# The staying power of pain

*A comparison of torture survivors from Bosnia and Colombia and their rates of anxiety, depression and PTSD*

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**Abstract**
This article describes symptoms of anxiety, depression and PTSD among Bosnian (n=17) and Colombian (n=17) torture survivors served by the Florida Center for Survivors of Torture, a programme of Gulf Coast Jewish Family Services, Inc. Information from clients enrolled in the programme for six months or more was collated over a 14 month period in order to better prioritize and design services for the two distinct populations. On average, the Bosnians in this sample experienced torture approximately 14 years ago while the Colombians' experience was approximately six years ago. Types of torture experienced by clients are documented using HURIDOCS and the number of family and friends affected by extreme trauma are counted. Employment and education levels attained are also identified.

Findings show that 100% of Bosnians are symptomatic for depression and over half possess symptoms of PTSD compared to 35% of Colombians for depression and 18% for PTSD, despite the differences in years since trauma occurred. High incidences of torture experienced by Bosnian clients and high numbers of family and friends affected support the high rates of symptoms. For the Colombian clients, high rates of employment and years of education, as well as earlier intervention, may contribute to their lower rates of symptoms.

The two client groups are distinguished by the unique circumstances experienced by each, including punctuated wartime versus a prolonged insurgency, as well as the refugee versus asylum seeker experience. This exploratory project informs the torture treatment model while recognizing the importance of ethnic, political and cultural perspectives affecting the healing process.

*Key Words:* torture, PTSD, depression, Bosnia, Colombia

## Introduction

It is the historic policy of the United States to admit refugees of special humanitarian concern from around the world each year, reflecting our core values and our tradition of being a safe haven for the oppressed.[1] Of special concern at any time are those individuals who have suffered torture. Meeting the threshold of torture experience as defined by the United Nations Convention Against Torture[2] is the sole admission criteria for services from the Florida Center for Survivors of Torture.

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The Florida Center for Survivors of Torture (Florida Center), a programme of Gulf Coast Jewish Family Services, Inc. (GCJFS) is funded primarily by the United States Office of Refugee Resettlement and the United Nations Voluntary Fund for Victims of Torture, and has offices in both the Tampa Bay and Miami-Dade areas of Florida. The Florida Center is the only such treatment centre in the state. In 2004, Florida received double the number of refugees and entrants[3] than the country of Canada.[4]

Unlike most other centres around the world, the Florida Center utilizes a community-based network model that focuses on the delivery of multidisciplinary services and network programme training.[5] The Florida Center is a "Centre Without Walls" offering services in the communities in which survivors live through a diverse network of trained partners. An individual and intensive treatment plan is devised based on an in-depth psychosocial intake assessment and questionnaire for each survivor. Treatment plans will vary based on the stated and found needs of each individual. Rigorous case management of multidisciplinary services is provided by the Florida Center. This may include mental health professionals, psychiatrists, psychologists, physicians, attorneys, interpreters and other service providers. This model is flexible enough to meet the variety of needs presented by torture survivors from different cultures, experiences and their preferred ways of healing. Each year, the Florida Center provides case management to over 250 survivors, and has served clients from 43 countries in the world since the programme's inception in 2000. Additionally, the Florida Center has provided professional training in working effectively with survivors of torture to over one thousand network providers to date. The Tampa Bay office has served significant numbers of individuals from the former Yugoslavia who are primarily Bosnian Muslim refugees and from Colombia who are primarily Christian asylees and asylum seekers.

This study examines samples of two client groups from the Florida Center, their symptoms of anxiety, depression and PTSD, and additional factors impacting their rehabilitation after six months of being enrolled in the programme. The Bosnian refugees whose experiences of torture are a result of an intense war and genocide are compared with Colombian asylum seekers, who have been targeted by the para-military and guerrilla forces that are deeply embedded in that country at the societal level. Individuals who have experienced extreme trauma as a result of physical and/or psychological torture are often affected long after the trauma has occurred.[6] As a social service programme serving torture survivors from diverse backgrounds, the authors are interested in describing two distinct client groups in order to better respond to emerging client needs. The distinct differences in length of time since the trauma is notable as are other factors examined including torture experiences of family and friends of the study participants, and employment rates and education levels attained.

