7), 572-579.

This longitudinal study examined traumatic memory consistency over a 3-year period among a sample of highly traumatized Bosnian refugees, focusing on demographic factors, types of trauma, and posttraumatic stress disorder (PTSD) and depression. In 1996 and 1999, 376 Bosnian refugees were interviewed about 54 wartime trauma and torture events, and symptoms of PTSD and depression. Reports were compared for both time periods, and changed responses were analyzed for significance. Overall, there was consistency in reporting over time; when change occurred it was in the direction of decreased reports at follow-up. This downward trend was not associated with any particular diagnosis. However, PTSD alone, without comorbid symptoms of depression, was uniquely associated with the group that exhibited an upward trend. This implies that increased reporting is related specifically to the presence of PTSD symptoms, and that PTSD may be distinctly associated with the failed extinction of traumatic memories.

Mollica, R.F. (2004). Surviving torture. *New England Journal of Medicine*, 351(1), 5-7.

Observations noted within this article and concepts reviewed stem from the 10,000-plus torture survivors the author and peers have encountered within practice. The author states that the Western emphasis on PTSD has obscured the reality that the most common mental illness diagnosed in torture survivors is depression and therefore clinicians should screen all torture survivors for depression as well as for generalized anxiety and PTSD. Furthermore, the author notes that torture survivors rarely suffer from factitious disease or somatization disorders. Their somatic symptoms are usually culture-specific expressions of emotional distress often an underlying depression. In general, the article states that persons who have been tortured do not want to be treated primarily as torture survivors. They prefer a holistic approach that addresses their current reality in a culturally sensitive way. The author points out that many refugees have begun to recover from torture with the help of spiritual and religious practices, work, and altruistic activities that benefit their family and community. The author, therefore, suggests that clinicians should strongly support such self-care and recommends that other healthful practices, such as proper nutrition and exercise, may enhance the patients coping ability and resilience.

Mollica, R.F., and Son, L. (1989). Cultural dimensions in the evaluation and treatment of sexual trauma. *Psychiatric Clinics of North America*, 12(2), 363-379.

The article focuses on describing the cultural issues relevant to treating patients who have been sexually traumatized, using clinical descriptions and patients testimonies as a clinical guide for evaluation and treatment. An attempt to define sexual trauma was provided with an analysis of its prevalence both in the general population and in refugee populations. Two factors were considered fundamental in understanding the sexual trauma experienced by each woman: the historical context and their language and culture. These factors provided insight into how cultural definitions of rape and sexual trauma can affect individual responses. Clinical vignettes also revealed a range of clinical problems associated with sexual violence.

Momartin, S., Silove, D., Manicavasagar, V., and Steel, Z. (2004). Complicated grief in Bosnian refugees: Associations with posttraumatic stress disorder and depression. *Comprehensive Psychiatry*, 45(60), 475-482.

Complicated grief is likely to be common among refugee populations exposed to war trauma. However, there have been few studies investigating the traumatic antecedents and correlates of complicated grief in refugees, and the relationship of that symptom pattern with other common disorders such as posttraumatic stress disorder (PTSD) and depression. We studied Bosnian refugees recruited from a community center in Sydney, Australia, with the sample being supplemented by a snowball method (N = 126; response rate, 86%). Measures included a trauma inventory, the Clinician Administered PTSD Scale (CAPS), the depression module of the Structured Clinical Interview (SCID), and the Core Bereavement Items (CBI). A dimension of traumatic loss derived from the trauma inventory was a specific predictor of complicated grief, with exposure to human rights violations being associated with images of the traumatic events surrounding the lost person. There was no link between PTSD and grief other than for a low-order association with the PTSD intrusion dimension. In contrast, depression was strongly associated with grief and its subscales. Only the subgroup with comorbid grief and depression reported higher levels of traumatic loss. The results suggest that complicated grief in refugees can become persistent and associated with depression. While PTSD and grief share common symptoms of intrusion, the two symptom domains are sufficiently distinct to warrant independent assessment of grief in refugee populations.

Momartin, S., Silove, D., Manicavasagar, V., and Steel, Z. (2004). Comorbidity of PTSD and depression: associations with trauma exposure, symptom severity and functional impairment in Bosnian refugees resettled in Australia. *Journal of Affective Disorder, 80*(2-3), 23 1-238.

We examined whether a subgroup of refugees with comorbid PTSD and depression were at particularly high risk of disability. We also investigated whether specific trauma experiences were linked to this comorbid pattern. Consecutive Bosnians (and one or two compatriots nominated by them) were recruited from a community centre, yielding a total sample of 126 participants. Measures included a trauma inventory, the Clinician Administered PTSD Scale (CAPS) and the depression module of the Structured Clinical Interview (SCID). Three diagnostic groupings emerged: normals (n=39), pure PTSD (n=29), and comorbid PTSD and depression (n=58). Of four trauma dimensions derived from principle components analysis (human rights violations, dispossession and eviction, life threat and traumatic loss), life threat alone was associated with pure PTSD, with life threat and traumatic loss both being associated with comorbidity. Compared to normals and those with pure PTSD, the comorbid group manifested more severe PTSD symptoms as well as higher levels of disability on all indices. The findings raise the question whether the comorbid pattern identified should be given more recognition as a core posttraumatic affective disorder.

Montemurro, M., Lavelle, J., and Mollica, R.F. (2004). *An Annotated Bibliography on Refugee Mental Health*. CMHS-SVP-0115. Rockville, MD: Center for Mental Services, Substance Abuse and Mental Health Services Administration.

Muecke, M.A. (1992). New paradigms for refugee health problems. *Social Science and Medicine, 35*(4), 515-523.

This paper identifies two paradigms that have shaped our understanding of refugee health are identified: the objectification of refugees as a political class of excess people, and the reduction of refugee health to disease or pathology. Alternative paradigms are recommended: one to take the polyvocality of refugees into account, and one to construe refugees as prototypes of resilience despite major losses and stressors. The article is organized into three sections, mirroring the life history of refugees from internal displacement in the country of origin to asylum in a second country, and for some, to permanent

resettlement in a third country. In each of the three sections, the primary topics that are treated in the literature are identified, and key problems identified for discussion.

Neider, J.R., Borneman, T., and Van Arsdale, P.W. (1988). *Refugees and State Mental Health Systems: Issues and Impacts*. Report prepared for the NIMH Refugee Assistance Program.

This paper examines critical issues for states and advocacy groups in trying to develop short-term goals to address mental health needs of refugees and to plan long-term strategies for state and county service systems for this population. The paper begins with a discussion of the following issues: 1) centralized versus decentralized state mental health systems; 2) specialized versus mainstream programs; and 3) locus of control in state and county mental health systems. This is followed by a discussion of the characteristics and distribution of the refugee population from state to state, the varying state approaches to resource allocation, and the emergence of coalitions of various ethnic groups. The remaining sections discuss the scale of the overall service system and its resources within states, new potential funding resources, and regional coordination of resources.

