

Activism Among Survivors of Torture

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THESIS

Submitted as partial fulfillment of the requirements
for the degree of Master of Arts in Psychology
in the Graduate College of the
University of Illinois at Chicago, 2013

Chicago, Illinois

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SUMMARY

Research suggests that those survivors of torture who were activists, and targeted due to this connection, may have better psychological functioning compared to non-activists. The benefits of activism may involve the ability to find meaning in the trauma, trauma preparedness, maintenance of alternative worldviews, and social support. The aim of the current study is to investigate if activists, when compared with their non-activist counterparts, demonstrate fewer symptoms of depression and posttraumatic stress disorder (PTSD) at intake into a treatment program for torture survivors. Furthermore, activism was evaluated as a potential moderator of the negative psychological impact of sexual abuse. Participants in this study were 245 clients accepted into the torture treatment program. The presence of political party affiliation and the Continuous Activism Status Checklist (CASC) were used as measures of activism. Results indicated that activism was significantly related to fewer PTSD symptoms at intake in the program, but not fewer symptoms of depression. Furthermore, activism moderated the relationship between sexual abuse and PTSD symptomatology, but once again not symptoms of depression. These results suggest that participation in activism may help buffer the negative psychological impact of torture, even when considering the particularly powerful effect of sexual trauma.

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INTRODUCTION

Approximately two-thirds of the world's governments use torture as an acceptable tactic for controlling and disciplining their country's citizens (Engstrom & Okomura, 2004). Torture can include beating with an object or hand/foot, burns, rape, other sexual assault, stress to the senses, threats, food and water deprivation, witness to violence/torture against others, forced labor, isolation, and other physical discomfort (e.g., suspension, forced standing; Hooberman, Rosenfeld, Lhewa, Rasmussen, & Keller, 2007). People who have experienced torture are targeted for many reasons, including discrimination based on ethnicity, gender, religion, political beliefs and/or sexual orientation. Additionally, in many countries activists are viewed as instigators or troublemakers, and therefore are at increased risk for arrest and torture. Countless survivors of torture choose to leave their home countries and seek safety in other parts of the world, including the United States. Estimates suggest that anywhere from 5% to 35% of refugees and asylum seekers in the United States are survivors of torture (Office of Refugee Resettlement).

Literature Review

This investigation of activism among survivors of torture is grounded within the field of community psychology, specifically the concepts of empowerment (Rappaport, 1981; Rappaport, 1987; Swift & Wolff, 1987) and sociopolitical development (Watts, Williams, & Jagers 2003). Empowerment is based in an ecological understanding of human behavior that incorporates both individual control over one's life and the power of participation in one's community. It is a process by which individuals, communities and organizations within these communities gain command of their purpose and existence (Rappaport, 1981; Rappaport, 1987). Participation in activism is a method through which some people and

communities share their voices and engage in the development of empowerment.

Sociopolitical development (SPD) extends the values of empowerment a bit further to recognize the social and political forces that structure one's position in society, and it brings the notions of oppression and human rights to the forefront of the conversation (Watts et al., 2003). Watts et al. (2003) emphasize that activism, which can include acts challenging oppression to better one's life and one's community, is an important part of the SPD process and deserves specific attention.

In the context of torture survivors, activism was defined in more detail by Basoglu et al. (1997) as past or present membership in a political group or organization; identification with the ideals, culture, and belief system of this political group; and active work in this group to advance a particular cause. However, I posit that Basoglu's definition fails to capture the potential range of existing activism. Different people living in varied contexts may define and experience activism differently and, therefore, political organizations are not the only organizations that can maintain activist agendas. Many behaviors conducted in different environments (e.g. posting flyers or leading demonstrations) could be considered activist behaviors. The existing literature on activism has yet to discuss the intricacies and challenges in defining and studying this construct among torture survivors. I propose that the definition can be expanded to include other affiliations such as human rights organizations, labor unions, religious groups, and Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ) organizations, as long as these groups promote participation in activism and are not merely special interest groups. As Watt et al. (2003) stated earlier, activism involves acts designed to challenge oppression and to better one's life and one's community, and these goals are not unique to exclusively political organizations. Moreover, individuals without

specific group membership can also demonstrate a commitment to activist activities.

Explicitly activist values, ideals, and belief systems can exist without membership to a particular organization.

In the United States, participation in activism has been associated with well-being both among a sample of college students and a national sample of adult activists (Klar & Kasser, 2009). However, it may also influence an individual's functioning following a trauma, and even act as a buffer against psychological difficulties (Kaigee & Naidoo, 2004). For example, Basoglu et al. (1994) examined the psychological well-being of Turkish activists. Only 10 of the 55 activists who were torture survivors had a current diagnosis of Post-Traumatic Stress Disorder (PTSD), and only 18 of the survivors reported ever being diagnosed with PTSD. Regardless of the circumstances, not every survivor of torture will develop a psychological disorder, but in this case did their identities as activists play any role in this outcome? Basoglu et al. (1997) continued this line of research and tried to answer this question by comparing tortured activists to non-activists. The tortured non-activists, as compared to the activists, had higher rates of current major depression and PTSD. Yet overall, the non-activists experienced less severe trauma than the activists, and trauma severity is often considered to be a predictor of future psychological difficulties (Basoglu et al., 1997). There are several potential factors that may play a role in activists' apparent resistance to mental health problems.

First, participation in a resistance group may aid one's ability to contextualize a trauma and find meaning in the experience. Cognitive theories indicate that traumatic stress responses may be aggravated by an inability to find a sufficient explanation for the trauma (Basoglu et al., 2005). Tortured activists may be able to attribute an ideological or political

meaning to their experience, which may help them to cope better than their counterparts who were not able to find such meaning (Kaigee & Naidoo, 2004). For example, data obtained from South African victims of torture, and those who lost loved ones because of anti-apartheid activities, support the view that these individuals interpreted their suffering as progressing the interests of the democratic movement. The meaning that these survivors attributed to their experience allowed them to consider themselves not only as victims, but also as heroes (Magwaza, 1999).

Being a political activist may also indicate that an individual is connected to a greater social network. Social functioning and support can be a strong protective factor following traumatic stress (Basolgu et al., 1994; Hooberman, Rosenfeld, Rasmussen, & Keller, 2010; Kaigee & Naidoo, 2004; Tol et al., 2010), and, conversely long-term chronicity of PTSD is associated with fewer social contacts (Johnson & Thompson, 2008). Political activists often have a community of people who understand and support the reasons why they risked their physical and psychological integrity and often join them in their endeavors. The members of this community are also often willing to act in solidarity and bear witness to atrocities (Kaplan, 2002).

In addition, political activists may develop fewer negative psychological symptoms following a trauma as compared to non-activists because of desensitization or an inoculation to stressors. Activists involved in militant struggles constitute a group that is highly exposed to the *risk* of trauma, and such repeated threats may act as a protective factor and immunize some survivors against real traumatic stress (Basoglu et al., 1994; Basoglu et al., 1997; Hernandez, 2002). Nevertheless, there is no clear directionality with regard to the inoculation theory, as activists are a self-selecting group. Even amid gross injustices, there

are people who choose not to participate in activist activities. These people may have more difficulty dealing with stressors and, consequently, avoid encounters that put them at greater risk for experiencing stress. Therefore, it is difficult to state whether activism itself has an impact on individual psychological functioning, or whether people drawn to participate in activism are already different from their peers.

The concept of ‘trauma inoculation’ may also relate to one’s level of trauma preparedness. Literature on animal behavior indicates that predictable stressors commonly have less of a negative impact when compared to unpredictable stressors (Foa, Zinbarg, & Rothbaum, 1992). Predictability is defined as awareness of when a stressor will take place or information about what the features of the stressors will include (Basoglu et al., 1997). An unpredictable traumatic stressor can cause an individual to feel a loss of control. This loss of control is very strongly associated with PTSD in studies of survivors of torture and natural disasters such as earthquakes (Basoglu et al., 1997; Basoglu et al. 2005). These findings are also consistent with results when studying PTSD in war veterans. Soldiers are trained to expect combat, while for civilians such violent experiences can shatter their worldview. Accordingly, when confronted with a trauma, non-military trained civilians often experience a higher frequency of certain PTSD symptoms when compared to veterans (Johnson & Thompson, 2008).

Among activists, psychological preparedness might include knowledge of the risks associated with their behavior, information about commonly used torture methods, and prior expectations of torture. Basoglu et al. (1997) developed a measure of “‘preparedness for trauma”’ (e.g., commitment to a political cause, willingness to assume responsibility for the cause, mental stoicism, perceived likelihood of arrest, or torture), and used it to evaluate

survivors of torture to explore if there was any connection between “preparedness for trauma” and psychological outcomes. These authors found that survivors of torture who were more psychologically prepared were less likely to experience PTSD, depression, and anxiety symptoms than those who were less prepared.

Finally, political activists may function better following trauma as compared to non-activists because they maintain alternate worldviews. They are more skeptical and distrustful of authority figures, and this different set of expectations might play a protective role against the traumatic effects of torture (Basoglu et al., 1996). Research indicates that the development of PTSD symptoms may be influenced by cognitive factors, including the destruction of previously held assumptions of invulnerability and personal safety (Foa, Steketee, & Rothbaum, 1989) and that the world is a just and logical place where people get what they deserve (Lerner & Miller, 1978). Results from a study by Basoglu and colleagues (1996) support this theory in the context of activists. The researchers discovered that both tortured and non-tortured activists had a more negative evaluation of authority and stronger feelings of mistrust, danger, and injustice toward authority than did non-activists. Activists may have a more cynical perspective of the world, and less faith in the fairness of the government prior to a torture experience; consequently, brutal mistreatment such as arrest and torture may not violate their worldview.

Current Study

I seek to support the notion that activism may be a protective factor for survivors of torture. Furthermore, I want to build upon the work of Basoglu and see if his findings hold true in a post-migration population of asylum-seekers who have dealt with displacement related stressors such as inadequate housing, money, language skills, medical care, food,

employment, and social support as well as tenuous immigration status, discrimination and acculturative stress. Post-migration stressors can negatively influence mental health with or without the presence of pre-migration trauma (Beiser, 2009; Roberts, Damundu, Lomoro, & Sondorp, 2009).