## Background

### *Conflict histories*

#### Bosnia

"In 1992 soldiers came to my village in Bosnia and took everyone to a nearby school. Since the war had just started we were not sure which side the soldiers were on. At the school, the men were taken and beaten until they were almost unrecognizable and the women were raped. I was raped and beaten with a large stick and rifle. When we returned to the village, the houses and everything was burned. Today, 33 members of my family are missing. I think they were killed and buried in a mass grave."

*Bosnian client*

The Bosnian War, which lasted almost four years (1992-1995), was one of the most brutal conflicts in recent history leaving approximately 200,000 people dead and many more civilians physically and emotionally wounded as a result of the use of concentration camps, torture and organized rape. Close to three million people were forced to leave their homes and become refugees.[7] This year marks the 10th anniversary of the massacres at Srebrenica – when at least 7,800 Bosnian Muslims were killed – and the perpetrators of these war time human rights abuses remain at large.[8] Thousands of "disappearances" are still unresolved. Tens of thousands of war refugees were resettled in the United States as well as other countries in the Americas and Europe.

Upon arriving in the United States, Bosnians were entitled to legal status as well as various refugee resettlement benefits. Their traditional patriarchal family structure and reliance on extended family and gender roles are challenged in resettlement, as women adapt more quickly to western norms and children obtain English language skills more easily than adults. These factors, along with other issues regarding acculturation, often compound the effects of torture.[9]

### Colombia

"My grandfather was a village leader and member of a political party in opposition to the FARC in Colombia. The FARC threatened him because of this. Then, my cousin began dating a man who was a member of FARC but she didn't know it. When we learned of this, my family tried to break up the relationship. The FARC members became angry and they killed my cousin. They threatened the rest of our family and then killed my grandfather. The police could not help us. When my father was travelling with his friends, FARC stopped them at a roadblock and shot them and hit my father in the back. Another time, a group of boys who wanted to be FARC killed a person and I saw them."

*Colombian client*

Contrary to repeated peace talk attempts, the long-running armed conflict in Colombia between the government and the main armed opposition group, the Fuerzas Armadas Revolucionarias de Colombia, (FARC) continues to be significant. Both the army and its paramilitary allies with the guerrilla forces are responsible for serious and systematic abuses of human rights and international law including politically motivated killings, forced disappearances and kidnappings. According to recent data relating to torture in Colombia, approximately 55% is committed by army-backed paramilitaries, 11% directly by the security forces and almost 7% by armed opposition groups.

In the remaining cases (27%) responsibility is not known. The majority of victims of torture are subsequently killed. Between July 1996 and June 2001 over 1,200 people were reportedly tortured, of these over 88% of the victims were subsequently killed.[10] The United States Committee for Refugees and Immigrants reports that Colombia has the second largest number of internally displaced persons in the world with approximately 2.9 million displaced since 1985.[11] Overall, roughly one of every 10 Colombians is now living abroad.[12]

Despite this upheaval, little research is available on the impact of the ongoing internal conflict that affects Colombia's citizens at the societal level. Colombians are seeking asylum in the United States at rates higher than ever before, often leaving family members behind, in desperation and in spite of threats to their personal safety, thus reflecting the severity and magnitude

of the country's instability. As asylum seekers in the United States, Colombians are not guaranteed legal status, or access to social welfare benefits. Within the current United States political climate, their futures are increasingly uncertain as they wait years for their asylum claims to move through the American immigration court system.

*Impact of torture*

The torture literature has grown in recent years. However, comparisons between torture survivors as refugees and asylum seekers are very limited. Research suggests that the dynamic nature of the refugee and immigrant experience must be considered especially at the service delivery level, in order to accommodate the range of different cultural and situational contexts in which survivors live.[13] PTSD has been strongly associated with torture survivors and their history and severity of traumatic exposure. Other predicting factors for PTSD symptoms are proximity to danger, the increasing threat to an individual's life[14] and the traumatic loss of family.[15] Longitudinal studies among refugees and torture survivors have shown continued high rates of PTSD[16] and symptoms of depression[17] despite the length of time since the experience of trauma. Studies have also revealed several protective factors for lower PTSD rates.

