

"Trauma Impact and Invisible Mental Wounds of War Exposed Populations"

Arash Javanbakht

Wayne State University, Michigan

International Disability Rights Affirmation Conference 2025

Thursday, November 6

[2025/11/06 08:58] Elektra Panthar: Hello everyone.

Today's presentation is being transcribed so those without audio or who require text only can participate in real time.

A little explanation about this service.

Voice-to-text transcriptionists provide a translation of the key ideas discussed, NOT a word for word transcription.

Voice-to-text services provide an in-the-moment snapshot of ideas and concepts, so that those who are unable to hear or to understand the audio program are able to participate in real-time.

You will see the transcription in local chat.

Transcription is provided by Virtual Ability, Inc.

The transcriptionists are Elektra Panthar, Katie Cunningham

The following initials in the transcription record will identify the speaker:

AJ: Dr. Arash Javanbakht (arjavanbakht)

[2025/11/06 09:00] Elektra Panthar: <<transcription begins>>

[2025/11/06 09:00] dotteddigit Resident: Hello. My name is DottyDigit.

I am a person with a spinal cord condition and bipolar disorder who has found much support within the Virtual Ability community.

It is my honor to introduce today's distinguished speaker, Dr. Arash Javanbakht — a nationally recognized psychiatrist, neuroscientist, and humanitarian.

Dr. Javanbakht serves as the founding director of the Stress, Trauma, and Anxiety Research Clinic (STARC)

at Wayne State University School of Medicine,

where his groundbreaking work bridges science, compassion, and innovation.

His clinical and research expertise centers on anxiety, trauma, and PTSD,

with a focus on supporting civilians, refugees, and first responders.

Through STARC, he leads pioneering studies funded by the NIH and the State of Michigan, exploring biological and psychological resilience, and integrating art, movement, and mindfulness into healing.

Dr. Javanbakht is also at the forefront of using artificial intelligence, augmented reality, and telemedicine to transform mental health care.

His work has been featured by CNN, NPR, Scientific American, and many other major outlets,

and he is the author of the acclaimed book *Afraid: Understanding the Purpose of Fear, and Harnessing the Power of Anxiety*.

Please join me in welcoming Dr. Arash Javanbakht — a visionary leader whose work continues to shape the future of trauma recovery and mental health care.

[2025/11/06 09:03] Elektra Panthar: AJ: Thank you so much for the kind introduction

Arash Javanbakht MD

Stress, Trauma, and Anxiety Research Clinic (STARC)

Wayne State University Department of Psychiatry

We study what trauma does to the brain and the body and how to treat trauma

We use a host of technologies, as well as traditional non medicinal methods

Today I want to talk about Trauma Impact and Invisible Mental Wounds of War Exposed Populations

But before I want to explain the history of these people

I want you to imagine as you live your life the next morning you wake up to explosions, chaos, no TV, you don't know what's going on and don't have access to food or facilities. and don't know when all this will end

Imagine your day to day stress, imagine then this stress being the last thing because now you have to risk your life to look for food

You have to leave everything behind and escape to another country, for example from Syria to Lebanon, where more and more people escape and resources are scarce

Your fate depends on people in power - if you're lucky you end up in a country for example the US, but you end up in an underserved area and have to start your life from scratch with almost no resources and with a language barrier

Kids become parents by learning language faster and helping parents navigate bureaucracy

Refugees' Experience

Loss: lives, family, belongings, identity, career

Deprivation: safety, food, resources, care, education

Constant trauma and stress exposure

Uncertainties

Constant need for adjustment

Have to be two people

Guilt, shame, sorrow

There's also internalized racism, you're worried about family who got left behind

Project Risk and Resilience Among Syrian Refugees - what is the mental health impact on these people?

I was able to have a team of middle eastern background who work together and understand the situation of these refugees

Half of the war exposed population are children

And we don't have much data on the trauma impact on children, most studies are done on adults

My team goes there and looks for information, collects data, looks for physical impacts as well

Cohort:

432 people recruited between June 2016 and May 2017 with over 90% recruitment success (no unaccompanied minors)

Syrians:

157 Adults (18 – 65)

131 Children (6-17)

77 Families

Iraqis:

131 Adults (18-65)

40 Children (6-17)

51 Families

There was a clinic where doctor patient relationship was already established so we were able to have more information because there was already a rapport and trust

This helped us determine the needs of the kids and their families

What we found:

Equally men and women have high school education, married, have a medical condition but only 5% had a previous psychiatric diagnosis

In the camps they didn't have resources to look at mental health, so they struggled for a long time without mental health help

When we talk about PTSD in this case we have close contact with death, violence, sexual violence, torture

The person has nightmares, flashbacks

They can't sleep, they avoid anything triggering, for example fireworks

Clinical depression and anxiety are also conditions that affect them

Above 1 in 3 have a full diagnostic threshold for PTSD which is very high

Depression among women, about half had the diagnosis and half the men had high anxiety
So imagine someone with these problems also has to learn to live in a completely different country

About half of the kids have high anxiety, especially separation anxiety

Which is understandable

Parents are the safe space, so even when in a safe space they are scared to leave them to go to school

Maternal distress correlates with child's anxiety

The higher the symptoms in the mother, the higher they are in the kids

Perception of health, adversity, and trauma

We asked them:

How would you rate your general health today? [1] Excellent [2] Very good [3] Good [4] Fair [5] Poor

On a scale from 1 to 7, 7 being the worst thing that can ever happen to you, how would you score your experience with war and migration?