Additionally, the existing literature on trauma among activists has neglected to address the distinct impact of sexual trauma. However, sexual assault and rape are believed to be particularly psychologically damaging forms of abuse that are connected to the development of a wide range of difficulties, besides PTSD, including depression, anxiety, substance abuse, and suicidal ideation (Campbell, Dworkin, & Cabral, 2009; Fergusson, Swain-Campbell, & Horwood, 2002; Hooberman et al., 2007). Campbell and colleagues (2009) speculated that sexual assault is exceptionally harmful because of the sensitive and deeply personal nature of this form of assault and the self-blame and shame often internalized by the survivor. The trauma of sexual assaults, including rape, differs from and extends outside a purely physical attack and interacts with cultural and societal responses to the victims (Campbell et al., 2009).

This cultural and societal response to sexual abuse may particularly impact women. Among women, PTSD is the most common negative psychological consequence following a sexual assault, with the majority of studies reporting between 35% and 45% lifetime prevalence, which is much higher than for men (Jordan, Campbell, & Follingstad, 2010). Rape and other forms of sexual assault are very common forms of torture and although they happen to men, they are most frequently inflicted upon women (Sansani, 2004). Consequently, it is a gendered form of torture, because sexual assault is based on the physicality of the body, and literally underscores the gender and sexuality of the target

(Sansani, 2004). Decisions made by the perpetrator in the context of inflicting torture highlight the social constructions of meaning and the larger power dynamic between the perpetrator and the victim (Sansani, 2004). Sexual assault essentially emphasizes a women's "femaleness" and the meaning behind that identity. Therefore there is a gap in this literature with respect to sexual trauma and its gendered impact.

Another gap in the literature involves measurement of activism itself. Much of the previous research on activists used self-classification to identify relevant people (Basoglu et al., 1994; Corning & Myers, 2002). Currently, the only psychometrically sound measure of activism present in the literature is the Activism Orientation Scale (AOS), which was developed using a sample of undergraduate students, majority Caucasian, from a small college in the Midwestern United States (Corning & Myers, 2002). This measure is very innovative, and served as inspiration for this author, however, the AOS could not be adequately adapted for usage with archival data from torture survivors, as many of the behaviors relevant to these populations do not overlap. Therefore, to address my questions about activism and its relationship with the psychological health of torture survivors, I developed my own measure of activism suited to this population.

Consequently, the current study has two primary aims: 1) to add to the literature on activism through an investigation of the hypothesis that activists will demonstrate fewer symptoms of depression and PTSD as compared to non-activists at intake into a torture treatment program in New York City, and 2) to examine whether the benefits associated with participation in activism moderate the relationship between sexual assault and psychological difficulties.

METHODS

Design

This study is a cross-sectional between subjects design utilizing archival data. The primary predictor variable is activism as determined from the coding of client trauma narratives with the Continuous Activism Status Checklist (CASC). The outcome variables are symptoms of depression as measured by the Center for Epidemiologic Studies Depression Scale (CESD), and symptoms of PTSD as measured by the Harvard Trauma Questionnaire (HTQ).

Participants

Participants for the current study were found through a retrospective review of records from the Bellevue Hospital/New York University Program for Survivors of Torture (PSOT) in New York City. This program offers aid to refugees, immigrants, and asylum-seekers that have experienced extreme trauma and torture in their countries of origin. PSOT provides a wide range of services, including medical care, psychiatric care, individual and group psychotherapy, English language and GED classes, and social services. In addition, the program provides support in finding housing, employment, and legal aid. People are often referred to PSOT via word of mouth from community members as well as current and former clients of the program. Furthermore, PSOT receives referrals from hospitals, lawyers, human-rights organizations, community organizations, and social service agencies.

This current sample was drawn from the 443 clients accepted to the program, between January of 2008 and February of 2011, whose report of abuse fit the United Nations Convention against Torture definition of torture,

Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person, information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity (Green, Rasmussen, & Rosenfeld, 2010).

or the *United States, Title 18 definition of torture*:

An act committed by a person acting under the color of law specifically intended to inflict severe physical pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person within his custody or physical control. “Color of law”: when a person acts or purports to act in the performance of official duties under any law, ordinance, or regulation (Green et al., 2010).

From those clients, the sample was narrowed down to 265 clients who had completed the CESD and HTQ measures at intake into the program. Of those clients, only 245 had available narrative data to use in the study. See Table 1 for more detailed client demographic information.

Since the study was archival, participants did not give informed consent. However, the New York University School of Medicine Institutional Review Board approved the use of these data for this study.

Procedure

At intake into the program, a semi-structured interview was used to gather information from the clients. The intake interview collected demographic information including age, gender, country of origin, religion, level of education, marital status, and asylum status; as well as a written narrative of the client's history of persecution, torture, and any other traumas. See Table 2 for type of persecution frequency information. In addition, each client completed two self-report measures, the HTQ (Mollica, Caspi-Yavin, Bollini, & Truong, 1992) and the CESD (Radloff, 1997) during intake.

PhD-level staff members at the PSOT, medical residents, or master's-level students in psychology doctoral programs or social work graduate programs carried out the intake assessments. Prior to conducting any intake interviews, all interviewers were comprehensively trained. They also received regular supervision by qualified clinical staff. Translators were utilized via the phone or in-person if the participant and interviewer did not speak a common language. Versions of the CESD translated into French and Spanish, and versions of the HTQ translated into Arabic, French, Spanish, and Tibetan were available for use by the staff. These measures were back translated into English to assess the accuracy of the translation. With regard to individuals who spoke other languages without available translations, the instruments were translated to the client via an interpreter.

Materials

Activism.

The Continuous Activism Status Checklist (CASC) is a 16-item rating scale used to code client trauma narratives for the presence of activist activities (See Appendix A for the complete measure). An answer of "Yes" to any of the questions was assigned 1 point while a

response of “No” or “N/A” was assigned zero points. The total score is calculated by summing all “Yes” answers. The score ranges from 0 to 16, with higher scores indicating higher levels of activism (e.g. “Was this person a member of an activist group/organization?” and “Did this person engage in the dissemination of information or materials that go against opposing authorities?”).

To my knowledge no activism measure relevant to the experiences of survivors of torture currently exists in the literature. The CASC was developed for the purposes of this study. To develop ideas about what activist activities were common among the clients at PSOT, 35 client trauma narratives were analyzed. The narratives belonged to clients who were known to the PSOT staff as having been activists in their home countries. I categorized activist behaviors common in these narratives and used them in the creation of the measure. Program staff members were consulted throughout the development of the measure. The author scored all of the narratives used in the present study.

I also chose to utilize another variable that could represent activism: political party affiliation as a reason for persecution. During intake interviews at PSOT, the interviewer collected information on up to five perceived reasons for persecution. The interviewer did not specifically ask the client this question but rather interpreted the information provided by the client. Political party affiliation as a reason for persecution was isolated for the purposes of this study from other potential reasons for persecution as it could reflect the presence of political activism among clients. For example, a client’s story could describe being beaten and arrested by police while attending a rally for a political party opposing current government rule. Her interviewer could report this activist behavior as political party affiliation, and see it as a reason for her persecution. Not all individuals with a political party

affiliation as a perceived reason for their persecution were activists, and not all activists were given this distinction during intake interviews. Nevertheless, large subsets of activists are politically motivated, and in his definition of activism, Basoglu et al., (1997) identified past or present membership in a political group or organization as an element of the construct.

Depression.

Depression symptoms were measured using the Center for Epidemiologic Studies Depression Scale (CESD) at intake. See Appendix B for the complete measure. The CESD is a self-report instrument that measures current symptoms that closely reflect the DSM-IV criteria for depression (Radloff, 1977). Clients were provided with instructions stating, “Below is a list of the ways you might have felt or behaved. Please select options that reflect how often you have felt this way in the past week or so.” The scale consists of 20 items (e.g., “I did not feel like eating; my appetite was poor” or “I talked less than usual”) that respondents are asked to endorse using a 4-point frequency scale (from “rarely/less than 1 day” to “most or all of the time/5-7 days”) for the past week. The total scores range from 0 to 60 with higher scores indicating increased depressive symptomatology. A score of 16 or higher often indicates high depressive symptoms. The CESD is a one of the most widely used depression measures in clinical and epidemiological research (Roberts & Vernon, 1983; Irwin, Artin, & Oxman, 1999), and it has shown good reliability and validity across different populations, including diverse psychiatric and medical patients (Hann, Winter, & Jacobsen, 1999; Roberts, 1980; Roberts, Vernon, & Rhoades, 1989; Weissman, Sholomskas, & Pottenger, 1977).

Posttraumatic Stress Disorder.

The Harvard Trauma Questionnaire (HTQ) is a self-report instrument that assesses PTSD (Mollica et al., 1992). See Appendix C for the complete measure. The scale consists of 16 items, which focus on symptoms of posttraumatic stress (e.g., “Recurrent nightmares” or “Feeling on guard”) that are scored on a 4-point scale (from “Not at all=1” to “Extremely=4”) for intensity in the past week. The mean scores range from 1.0 to 4.0 with higher scores indicating increased PTSD symptomatology, and a score of 2.5 is commonly considered to be the measure cutoff for significant PTSD symptom severity. The HTQ has been widely used in research and clinical settings with a variety of refugee populations and has been shown to have strong psychometric properties (Hollifield et al., 2002; Mollica et al., 1992; Radloff, 1977).

RESULTS

The study’s primary hypothesis was that activists as compared to non-activists demonstrated fewer symptoms of depression and PTSD at intake into a treatment program for torture survivors. Therefore, analyses focused on the CASC scores and their relationship to CESD and HTQ scores. In addition, the presence of political party affiliation was also used to assess activism. Furthermore, activism was incorporated into the analyses as a potential moderating variable of the relationship between sexual assault and symptoms of depression and PTSD.

Continuous Activism Status Checklist (CASC)

Following the creation of CASC, 41 available test narratives were used to ascertain the measure’s inter-rater reliability. Two different research team members independently scored these narratives and then computed a Kappa. Six of the 16 items in the measure

received Kappa scores < 0.60 . See Table 3 for the kappa scores for each item of the CASC. These Kappa scores were not ideal and those six items were removed from the analyses to try to improve the reliability of the measure. The measure's reliability without the low kappa questions, as per the standardized Chronbach's alpha was .680. I would anticipate that the CASC would be internally consistent as individuals who participate in activist activities may likely participate in several such activities. For example, if an individual is a member of an activist group, it is then probable that this person would also attend a meeting for that group, attend a protest, and/or hand out pamphlets for this group.