Nicholson, B.L., Kay, D.M. (1999). Group treatment of traumatized Cambodian women: a culture-specific approach. *Social Work, 22*(5), 470-479.

This article describes the development and implementation of a culturally sensitive group intervention program based on the needs of Cambodian women. Group leaders included American social workers and bilingual Cambodian social workers. Authors note the need to simulate the kinship networks that are inherently a part of the cultural heritage and everyday functioning of the population and are particularly important to refugee women who often develop serious psychosocial and psychological problems that frequently do not manifest themselves until after initial resettlement when awareness of the depth of losses and grief becomes apparent. Group sessions included the incorporation of skills training including riding the subway, using the phones, shopping, hygiene, etc. Results from group intervention program included an increase in group use of public transportation, increase in frequency of attendance of group sessions, increased participation in planning group activities and topics, and the start of socializing outside of the group. Furthermore, women gradually experienced a lessening of their symptomatology and an increase in self-esteem and adaptive functioning.

Nieves,-Grafals, S. (2001). Brief therapy of a civil war-related trauma: A case study. *Cultural Diversity and Ethnic Minority Psychology, 7*(4), 387-398.

The incidence of posttraumatic stress disorder is widespread among refugees who have been exposed to violence or torture. Many families struggle with side effects of this condition, such as recurrent nightmares, flashbacks, emotional detachment, and difficulty trusting people. Some unwittingly become involved in a pattern of alcoholism, family violence, and somatic illness that is rooted in traumatization. Service providers must often struggle with overwhelmed clients whose multiple needs make long-term therapy impractical. Thus, brief treatment appears to be especially well suited to this population. This article describes a case study using short-term psychotherapy (10 to 20 sessions) that aims to restore refugees who are in reasonable emotional health to their premorbid level of functioning. A 4-stage treatment process involving specific tools is described, and the case study is used as an illustration. Contraindications for time-limited therapy are also outlined.

Ong, A. (1995). Making the biopolitical subject: Cambodian immigrants, refugee medicine and cultural citizenship in California. *Social Science and Medicine, 40*(9), 1243-1257.

Linking the health profession to the normalization of citizenship, scholars influenced by Michel Foucault claim that while biomedicine attends to the health of bodies, it is also constitutive of the social and bureaucratic practices that socialize subjects of the modern welfare state. Yet, we seldom

learn about how patients themselves draw the medical gaze, nor how their resistances to biomedical intervention both invite and deflect control. I try to show this by means of clinicians' and Khmer refugees' interpretations of their encounters. This study illustrates that refugee medicine is a mix of good intentions, desire to control diseased and deviant populations, and the exigencies of limited resources which often favor medicalization. Californian clinicians, many of them Asian-Americans, display a deep faith in the efficacy of modern medicine for third world patients so that they can function in the new country. Khmer refugees, in contrast, seek rather specific resources while wishing to elude control over the body and mind that goes with medical care. I argue that the biomedical gaze is not such a diffused hegemonic power but is itself generated by the complex contestation of refugee subjects pursuing their own goals. Clinicians and refugees are equally caught up in webs of power involving control and subterfuge, appropriation and resistance, negotiation and learning that constitute biopolitical lessons of what becoming American may entail for an underprivileged Asian group.

Papadopoulos, R., Lay, M., Lees, S., and Gebrehiwot, A. (2003). The impact of migration on health beliefs and behaviours: the case of Ethiopian refugees in the UK. *Contemporary Nurse*, 15(3), 210-221.

The Research Centre for Transcultural Studies in Health, Middlesex University and the Ethiopian Community Centre in the UK conducted a study to explore the migration experiences of Ethiopian refugees in the UK and the impact of this on their health beliefs and behaviours. Data was collected via: i) semi-structured interviews conducted with Ethiopians refugees and asylum seekers and Ethiopian professionals providing services for Ethiopian refugees; ii) a semi-structured questionnaire; iii) a documentary analysis of newspaper articles concerning refugees; and iv) an ethnohistory of Ethiopia. The findings revealed that Ethiopian refugees place a stronger emphasis on externalised factors influencing health (such as happiness and good social relations) than they did in Ethiopia. The study found that participants fled Ethiopia due to oppression, violence, fear and poverty; and once in the UK experience poor housing, unemployment, racism and isolation, all of which impact on their health status. In the UK Ethiopian refugees are more likely to seek Western medicine than they did in Ethiopia, which reflects both acculturation and differences in health resources. This study highlights that Ethiopian refugees, require holistic health care that addresses all their needs – physical, mental, spiritual, environmental and social-cultural.

Peddle, N. (2007). Assessing trauma impact, recovery and resilience in refugees of war. *Journal of Aggression, Maltreatment and Trauma*, 14(1/2), 185-204.

This paper describes the psychometric properties and process of using the Multidimensional Trauma Recovery and Resiliency Scale (MTRR) with 83 untreated war-affected adolescent and adult refugees of diverse cultures, family of origin, age, gender, and time since the war. The MTRR met reliability, validity, and utility criteria with this convenience sample. This paper discusses modifications made to the MTRR-I format, questions, and prompts to enable work with the wide range of ages and cultures represented in the sample. The results support the MTRR as a tool that may have the ability to capture the complexity of culture as well as measure a variety of trauma responses and work with other measurements. Limitations of the study and avenues of future research are discussed.

Pedersen, D. (2002). Political violence, ethnic conflict, and contemporary wars: Broad implications for health and social well-being. *Social Science and Medicine*, 55(2), 175-190.

Ethnic conflict, political violence and wars that presently shape many parts of world have deep-seated structural causes. In poor and highly indebted countries, economic and environmental decline, asset depletion, and erosion of the subsistence base lead to further impoverishment and food insecurity for vast sectors of the population. Growing ethnic and religious tensions over a shrinking

resource base often escort the emergence of predatory practices, rivalry, political violence, and internal wars. The nature of armed conflict has changed substantially over time and most strategic analysts agree that in the second half of the 20th century, contemporary wars are less of a problem of relations between states than a problem within states. Despite the growing number of armed conflicts and wars throughout the world, not enough attention has been paid to the local patterns of distress being experienced and the long-term health impact and psychosocial consequences of the various forms of political violence against individuals, communities, or specific ethnic groups. The short or long-term impact assessment on civilian populations of poor countries affected by war have been scarce, and studies focusing on experiences of collective suffering and trauma-related disorders among survivors are beginning to emerge in the scientific literature. The medicalization of collective suffering and trauma reflects a poor understanding of the relationships among critically important social determinants and the range of possible health outcomes of political violence.

Pham, P.N., Weinstein, H.M. Longman, T. (2004) Trauma and PTSD symptoms in Rwanda. *Journal of the American Medical Association*, 292 (5).