Psychological preparedness for particular traumas lowered PTSD symptoms including prior exposure to traumatic stressors, expectation of traumatic events, and the belief that torture is an instrument used by the ruling class to manipulate behaviours.[18] Higher levels of education have also been associated with lower psychological sequelae post-trauma.[19]

In recent years, studies have examined the complexities of acculturative stress among refugees and immigrants.[6,17,20] Blair[21] found that Cambodians who experienced greater numbers of stressors during resettlement were at higher risk for major depression. Formal resettlement in a "safe third country" is a voluntary process, although individuals and families may have been forced into leaving their home countries because of war and persecution. Individuals who voluntarily relocate have shown lower levels of depression compared to those individuals who are less willing or who strongly regret being placed in that position.[22] Another complexity of acculturative stress is unemployment post-trauma.[23] Stutters and Ligon[13] suggest that social service and community-based organizations who work with refugees and diverse groups are in a unique position to learn more about the prevalence rates of anxiety and depression, which can impact the use of assessments and the delivery of services to clients.

## Methods

The Florida Center staff, having observed distinct differences in client expectations and service utilization between the Bosnian and Colombian clients, was interested in quantifying these presumed differences. Bosnian and Colombian clients of the Florida Center who received services from the Tampa Bay office for between six and 24 months and who completed a mid-service assessment during a single 14 month period (September 2004 to December 2005) were selected for this study. Of the 96 active clients from Bosnia and 46 active Colombian clients, 17 Bosnians, 18% of active clients, and 17 Colombians, 37% of active clients, had a completed mid-service assessment within the 14 month period. This represents 14% (34/235) of the total Florida Center client base from the period. A mid-service assessment uses the Hopkins Symptom Checklist – 25 (HSCL-25),[24] which measures for symptoms of anxi-

ety and depression, and the Harvard Trauma Questionnaire (HTQ),[25] which measures for PTSD symptoms. Trained interpreters were used to administer the assessment for those clients who were not fluent in English. In addition to the questionnaires, a client data sheet data, including clients' personal torture narrative, was compiled based on archival data located in client files and the Florida Center client data tracking system. Analysis was conducted using SPSS, a statistical software tool used for social science research.

Personal identifiers have not been used in this study. Upon enrolling in the Florida Center programme, all participants signed consent for treatment and a privacy notice explaining that data derived from routine programmatic procedures are subject to research projects and that no personal identifying information will be used. No additional information outside of programmatic procedure has been collected for this study. All data obtained from Florida Center clients is confidential and kept in full compliance with the Code of Federal Regulations Protection of Human Subjects.[26]

## Results

*Demographics*

Of the 17 Bosnian clients enrolled in this study, 12 were female and five were male. Nine participants from Colombia were female and eight were male. The mean age (standard deviation – SD) for participants was similar: 48 (11.8) for Bosnians and 43 (13.3) for Colombians. Twelve participants in each group were married while three Bosnians and four Colombians were single, and two Bosnians were widowed compared to one widowed Colombian.

*Symptoms*

The average length of time among study participants since experiencing extreme trauma and torture during the Bosnian War is 14 years. Yet, despite the time that has elapsed, scores for anxiety, depression and PTSD symptoms among Bosnians are substantially higher than the scores of the Colombian participants whose averaged experience of torture was only six years ago. Using the HSCL-25 to measure for symptoms of anxiety and depression, the mean scores for symptoms of anxiety among Bosnian participants are substantially higher than the Colombian participants. 100% of the Bosnian participants' scores are consistent with symptoms of depression compared to 35% of Colombians whose scores reveal symptoms for depression. The HTQ assessment for PTSD symptoms resulted in 53% of Bosnians showing more symptoms compared to 18% of Colombians. See Table 1.