Next, the client CASC scores ($M = 1.60$ $SD = 1.77$) were evaluated to see their distribution so as to make decisions about which additional statistical analyses were most appropriate when using the data. The distribution of scores was non-normal and positively skewed with a Fisher-Pearson standardized moment coefficient of 1.102. See Figure 1 for a graph of this distribution. Given the skewed distribution and the fact that approximately 39% of the clients received a score of zero on the CASC, as they were not involved in any activism at all, I chose to parse the total CASC scores to create a categorical variable. Therefore, I created the two-level activism variable by dividing the CASC total scores into two categories: "absence of activism" (score = 0) and "presence of activism" (score = 1 and above). I was aware of the risk of lost information when dichotomizing a continuous variable; however considering the skewed nature of the distribution research supports the choice to dichotomize it (MacCallum, Zhang, Preacher, & Rucker, 2002). Consequently, the CASC categorical variable was employed where the skewed CASC continuous variable would have violated the statistical assumptions necessary to conduct the tests.

CASC construct validity was assessed using the Spearman's rho correlation, which compared CASC scores to the variable of political party affiliation as reason for persecution. This correlation was conducted to see how closely related the concept of activism, as measured by the CASC, was to the presence of political party affiliation as a perceived reason for persecution. The correlation indicated a statistically significant relationship between political party affiliation and both the total continuous CASC scores, $r(244) = .285$, $p < .001$, and the categorical CASC variable, $r(244) = .221$, $p < .001$. This result is significant, however, the correlation coefficient suggests that the CASC and the variable of political party affiliation as a reason for persecution may not be assessing the same construct, as the amount of shared variance (.081 or 8.1%, and .049 or 4.9% respectively) is relatively small.

A factor analysis of the CASC was also conducted to examine any possible discrete factors within the measure. Nevertheless, questions failed to load onto potential factors in a meaningful fashion. Therefore, no specific factors of the CASC were included in any additional analyses.

Other variables were examined for their information on activism: political party affiliation as a perceived reason for persecution and membership in activist organizations. Within this sample, interviewers identified 114 clients (46.5%) as having been persecuted due to political party affiliation. Nevertheless, information from client narratives demonstrated a diversity of different types of activist groups, including religious organizations, women's rights organizations, human rights organizations, labor unions, and student organizations. However, the largest number of clients reported membership in a political organization (26.1%). See Table 4 for additional client activist organization data.

Preliminary Analyses

Descriptive statistics, such as frequencies, means, and standard deviations were calculated to describe demographic variables and historical variables such as, age, gender, region, religion, marital status, education, functional English, asylum status, type of persecution, sexual abuse, and whether or not political party affiliation was a perceived reason for persecution. These analyses revealed a sample of survivors of torture from four continents, with almost half the sample from Africa, and a third from Asia. Also, the sample displayed a sizable representation of three religions: Buddhism, Christianity, and Islam. Moreover, this sample is a relatively young sample ($M_{\text{age}} = 35.73$, $SD = 9.48$, age range: 19-61) made up of approximately two-thirds men (85 women, 160 men).

This sample was also well-educated, with 36.3% of the clients ($n = 245$) having completed some post-secondary education. In addition, 34.7% of the clients in the sample had a functional grasp of the English language, which was defined as the ability to conduct the program intake interview in English. Also, 62.5% of the people in the sample are married (either legally or customarily), and 52.7% have applied for political asylum in the United States. See Table 1 for client demographic characteristics. Further descriptive analyses were used to explore client HTQ ($M = 2.56$, $SD = 0.60$), and CESD ($M = 32.58$, $SD = 11.75$) scores. See Figure 1, Figure 2, and Figure 3 for graphs of the distributions of these scores.

Furthermore, this sample has experienced multiple and various traumas, with 89.4% of participants having experienced some form of physical assault, and 54.7% having experienced a form of passive torture such as isolation and/or deprivation of food, water, or

sensory information. Moreover, 23.7% of the sample experienced a form of sexual assault or harassment. See Table 2 for additional client persecution data.

Additional preliminary analyses were conducted, in the form of a correlation matrix using the Spearman's rho correlation coefficient, to explore possible relationships between many variables of interest. This particular statistical test was chosen as it allows for correlations to be conducted even with non-normally distributed variables. These analyses revealed that many of the client demographic variables were statistically significantly correlated with each other and with the study's outcome variables. These analyses yielded some very interesting findings. Not surprisingly, HTQ and CESD scores were significantly positively correlated, $r(245) = .719, p < .001$. Education is also significantly positively correlated HTQ scores, $r(244) = .284, p < .001$, and CESD scores, $r(244) = .303, p < .001$. People with a higher level of education were more likely to report more symptoms of depression

Sexual abuse was also positively correlated with both HTQ scores, $r(237) = .173, p = .008$, and CESD scores $r(237) = .223, p = .001$. It was also significantly positively correlated with gender, $r(238) = .503, p < .001$ and education, $r(237) = .274, p < .001$. Within this sample, people with more symptoms of PTSD and depression, higher level of education, and women were associated with higher rates of sexually abuse.

Gender was also significantly positively correlated with HTQ scores, $r(245) = .210, p = .001$, and CESD scores, $r(245) = .229, p < .001$. The women in this sample were more likely than men to demonstrate greater symptoms of depression and PTSD. Furthermore, there is also a significant negative correlation with gender and marital status, $r(243) = -.202, p = .002$. Men tended to be married, while women tended to be unmarried. Another

interesting finding suggested that within this sample, women were more highly educated than their male counterparts as there is a significant positive correlation between gender and level of education, $r(245) = .129, p = .043$.

Results also revealed a significant negative correlation between marital status and education, $r(242) = -.241, p < .001$. More educated people were less likely to be married as compared to people with less education. There was also a significant negative correlation between marital status and functional English, $r(242) = -.156, p = .015$. Single people, as opposed to married people, were more likely to have a functional grasp of English.

Activism as measured by the CASC total score was significantly negatively correlated with gender, $r(245) = -.146, p = .022$, and political party affiliation, $r(244) = -.229, p < .001$. Moreover, the results demonstrated a positive correlation between marital status and the categorical CASC variable, $r(243) = .127, p = .049$. In addition sexual abuse is negatively correlated with both the CASC total score, $r(238) = -.146, p = .025$, and political party affiliation, $r(235) = -.168, p = .010$.

Unfortunately, there is not space here to address all of the statistically significant correlations found during these analyses. See Table 5 for complete delineation of all of the correlation coefficients and p values.

Primary Study Hypothesis

Next, I addressed the primary study hypothesis that among torture survivors, activists have fewer symptoms of PTSD and depression when compared to non-activists. Two Spearman's rho correlations from the previously mentioned correlation matrix were addressed to see if high levels of activism, as reflected in the continuous CASC total scores, were correlated with lower HTQ and CESD scores. These correlations did not reflect any

significant relationship between CASC total scores and HTQ mean, $r(244) = .028, p = .658, ns.$, or CESD total scores, $r(244) = .052, p = .417, ns.$

In addition, I explored whether or not the categorical CASC variable might more accurately reflect the differences between those people who participated in activism and those people who did not. A one-way between subjects analysis of variance (ANOVA) was conducted utilizing the CASC categorical variable as a predictor of HTQ scores, and it was not significant, $F(1, 246) = .091, p = .764, ns.$ There were no significant differences in the PTSD scores of those people who participated in activism and those people who did not. Another ANOVA using the CASC categorical variable and CESD scores, $F(1, 246) = .767, p = .382, ns.,$ demonstrated the same result. It appears as if there were no significant differences in depression or PTSD between individuals who participated in activism activities and those individuals who did not participate in any activism activities as described by the CASC categorical variable.

The political party affiliation as reason for persecution variable was then also employed as a measure of activism. Two more ANOVA's were conducted, demonstrating different results. The first ANOVA examined the differences in CESD scores between those people with a political party affiliation and those without one, and the test was not significant $F(1, 242) = .001, p = .974, ns.$ However, the second ANOVA which compared the differences in HTQ scores between people with and without affiliation to a political party was significant, $F(1, 244) = 5.521, p = .019.$ Although no differences were found between people with and without affiliation to a political party when examining depression, significant differences were found when examining PTSD. People with a political party

affiliation had significantly lower PTSD scores at intake into the program as hypothesized when compared to their non-affiliated peers.

To investigate whether the combination of two estimates of activism more accurately predicts depression and PTSD scores, I utilized both political party affiliation and the CASC categorical variable in two standard regression analyses. The results did not yield any statistically significant results. See Table 6 for a summary of these analyses.

Secondary Study Hypothesis

Next, I explored the role of activism as a potential moderating variable in the relationship between sexual abuse and psychological difficulties. Four different two-way between subjects ANOVAs were conducted to address this question. If an interaction were found in any of these analyses, this would support my secondary hypothesis that the presence of activism may buffer against the psychological difficulties associated with sexual abuse. In addition because gender was highly related to sexual abuse, additional analyses were conducted to see if gender was involved in this relationship.

First, I conducted two separate 2 (CASC categorical: presence of activism vs. absence of activism) x 2 (sexual abuse: yes vs. no) ANOVAs on client HTQ scores and client CESD scores. The first analysis examined the relationship of these variables with client HTQ scores, and it revealed no significant main effect for presence or absence of activism as defined by the CASC categorical variable, $F(1) = 1.470, p = .226, ns.$, or sexual abuse, $F(1) = 3.399, p = .066, ns.$ Severity of trauma symptoms did not differ as a function of having experienced sexual abuse or participating in any activist activities. However, this analysis did demonstrate a significant interaction between the variables, $F(1) = 6.040, p = .015.$ The effects of sexual abuse on HTQ scores differed as a function of whether or not a

person participated in activist activities. These results did not change when controlling for gender in a three-way ANOVA.¹

As the study hypothesis predicted, among those people who participated in activist activities there was no significant difference in their trauma symptoms based on whether they had experienced sexual abuse ($M = 2.510$, $SD = 0.606$) or not experienced sexual abuse ($M = 2.561$, $SD = 0.560$), $F(1) = .144$, $p = .705$. However, among those people who did not participate in any activism, those people who had experienced sexual abuse ($M = 2.814$, $SD = 0.430$) demonstrated significantly higher trauma symptom severity scores when compared to those people who had not been sexually abused ($M = 2.458$, $SD = 0.646$), $F(1) = 13.353$, $p < .001$. See Figure 4 for a graphical depiction of this interaction. This finding supports activism as a moderator of the relationship between sexual abuse and PTSD symptoms.