The 1994 genocide in Rwanda led to the loss of at least 10% of the country's 7.7 million inhabitants, the destruction of much of the country's infrastructure, and the displacement of nearly 4 million people. In seeking to rebuild societies such as Rwanda, it is important to understand how traumatic experience may shape the ability of individuals and groups to respond to judicial and other reconciliation initiatives. The objective of this study was

to assess the level of trauma exposure and the prevalence of posttraumatic stress disorder (PTSD) symptoms and their predictors among Rwandans and to determine how trauma exposure and PTSD symptoms are associated with Rwandans' attitudes toward justice and reconciliation. The study was a multistage, stratified cluster random survey of 2091 eligible adults in selected households in 4 communes in Rwanda in February 2002. Of 2074 respondents with data on exposure to trauma, 1563 (75.4%) were forced to flee their homes, 1526 (73.0%) had a close member of their family killed, and 1472 (70.9%) had property destroyed or lost. Among the 2091 total participants, 518 (24.8%) met symptom criteria for PTSD. More respondents supported the local judicial responses (90.8% supported gacaca trials and 67.8% the Rwanda national trials) than the ICTR (42.1% in support). Other variables that were associated with attitudes toward judicial processes and openness to reconciliation were educational level, ethnicity, perception of change in poverty level and access to security compared with 1994, and ethnic distance.

Porter, M., and Haslam, N. (2005) Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons. *Journal of the American Medical Association*, 294 (5), 602-612.

The global refugee crisis requires that researchers, policymakers, and clinicians comprehend the magnitude of the psychological consequences of forced displacement and the factors that moderate them. To date, no empirical synthesis of research on these issues has been undertaken. The object of the current study is to meta-analytically establish the extent of compromised mental health among refugees (including internally displaced persons, asylum seekers, and stateless persons) using a worldwide study sample. Potential moderators of mental health outcomes were examined, including enduring contextual variables (eg, postdisplacement accommodation and economic opportunity) and refugee characteristics. Fifty-six reports met inclusion criteria, yielding 59 independent comparisons and including 67,294 participants (refugees and nonrefugees). Refugees had moderately poorer outcomes. Postdisplacement conditions moderated mental health outcomes. Worse outcomes were observed for refugees living in institutional accommodation, experiencing restricted economic opportunity, displaced internally within their own country, repatriated to a country they had previously fled, or whose initiating conflict was unresolved. Refugees who were

older, more educated, and female and who had higher predisplacement socioeconomic status and rural residence also had worse outcomes.

Pupavac, V. (2004). Psychosocial interventions and the demoralization of humanitarianism. *Journal of Biosocial Science*, 36(4), 491-504.

This paper critically analyses from a political sociology standpoint the international conceptualization of war-affected populations as traumatized and in need of therapeutic interventions. It argues for the importance of looking beyond the epidemiological literature to understand trauma responses globally. The paper explores how the imperative for international psychosocial programs lies in developments within donor countries and debates in their humanitarian sectors over the efficacy of traditional aid responses. The paper discusses the emotional norms of donor states, highlighting the psychologizing of social issues and the cultural expectations of individual vulnerability, and examines the demoralization of humanitarianism in the 1990s and how this facilitated the rise of inter-national psychosocial work and the psychologizing of war. It concludes that the prevalent trauma approaches may inhibit recovery and argues for the need to re-moralize resilience.

Radan, A. (2007). Exposure to violence and expressions of resilience in Central American women survivors of war. *Journal of Aggression, Maltreatment and Trauma*, 14(1/2), 147-164.

This article focuses on expressions of resilience in a sample of 30 women from El Salvador and Guatemala who survived multiple types of violence, including war trauma, before taking refuge in the US. Traumatic impact, recovery, and resilience were assessed using the Multidimensional Trauma Recovery and Resilience Interview (MTRR-I) and rating scale, MTRR-99. Exposure to violence was assessed by the Harvard Trauma Questionnaire and the MTRR-I. The study established that the women had suffered multiple and extreme forms of violence prior to and en route to the United States and yet were highly resilient on multiple MTRR domains when compared with a US sample. Implications for future research for assessment of trauma exposure and resilience among war-afflicted populations are discussed.

Ranasinghe, P.D., and Levy, B.R. (2007). Prevalence of and sex disparities in posttraumatic stress disorder in an internally displaced Sri Lankan population 6 months after the 2004 tsunami. *Disaster Medicine and Public Health Preparedness*, 1(1), 34-41.

When the 2004 Indian Ocean tsunami suddenly hit unsuspecting coastal populations in Sri Lanka, it inflicted unprecedented devastation including 35,000 deaths and 500,000 people displaced. Evaluating the psychological impact of this natural disaster provides valuable insights into planning interventions and disaster preparedness. A cross-sectional survey was conducted among 264 adult males and females ≥ 16 years old living in temporary shelters housing tsunami survivors at 6 months. Interviewer-administered structured interviews were conducted to measure posttraumatic stress disorder (PTSD) and its risk factors. The participation rate was 97%. Of the subjects, 56% met criteria for symptoms of PTSD, with females at 64% and males at 42%. Females had at least twice the risk of experiencing PTSD (odds ratio [OR] 2.27, 95% confidence interval [CI] 1.37-3.76). This sex difference persisted after adjusting for age, marital status, being a parent, loss of family members, amount of social support, education level, and level of depression (OR 2.14, 95% CI 1.21-3.80). Depression was significantly associated with PTSD (OR 7.19, 95% CI 3.83-13.52). In this directly affected population, a majority met criteria for PTSD, indicating a significant long-term public health burden. The findings also confirm that females are at much higher risk for PTSD than males, suggesting that special mental health efforts should be targeted at women exposed to trauma.

Redwood-Campbell, L., Fowler, N., Kaczorowski, J., Molinaro, E., Robinson, S., Howard, M., and Jafarpour, M. (2003). How are new refugees doing in Canada? Comparison of the health and settlement of the Kosovars and Czech Roma. *Canadian Journal of Public Health, 94*(5), 381-385.

In 1999, a group of Kosovars arrived in Hamilton, Ontario, with a coordinated international pre-migration plan, as part of the United Nations Humanitarian Evacuation Program. Since 1997, a substantial number of Roma refugees from the Czech Republic also arrived in Hamilton, with no special pre-migration planning. This study examined whether the organized settlement efforts led to better adaptation and perceived health for the Kosovars, using the Czech Roma as a comparison group. Adult members of 50 Kosovar (n=157 individuals) and 50 Czech Roma (n=76 individuals) randomly selected families completed a questionnaire on sociodemographics, health, well-being, and perceived adaptation to Canada. Differences between groups were examined using univariate and multivariate analyses. Comparison was made to the Ontario population where possible. There were more Kosovars than Czech Roma over the age of 50 (22.1% vs 10.5%, $p=0.03$). Nearly one quarter (21.7%) of the Kosovars had a score indicating post-traumatic stress disorder (PTSD) on the Harvard Trauma Questionnaire (HTQ), compared to none of the Roma ($p<0.001$). After adjustment for age and PTSD, the Kosovars were significantly more likely to report fair or poor adaptation to Canada (OR=10.5, 95% CI=3.6-31.2) and that life is somewhat or very stressful (OR=3.9, 95% CI=2.1-7.4). Differences for other measures were no longer significant after adjustment. The health and adaptation of the Kosovars was not better than that of the Czech Roma. Reasons for this finding may include differences in demographics, the presence of PTSD, and differing length of time since arrival in Canada.