**Table 1.** *Client scores for anxiety, depression and PTSD.*

| | HSCL-25 Anxiety | HSCL-25 Depression | HTQ PTSD |
|---|---|---|---|
| *Bosnians* | | | |
| Median | 2.66 | 2.58* | 2.92** |
| SD | 0.609 | 0.486 | 0.697 |
| Range | 1.80-3.70 | 1.86-3.30 | 2.18-4.9 |
| *Colombians* | | | |
| Median | 1.83 | 1.62 | 1.93 |
| SD | 0.636 | 0.325 | 0.446 |
| Range | 1.00-3.10 | 1.07-2.20 | 1.13-2.81 |

*) Depression scores of >1.75 are considered symptomatic for depression.
**) PTSD scores of >2.5 are considered symptomatic of PTSD.

*Experiences of torture*

During the intake process, clients are asked to tell their story. An open-ended format allows clients to describe with as much or as little detail the situation surrounding their torture. Clients' narratives are documented by the Florida Center staff by recording the identified types of torture as listed by the Human Rights and Documentation Systems, International (HURIDOCS) Standard Formats.[27] Details from the unprompted narrative of recounting their trauma history reveal that Bosnians in the study reported a total of 28 types of personal trauma sustained with 113 incidences. Self-reported forms of trauma by Colombian clients in the study group were much fewer: 16 types of personal traumas were reported with a total of 48 incidences having occurred. See Table 2. In telling their story, clients often relay their experiences through what others close to them have endured. For the Bosnian participants in this study, 98 incidences of extreme trauma occurred to people close to them: torture (N=28) and killing (N=45) being the most common occurrences. Family and friends of Colombians suffered as well, with 46 occurrences reported including harassment and death threats. These additional events compound the effects of the personal torture and trauma experienced.

*Additional variables and findings*

While the time since the trauma occurred is substantially different between the two client groups, the length of time in the United States is relatively similar. For the Bosnians, like most refugee groups, their transitional time in a host country (i.e. Germany) was prolonged while the international community worked to devise a permanent repatriation or resettlement solution. As a result,

**Table 2.** *Methods of violence experienced by clients based on HURIDOCS codes.*

| Methods of violence HURIDOCS code[26] | Type of act (categories condensed) | Bosnian | Colombian |
|---|---|---|---|
| 03 01 | Beating (blows with objects, slapping, kicking, punching) | 13 | 2 |
| 03 05 | Rape/sexual harassment/molestation (forced sex, sexual comments and other forms of harassment, sexual threats, forced touching) | 8 | 0 |
| 03 10 | Strangulation | 1 | 0 |
| 03 15 | Deprivation (of food, water, needed medical attention, sleep, extreme exposure) | 22 | 0 |
| 03 17 | Immobilization (being tied or bound) | 0 | 1 |
| 03 19 | Stress to senses (blind folding, overcrowding, loud/ disagreeable noises, screams and voices) | 5 | 1 |
| 03 20 | Psychological torture and ill-treatment | 12 | 3 |
| 03 21 | Degradation (forced into acting, forced nakedness, verbal abuse) | 13 | 5 |
| 03 22 | Threats – not including death threats | 15 | 15 |
| 03 23 | Death threats | 15 | 16 |
| 03 24 | Torture as a witness | 7 | 2 |
| 04 | Indiscriminate attacks (being shot at, forced at gun point, hostage) | 2 | 3 |
| | Totals | 113 | 48 |

the averaged length of time the Bosnian participants have been in the United States is only six years although they left Bosnia at the time of the war. For the Colombian clients, their averaged length of time in the United States is approximately four years while their trauma occurred approximately six years ago. The Columbian numbers reflect a more common experience of asylum seekers who may make strategic plans to flee their country when necessary and to seek asylum in a pre-selected country based on a variety of reasons.

Of the 34 participants in this study, 26 have been clients of the Florida Center for approximately one year, while four have been enrolled for only six to eight months and four for as long as two years. As clients of the Florida Center, participants receive client-centred intensive case management. For some, this may include cognitive behavioural mental health therapies. Of the participating clients in this study, ten are receiving mental health services, four of whom are Bosnian and six are Colombian. Notable differences among the groups include level of education and current employment. Fifteen Bosnian participants achieved the equivalent of an American high school education. Conversely, 14 Colombian clients participated in technical college or business specific trade school or higher. Current employment figures show 82% (N=14) of Colombian participants are currently employed while the same percentage of Bosnian participants are unemployed. See Table 3 for education and employment rates.