The second ANOVA looking at CESD scores displayed a different pattern of results, as there was no significant main effect for presence or absence of activism as defined by the CASC categorical variable, $F(1) = 2.893$, $p = .090$, *ns.*, but, there was a main effect for sexual abuse, $F(1) = 10.147$, $p = .002$. As found previously, people who had experienced sexual abuse demonstrated more symptoms of depression as described by the CESD. In addition, with this analysis there was no significant interaction effect, $F(1) = 1.472$, $p = .226$, *ns.* Therefore, when considering the impact of sexual abuse on depression scores, the

¹ In this analysis the sexual abuse by CASC interaction remained significant, $F(1) = 4.672$, $p = .032$. There was no significant main effect for gender, or sexual abuse, or activism as measured by the CASC categorical variable. There were also no significant interactions between gender and sexual abuse, gender and the CASC, or significant three-way interaction. However the small *n*'s in within the different cells in three-way ANOVAs suggest that these results need to be interpreted with caution.

severity of those symptoms did not change as a function of participation in activism. Once again, when controlling for gender in a three-way ANOVA, these results did not change².

Next, I conducted two additional 2 (political party affiliation: yes vs. no) x 2 (sexual abuse: yes vs. no) ANOVAs on both client HTQ scores and client CESD scores. These tests were conducted to see if HTQ or CESD scores were predicted by sexual abuse, political party affiliation, and the interaction. The first analysis examining HTQ scores revealed no significant main effect for political party affiliation, $F(1) = 2.256, p = .134, ns.$, however, there was a main effect for sexual abuse, $F(1) = 16.354, p < .001$. People who had experienced sexual abuse demonstrated higher levels of trauma as described by the HTQ. Also, the analyses of the interaction yielded no significant results, $F(1) = .775, p = .379, ns.$ Therefore, the effects of sexual abuse on HTQ scores did not vary depending on the presence or absence of political party affiliation.

When controlling for gender in this analysis, the results did change. I added gender into a three-way 2 (political party affiliation: yes vs. no) x 2 (sexual abuse: yes vs. no) x 2 (gender: female vs. male) ANOVA on HTQ scores, the main effect of sexual assault was no longer significant. However a significant interaction between sexual assault and gender emerged, $F(1) = 4.248, p = .040$. Among females, those who had experienced sexual abuse ($M = 2.804, SD = 0.082$) demonstrated significantly higher trauma symptom severity scores when compared to those women who had not been sexually abused ($M = 2.466, SD = 0.124$), $F(1) = 11.358, p < .001$. However, among men there was no significant difference in

² The only significant result in this analysis was the same main effect for sexual abuse shown in the two-way ANOVA, $F(1) = 4.316, p = .039$. There was no significant main effect for gender, or activism as measured by the CASC categorical variable. There were also no significant interactions between gender and sexual abuse, gender and the CASC, sexual abuse and the CASC, or a significant three-way interaction.

their trauma symptoms based on whether they had experienced sexual abuse ($M = 2.425$, $SD = 0.104$) or not experienced sexual abuse ($M = 2.447$, $SD = 0.530$), $F(1) = .154$, $p = .709$.

However, None of the remaining main effects or interactions from this analysis were statistically significant³.

The final analysis, which investigated the impact of sexual abuse and political party affiliation on CESD scores, produced a similar result. There was no significant main effect for political party affiliation, $F(1) = 1.095$, $p = .296$, *ns.*, however, there was a main effect for sexual abuse, $F(1) = 19.858$, $p < .001$. Individuals who had experienced sexual abuse demonstrated more symptoms of depression as described by the CESD. The analyses of the interaction yielded no significant results, $F(1) = .447$, $p = .504$, *ns.* The impact of sexual abuse on CESD scores did not vary as a result of the presence or absence of political party affiliation. Again, I controlled for gender and added it to the analysis by conducting a three-way 2 (political party affiliation: yes vs. no) x 2 (sexual abuse: yes vs. no) x 2 (gender: female vs. male) ANOVA on CESD scores. Once gender was included, the main effect of sexual abuse became non-significant, and a significant main effect for gender surfaced, $F(1) = 5.044$, $p = .026$. Women experienced greater symptoms of depression than their male counterparts. There were no additional significant results in this analysis⁴.

³ In this ANOVA there were no significant main effects for sexual abuse, political party affiliation, or gender. Although, the main effect for gender was approaching significance, $F(1) = 3.801$, $p = .052$, *ns.* In addition, the interaction between gender and political party affiliation was also approaching significance, $F(1) = 3.753$, $p = .054$, *ns.* However, there were no significant interactions between sexual abuse and political party affiliation, or a significant three-way interaction.

⁴ In this ANOVA there were no significant main effects for sexual abuse or political party affiliation. There were also no significant interactions between gender and sexual abuse, gender and political party affiliation, sexual abuse and political party affiliation, or a significant three-way interaction.

DISCUSSION

The purpose of the present research was to explore a rarely studied sample of post-migration adult torture survivors, and the role that activism may play in their mental health. I examined activism as a potential cushion against the harmful symptoms of depression and PTSD, which are common in this population (Basoglu et al., 1994; Basoglu et al., 1997; Johnson & Thompson, 2008; Tol et al., 2010). Literature on the subject of activism and trauma supports the theory that activism can act as a psychological buffer against trauma (Basoglu et al., 1994; Basoglu et al., 1997; Basoglu et al., 2005; Kaigee & Naidoo, 2004). Results of this study partially confirm these hypotheses, as among survivors of torture, participation in activism was related to fewer symptoms of PTSD but not depression. Also, activism appears to buffer the impact of sexual abuse, but once again only with regard to trauma symptoms. Moreover, different measures of activism differentially demonstrated these results.

Evaluation of Sample Demographics

This study is valuable in that it offers a description of a large sample of torture survivors, with a range of ethnic, religious, regional, and educational diversity. These clients have experienced numerous and varied traumatic events in their countries of origin and during their journeys to the United States. Due to the rarity of such research, it is difficult to know how representative this sample is in comparison to torture survivors throughout the United States or the world. Every torture treatment program appears unique in the composition of its client's demographics. Factors such as geographic location within the United States, language abilities of program staff, and client word of mouth, could all impact what subsets of torture survivors become program clients.

This research also provides insight into the complex, dynamic relationships existing between client demographic characteristics, activism, and symptoms of depression and PTSD. This sample serves to reinforce commonly observed relationships, including that clients in this sample with greater symptoms of PTSD were also more likely to have greater symptoms of depression (Basoglu et al., 1994; Hollifield et al., 2002; Roberts et al., 2009). Also, sexual abuse was linked to greater levels of depression and PTSD (Campbell et al., 2009). The women in this sample were also more likely than men to have been sexually abused, and moreover demonstrated greater symptoms of depression and PTSD (Campbell et al., 2009; Fergusson et al., 2002; Jordan, et al., 2010).

Men were more likely than women to participate in activist activities. Also, people who had been sexually abused were less likely to have participated in activism; however, this connection could be understood via the connection of gender to both sexual abuse and activism. Considering that men were more likely to participate in activism and simultaneously less likely to have experienced sexual abuse, symptoms of depression and symptoms of PTSD, all of these results could show the impact of gender roles. Across the globe, men are usually at lesser risk of sexual violence and they are also allotted more personal freedom and autonomy. Therefore, the societal elements that make it easier for men to participate in activism may also help to explain why women appear to have a greater risk for psychological difficulties.

This research also highlights additional less anticipated connections. For example, people with a higher level of education were more likely to have been sexually abused and also more likely to have greater symptoms of depression and PTSD. It is hard to speculate as to why the sample revealed these results. However, women (who were once again more

likely to have been sexually abused) tended to be more highly educated than their male counterparts, which could serve to explain this association.

Moreover, single people were more likely than married people to have a functional grasp of English. This may relate to the fact that younger people are less likely to be married and are also more likely to have functional grasp of English. However, this connection could also suggest that single people may have a greater need to interact with English-speaking Americans, as they do not have a partner at home for emotional and financial support.

Interestingly, married people, who tended to be older than their single counterparts, also appeared to be more likely to participate in activist activities. Perhaps individuals with familial ties and obligations felt more strongly about engaging with their community to create change. However, this idea proved counterintuitive, as the common cultural image of “an activist” within the United States is of a young person, often a teenager or college student. This finding brings up the importance of contextual differences between activists across the globe, and how the factors that compel someone from the United States to participate in activism, and the meaning behind it, may vary dramatically from those of activists from other countries, such as the Democratic Republic of Congo, Albania, or Tibet. Nevertheless, as married people were also more likely to be male, this finding may once again reflect the gendered nature of participation in activism.

Activism and Psychological Symptoms

Results indicated that higher activism scores measured by the CASC total score did not predict lower scores on the depression and PTSD measures. Even when the continuous activism measure was parsed into categories, no significant relationships were observed. This lack of association may be due to poor measure reliability, as the use of the political

party affiliation variable better supported this hypothesis. The CASC is a non-standardized tool. It was created for the purposes of this study, as no relevant measure of activism exists in the literature, and it has not been thoroughly tested to support its reliability and validity. Furthermore, when the inter-rater reliability of the CASC was tested with two members of the research staff, the results were not as robust as desired. Following further research utilizing the CASC, it may prove to be a solid measure. Nevertheless, it is possible that the measure does not properly assess for activism among its target population, survivors of torture. This limitation would seriously impact the validity of the study.

Also, the CASC may not have properly assessed the participants' activism due to issues with the participants' narratives themselves. The usage of archival data is often a limitation as the researchers are unable to directly ask the clients the questions of interest. Furthermore, many different members of the program staff collected the client narratives, which display varying levels of detail. In addition, the program staff members were not thinking about activism when interviewing the clients and therefore did not strive to collect information related to the topic. It is then likely that many of the narratives were missing vital information that could have made the CASC scores a more realistic estimate of activism.