Rees, S. (2007). Domestic violence in refugee families in Australia: Rethinking settlement policy and practice. *Journal of Immigrant and Refugee Studies, 5*(2), 1-19.

It has been identified that immigrant and refugee women are particularly at risk in cases of domestic violence. This article reveals the qualitative research findings from a study into the significance of traumatic history, social and economic context, cultural differences and changed gender identities on the perceptions and experiences of domestic violence in refugee families. The study was undertaken with a sample of refugee men and women from Iraq, Ethiopia, Sudan, Serbia, Bosnia and Croatia. Compounding contextual factors concerning structurally based inequalities, culturally emerged challenges, social dissonance, psychological stress and patriarchal foundations are revealed. Informed by an intersectional framework that recognizes gender oppression as modified by intersections with other forms of inequality, the article argues the case for community-managed projects involving multi-level empowerment-based interventions to prevent domestic violence.

Robertson, C.L., Halcon, L., Savik, K., Johnson, D., Spring, M., Butcher, J., Westermeyer, J., and Jaranson, J. (2006). Somali and Oromo refugee women: Trauma and associated factors. *Journal of Advanced Nursing, 56*(6), 577-587.

This paper reports a study identifying the demographic characteristics, self-reported trauma and torture prevalence, and association of trauma experience and health and social problems among Somali and Oromo women refugees. Using data from a cross-sectional population-based survey, conducted from July 1999 to September 2001, with 1134 Somali and Oromo refugees living in the United States of America, a sub-sample of female participants with clearly identified parenting status (n = 458) were analyzed. Measures included demographics, history of trauma and torture, scales for physical, psychological, and social problems, and a post-traumatic stress symptom checklist. Results indicated high overall trauma and torture exposure, and associated physical, social and psychological problems. Women with large families reported statistically significantly higher counts of reported trauma (mean 30, $P < 0.001$) and torture (mean 3, $P < 0.001$), and more

associated problems ($P < 0.001$) than the other two groups. Women who reported higher levels of trauma and torture were also older ($P < 0.001$), had more family responsibilities, had less formal education ($P < 0.001$) and were less likely to speak English ($P < 0.001$). These findings suggest a need for nurses, and especially public health nurses who work with refugee and immigrant populations in the community, to develop a more comprehensive understanding of the range of refugee women's experiences and the continuum of needs post-migration, particularly among older women with large family responsibilities.

Ross, J., Gonsalves, C.J. (1993). Brief treatment of a torture survivor. In Richard A. Wells and Vincent J. Giannetti. *Casebook of the Brief Psychotherapies*, (p.27-51). New York: Plenum Books.

Rousseau, C. (2005). Diving into complexity: John Sigal's work on the long-term consequences of the holocaust. *Clinical Child Psychology and Psychiatry*, 10(2), 262-265.

In the late 1960's, John Sigal began to study the teenage children of Nazi concentration camp survivors. In his clinical sample, he found more behavioral problem and less adequate coping behavior than in a clinical control group and suggested that parental preoccupation could be a contributing factor to this psychopathological profile. Since then, Sigal has relentlessly pursued research to reach a finer understanding of the effects of parental preoccupation on children's emotional well-being. His work is a counterpoint to most of the clinical and academic literature on Holocaust survivors, which usually emphasizes impairment and dysfunction, as his own first clinical study did. It shows the wide variability in survivors' experiences and the generally great capacity of survivors and their children to overcome trauma. His body of work stands in sharp contrast to the dominant tendency to pathologize both the direct effects of trauma and the impact of transgenerational transmission of trauma. This short article summarizes some of John Sigal's main findings, highlighting the questions and the lessons emerging from his research on the mental health consequences of one of the 20th century's most horrific periods.

Rousseau, C. and Measham, T. (2007). Posttraumatic suffering as a source of transformation. In L.J.Kirmayer, R. Lemelson, and M. Barad, (Eds) *Understanding Trauma, Integrating Biological, Clinical and Cultural Perspectives*, (p.275-293). NY, NY: Cambridge University Press.

This paper expresses the thinking of the Transcultural Child Psychiatry Team of McGill University, a clinical, research, and teaching group that works with refugee families in Montreal, Canada. Our work partially reflects a North American worldview, but it is also influenced by European perceptions. In addition, our collaboration with practitioners and leading experts from non-Euro-American tradition has both enriched our thinking and called into question the dominant Euro-American model for the psychological treatment of trauma. This chapter will outline our perceptions of the limitations of current dominant theoretical models addressing the understanding and treatment of the consequences of war. Our objective is to illustrate how we have tried to rethink our clinical work in the light of these limitations. We will provide examples (a 13-yr-old West African male and a young Nigerian woman) to illustrate how we have tried to address the complexities of individual and collective experiences of organized violence. We argue that, rather than understanding trauma and posttraumatic stress disorder as solely producing psychopathology, it is more helpful in clinical practice to conceptualize the traumatic experience as a process that triggers a transformation or metamorphosis that evokes both strengths and vulnerabilities. Clinical work needs to include a sociopolitical dimension, where spaces for the multiplicity of meanings and voices can be negotiated.

Rozee, P.D., and Van Boemel, G. (1989). The psychological effects of war trauma and abuse on older Cambodian refugee women. *Women and Therapy*, 8(4), 23-49.

The aim of this study was to provide the clinician with information about the extent of multiple traumas experienced by Cambodian refugee women. These traumas form the basis of their psychological symptomology. This study presented a brief history of the political situation during the 1970s leading up to the overthrow of Cambodia and the decimation of Cambodian culture. Interview data collected from 30 Cambodian women between the ages of 40 and 69 years demonstrated the superiority of environmental stress theories over psychodynamic theories in explaining non-organic blindness among this population. Subjective visual acuity was significantly related to years of internment in communist camps during and after the fall of Cambodia in 1975. Onset of visual loss following these traumas, preceded by healthy pre-trauma functioning, suggested environmental rather than intrapsychic etiology. Suggestions for culturally relevant interventions with Cambodian refugees were discussed.

Sanchez-Hucles, J. and Gamble, K (2006). Trauma in the lives of girls and women. In J. Worell and C.D. Goodheart, Eds. *Handbook of Girls' and Women's Psychological Health*, (p.103-112). Oxford: Oxford University Press.

