#### HOOL NURSING Identifying psychological functioning subgroups of refugee trauma survivors

UNIVERSITY OF MINNESOTA

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## Acknowledgements; study team

This study was supported by the National Institute of Nursing Research (Grant #P20 NR008992; Center for Health Trajectory Research).

Cheryl Robertson, PhD, MPH, RN Kay Savik, MS, Statistician Amin Mohammed, MPH, Research Assistant



## Overall aim and purpose

The overall aim of this study was to develop and refine a hypothesized multifactorial model that predicts psychological health for refugee trauma survivors.

Purpose:

- To build on existing rudimentary theory
- To contribute to understanding the complex relationships among factors that influence the psychosocial health of high risk refugees
- To inform intervention development



## Purpose of these analyses

- First step in model development: secondary analysis to describe the sample
- Identify possible subgroups of refugee trauma survivors based on levels of trauma and psychological functioning (latent classes).



Data set: Somali and Oromo community survey

5 year community-based study in Somali and Oromo communities (NIH-NIMH-R01, PI Jaranson)

Purpose:

- Define the prevalence and characteristics of torture survivors
- Identify physical, social and mental health problems associated with torture
- Define mental health and other care needs

## Summary of findings

- N=1134
- Stratified (Male/Female) (Somali/Oromo)
- Men and women suffered similarly
  - exposure to torture: men 45%; women 43%
  - trauma count: men 19; women 22
- 3 distinct subgroups of women
  - subgroup of older women responsible for more than six children
  - increased exposure to trauma
  - increased problem scales and PTS sx



#### If you want to learn more...

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

Halcón, L., Robertson, C.L., Savik, K., Johnson, D.R., Spring, M.A., Butcher, J.N., Westermeyer, J.J., Jaranson, J.M. (2004). Trauma and coping in Somali and Oromo refugee youth. Journal of Adolescent Health, 35, 17-25.

Jaranson, J., Butcher, J., Halcón, L., Johnson, D., Robertson, C., Savik, K., Spring, M., Westermeyer, J. Somali and Ethiopian refugees: Correlates of torture and trauma(2004). American Journal of Public Health, 94(4), 591-598.

Spring, M., Westermeyer, J., Halcón, L., Savik, K., Jaranson, J., Robertson, C., Johnson, D.R. & Butcher, J. (2003). Sampling in difficult-to-access refugee and immigrant communities. Journal of Nervous and Mental Disorders, 191(12), 813-819.



• Setting: Twin Cities region in Minnesota

- Sample: 449 participants from a large epidemiological study (N=1129) of the prevalence of trauma, torture and associated factors in the Somali and Oromo communities.
- Design: Secondary data analysis



Why this first step?

- Method to find subtypes of related cases from multiple measured variables.
- Similar to cluster analysis given a sample of subjects with several variables measured, is there a number of basic groups they fall in?
- Are observed measured variables a result of the unobserved, underlying different groups of subjects included in a sample?



- Number and membership based on:
  - dichotomized scores from standardized measures of psycho-social problems
  - gender, ethnicity
  - level of reported exposure to torture, trauma
- Age, religion, number of children, years in the US, marital status, employment, English skills, and education were compared across the resulting classes to further assess their utility.



- Gender
- Ethnicity
- Trauma count: Trauma event scale (RPS main survey)
  - variance for trauma count allowed to be different in each latent class
- Any torture: yes/no (RPS main survey)

## Dichotomized variable origin

- PTS sx: PTSD Checklist-Civilian Version
  Dichotomized cutpoint: 50
- Functional impairment: Sheehan Disability Inventory

– Dichotomized cutpoint: 4

Somatic sx: Revised Hopkins Symptom Checklist

- Dichotomized cutpoint: 3

- Social support: Duke-UNC Functional Social Support Questionnaire
  - Dichotomized cutpoint: 3



- 6 classes
- Classes included all combinations of high/low trauma and functioning levels.

## Young single Oromo men n=34

Torture	27 (79%)
Trauma count	25.7(9.8)
PCL	60.9(6.8)
Disability	7(4-9)
Somatic sx	3.2(1.2-4.3)
Social support	2.0(1.3-2.9)
Oromo	28(82%)
Women	0
Age	37.2(7.3)
Spouse	5(16%)
Job	17(53%)
English	20(59%)
Education	HS grad
Children	1(0-32)

Young single Oromo men

- High trauma
- High symptoms
- Low social support
- Employed
- English
- HS grad

#### Young Single Oromo Men n=16

Torture Trauma PCL Disability Somatic Soc support Oromo Women 0 Age Spouse Job English Education Children

16(100%) 35.7(3.8) 38.8(19.3) 5(2-10) 3.0(1.2-4.7) 3.6(1.2-5) 16(100%) 35.1(12.7) 6(38%) 16(100%) 12(75%) VoTech 0(0-40)

# Young single Oromo men

- High trauma
- Low PCL
- mid somatic
- High disability
- High social support
- Employed, English,
- High education
- No kids

We are interested in these folks

## Young, mostly single Somali men n=99

13(13%)
6.2(2.7)
25.5(8.4)
0(0-10)
1(1-4.7)
2.9(1-5)
4(4%)
28(28%)
33.7(15.8)
24(25%)
51(52%)
62(63%)
HS grad
0(0-7)

Mostly single Somali men

- Lower trauma
- Lower symptoms
- Mid social support
- Employed
- English
- HS grad
- No kids

### Older Somali and Oromo women n=25

Torture	18(72%)
Trauma	34.8(11.0)
PCL	60.2(10.7)
Disability	7.3(4.7-9.7)
Social support	2.1(1-3.8
Somatic	2.8(1.7-4.5)
Women	25(100%)
Age	49.2(11.3)
Married	6(24%)
Job	4(16%)
Education	none
Children	8(0-19)

# Older Somali and Oromo women

- High trauma
- High symptoms
- Low social support
- Low education
- Low employment
- Many children

## Somali and Oromo Women n=96

96(100%)
32.4(5.7)
33.2(10.1)
.33(0-8)
1.3(1-2.9)
2.9(1.3-5)
46(48%)
70(73%)
42.6(13.0)
30(31%)
39(41%)
40(42%)
< HS
2(0-20)

Mostly women, Somali and Oromo

- High trauma
- Low symptoms
- Mid social support
- Some with partners
- Some employed
- Lower education
- Kids

We are interested in these folks

### Everyone else n=168

Torture	43(26%)
Trauma	19.4(4.7)
PCL	27.3(10.0)
Disability	0(0-8)
Somatic	1.2(1-3.3)
Soc support	3.1(1.1-5)
Oromo	83(49%)
Women	87(52%)
Age	35.0(14.3)
Spouse	65(40%)
Job	99(59%)
English	107(64%)
Education	HS grad
Children	0(0-14)

Men, women, Somali, Oromo

- Lower trauma
- Low symptoms
- Mid social support
- Somewhat married, employed
- HS grads
- No kids!



- Cross sectional data
- Self reported data
  - survey developed with much community and staff input, but does not guarantee validity
- No random sampling
  - demographics similar to 2000 census, public schools, smaller surveys done in Twin Cities
- Potentially significant variables not measured (or available)



- Description of sample
- First step in a very complex model - beyond the usual four groups
- Identified groups we have seen before: older women, Oromo men
- Contributed to development of hypothesized model



- High trauma/torture
- Most are doing ok
- Many high trauma/high symptom participants have decent social support, are learning English, employed, raising children, staying married
- Some have manageable sx in spite of high trauma
- Some are really struggling



#### Build a model

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