**Table 3.** *Client education levels and current employment status.*

| **Highest level of education completed in country of origin** | | |
|---|---|---|
| | **Bosnian** | **Colombian** |
| No formal education | 2 | 0 |
| Primary school | 9 | 0 |
| Secondary school | 4 | 4 |
| Technical/trade school | 2 | 7 |
| University/advanced degree | 0 | 6 |
| **Current employment status** | | |
| | **Bosnian** | **Colombian** |
| Employed | 3 | 14 |
| Not employed | 14 | 3 |

## Discussion

Symptoms associated with torture trauma will vary with respect to learned patterns of coping influenced by ethnic, political and spiritual perspectives. This descriptive study clearly delineates two client groups: one refugee population whose trauma was sustained in a relatively short amount of time 14 years ago, compared to asylum seekers whose experiences of trauma were less frequent but deeply personal and threatening over a longer period of time and occurring more recently.

Bosnians, exhibiting consistently higher symptoms of anxiety, depression and PTSD, not only report more incidences of trauma experienced by them and by those close to them, they also had attained lower levels of education than the Colombian participants, and currently have a very low employment rate implying low functioning in daily living.[23] Culturally, the barriers confronted by this population include adjustment from a socialist to capitalistic system, language barriers and loss of community. They have created a community in the Tampa Bay region that is relatively small, 7,489 in 2000.[28] Additionally, as Muslims living in the US during the time of war against terror, they can face social and religious isolation, discrimination, and little understanding of their traditions.

Colombians, on the other hand, who had achieved very high levels of education with 82% of study participants being currently employed, appear to have more strength

based skills and a greater number of options available to them, which may contribute to their resiliency and improved mental health functioning. Moreover, Colombians come to the United States from a similar capitalistic system, and to Florida in particular where there are established Latin American communities in our Tampa Bay service area numbering 222,452 persons or nearly 20% of the total population.[28] Unlike Bosnians, Colombians in this study, not having experienced religious persecution, can more easily integrate their predominantly Christian religion and spiritual practices into their new American lives. And, unlike Bosnians, Colombians in the Tampa Bay area can find work and build communities using their native Spanish. They also have access to a shared Latin American culture which can ease the acculturative process.

Despite having experienced extreme trauma on average 14 years ago, Bosnian participants remain deeply affected today as shown through the HSCL-25 and HTQ. The psychological stage of the refugee process[29] suggests that the post-migration process yields patterns, including the risk for *decompensation,* which can occur at any point when survival needs are unmet, cultural identities are confused, and there is an inability to separate the past, present and future. Contributing to the acculturative stress is the impact of severe torture experienced in a short period of time, and the torture and killing of loved ones. For Colombians, whose experiences of torture occurred only six years ago, they exhibit protective factors such as fewer incidences of trauma, fewer family members and friends who were affected by trauma, and possess higher levels of education. Additionally, early intervention for the Colombian survivors may contribute to the lower rates of symptoms compared to the Bosnians. Of the 17 Bosnians in this sample, no individual reported receiving mental health services in Germany or elsewhere during the roughly five to eight years while awaiting resettlement in the US.

The fundamental difference between refugees and asylum seekers is that refugees are invited to come to the United States for resettlement (after documentation of their story and thorough background checks) with a clear and protected immigration status. By contrast, although the experience of persecution and torture may be the same, an asylum seekers' status and prospects are unknown for an undetermined amount of time into the future. For Bosnians, there was little choice in them fleeing their home due to the intensity and severity of the war. Families were ordered out of their homes and villages and there was no warning or time to plan. Whereas in Colombia, where the conflict has been incessant and pervasive for decades, torture methods reflect an ongoing pattern of sustained intimidation, threats and manipulation that interferes with the psychological well-being of individuals and communities. With these common methods, as a society, Colombians may possess a degree of preparedness as the population grows accustomed to frequent and consistent threats and incidences of extreme violence and harassment. In addition, they may have legitimately fled their homes after cautiously and secretly planning and saving for years in preparation for any eventuality.