Schultz, P.M. (2006). Cognitive-behavioral treatment of rape- and war-related posttraumatic stress disorder with a female Bosnian refugee. *Clinical Case Studies*, 5(3), 191-208.

Prevalence of posttraumatic stress disorder (PTSD) among rape victims and war refugees is high. Cognitive-behavioral interventions have demonstrated effectiveness in alleviating PTSD in rape survivors. Effectiveness of such interventions when rape is perpetrated as part of war hostilities has not been examined. Rape and plunder of civilian populations characterized the 1991 to 1995 war in the former Yugoslavia. Rape camps terrorized civilians on all sides of that conflict. This case study illustrates a course of cognitive-behavioral treatment for PTSD with a female, Bosnian refugee and rape survivor. At post treatment, the client no longer met criteria for PTSD, and improvements were evident at 6- and 12-month follow-ups. Approaches to treating PTSD in war refugees are discussed.

Silove, D. (2004). The challenges facing mental health programs for post-conflict and refugee communities. *Prehospital and Disaster Medicine*, 19(1), 90-96.

In this article, a model is proposed for low-income, post-conflict countries based on a two-tiered formulation. The author states that at the eco-social level, mental health professionals can play a supportive, but not a lead, role in facilitating recovery of core adaptive systems that hasten natural recovery from stress for the majority of the population. Where small-scale, community mental health services are established, the emphasis should be on assisting persons and their families who are at greatest survival and adaptive risk. Training and promotion of local workers to assume leadership in such programs are essential. In technologically advanced societies, such as the United States, in which refugees are in a minority, torture and trauma services should focus more specifically on traumatic stress reactions, acculturation, and resettlement. The author concludes by noting the pressing need for consensus among mental health professionals in advocating for their needs.

Silove, D., Steel, Z., McGorry, P., Miles, V., and Drobny, J. (2002). The impact of torture on post-traumatic stress symptoms in war-affected Tamil refugees and immigrants. *Comprehensive Psychiatry*, 43(1), 49-55.

The present study examines the effect of torture in generating post-traumatic stress disorder (PTSD) symptoms by comparing its impact with that of other traumas suffered by a war-affected sample of Tamils living in Australia. Traumatic predictors of PTSD were examined among a subsample of 107 Tamils (refugees, asylum seekers, and voluntary immigrants) who had endorsed at

least one trauma category on the Harvard Trauma Questionnaire. Principal components analysis (PCA) yielded five trauma factors that were applied to predicting PTSD scores. Tamils exposed to torture returned statistically higher PTSD scores than other war trauma survivors after controlling for overall levels of trauma exposure. The torture factor identified by the PCA was found to be the main predictor of PTSD in a multiple regression analysis. Although limited by sampling constraints and retrospective measurement, the present study provides support for the identification of torture as a particularly traumatic event, even when the impact of other war-related trauma is taken into account.

Simich, L., Beiser, M., and Mawani, F.N. (2003). Social support and the significance of shared experience in refugee migration and resettlement. *Western Journal of Nursing Research*, 25(7), 872-891.

This article examines the role of social support as a determinant of refugee well-being and migration patterns during early resettlement. Analysis is based on qualitative in-depth interviews with 47 government-assisted refugees in Canada and 38 key informants (settlement service providers and immigration officials) in Canada and overseas. The study describes refugees' decision making during stages of migration and resettlement, from whom they seek social support in particular situations, what sources are appraised as most important, and what is significant about the support. The authors suggest that a goal of refugees' support-seeking strategies is affirmation through shared experience.

Sinnerbrink, I., Silove, D., Field, A., and Steel, Z. (1997). Compounding of pre-immigration trauma and post-immigration stress in asylum seekers. *Journal of Psychology: Interdisciplinary and Applied*, 131(5), 463-470.

Investigated pre-migration exposure to organized violence, SES, and post-migration stressors in 40 Ss (mean age 35 yrs) seeking asylum who were attending a community welfare center in Sydney, Australia. Almost 80% reported exposure to pre-migration trauma such as witnessing murders, having their lives threatened, being separated from family members, and brainwashing; 25% had been tortured. Ss reported a marked decline in SES. Common ongoing sources of severe stress included fears of being repatriated, barriers to work and social services, separation from family, and issues related to the process of pursuing refugee claims. More than one third had problems obtaining health services in Australia – the same number who reported similar difficulties in their home countries. Results suggest that salient aspects of the asylum-seeking process may compound the stressors suffered by an already traumatized group.

Skjelsbaek, I. (2006) Victim and survivor: Narrated social identities of women who experienced rape during the war in Bosnia-Herzegovina. *Feminism and Psychology*, 16(40), 373-403.

This article presents a narrative analysis of interviews with five women who were victims of war rape during the Bosnian war. By giving a voice to women who have experienced such an ordeal and letting them position their experiences, we gain insight into the diverse impacts that war rapes have on different victims, their families and relationships. The narrative analysis makes it possible to analyze the war-rape experiences as unique and different from other war-trauma experiences, while simultaneously recognizing the totality in which the war rapes occurred.

Sorsoli, L. (2007). When the whole thing fell apart: Race, resilience, and the complexity of trauma. *Journal of Aggression, Maltreatment and Trauma*, 14(1/2), 99-121.

This article examines the intersection of societal prejudice and psychological trauma. In an instrumental case study created through a layered narrative analysis, the author highlights the potentially traumatic effects of racism and discrimination, while also exploring the phenomenon of

resilience in a complex ecological system. The findings suggest that the enduring and continual strain of racial prejudice may cause significant psychological distress, particularly when those experiences reinforce early negative experiences within a family; and that assessments of resilience need to consider the contribution of ecological context to psychological outcomes as well as to an individual's ability to mobilize personal resources when such a context finally shifts.

Spahic-Mihajlovic, A., Crayton, J.W., and Neafsey, E.J. (2005). Selective numbing and hyperarousal in male and female Bosnian refugees with PTSD. *Journal of Anxiety Disorder, 19*(4), 383-402.

Emotional numbing is an important symptom of PTSD, but it is not clear whether it affects both positive and negative affect equally or not. To address this question we administered Lang's Looking at Pictures test, in which a series of pictures are rated for valence (pleasant-unpleasant) and arousal (high-low), to 10 male and 11 female Bosnian refugees suffering from PTSD (DSM-IV criteria) and to control groups of 11 male and 10 female Bosnian refugees with similar trauma exposure but without PTSD or any other major mental illness. The mean valence ratings for unpleasant, neutral, and pleasant pictures of both PTSD and control males and females were similar to normal ratings. Likewise, the mean arousal ratings for unpleasant, neutral, and pleasant pictures of both male and female controls were similar to normal, with both unpleasant and pleasant pictures rated more arousing than neutral pictures. In contrast, in both males and females with PTSD pleasant pictures were rated as almost completely non-arousing. Thus, in Bosnian refugees affective numbing is seen primarily with pleasant or positive stimuli.