It is also important to remember that people are not always truthful, especially with regard to sensitive information, such as participation in activism and torture. Clients were asked to share extremely painful personal experiences with an unfamiliar interviewer (and oftentimes also an interpreter) during their first visit to the program. It is reasonable to expect that not everyone would feel comfortable sharing all of the relevant information asked of them. Also, individuals may over or under report psychological and emotional

symptoms. They could over report to convey their desperation and need to attain services, or on the other hand, they could under report in an attempt to avoid displaying weakness. It is crucial to remember the context surrounding the collection of the information at the foundation of this study. These reporting issues could also serve to explain why the results of this research did not support all of the predicted hypotheses.

Additionally, political party affiliation as a perceived reason for persecution was used as another estimate of activism. This interpretation of activism may have excluded people who were active in human rights, LGBTQ work, women's rights, labor issues, and religious organizations, however many activists are indeed involved in politically oriented causes, and membership in a political group was originally delineated by Basoglu et al. (1997) as a characteristic of an activist. Within this study, those people with affiliation to a political party had fewer PTSD symptoms at intake into the torture treatment program when compared to people without a political affiliation. This could indicate that political party affiliation is a better estimate of activism, as it was directly assessed by those staff members who interviewed the PSOT clients and not second hand via the client narratives. It could also suggest that there is something unique about politically motivated activism, as opposed to activism inspired by other causes.

Nevertheless, political party affiliation did not predict lower depression scores. These findings could be related to previously stated methodological limitations or to factors connected to the use of a post-migration sample. Unlike the majority of prior research on activism, all of the clients in this study migrated from their home countries and endured the acute stressors associated with migration. Migration, in and of itself, can be a significant psychological stressor (Beiser 2009; Roberts, Damundu, Lomoro, & Sondorp, 2009). It is

possible that activists in particular may suffer following migration as they may feel as if they have abandoned their cause and the people who struggled with them. In addition, activists may miss the social support and the personal sense of purpose that participation in activism offered them in their home countries. These difficulties may be reflected in the results of the current study, as political party affiliation as a perceived reason for persecution was associated with fewer symptoms of PTSD but not fewer symptoms of depression.

Some of the literature supports this assertion that activism may be more closely related to a reduction in PTSD, even though Basolgu (1997) found that activism was related to lower levels of both depression and PTSD. For example, activism may facilitate one's ability to find meaning in the trauma experience itself (Basoglu et al., 2005; Kaigee & Naidoo, 2004; Magwaza, 1999). Also, participation in activism may aid the development of trauma inoculation as activists may be somewhat psychologically prepared for their torture experiences (Basoglu et al., 1994; Basoglu et al., 1997; Hernandez, 2002). Moreover, activists may have less faith in the fairness of the government prior to a torture experience. Therefore, trauma may not violate their feelings of justice and personal safety, which are difficulties that are closely linked to the development of PTSD symptomatology (Basoglu et al., 1996; Foa, Steketee, & Rothbaum, 1989; Lerner & Miller, 1978). As a result, activism may have acted as a buffer against the particular impact of the trauma experience itself, but perhaps it did not shield against additional struggles, including the complex difficulty associated with migration.

Activism as Moderator of the Impact of Sexual Abuse

As hypothesized, activism moderated the relationship between sexual abuse and psychological difficulties, but only in part. The influence of sexual abuse on symptoms of

PTSD differed as a result of the presence or absence of activist activities as defined by the categorical CASC variable. Among people who participated in activism, there was no difference in the PTSD symptoms of those who were sexually abused and those who were not sexually abused. Yet, among non-activists, those people who had been sexually abused demonstrated much greater PTSD symptomatology as compared to their not sexually abused counterparts. Consequently, activism appears to act as a buffer between sexual abuse and symptoms of PTSD. However, this relationship did not hold true when assessing symptoms of depression, as was discussed earlier, or when using political party affiliation as the estimate of activism. It is conceivable that each of these estimates of activism captures a slightly different facet of the concept. There may be certain qualities of an activist, as defined by the CASC categorical variable, that are associated with psychological health in the face of sexual abuse, which are in turn not implicit in political party affiliation.

The Importance of Gender

I was concerned about making judgments about the relationship between sexual abuse, psychological difficulties, and activism as sexual abuse is highly correlated with gender. Sexual abuse is a very gendered act of torture, which is significantly more commonly inflicted on women as opposed to men (Sansani, 2004). Women, including those in this sample, also consistently report greater symptoms of depression and PTSD than men (Cambell, et al., 2009; Fergusson et al., 2002; Jordan et al., 2010). In this investigation, activism, as measured by the CASC categorical variable, still buffered the relationship between sexual abuse and PTSD symptoms, even while controlling for gender. Similarly, while controlling for gender in the analysis of depression scores involving the CASC, those

people who had experienced sexual abuse still reported higher levels of depression.

Therefore, the inclusion of gender did not have an impact on the results of these analyses.

However, after including gender, there were several unexpected results in the analyses that incorporated political party affiliation as the measure of activism. Most interestingly, women who had been sexually abused had much higher rates of PTSD when compared to women who had not been sexually abused. While among men, there was no difference in their PTSD symptoms regardless of if they had experienced sexual abuse or not. Although, it may seem as if a greater taboo exists around men who have been sexually assaulted, it appears as if women struggle more following sexual abuse. Sexual assault may indeed underscore a woman's female identity and the social and cultural meaning behind that identity (Sansani, 2004).

Additionally, in another analysis the inclusion of gender eliminated the significant effect of sexual abuse on depression scores. Those who had experienced sexual abuse no longer had significantly greater depression symptoms than those who had not experienced sexual abuse. Instead a gender effect emerged, and women showed higher levels of depression than men. The mixed results received from the addition of gender serve to emphasize the interrelated nature of gender and sexual abuse. It is extremely difficult to study one phenomenon without studying the other, regardless of whether the investigator is aware of it or not. The specific historical and societal elements attached to the experience of sexual abuse may uniquely influence women.

Moreover, as was briefly mentioned earlier, findings are consistent with the notion that activism may be a gendered behavior, as the men in this study demonstrated higher rates of activism as described by the CASC and political party affiliation. Across the globe, men

may be more likely to have the freedom to participate in politics or other activism related endeavors and attend events outside the household, such as meetings, marches, and demonstrations. It could be viewed as improper for women to participate in this fashion, or they may be unable to leave the responsibilities of children and household work for the time required to join. This does not necessarily signify that women do not participate in activist activities; however it is possible that their participation may look different than that of their husbands, brothers, and sons. Activist women may be less visible and participate in more underground activities such as covertly distributing reading material to friends, providing food or other care to those activists on the front lines, encouraging the participation of others, and maintaining strong identification with the ideals of a cause. The CASC only assesses overt acts of activism and is unable to tap into these alternative behaviors, which could be more common among women. Consequently, the results of this study suggest that men participate more in activism, however they may simply participate in certain types of activism more than women.

Conclusions and Future Directions

This work contributes both to the literature on survivors of torture and the psychological benefits associated with activism. In the future, these questions could profit from a qualitative inquiry into the connection between participation in activism and wellbeing, as we do not yet fully understand the mechanisms that underlie this relationship. A qualitative study could also help to better address the definition of activism and what it personally means to identify as an activist. Such research could also attend to the gendered nature of activism and give adequate voice to women and their methods of participation. Additionally, the refinement of the CASC or the development of another validated

quantitative measure of activism to use with non-archival data would be extremely useful for accurately measuring the construct. With a better measure, researchers could further explore the intricacies and the benefits of certain aspects of activism, such as the ability to make meaning of negative experiences (Basoglu et al., 2005; Kaigee & Naidoo, 2004), maintenance of a cynical worldview (Basoglu et al., 1996), trauma preparedness (Basoglu, et al., 1997), or social support (Basoglu et al., 1994; Hooberman, Rosenfeld, Rasmussen, & Keller, 2010; Kaigee & Naidoo, 2004; Kaplan, 2002; Tol et al., 2010), and how information about these factors can be used to assist both activist and non-activist torture survivors.

Survivors of torture are a very vulnerable population, yet those who have migrated to the United States are already a self-selected group of very aptly named *survivors*, who have a rich history of internal and external resources. I recommend that refugee and immigrant aid and service organizations begin regularly asking clients about activism, as it may give these providers insight into additional client strengths. Activism has its dangers; however, it also has its benefits. The details of these benefits could be utilized in interventions for both individuals and communities who have experienced trauma or are at risk for trauma, such as neighborhoods in war-affected regions. Moreover, further research into the influence of migration stressors and sexual abuse among survivors of torture and how they may interact with activism is vital, as they can also inform treatment.

Table 1

Client Demographic Characteristics

Variable	Frequency	Percentage
Sample Size	245	
Gender		
Female	85	34.7%
Male	160	65.3%
Region of origin		
Africa	124	50.6%
Asia	84	34.2%
Europe	27	11.0%
Latin America/Caribbean	10	4.0%
Religion		
Buddhist	63	25.7%
Christian	83	33.9%
Muslim	81	33.1%
Other	11	4.4%
Education		
Pre-primary education or no formal education	57	23.3%
Secondary education	62	25.3%
Post secondary education	89	36.3%
Graduate education	18	7.3%
Other	17	6.9%
Marital Status		
Single, never married	57	28.9%
Married, legal or customary	123	62.5%
Separated, Divorced, or Widowed	11	5.5%
Asylum Status		
Applied	129	52.7%
Not applied	79	32.2%
Other	27	11.1%
Functional English		
Yes	85	34.7%
No	160	65.3%
Political Party Affiliation		
Yes	114	46.5%
No	119	48.6%
Unknown	12	4.9%

Table 2

Client Persecution Data

Type of torture	Frequency	Percent
Physical Assault	219	89.4%
Passive Torture (e.g. Deprivation, Isolation, etc.)	134	54.7%
Threats or Psychological Ill Treatment	73	29.8%
Sexual Assault or Harassment	58	23.7%
Other	8	3.3%

Note. Persecution categories based off of torture categories created in Hooberman et al. (2007). The percentages in this table do not add up to 100 because a number of clients experienced several different types of torture, (n = 245).

