

# **A SYSTEMATIC LITERATURE REVIEW: PACIFIC ISLANDER CIVILIAN PTSD**

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# INTRODUCTION

- Posttraumatic Stress Disorder
- PTSD in Military Populations
- PTSD in Civilian Populations
- Ethno-Cultural Considerations in PTSD Research
- PTSD in Pacific Islander Populations

# POSTTRAUMATIC STRESS DISORDER (PTSD)

- PTSD: psychological disorder after trauma exposure (APA, 2013)
- Historically linked to veterans (Hamblen & Schnurr, 2007)
- Now recognized among civilians (Hamblen & Schnurr, 2007)
- Lifetime U.S. prevalence: 6.8% (Kessler et al., 2005)

# PTSD IN MILITARY POPULATIONS

- Exceed rates found in the general population (Bertenthal et al., 2007)
- Iraq and Afghanistan veterans 15 out of 100, and 29 out of 100 over their lifetime (U.S. Department of Veterans Affairs, 2023)
- Comorbidities: Mood disorders, substance abuse (Fan et al., 2010)

# PTSD IN CIVILIAN POPULATIONS

- Civilians: Disasters, accidents, violence, sexual assault (Hamblen & Schnurr, 2007)
- War victims present with high rates over a lifetime (Bramsen, & van der Ploeg, 1999).
- Comorbidities: Mood disorders, substance abuse (Fan et al., 2010)

# ETHNO-CULTURAL CONSIDERATIONS

- PTSD is experienced across ethnic and cultural groups (Ford, 2008).
- Hispanic veterans higher PTSD than White veterans (Lunney et al., 2004)
- Ethnic PTSD unclear. NHPI heritage as protective factor (Adams et al., 2006; McNally, 2007)
- Ethnicity not a good predictor of PTSD (Adams et al., 2006; McNally, 2007)
- Data aggregation issues for Pacific Islanders (Kauh, et al., 2021).

# PTSD IN NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) POPULATIONS

- 40% population growth since 2000 (U.S. Census Bureau, 2020)
- NHPI significantly underrepresented (Lew et al., 2022)
- Data aggregation with AA health disparities (Lew et al., 2022)
- One early study noted lower NHPI PTSD (LaBauve et al., 2007)
- Disaggregation supported by federal initiatives (White House Initiative, 2016)
- Major disparities for non-veteran NHPIs (Kauh et al., 2021).
- Culturally tailored PTSD services increasingly essential (Kauh et al., 2021; Quint & Kaholokula, 2024).

# RESEARCH QUESTIONS

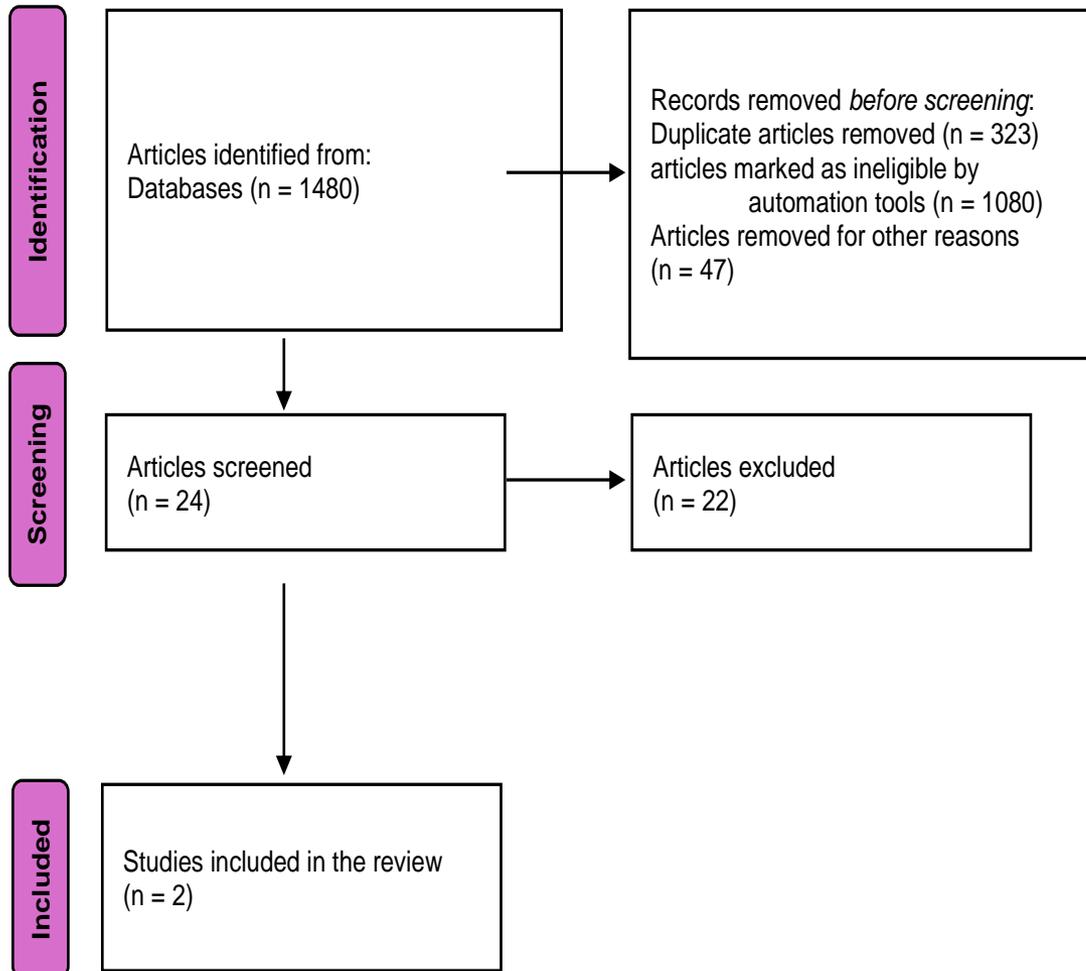
- Q1.) What is the prevalence of PTSD among non-veteran Pacific Islanders in the literature between 2000 and today?
- Q2.) Is there a significant difference in PTSD prevalence rates in non-veteran Pacific Islanders compared to prevalence rates in non-veteran Asian Americans within the available literature?
- Q3.) Has PTSD data for NHPI been disaggregated in studies according to federal guidelines (e.g., distinguishing between Native Hawaiians and Pacific Islanders and Asian Americans)?