Stepakoff, S. (2007). The healing power of symbolization in the aftermath of massive war atrocities: Examples from Liberian and Sierra Leonean survivors. *Journal of Humanistic Psychology, 47*(3), 400-412.

In the aftermath of war atrocities, symbolization – a process whereby an experience or emotion that has been unexpressed is given form – can provide survivors with a sense of relief and solace and can attenuate isolation by permitting traumatic experiences to be shared with and acknowledged by others. This article focuses on creative methods of symbolization used in a trauma counseling program for Liberian and Sierra Leonean refugees in the refugee camps of Guinea. The program, developed by the Center for Victims of Torture, integrated contemporary expressive therapy techniques with indigenous healing practices (e.g., songs, cultural stories, drama, drawing, dance/movement, letter-writing, rituals). A case example of the treatment of a war-traumatized Liberian boy is presented. The psychological harm of war atrocities is exacerbated by silence. Conversely, as victims find ways of giving form to their experiences – verbally, nonverbally, or via a combination of the two – psychological and social repair become possible.

Stepakoff, S., Hubbard, J., Katoh, M., Falk, E., Mikulu, J. B., Nkhoma, P., and Omaqwa, Y. (2006) Trauma healing in refugee camps in Guinea: A psychosocial program for Liberian and Sierra Leonean survivors of torture and war. *American Psychologist, 61*(8), 921-932.

From 1999 to 2005, the Minneapolis-based Center for Victims of Torture (CVT) served Liberian and Sierra Leonean survivors of torture and war living in the refugee camps of Guinea. A psychosocial program was developed with 3 main goals: (a) to provide mental health care, (b) to train local refugee counselors, and (c) to raise community awareness about war trauma and mental health. Utilizing paraprofessional counselors under the close, on-site supervision of expatriate clinicians, the treatment model blended elements of Western and indigenous healing. The core component consisted of relationship-based supportive group counseling. Clinical interventions were guided by a 3-stage model of trauma recovery (safety, mourning, reconnection), which was adapted to the realities of the refugee camp setting. Over 4,000 clients were provided with counseling, and

an additional 15,000 were provided with other supportive services. Results from follow-up assessments indicated significant reductions in trauma symptoms and increases in measures of daily functioning and social support during and after participation in groups. The treatment model developed in Guinea served as the basis for CVT's ongoing work with survivors in Sierra Leone and Liberia.

Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science and Medicine*, 48(10), 1449-1462.

This paper critiques some of the underlining assumptions that reflect a globalization of Western cultural trends towards the medicalization of distress and the rise of psychological therapies. Examples are particularly drawn from Bosnia and Rwanda. The paper argues that for the vast majority of refugee survivors PTSD is a pseudocondition, a reframing of the understandable suffering of war as to provide a technical problem to which short-term technical solutions like counseling can be applied. The article furthermore condemns the Western assumption that their experts and agencies hold superior knowledge and therefore can provide a cure in such situation and cites that no evidence exists that war-affected populations are seeking these imported approaches. The author states that the humanitarian field should go where the concerns of the survivor groups direct them, and that perhaps the primary task of interventions is to identify patterns of social strength and weakness, and to reinforce local capacities.

Summerfield, D. (2003). War, exile, moral knowledge and the limits of psychiatric understanding: a clinical case study of Bosnian refugee in London. *International Journal of Social Psychiatry*, 49(4), 264-8.

This paper describes a Bosnian refugee, a survivor of war and ethnic cleansing, during a three-year follow-up in a psychiatry clinic. This case throws light on the tension between medicotherapeutic and sociomoral ways of understanding the effects of such experiences, and of the limitations of morally and politically neutral psychiatric categories and technologies. Conclusions from the study state that the DSM or ICD diagnoses of depressive disorder or post-traumatic stress disorder lack validity and explanatory power and that claims that victims of war and atrocity typically have an unmet need for mental health services are overstated. The author indicates that recovery from the effects of war may depend on reestablishing a sense of intelligibility, a task that must primarily go on in social space rather than mental space.

Sundquist, J., Behmen-Vincevic, A., and Johansson, S.E. (1998). Poor quality of life and health in young to middle aged Bosnian female war refugees: a population-based study. *Public Health*, 112(1), 21-26.

The purpose of this study was to evaluate whether female Bosnian refugees have a poorer quality of life than Swedish women. The researchers utilized a cross-sectional study of quality of life using a slightly modified Goteborg Quality of Life instrument. The women rated their global well-being on a 7 degree scale. The second part of the questionnaire consisted of 29 yes/no items about somatic and psychological symptoms. Factor analysis was performed in order to reduce the number of variables. Differences between mean ranks were tested by the Kruskal-Wallis test. Differences in distributions of the yes/no-questions in the different groups were tested with a likelihood ratio chi 2 test. A simple random sample of 120 women aged 18-59, born in Bosnia-Herzegovina with accepted refugee status, and registered in Lund and Malmo, was interviewed. The control group for this was 292 Swedish women of the same age, registered in Dalby (Lund). The response rate for Bosnian women was 74% and for Swedish women 75%. The factor analysis resulted in one factor, global health, to which all the well-being variables were related. 38% of the Bosnian and 23% of the Swedes had bad global health. Bosnian women with bad global health had lower mean rankings than Swedish women, namely low

quality of life in appetite, memory, leisure time, and aspects of mental well-being such as energy, patience, sleep, mood, and health. They also had larger proportions of symptoms than Swedish women. Bosnian women irrespective of health status had poorer quality of life in most variables and more symptoms than Swedish women with good global health.

Thompson, J.L. (1991). Exploring gender and culture with Khmer refugee women: reflections on participatory feminist research. *Advances in Nursing Science*, 13(3), 30-48.

The purpose of the research was to explore psychosocial adjustment among refugee women, focusing especially on the cultural or symbolic traditions that refugee women bring with them from the United States. Cultural definitions of gender, historical narratives of women in Cambodian culture, and religious or cultural symbols that may influence women's adjustment and their responses to trauma and assault were analyzed. The research presented here was influenced by descriptions of a feminist participatory research paradigm and its application in community health nursing. The sample consisted of 12 to 16 Khmer women who were invited to participate in the study through referrals made by physicians and community health nurses. Life history and trauma history interviews, discussion of dream narratives and Cambodian myths, and participant observation were used as survey instruments with most of the women. Findings included four recurring themes identified in the women's stories: persistent violence, communication with the spirits of relatives or with helping spirits, ubiquitous messages regarding good or bad luck, and sexuality or their relationship with men, or both.

Tummala-Narra, P. (2007) Conceptualizing trauma and resilience across diverse contexts: A multicultural perspective. *Journal of Aggression, Maltreatment and Trauma*, 14(1/2), 33-53.