Table 3

Continuous Activism Status Checklist (CASC) Inter-Rater Reliability Scores and Final Item Frequencies

CASC Questions	Kappa (N=41)	Freq. (N=245)
Q1. Was this person a member of an activist group/organization?	0.759	94 (38.4%)
Q2. Was this person in a leadership role in an activism-oriented organization?	0.642	20 (8.2%)
Q3. Did this person take part in a protest/march/ demonstration/rally?	0.617	68 (27.8%)
Q4. Did this person help organize a protest/march/ demonstration/rally?	0.741	15 (6.1%)
Q5. Did this person attend a meeting for an activist group/ organization?	0.759	21 (8.6%)
Q6. Did this person help organize a meeting for an activist group/organization?	1.000	7 (2.9%)
Q7. Did this person engage in the dissemination of information or materials that go against opposing authorities?	0.853	47 (19.2%)
Q8. Did this person verbally express dissenting opinions in the presence of people with opposing beliefs?	0.000	14 (5.7%)
Q9. Did this person refuse to comply with a direct demand from an authority or member of the opposition?	0.545	23 (9.3%)
Q10. Did this person continue to participate in activism following warnings or threats?	0.750	26 (10.6%)
Q11. Did this person continue to participate in activism following arrest?	0.622	57 (23.3%)
Q12. Did this person continue to participate in activism following torture?	0.546	59 (24.1%)
Q13. Did this individual continue to participate in activism following warnings or threats directed at family members or close friends?	-0.152	8 (3.3%)
Q14. Did this individual continue his or her activism following the arrest, torture, or death of family members or close friends?	0.427	22 (9.0%)
Q15. Were family members or close friends involved in past or present activist activity?	-0.075	50 (20.4%)
Q16. Did this person engage in any other activism related activities?	0.671	18 (7.3%)

Note. See Appendix A for a complete version of the CASC.

Table 4

Client Activist Organization Information

Type of Group	Frequency	Percentage
Political Organization	67	27.3%
Religious Organization	14	5.7%
Women's Rights Organization	5	2.0%
Human Rights Organization	4	1.6%
Labor Union	2	0.8%
Student Organization	2	0.8%
Ethnic Minority Rights Organization	1	0.4%
Teacher's Rights Organization	1	0.4%
No Group Affiliation with Activism Reported	58	23.7%
No Group Affiliation with No Activism Reported	92	37.6%

Note: The percentages in this table do not add up to 100 as one participant specified membership in two different activists groups (n = 245).

Table 5

Variable Correlation Matrix

		Age	Gender	Marital Status	Functional English	Time in US	Education	Sexual Abuse	HTQ	CESD	CASC Total	CASC Categorical	Political Party Affiliation
Age	CC		-.074	.282**	-.248**	.072	-.102	-.201**	-.030	-.068	.088	.078	.096
	Sig		.251	.000	.000	.272	.114	.002	.644	.294	.169	.226	.137
	N		244	240	244	237	242	235	243	243	244	244	241
Gender	CC			-.202**	-.064	.040	.129*	.503**	.210**	.229**	-.146*	-.057	-.229**
	Sig			.002	.314	.541	.043	.000	.001	.000	.022	.375	.000
	N			243	245	240	245	238	245	245	245	245	244
Marital Status	CC				-.156*	-.059	-.241**	-.311**	-.152*	-.153*	.108	.127*	.094
	Sig				.015	.365	.000	.000	.018	.017	.094	.049	.146
	N				243	236	242	235	243	243	243	243	240
Functional English	CC					.210**	.204**	.099	.180**	.089	-.024	-.048	-.004
	Sig					.001	.001	.127	.005	.166	.703	.452	.949
	N					240	245	238	245	245	245	245	244
Time in US	CC						-.044	.004	.161*	.050	-.018	.006	-.082
	Sig						.495	.952	.013	.444	.780	.930	.209
	N						239	231	239	239	240	240	237
Education	CC							.274**	.284**	.303**	-.005	.018	-.011
	Sig							.000	.000	.000	.942	.779	.861
	N							237	244	244	245	245	242
Sexual Abuse	CC								.173**	.223**	-.146*	-.106	-.168*
	Sig								.008	.001	.025	.104	.010
	N								237	237	238	238	235
HTQ	CC									.719**	-.016	-.025	-.063
	Sig									.000	.801	.691	.325
	N									245	245	245	243
CESD	CC										-.003	-.011	.013
	Sig										.958	.858	.835
	N										245	245	243
CASC	CC										.830**	.285**	

CASC	N	245	244
Categorical	CC		.221**
	Sig		.000
Political	N		244
party	CC		
Affiliation	Sig		
	N		

Note. Analyses marked * were statistically significant at $p < .05$, and those marked ** were statistically at $p < .01$.

Table 6

Summary of Standard Regressions Predicting HTQ and CESD Scores

Variable	Model Predicting HTQ Scores			Model Predicting CESD Scores		
	B	SE B	β	B	SE B	β
Constant	2.518	.144		30.309	2.846	
CASC Categorical	.046	.084	.036	1.422	1.657	.056
Political Party Affiliation	-.074	.078	-.062	-.216	1.538	-.009
R^2		.004			.000	
F for change in R^2		.893			.020	

Note. None of these analyses were statistically significant at $p < .05$.

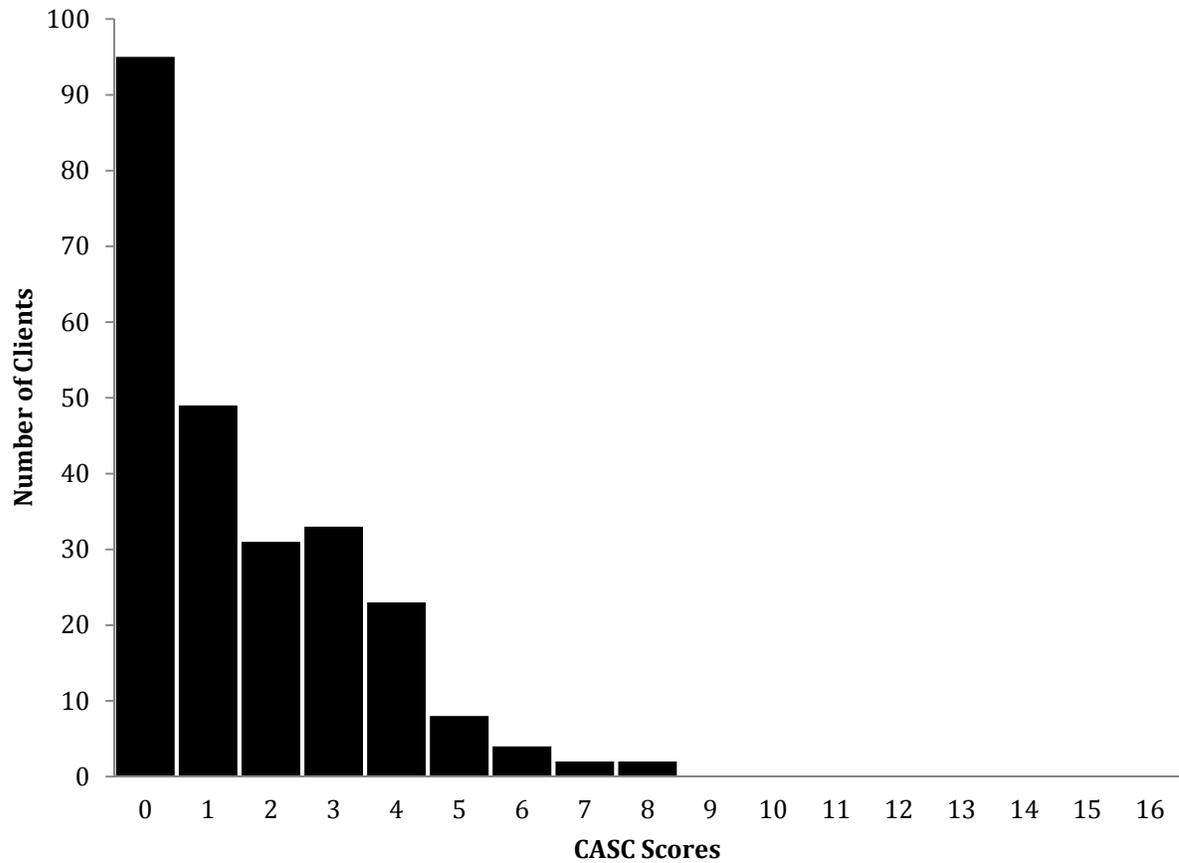


Figure 1. Frequency distribution of client CASC scores as based on the information collected from archived trauma narratives from the Bellevue Hospital/NYU Program for Survivors of Torture ($N = 245$, $M = 1.60$, $SD = 1.77$, range: 0-8).