# METHODOLOGY

- Systematic Literature Review (SLR)
- Databases: PubMed, PsycINFO, Scopus, Google Scholar, JSTOR
- Inclusion: Non-veteran NHPIs, PTSD prevalence, disaggregated data

# RESULTS OVERVIEW

- Initial results: 1480 studies
- After screening: Only 2 eligible studies
- Key Challenge: Aggregation of Asian Americans and Pacific Islanders



# KEY FINDINGS: KLEST ET AL. (2013)

- Investigated trauma exposure and PTSD symptoms among 586 students and community members in Hawai‘i
- Focused on NHPI, Asian American, and European American groups
- Disaggregated AAPI data to examine group-specific outcomes
- NHPI reported the highest trauma exposure, particularly high-betrayal trauma
- PTSD symptoms were highest among NHPI, especially in lower socioeconomic groups
- Historical trauma, colonization, cultural loss, and marginalization may contribute to elevated risk
- Highlighted the need for culturally tailored, trauma-informed interventions for NHPI populations

# KEY FINDINGS: SUBICA ET AL. (2024)

- Surveyed 306 NHPI adults from regions with large NHPI populations (e.g., Hawai‘i, Guam, California)
- Focused exclusively on NHPI participants, avoiding AAPI aggregation
- Found 69% had experienced at least one traumatic event; average exposure was 2.5 trauma types
- Specific trauma prevalence: childhood physical abuse (34%), sexual abuse (25%), and forced sexual assault (27%)
- NHPI experience symptoms of traumatic stress at a higher rate than other ethnicities
- Used culturally sensitive, community-based participatory research methods
- Emphasized historical trauma, colonization, and systemic marginalization as key mental health factors
- Advocated for routine trauma screening and culturally responsive mental health interventions

# DISCUSSION

- NHPI populations experience elevated symptoms of traumatic stress
- Historical and social factors may influence outcomes
- Critical research gap: Only two studies that provide disaggregated PTSD symptom data

# ADDRESSING RESEARCH QUESTIONS (Q1)

- Q1.) What is the prevalence of PTSD among non-veteran Pacific Islanders in the literature between 2000 and today?
- Answer: No precise prevalence rates were identified in the literature

# ADDRESSING RESEARCH QUESTIONS (Q2)

- Q2.) Is there a significant difference in PTSD prevalence rates in non-veteran Pacific Islanders compared to prevalence rates in non-veteran Asian Americans within the available literature?
- Answer: NHPI individuals exhibited higher levels of PTSD symptoms compared to their AA counterparts

# ADDRESSING RESEARCH QUESTIONS

- Q3.) Has PTSD data for NHPI been disaggregated in studies according to federal guidelines (e.g., distinguishing between Native Hawaiians and Pacific Islanders and Asian Americans)?
- Answer: Research studies continue to aggregate NHPI and AA populations as a homogenous ethnic group

# LIMITATIONS

- The majority of disaggregated NHPI and AA populations focus on war-related trauma among veterans.
- Non-Veteran research studies aggregated NHPI with AA, e.g., AAPI
- Search terms, “non-veteran,” “civilian,” and “disaggregated,” slightly reduced the number of suggested articles, but did not produce useful results.
- Database limitations: Google Scholar and PubMed are most useful

# CONCLUSION

- NHPI experience traumatic events and symptoms of traumatic stress at higher rate
- Prevalence data on traumatic stress among NHPI civilians remains limited and inconclusive
  - Most existing research focuses on veterans, leaving civilian trauma largely unexamined
  - Lack of baseline symptom data impedes culturally appropriate assessment and intervention development
  - Continued aggregation with AA populations obscures NHPI-specific mental health needs
  - NHPI underutilization of mental health services complicates screening and diagnosis
  - Culture-based assessments may help, but require prevalence understanding to be effective
  - Advancing mental health equity requires disaggregated data and culturally informed approaches

# IMPLICATIONS FOR SOCIAL WORK

- NHPI populations are rapidly growing and face disproportionately high trauma exposure
- Expanded research and disaggregated data collection are essential for accurate representation
- Social workers should integrate traditional healing and community values into interventions
- Building trust through collaboration with NHPI communities is critical
- Efforts exist to include traditional practices, but further development is needed (Antonio et al., 2020)
- Advocacy at mezzo and macro levels should support culturally competent policies and funding
- Social workers must uphold cultural competence through continued education and ethical practice
- Engagement in research and culturally tailored service development is key to advancing equity

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