This paper offers a multicultural understanding of trauma and resilience as experienced in the lives of individuals from diverse cultural and racial backgrounds. The research and clinical literature on resilience has focused largely if not exclusively on individual personality traits and coping styles, and has neglected to explore all possible sources and expressions of resilience in individuals and groups. For many ethnic minorities, traditional notions of resilience, shaped largely by middle class European and North American values, may not capture culturally more familiar modes of positive adaptation to adverse and traumatic experience. This paper explores the concept of resilience as a multidetermined phenomenon, and considers the implications of this perspective for clinical research and intervention with ethnic minorities.

Tummala-Narra, P. (2007) Trauma and resilience: A case of individual psychotherapy in a multicultural context. *Journal of Aggression, Maltreatment and Trauma*, 14(1/2), 205-225.

The decision to seek professional help and the efficacy of such help are influenced by several factors, including individual and cultural definitions of trauma, access to services, and social support. This paper is focused on psychotherapy as one avenue of recovery for trauma survivors. A case of a biracial woman coping with a history of traumatic experience, working in the context of weekly individual psychotherapy is presented. The case is conceptualized from a culturally informed, ecological perspective that considers the relevance of individual, interpersonal, and cultural factors in determining the trajectory of trauma recovery. The psychotherapeutic relationship is seen as a significant force in helping the client to mobilize and make use of her resilient capacities.

Tziotziou, A., Livas, D., Karapostolic, N., et al (2006). Coping with traumatic experiences in a communal setting. *Therapeutic Communities: International Journal for Therapeutic and Supportive Organizations*, 27(4), 589-599.

Traumatic experiences are generally recognised by their overwhelming nature and their sudden force beyond the usual limits, and constitute severe threats to the psychological functioning of an

individual or a group. Communal therapy has been used in a great variety of settings and even applied to such extreme situations as warfare, forced migration, asylum and refugee situations, as well as post-trauma of children, young persons and adults. The Therapeutic Communities of the Open Psychotherapy Centre are not addressed exclusively to people exposed to traumatic experiences, but to all those suffering from any type of psychiatric disorders (mainly psychoses, severe personality disorders etc). Yet, it is a common phenomenon that many of our clients have experienced traumas in the past. We believe that group activity is the most suitable setting to deal with such experiences, since trauma (as with every other incident) is considered as an opportunity for personal growth and change. The clinical approach of such conditions is illustrated through the case study of a young adult having had traumatic experiences not only in the past but also during his therapy in the Daily Psychotherapeutic Community. We suppose that the safety network and the reinforcement of trust relationships, which are main characteristics of the communal environment, constitute crucial factors in coping with trauma. The significance of the multifactorial approach as well as the harmonious collaboration between different settings is also discussed.

Uba L, and Chung R.C. (1991). *The relationship between trauma and financial and physical well-being among Cambodians in the United States. Journal of General Psychology, 118(3), 215-25.*

This study focused on the relationship between trauma and financial and physical well-being of Cambodian refugees in the United States. Trauma was defined by three variables: whether or not trauma had been experienced in Cambodia, the number of traumas experienced, and the number of years spent in refugee camps. It was hypothesized that these trauma variables would predict financial and physical health among Cambodians in the United States. A discriminant analysis showed significant relationships between the trauma variables and current employment status, and multiple regression analyses showed that trauma predicted income and physical health.

UNHCR. (1989). *Refugee Women: Selected and Annotated Bibliography*. Geneva: UNHCR.

The Selected and Annotated Bibliography on Refugee Women was first published in 1985. This revised edition includes 214 items divided into nine categories: (1) International Concern and Protection; (2) Discrimination and Violence against Women; (3) Refugee Camps; (4) Integration, Customs and Traditions; (5) Social Services; (6) Education and Training; (7) Employment and Income-generation; (8) Health; and (9) Resource Materials. The health section includes 20 items, of which two related to issues of mental health (psychological effects of separation from parents in Cuban refugee girls and depression levels in Vietnamese refugee women).

UNHCR and RPG. (1991). *A Selected Bibliography on Refugee Health*. Geneva and Washington, DC: UNHCR and RPG.

This bibliography contains references to published documents as well as unpublished material in the public domain in English, French and Spanish. Its scope covers all aspects of refugee health: physical and mental health as well as traditional medicine. References are grouped into 10 categories: (1) General health aspects and policies; (2) Primary health care and health services in developing countries; (3) Feeding programs and nutrition; (4) Ethnomedicine in a cross-cultural context; (5) Medical care and health services in resettlement countries; (6) Psycho-social problems; (7) Mental health and psychiatric treatment; (8) Vulnerable groups: women, children and elderly refugees; (9) Guidelines and manuals; (10) Bibliographies.

Vasquez, M., Han, A., and De Las Fuentes, C. (2006). Adaptation of immigrant girls and women. In: J. Worell and C.D. Goodheart, Eds., *Handbook of Girls' and Women's Psychological Health: Gender and Well-being Across the Lifespan*, (p.439-446). New York, NY: Oxford University Press.

Immigrant and refugee girls' and women's psychological health and well-being in the United States may best be understood by incorporating their realities prior to immigration, their reasons for immigration, and their adaptation to living in the United States. For many, their collectivistic ethnic origins and heritages, as well as the sociopolitical and economic realities in their countries of origin, give them little preparation to deal with the post-migration individualistic context of living in the United States. What might generally be normative challenges and tasks across the life span may be monumental for these populations because of conflicting traditional and American cultural expectations and values of what is considered developmentally desirable, optimal, and acceptable. Moreover, migration-related losses, traumas, adjustment issues, prolonged hardships, and oppression often mire normal developmental processes. Yet girls, women, and their families demonstrate a variety of strengths and resilience in the face of these challenges. Clinical as well as societal strategies to promote optimism and hope among immigrant girls and women, and their families, are essential elements in a socially responsible profession and society. This chapter provides an overview of female immigrant and refugee experiences, and discusses pertinent issues including documentation status, migration, reasons for immigration, and adjustment challenges.

Volkan, V.D. (2001). Transgenerational transmissions and chosen traumas: An aspect of large-group identity. *Group Analysis*, 34(1), 79-97.

Large-group (ethnic, national, religious) identity is defined as the subjective experience of thousands or millions of people who are linked by a persistent sense of sameness while also sharing numerous characteristics with others in foreign groups. The main task that members of a large group share is to maintain, protect, and repair their group identity. A 'chosen trauma' is one component of this identity. The term 'chosen trauma' refers to the shared mental representation of a massive trauma that the group's ancestors suffered at the hand of an enemy. When a large group regresses, its chosen trauma is reactivated in order to support the group's threatened identity. This reactivation may have dramatic and destructive consequences.

Wagner, J. (2005). The systematic use of rape as a tool of war in Darfur: A blueprint for international war crimes prosecutions. *Georgetown Journal of International Law*, 37(1), 193-244.