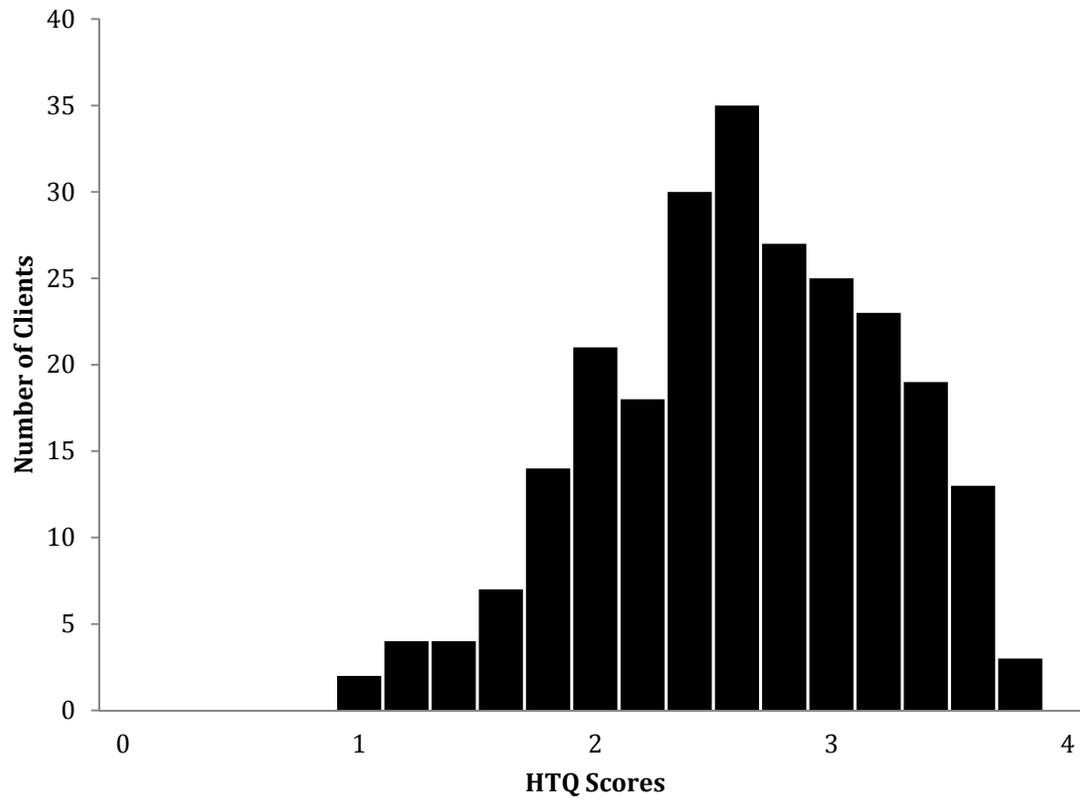


Figure 2. Frequency distribution of client HTQ scores as based on the information collected from archived intake interviews from the Bellevue Hospital/NYU Program for Survivors of Torture ($N = 245$, $M = 2.56$, $SD = 0.60$, range: 1-3.8).

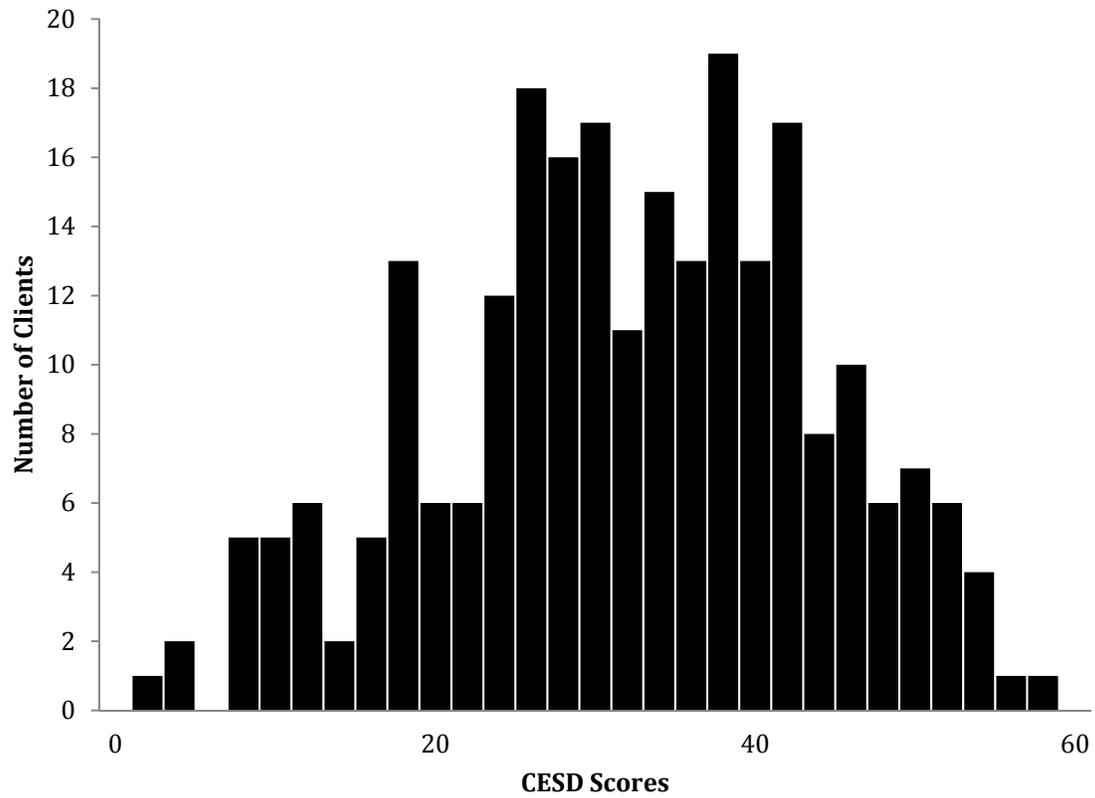


Figure 3. Frequency distribution of client CESD scores as based on the information collected from archived intake interviews from the Bellevue Hospital/NYU Program for Survivors of Torture ($N = 245$, $M = 32.58$, $SD = 11.75$, range: 3-59).

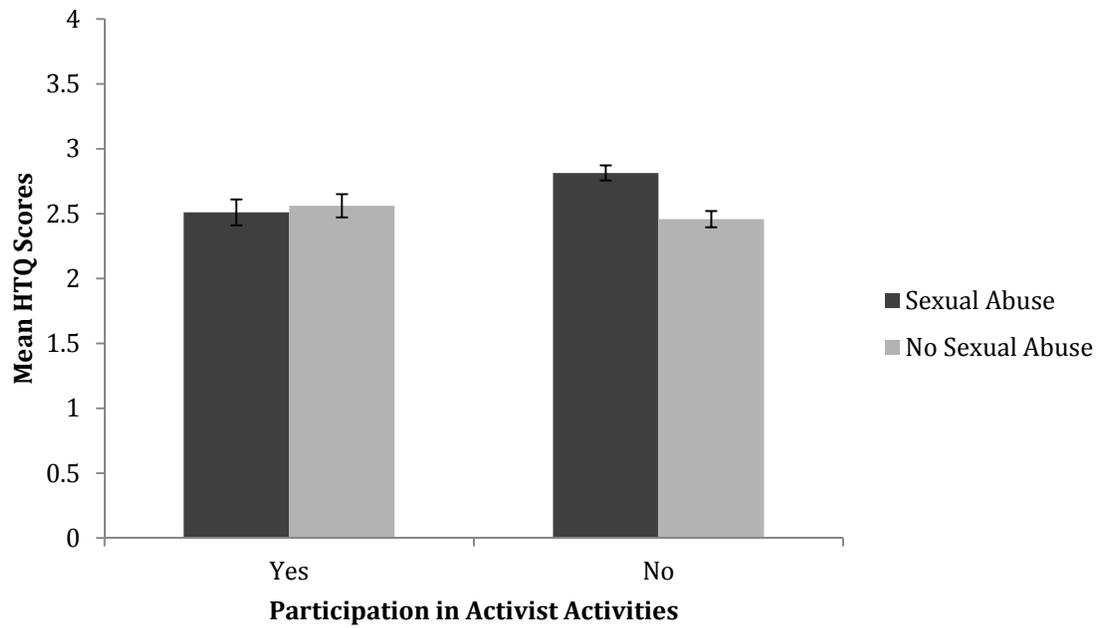


Figure 4. Mean HTQ scores as a function of participation in activism as per the CASC categorical variable and experiencing sexual abuse. Error bars represent standard errors.

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Appendix A

Continuous Activism Status Checklist (CASC)

Please circle one answer per question. Every YES equals 1 point and every NO or N/A equals 0 points.

1. Was this person a member of an activist group/organization?
YES NO
1. a. If yes was it for: a political party, religious group, LGBT advocacy, human rights group, other _____ (circle all that apply)
2. Was this person in a leadership role in an activism-oriented organization (i.e. founded organization, held specific title or rank, etc.)?
YES NO
3. Did this person take part in a protest/march/demonstration/rally?
YES NO
4. Did this person help organize a protest/march/demonstration/rally?
YES NO
5. Did this person attend a meeting for an activist group/organization?
YES NO
6. Did this person help organize a meeting for an activist group/organization?
YES NO
7. Did this person engage in the dissemination of information or materials that go against opposing authorities (e.g. TV, radio, newspaper articles, flyers, or posters)?
YES NO
8. Did this person verbally express dissenting opinions in the presence of people with opposing beliefs?
YES NO
9. Did this person refuse to comply with a direct demand from an authority or member of the opposition?
YES NO
10. Did this person continue to participate in activism following warnings or threats (i.e. threatening phone calls, letters, or interpersonal encounters)?
YES NO N/A (not warned or threatened) N/A (Q's 1-9 & 16 scored NO)
11. Did this person continue to participate in activism following arrest?
YES NO N/A (not arrested) N/A (Q's 1-9 & 16 scored NO)
12. Did this person continue to participate in activism following torture?
YES NO N/A (not tortured) N/A (Q's 1-9 & 16 scored NO)
13. Did this individual continue to participate in activism (prior to arrival in US) following warnings or threats (i.e. threatening phone calls, letters, or interpersonal encounters) directed at family members or close friends?
YES NO N/A (family and friends not harassed) N/A (Q's 1-9 & 16 scored NO)

14. Did this individual continue his or her activism (prior to arrival in US) following the arrest, torture, or death of family members or close friends?

YES NO N/A (family and friends not arrested or tortured) N/A (Q's 1-9 & 16 scored NO)

15. Were family members or close friends involved in past or present activist activity?

YES NO

16. Did this person engage in any other activism related activities?

YES NO

Please describe _____

TOTAL SCORE: _____ (MAX=16)

Appendix B

Center for Epidemiologic Studies Depression Scale (CES-D)

PROMPT: Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

<i>During the past week...</i>	0. Rarely or none of the time (less than 1 day)	1. Some or a little of the time (1 – 2 days)	2. Occasionally or a moderate amount of time (3 – 4 days)	3. Most of the time (5 – 7 days)
1. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt that I could not stop being sad even with help from my family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I thought my life had been a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I had crying spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt that people dislike me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I could not get "going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Radloff, 1997)

SCORING: Use the computer scoring program. Zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed. Possible range of scores is zero to 60, with the higher scores indicating the presence of more symptomatology.

Appendix C

Harvard Trauma Questionnaire (HTQ)

The following are symptoms that people sometimes have after experiencing hurtful or terrifying events in their lives. Please listen to each one carefully and decide how much the symptoms bothered you in the past week.