Findings from this study have implications for services provided by torture treatment programmes. Due to protracted international conflicts and warehousing of refugee populations, the experiences of torture and trauma among new arrivals may not have occurred recently, but symptoms can be as persistent and severe nonetheless. Screening for anxiety, depression and PTSD can provide a baseline for clients as they ac-

cess services and may reflect daily functioning abilities. These measurements can be incorporated in the programme's existing client psychosocial evaluation throughout the client's time with the programme. Clients experiencing cultural isolation compared to cultural integration will utilise services differently. Additionally, accessing services may have cultural connotations, which need to be incorporated into the service delivery model in order to fit the needs of the clients. Future studies could examine the types of services accessed by groups, cultural perceptions of progress towards stability within a social service programme, acculturation processes of refugees versus asylum seekers, and a comparison of long versus short-term affects of trauma.

## Summary

This study described Bosnian and Colombian torture survivors who are being served at the Florida Center for Survivors of Torture. Comparisons between the two groups included scores of anxiety, depression and PTSD, incidences of trauma among the clients and their families, immigration status, length of time since trauma, length of time in the US, current employment, and level of education attained. Findings from this descriptive study are consistent with existing literature with respect to symptoms and potential related risk and protective factors, and also highlight interesting outcomes potentially impacting service delivery within the torture treatment movement. Bosnian clients in this study, who were witnesses to and victims of more incidences of torture and extreme trauma, exhibit high scores for anxiety and depression, and all exhibit symptoms for PTSD. Colombian survivors enrolled with the Florida Center report fewer incidences of torture and have substantiality lower rates of anxiety, depression and PTSD. For Bosnians, the number of family and friends victimized during the Bosnian War was over double that of the Colombian clients. Moreover, the limited education among Bosnians studied and the very low employment rates are consistent risk factors for low mental health functioning. The very high rates of employment for Colombians in this study compared to the Bosnian participants imply higher functioning abilities in daily activities.

The sample size can limit transferability of the findings but highlights the impact of torture and trauma within various cultural contexts. The Florida Center's programme model 9 Centre Without Walls' focuses on the needs of individual clients and is able to account for the dynamic and various factors affecting their mental health, and subsequently, the degree to which they access services, are present in their daily lives, support themselves financially, and participate in their community and in the lives of friends and families. The Florida Center works to stabilize clients and help them recover a sense of normalcy similar to their lives prior to the traumatic experiences. Because the power of intentionally inflicted pain is intense and long lasting, torture rehabilitation services are essential among survivors regardless of the length of time that has elapsed since the experience of torture.

## References

1. Overview of the US resettlement process. Administration for Children and Families: Office of Refugee Resettlement, 2002. www.acf.dhhs.gov/programs/orr/programs/overviewrp.htm
2. Convention against torture and other cruel, inhuman or degrading treatment or punishment: adopted and opened for signature, ratification and accession by General Assembly resolution 39/46 of 10 December 1984. United Nations, 1984.
3. Florida refugee and entrant arrivals: Statistical report. Florida Department of Children and Families, Refugee Services, 2004.