Wallace, T. (1991). Taking the lion by the whiskers: building on the strengths of refugee women, in Wallace, T. (Ed.), *Changing Perceptions: Writings on Gender and Development*, (p.60-67). OXFAM Publications Oxford, UK.

Wars, famines and other socio-political upheavals have caused the migration of large communities within and from the Third World in recent decades. The movement of households and communities leads to temporary and even permanent changes, in the socio-economic order of their lives. This chapter argues that women face the difficult challenge of providing food supplies and other resources for their families within this alien environment, and hence, effectively begin to head the refugee household. International efforts to assist refugee women and their families are described, and action to protect women from rape, sexual harassment and death is emphasized as a step towards assistance. Health, employment and education are also dealt with, focusing on the need to relieve chronic stress from excessive hours of work which often yield limited returns. Hence, international agencies and non-governmental organisations are urged to address these issues and take the lion by the whiskers.

Wallace, T. (1993). Refugee women: their perspectives and our responses. *Focus on Gender*, 1(2), 17-23.

Refugee policies are usually developed and implemented without the involvement of refugees, being top-down. Women refugees are almost inevitably excluded. In order to take women refugees' perspective into account, action has to be taken to counteract the factors which have prevented their voices being heard. This means addressing the lack of gender-sensitive staff and policies within aid

agencies, undertaking relevant research, learning to involve women in the planning and delivery of refugee assistance, increasing their access to essential goods, working with their own organizations and learning to listen to women. This paper looks at the way in which refugee women can be involved in decision making, and cites examples from water distribution projects and agricultural planning. There is a need for many changes in the way refugee work is perceived and carried out. There is a need for wide-ranging research into the situation of refugee women in different areas. Indicators for needs assessment must be devised, including guidance on the indicators that can be used in an emergency quickly to assess their basic needs.

Wallace, T. (1994). *Saharawi women: between ambition and suffering*. *Focus on Gender*, 2(1), 50-53.

This paper details a conference on Saharawi women refugees organized in the UK House of Commons by One World Action in October 1993. The conference raised a number of issues concerning Saharawi women and their experience as long-term refugees in camps and also about women refugees and how they cope with the suffering that emergencies such as war and famine impose on them. To look at the rights, demands and challenges of refugee women, especially Saharawi women in Algeria, there are a number of barriers to be over-come. Firstly, the stereotyping of refugee women is becoming more prevalent in western media. Secondly, to get a fuller and more realistic picture of the realities of life for refugee women, they must receive proper attention. Thirdly, the rights of refugees, women and men must be examined to address the problems that deny them their rights. Finally, it is essential to support women in their transition back to peace and a return home. One of their major achievements has been their empowerment within the context of camp life and the development of women leaders in many fields. The presentations at the conference belied the stereotypes and passive images of refugee women. They are, in reality, not passive. They depend on themselves for survival, shouldering responsibility for family and community; they have to find ways to provide health care, education, food, shelter and water.

Watters, C. (2001). *Emerging paradigms in the mental health care of refugees*. *Social Science and Medicine*, 52, 1709-1718.

This paper touches on a range of issues concerning the mental health care of refugee including the role of psychiatric diagnosis in relation to refugees own perceptions of their need within the context of general health and social care provision. The author notes that in examining services the emergence of a new paradigm in mental health emerges that includes the growth of holistic approaches that take into account refugees own experiences and expressed needs and which address broader social policy context. Importance is placed on giving attention to the resilience of refugees and the ways in which they interpret and respond to challenges, as oppose to portraying refugees as passive victims suffering mental health problems. The author proposes a three-dimensional model for the analysis of interrelationship between macro-level institution factors in the mental health of refugees and the individual treatment of refugees within mental health services that includes suggestions at the institutional level, service level, and treatment level.

Weyermann, B. (2007). *Linking economics and emotions: Towards a more integrated understanding of empowerment in conflict areas*. *Intervention*, 5(2), 83-96.

The disintegration and disempowerment caused by war and organized violence in conflict areas are often reinforced by aid projects. Instead of addressing the social and psychological processes of threat and fear, destruction and trauma, loss and grief through interventions, they separate them, delegate them to specialists and ignore them in the other sectors of programming humanitarian aid. On the other hand, in psychosocial projects, the material needs of people are not always addressed adequately. In this article, a tool is introduced that helps to better understand the real extent of

individual and collective disempowerment in conflict areas, and to facilitate an integrated psychosocial approach to empowerment. The application of this tool will be illustrated with two examples. One example looks at economic projects in Nepal, where staff examined more closely their individual beneficiaries and realized how the fears of both past and future influence economic performance. The other is in a psychosocial project in Gaza where this tool helped counselors to take the material needs of their clients more seriously, and to turn sewing and pottery courses from occupational therapy into a form of economic empowerment.

Whittaker, S., Hardy, G. Lewish, K., and Buchan, L. (2005). An exploration of psychological well-being with young Somali refugee and asylum-seeking women. *Clinical Child Psychology and Psychiatry, 10*(2), 177-196.

The aims of this study were to explore individual and collective understandings of psychological well-being among young Somali (black African Muslim) asylum-seeker or refugee women. Three groups and five individual semi-structured interviews were undertaken and themes were identified using Interpretative Phenomenological Analysis. Themes included resilience and protection; identity and beliefs; and concealment, distancing and secrets; which reflected acculturation, Islamic and Somali cultures. Spirit possession was explored in relation to culture and religion, mental health, protection and treatment. The women 'get on', or cope with life, and value support from family, services and religion. However, the pressures to navigate conflicting and changing cultural and religious positions, and to conceal distress, frustrate accessing support. The young Somali refugees' understandings of mental health and psychological well-being provide an insight for clinicians into the complexities of approaching services for help, and developing shared understandings transculturally. Clinically, the findings raise the paradox of how Somali women value support, yet also value concealment and fear disclosures. The variation and tensions reflected in the data from a small number of women highlight the importance of not stereotyping refugees, but exploring their individual beliefs and providing a range of service options

Ying, Y. (1997). Psychological adjustment of Southeast Asian refugees: The contribution of sense of coherence. *Journal of Community Psychology, 25*(2), 125-139.

This study examines the contribution of sense of coherence and resistance deficits and resources to the psychological adjustment of five Southeast Asian refugee groups (713 Vietnamese, 492 Cambodians, 551 Laotians, 231 Hmong, 245 Chinese-Vietnamese). It is hypothesized that sense of coherence, i.e., the experience of life as comprehensible, manageable, and meaningful, directly predicts psychological adjustment as measured by happiness and demoralization. Also, resistance deficits (being male, the experience of trauma, and cultural traditionalism) and resistance resources (a younger age at arrival and longer residence in the United States, higher education, employment, greater English competence, and living in an area with a greater co-ethnic density) are postulated to both directly and indirectly (through their effect on sense of coherence) predict happiness and demoralization. These hypotheses are generally supported by the results of this study, with sense of coherence emerging as a most powerful predictor of psychological adjustment for refugees.