<i>In the past week, how much were you distressed by...</i>		<i>NOT AT ALL</i>	<i>A LITTLE BIT</i>	<i>QUITE A BIT</i>	<i>EXTREMELY</i>
1.	Recurrent thoughts or memories of the most hurtful or terrifying events.	1	2	3	4
2.	Feeling as though the event is happening again.	1	2	3	4
3.	Recurrent nightmares.	1	2	3	4
4.	Feeling detached or withdrawn from people.	1	2	3	4
5.	Unable to feel emotions.	1	2	3	4
6.	Feeling jumpy, easily startled.	1	2	3	4
7.	Difficult concentrating.	1	2	3	4
8.	Trouble sleeping.	1	2	3	4
9.	Feeling on guard.	1	2	3	4
10.	Feeling irritable or having outbursts of anger.	1	2	3	4
11.	Avoiding activities that remind you of the traumatic or hurtful event.	1	2	3	4
12.	Inability to remember parts of the most traumatic or hurtful events.	1	2	3	4
13.	Less interest in daily activities.	1	2	3	4
14.	Feeling as if you don't have a future.	1	2	3	4
15.	Avoiding thoughts or feelings associated with the traumatic or hurtful events.	1	2	3	4
16.	Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events.	1	2	3	4

(Mollica et al., 1992)

SCORING: Average all responses. Range 1.0-4.0.

Curriculum Vitae - March, 2013

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Education

2012 – Present	University of Illinois at Chicago, Chicago, IL, Community and Prevention Research Ph.D. Program
2009 – 2012	New York University, New York, NY, MA General Psychology
2003 – 2007	Vassar College, Poughkeepsie, NY, BA Psychology, correlate in Hispanic Studies
2006	The University of St. Andrews, St Andrews, Scotland. Semester Study Abroad.

Publications and Presentations

Smith, H., Keatley, E., Bray, E., & Rasmussen, A, (in progress). Group treatment with French-speaking African survivors of torture and its effects on clinical engagement: Can hope be operationalized?

Bray, E. M., Cloitre, M., & Charuvastra, A. (2010, April). Can a social life predict recovery? Interpersonal functioning and PTSD. Poster presented at the 14th Annual MA Research Conference, New York University Department of Psychology. New York, NY.

Bray, E.M., Keatley, E., Swee, M., & Rasmussen, A. (2012, April). Activism as a protective factor for survivors of torture: Can advocating a cause act as an insulator against trauma? Poster presented at the 16th Annual MA Research Conference, New York University Department of Psychology. New York, NY.

Abrantes, A.M, Brown, R.A., Strong, D.R., Pou, C., Bray, E. & Evenski, S. (2009, February). Exercise preferences of patients in substance abuse treatment. Poster presented at the 13th Annual Research Symposium on Mental Health Sciences, Brown University Department of Psychiatry and Human Behavior. Providence, RI.

Tugade, M. M., O’Haire, M., Greene, J., & Bray, E. (2008, February). Paying attention to how you feel and what you do: Examining links to psychological well-being and dialectical thinking. Poster presented at the annual conference of the Society for Personality and Social Psychology, Albuquerque, NM.

Honors, Awards, and Memberships

- 2007 Psi Chi, Psychology Honors Society.
- 2009 MA Scholar, New York University

- 2010 United Hospital Fund's Volunteer Service Award, Bellevue Hospital, New York University Medical Center
- 2010 Certificate of Merit, New York University Master's Psychology Research Conference
- 2010 – Present. Student member of APA.
- 2012 – Present. University Fellowship Recipient, University of Illinois at Chicago

Relevant Experience

2012 – Present Teaching Assistant, Community Psychology

Supervisor: Omar Jamil Ph.D., Lecturer, Department of Psychology, University of Illinois at Chicago.

- Grades weekly student journal entries
- Assists students with class material

2010 – 2012 Research Assistant, Program for Survivors of Torture, Bellevue Hospital/New York University.

- MA Thesis, “Activism as a protective factor for survivors of torture: Can advocating a cause act as an insulator against trauma?”

Advisor: Research Director, Andrew Rasmussen Ph.D., Assistant Professor, Department of Medicine

- Project hypothesizes that tortured activists will have fewer depressive and Posttraumatic Stress Disorder (PTSD) Symptoms upon intake into the program as compared to tortured non-activists.
- “Group treatment with French-speaking African survivors of torture and its effects on clinical engagement: Can hope be operationalized?”
Supervisor: Clinical Director, Hawthorne Smith, Ph.D.
 - Aided in the development and implementation of a research study examining the program services utilized by participants and non-participants in a French-language therapy group.
 - Created Excel and SPSS databases and performed statistical analyses on client data.
 - Also assisted with writing up subject information, study procedure, and statistical results for the paper in progress.
- Entered new client intake interview data into program database.
- Participated in weekly intake conferences to discuss new clients and plan the best way to meet their psychological, psychiatric, medical, social, and legal needs.

2009 – 2010 Research Intern, Trauma and Resilience Research Department, NYU Child Study Center

Supervisor: Marylene Cloitre Ph.D., Professor of Psychiatry, Department of Child and Adolescent Psychiatry.

- Researched predictors of chronicity and remission for individuals with PTSD, specifically the impact of social support as a protective factor.

- Participated in a weekly journal club to read and discuss the current literature on PTSD.
- Delivered presentations and led discussion on different aspects of PTSD for journal club members.

2007 – 2009 Research Assistant, Addictions Research Department, Butler Hospital, Warren Alpert Medical School of Brown University, Providence, RI

Supervisor: Ana Abrantes Ph.D., Assistant Professor, Alpert Medical School of Brown University.

- Served as Primary Research Assistant for HIQS (Health Intervention for Quitting Smoking) Study, which investigated the effectiveness of an aerobic exercise intervention in helping smoking cessation.
- Assisted in the LPA Study, which examined the efficacy of a pedometer based exercise intervention for individuals in early recovery from drug dependence.
- Implemented Project ACT, a clinical study funded by the National Institute on Drug Abuse using the medication Fluoxetine to measure the effects of Fluoxetine versus a placebo in individual smokers who have depressive symptoms.
- Helped facilitate Project RAD (Rethinking Alcohol and Drugs), a study examining the effects of brief Motivational Interviewing on adolescent substance use.
- Administered assessment protocol including psychological measures, (the Structured Clinical Interview for DSM-IV, baseline assessments, weekly group assessments, and follow-up assessments) and physiological measures (Functional Exercise Tests, Treadmill Walk Tests, carbon monoxide breath assessments, skin-fold body fat assessments, and assessments of vital signs).
- Trained other research assistants to administer necessary study assessments and protocols.
- Assisted in bi-weekly participant exercise and health education groups.
- Utilized and maintained system for tracking and scheduling participant appointments.
- Carried out data collection for research studies, performed coding, entry, and verification of the data collected.

2007 Academic Intern, Research Methods in Individual Differences

Supervisor: Susan Trumbetta, Professor, Department of Psychology and Program in Neuroscience and Behavior, Vassar College.

- Assisted students in their research project on Creativity and Close Relationships.
- Facilitated classroom discussion and course work at every class session.
- Held weekly office hours.

2006 – 2007 Independent research, “The Connection between Mood and Exercise”

Advisor: Michele Tugade, Associate Professor, Department of Psychology, Vassar College.

- Conducted research using surveys and experience sampling to investigate a connection between positive mood states, both short term and long term, and exercise.
- Recruited participants, and administered a variety of assessment batteries.

- Input and examined data.

2006 Independent research, “Genetics and Psychopathy.”

Advisor: Susan Trumbetta, Professor, Department of Psychology and Program in Neuroscience and Behavior, Vassar College.

- Researched and prepared a written literature review of genetic studies of antisocial behavior and psychopathy.
- Helped to organize a group of students who met weekly to read and discuss the current literature in behavior genetics.

2006 – 2007 Research Assistant, “Parenting Styles and Attachment Patterns”

Advisor: Carolyn Palmer, Associate Professor, Department of Psychology and Program in Cognitive Science, Vassar College

- Researched parenting styles and attachment patterns of different religious groups using current publications, article archives, and the Internet.
- Organized office space and material for classes.

2006 Teaching Assistant, Northern Valley School District, Demarest, NJ,

- Implemented individualized summer education programs for elementary aged children with disabilities; worked extensively with one child with Down Syndrome.

2005 Research Assistant, “Study on Gratitude”

Advisor: Michele Tugade, Associate Professor, Department of Psychology, Vassar College.

- Acted as experimenter in study.
- Prepared and administered assessment batteries.
- Maintained and updated the study database.
- Coded open-ended data.
- Graded tests and organized class materials for the professor.

2002 – 2006 Summer Camp Counselor, Bergen County YJCC, Washington Twp, NJ,

- Shadowed special needs students (autistic, multiply disabled, cognitively impaired) on a one-on-one basis – ages 3-21.
- Worked with groups of typical preschool children – ages 2-4.

Skills

Computer – proficient with Microsoft Office, Excel, Teleform, SPSS, R, and proofreading.

Languages – English (Native), Spanish (Proficient)

Additional Experience

2009 – 2012 Child Care Provider, Brooklyn, NY

2008 – 2009 Spanish Conversation Group, Providence, RI

- Participated in weekly conversation class with members of the Providence Latino Community.

2006 – 2007 NARSAD: The Mental Health Research Association. Founding member of Vassar College branch.

- Helped create campus events designed to spread awareness of mental illness.
- Organized film screenings and discussions to talk about the portrayal of mental illness in the media.
- Planned colloquium series, where professors and mental health professionals in the Vassar community gave talks about various psychological disorders.
- Raised money to donate to mental health research.

2004 – 2007 Member of FlyPeople, student-run dance troupe, Vassar College

- Performed at other campus events.
- Executed two shows annually
- Participated in dance competitions.
- Trained in ballet, modern, jazz, hip-hop, lyrical and tap dancing.
- Performed at Disney World, Orlando, March 2007.

2004 – 2005 Student Fellow, Vassar College,

- Selected for this position after completing application and two interviews.
- Trained for a week before arrival of freshmen.
- Supervised a group of nine freshmen throughout their first year at Vassar.
- Counseled students regarding roommate problems and social issues.
- Planned special events such as, study breaks, orientation activities, birthday celebrations, and dorm parties.
- Coordinated events as a member of House Team for Cushing Hall.