4. 2004 global refugee trends: population and geographical data section. United Nations High Commissioner on Refugees, 2004. www.unhcr.org/cgi-bin/texis/vtx/events/opendoc.pdf?tbl=STATISTICS&id=42b283744.
5. Bowers R, Pahl L, Bernstein MA. Case presentation of a tattoo mutilated, Bosnian torture survivor: utilizing a community-based, multidisciplinary treatment network model. Torture 2004;14(1):16-23.
6. Hauff E, Vaglum P. Organized violence and the stress of exile: predictors of mental health in a community cohort of Vietnamese refugees three years after resettlement. Br J Psychiatry 1995;166:360-7.
7. Mertus J, Tesamovic J, Metikos H, Boric R, eds. Suitcase: refugee voices from Bosnia and Croatia. Berkeley, CA: University of California Press, 1997.
8. Amnesty international annual report. Bosnia and Herzegovina human rights concerns. Amnesty International USA, 2005. www.amnestyusa.org/countries/bosnia_herzegovina/index.do
9. Spasojevic J, Heffer RW, Snyder DK. Effects of posttraumatic stress and acculturation on marital functioning in Bosnian refugee couples. J Trauma Stress 2000;13:205-17.
10. Briefing to the UN committee against torture on the Republic of Colombia. Amnesty International, 2003. www.amnestyusa.org/countries/colombia.
11. World refugee survey. U.S. Committee for Refugees and Immigrants, 2005. www.refugees.org/uploadedFiles/Investigate/Publications_&_Archives/WRS_Archives/2005/internally_displaces_persons.pdf
12. Bérubé M. Colombia: crossfire, migration information source. Coombia: Migration Policy Institute, 2005. www.migrationinformation.org.
13. Stutters A, Ligon J. Differences in refugee anxiety and depression: comparing Vietnamese, Somalian, and former Yugoslavian clients. Journal of Ethnic & Cultural Diversity in Social Work 2001;10:85-96.
14. Morgan CA, Hazlett MG, Wang S, Richardson EG, Schnurr P, Southwick SM. Symptoms of dissociation in humans experiencing acute, uncontrollable stress: a prospective investigation. Am J Psychiatry 2001;158:1239-47.
15. Momartin S, Silove D, Manicavasagar V, Steel Z. Dimensions of trauma associated with posttraumatic stress disorder (PTSD) caseness, severity and functional impairment: a study of Bosnian refugees resettled in Australia. Social Science & Medicine 2003;57:775-81.
16. Weine SM, Vojvoda D, Becker DF, McGlashan TH, Hodzic E, Laub D et al. PTSD symptoms in Bosnian refugees 1 year after resettlement in the United States. Am J Psychiatry 1998;155:562-4.
17. Lie B. A 3-year follow-up study of psychosocial functioning and general symptoms in settled refugees. Acta Psychiatr Scand 2002;106:415-25.
18. Basoglu M, Mineka S, Paker M, Aker T, Livanou M, Gok S. Psychological preparedness for trauma as a protective factor in survivors of torture. Psychol Med 1997;27:1421-33.
19. Saab BR, Chaaya M, Doumit M, Farhood L. Predictors of psychological distress in Lebanese hostages of war. Social Science & Medicine 2003;57:1249-57.
20. Miller KE, Worthington GJ, Muzurovic J, Tipping S, Goldman A. Bosnian refugees and the stressors of exile: a narrative study. Am J Orthopsychiatry 2002;72:341-54.
21. Blair RG. Risk factors associated with PTSD and major depressions among Cambodian refugees in Utah. Health and Social Work 2000;25:23-30.
22. Pernice R, Brook J. Refugees' and immigrants' mental health: association of demographic and post-immigration factors. J Soc Psychol 1996;135:511-9.
23. Jaranson JM, Butcher J, Halcon L, Johnson DR, Robertson C, Savik K et al. Somali and Oromo refugees: correlated of torture and trauma history. Am J Public Health 2004;94:591-8.
24. Mollica RF, Wyshak G, Marneffe D, Khuon F, Lavelle J. Indochinese versions of the Hopkins symptoms checklist-25: A screening instrument for the psychiatric care of refugees. Am J Psychiatry 1987;144:497-9.
25. Mollica RF, Caspi-Yavin Y, Bollini P, Truong T, Tor S, Lavelle J. The Harvard Trauma Questionnaire: validating a cross-cultural instrument for measuring torture, trauma, and posttraumatic stress disorder in indochinese refugees. J Nerv Ment Dis 1992;180:111-6.
26. United States Department of Health and Human Services: 45 C.F.R. 46.109(d) 1991. www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm
27. Dueck J, Noval AM. Supporting document J: type of event. HURIDOCS Standard Formats: Supporting Documents. Oslo: HURIDOCS, 1993:97-112.
28. American community survey, selected population group highlights. U.S. Census Bureau, 2000. http://factfinder.census.gov
29. American community survey, selected population group highlights. U.S. Census Bureau, 2000. http://factfinder.census.gov
29. Grove CL, Torbiorn I. A new conceptualization of intercultural adjustment and the goals of training. International Journal of Intercultural Relations 1985;9:205-33.