Interventions for adults exposed to war and armed conflict: an evidence and gap map

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Plans to co-register:

☒	No
☐	Yes ☐ Cochrane ☐ Other
☐	Maybe

Date submitted:
Date revision submitted:
Date published: 14 March 2019

Title of the EGM

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Background

Between 2000 and 2013 there were an average of 34.4 armed conflicts every year (Themnér & Wallensteen, 2014). According to the Uppsala Conflict Data Program (UCDP), the number of armed conflicts in 2015 reached 50, indicating a sharp rise since about 2010 (Dupuy et al., 2016; Marc, 2017). The report on armed conflicts published by the Peace Research Institute Oslo noted that not only have we seen an upsurge in deaths due to conflict in recent years, but an increase in the severity of war (Dupuy et al., 2016). The deadliest conflicts in 2015 were in Syria, Afghanistan, Iraq, Yemen, and Nigeria (Dupuy et al., 2016).

Around the world, individuals, families, and communities are living in the middle of armed conflict. They are enduring the hardships and the trauma that comes with war. Despite knowing the direct impact that war has on every aspect of life for families, war ravages on and the consequences tragically continue. During times of war conflict, individuals are often exposed to high risk traumas such as torture, rape, imprisonment, and physical assault (Momartin, Silove, Manicavasagar, & Steel, 2002). Families, women, and children are vulnerable to experiencing multiple, on-going, complex trauma.

Interventions to prevent or reduce symptoms for persons who have experienced war conflict are diverse and vary in the populations they are targeting (refugees, asylum seekers, children, child soldiers, adults, etc.), the focus of the intervention (e.g., trauma focused, social emotional, skill building), and the place and time of the intervention (e.g., during conflict, in refugee camps, during resettlement).While evidence-based interventions have shown efficacy across cultures and in conflict-affected areas (Betancourt, Meyers-Ohki, Charrow, & Tol, 2013), there is great diversity in the types of interventions that are being utilized.

To identify the current available evidence, an evidence gap map (EGM) will be created to visually represent existing primary intervention studies/impact evaluations and systematic reviews and to highlight where there are gaps in the evidence (Snilstveit, Vojtkova, Bhavsar, & Gaarder, 2013). The purpose of the proposed EGM is to identify and map the existing evidence on the effects of interventions that are specifically aimed at adults who have been exposed to war or armed conflict.

The questions guiding the development of the EGM are:

1. What evidence is available to examine the effectiveness of interventions targeting adults who have been exposed to war or armed conflict?

2. What are the study, intervention, location, and participant characteristics of studies that have evaluated interventions with adults who have been exposed to war or armed conflict?
3. What outcome measures are being used to measure the impacts of these interventions?
4. What are the gaps in both the primary evidence base and systematic reviews related to interventions targeting adults who have experienced war related trauma?

Scope of the EGM

This EGM will focus on interventions for adults exposed to war and armed conflict. Interventions will include psychological interventions (such as individual psychotherapy and group therapy), psychosocial (such as skill building and psychoeducation), and supportive interventions (such as medical care, community resources). The interventions included will be in any setting where war and armed conflict are occurring, refugee camps, and countries of resettlements. Outcomes included will be psychological in nature (symptoms related to trauma, depression, anxiety, stress), behavior related (internalizing and externalizing behaviors, aggression), functioning related (daily functioning, functioning at home, community, or work), and health related (both mental health and physical health).

Existing EGMs

Currently there does not exist an EGM on this topic.

Suggested dimensions

The intervention-outcome framework will be the model used for this EGM. Intervention and outcome dimensions are detailed below.

Intervention(s) or problem

The high level of trauma that individuals face due to war has profound impact on physical and psychological functioning (Green, 2010). Adults who have experienced war related trauma report symptoms such as high levels of trauma symptoms, feelings of isolation, high levels of stress, psychological distress, low self-esteem, dissociative symptoms (Gil et al., 2015; Kosovo, Morina, & von Collani, 2006; Palic, Carlsoon, Armour, & Elkit, 2014; Wachter et al., 2016).

Programs and interventions found in war conflict areas and those available post-resettlement vary widely. There is still great variability in the types of interventions and this body of research is disparate, making it difficult to draw clear conclusions about interventions with persons who have been in war conflict (not sure if that's the correct terminology) (Crumlish & O'Rourke, 2010, p. 244). For example, Crumlish and O'Rourke (2010) conducted a

systematic review of treatments for PTSD among refugees and asylum-seekers. They found diverse interventions as well as differences between the studies in quality, measures used, types of trauma experienced by participants, and the timing of assessments. Interventions included drug treatment, CBT, psychological interventions, exposure therapy, culturally adapted trauma-focused CBT, and narrative exposure therapy. Outcomes of the studies focused on trauma symptoms, but there were also a variety of secondary outcomes reported such as depressive symptoms, anxiety symptoms, quality of life, physical symptoms, and rates of comorbid psychiatric disorders (Crumlish & O'Rourke, 2010). Results also varied widely (both in effect size and percentage of participants reporting PTSD symptoms post-intervention) (Crumlish & O'Rourke, 2010).

Tol et al. (2013) conducted a systematic review of mental health and psychosocial support interventions for individuals impacted by sexual and gender-based violence in areas of armed conflict and found heterogeneity among the interventions, settings, study designs, study conditions, and outcomes assessed. The interventions included group, individual, medical care, psychological support, traditional healing, skill-training, micro-credit loans, community awareness training, cognitive behavioral therapy, and anti-depressant medication (Tol et al., 2013). Outcomes reported included trauma symptoms, functioning, and psychological difficulties. Another systematic review looked for evidence of the effectiveness of psychosocial interventions for PTSD among refugees and asylum seekers resettled in high-income countries and again found diversity in the type of interventions and study location (Nosé, 2017). Interventions included narrative exposure therapy, cognitive behavioral therapy, trauma focused psychotherapy, culture-sensitive oriented peer, and family-group intervention. All of the studies reported trauma symptoms as an outcome while eight of the twelve studies reported depressive symptoms as an outcome (Nosé, 2017).

Due to the diversity in intervention research, conclusions about which interventions are effective are tentative at best as the evidence base is varied and spread across countries, populations, types of interventions and other factors. Crumlish and O'Rourke concluded in their systematic review that "No treatment for PTSD among refugees and asylum-seekers has a solid evidence base" (2010, p. 244). Prior reviews have attempted to synthesize this literature, but have either been narrowly focused or have been overly inclusive to the point where it is difficult to get a good picture of the state of the evidence on each type of intervention and outcome. This EGM will be the first to pull together all of the intervention studies targeting adults who have been exposed to war and armed conflict. The framework of this EGM specifically will look at the interventions that have been targeted for individuals exposed to war and armed conflict to identify where there is robust evidence related to specific interventions and outcomes and where gaps still exist.

Below is an example of the categories of interventions that will be used in the EGM framework (Table 1), which are categorized by those provided during war and armed conflict, during migration, and post resettlement. Table 2 includes sub-categories of the interventions.

Table 1 Intervention categories

Interventions: during war and armed conflict	Mental health services (individual)
	Mental health services (group)
	Family services
	Medical services
	Financial services
	Education and skills
	Other interventions
Interventions: during migration	Mental health services (individual)
	Mental health services (group)
	Family services
	Medical services
	Financial services
	Education and skills
	Other interventions
Interventions: after resettlement	Mental health services (individual)
	Mental health services (group)
	Family services
	Medical services
	Financial services
	Education and skills
	Other interventions

Table 2 Intervention categories and sub-categories	
Mental Health Services (Individual)	Trauma-focused interventions – cognitive based Trauma-focused interventions – exposure therapy Trauma-focused interventions – somatic based Trauma-focused interventions – expressive arts based Cognitive Behavioral Therapy (CBT) Mindfulness based intervention Skills based intervention Psychoeducation Other individual intervention
Mental Health Services (Group)	Cognitive based Somatic based Expressive arts based Other group intervention
Family Services	Parenting skills Family interventions Psychoeducation Other family intervention
Medical Services	Medication Other medical services
Financial Services	Micro-loans Psychoeducation Financial stability services Group lending (lending circles) Social entrepreneurship program Other financial service intervention
Education and Skills	Vocational training Employment program School program Other educational intervention
Other Intervention	Traditional healing Other

Population

Participants will include adults (18 years) who have been exposed to war or armed conflict. Exposure could have been in the past or current at the time of the primary study.

Outcomes

Primary Outcomes. Studies must report at least one of the following outcomes:

- Psychosocial and Psychological Outcomes:
  - Trauma
    - Severity of trauma history, trauma-related symptoms
  - Mental health related symptoms
    - Depressive symptoms, anxiety symptoms, psychological distress, stress
  - Functioning being
    - Ability to work, parent, ability to function in society
  - Emotional well
  - Resilience
  - Emotional regulation
  - Self-confidence
- Physical Health Outcomes
  - Medication compliance
  - Physical illness
  - Physical wellbeing
  - Memory
- Achievement Outcomes:
  - Employment related
- Relationship Outcomes:
  - Social support
  - Relationships with family
  - Relationships with friends
  - Relationships with community
- Parenting-related Outcomes
  - Attachment
  - Attitudes and beliefs
  - Behaviors

Study designs

Study designs to be included in this review are those assessing effects of interventions using the following designs: quasi-experimental (with comparison group), cluster randomized controlled trials, randomized controlled trials and systematic reviews (studies describe methods of search, data collection, and synthesis). Studies without comparison groups will not be included.

Stakeholder engagement

An advisory group (comprised of Michael Vaughn, PhD, Michael Mancini, PhD, Jesse Helton, PhD, and Hisako Matsuo, PhD) will be consulted in defining the scope of this EGM. Meetings will be held as needed during preparation, execution, and reporting of this EGM.

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Roles and responsibilities

- Content: Anne Farina, MSW, LCSW has worked extensively with refugee children, adolescents, and families in St. Louis, Missouri in the areas of clinical practice and program development.

- EGM methods: Brandy Maynard, PhD has extensive knowledge and experience in the area of systematic review methods. She has published numerous systematic reviews.

- Information retrieval: Farina and Maynard have experience in the area of information retrieval. Saint Louis University information retrieval specialists will also be consulted in regards to the search strategy.

Funding

There is no financial support for this EGM. There is not a plan to apply for funding.

Potential conflicts of interest

There are no potential conflicts of interest to declare.

Preliminary timeframe

- Date you plan to submit a draft protocol: 7 September 2018
- Date you plan to submit a draft EGM: 29 March 2019