These people were feeling bad also because their mental health affects their physical health

> 70% described their health as good, very good, or excellent

48% described their experience as "worst thing in my life".

2 years later

Symptoms often do not improve by time

Even if they are now in a safe space, if they haven't received treatment or help their PTSD hasn't improved

For some it worsens

$p = .026$; death threat exposed: $n = 29$; $p = .03$; victimization exposed: $n = 6$

PTSD if not addressed worsens over time

Parents' Environmental Stress

Post Migration Living Difficulty Questionnaire (LDQ):

Housing

Health Services

Finances

Social Support

Governmental Support

The lower the parents' environmental stress, the better the improvement in child's symptoms

We asked them: how easy is life post migration?

The kids' health is influenced by the parents' health, so a lot of help also needs to come from social support

Ukraine data

2203 internally displaced Ukrainians, 2016; oblast Ukraine resettlements

PTSD prevalence: 27.4%

Females: 31.1%; Males: 19.6%

Ukraine had a lot of support from western countries which weren't afforded to other war torn countries

Recent data from Ukraine

Previously Russian-occupied areas near the front

450 adult participants

51% screened positive for PTSD

No sex difference

Austin contacted me saying he wanted to go help people in Ukraine where help wasn't easy to reach, to help people and study their circumstances

He managed to collect data not many others managed, so close to the war

Other variables that defines these symptoms, a big one was loneliness

As humans we need social connections

Shortage of trauma therapists fluent in language and culture

High dropout from PE

Cultural barriers in accepting trauma/treatment

Pharmacotherapy

- Barriers in acceptance of the treatment

- Side effects

As a psychiatrist I use medication to treat people, but I like to look at treatment in a more holistic way

Someone from art school heard about our project and asked to help, dance instructors as well, so we teamed up to offer different activities

Arts and Movement Based Interventions for Refugee Children
Dance/Movement Therapy (DMT); children
Art Therapy for children
Mindful Yoga for moms

We put together these teams and brought mothers with their kids to help them express their emotions through art and movement, also to help them find a community

Dance and movement therapy
73% stayed in the treatment

These therapies lead to a great decrease of PTSD and trauma symptoms

This was great, in Michigan the state contacted us to expand these programs and bring them to where refugees were temporarily staying

Michigan state wanted to educate teachers and educators about the challenges of these kids

We trained educators, we talked about these kids and their problems, why they were acting a certain way

Childhood trauma needs to be addressed because it carries over to adulthood and more severe health problems

Childhood trauma is very prevalent

I try to be an advocate for these people, I try to do interviews and do publications trying to help people understand the challenges these people face

That's why I wrote the book *Afraid -*

Evolution, to brain and body

Why we love to be scared

How we learn, and unlearn fear

Fear & bravery

Fear & Meaning

Fear & Creativity

Diseases of fear and trauma

How to ally with fear

Cutting-edge treatments

Politics of fear & media

Thank you for listening to me

Any questions?

[2025/11/06 09:34] Gentle Heron: Thank you Dr. Javanbakht. Such important research.

QUESTION: Do men tend to try to hide their trauma more than women?

[2025/11/06 09:34] Katie (Katie Cunningham): AJ: prevalence higher among women and culturally men are not supposed to talk about it, perceived as weakness

And those who are first responders, paramedics, etc, hide their "weakness"

And culturally men are the outside face of the family, need to appear tough and strong

But with severe symptoms, we did not see much difference, but stress and anxiety there were the differences

[2025/11/06 09:35] Mook Wheeler: My apologies, I have 3 questions! Please select if you wish.

QUESTION 1: How do you and your staff protect yourselves, in turn, from the risk of stress/PTSD generated by your continued exposure to human suffering? Do you have strict protocol guidelines and do staff review each other for symptoms?

QUESTION 2: Why do PTSD symptoms stay the same or worsen with time? The body strives for homeostasis, so physical healing of the body is a constant process (e.g. a break in a bone does not wait to heal). Is psychology, compared to physicality, less homeostatic in nature? Why won't the mind heal?

QUESTION 3: Who recovers better from severe PTSD - adults or children?

[2025/11/06 09:36] Katie (Katie Cunningham): AJ: [answering Question 2] why some develop PTSD, some do not - genetic differences, whether exposed as children
Over time, we see PTSD is a brain condition, and for a lot of people there is not improvement over time unless there is medical interventions and medications
And there are ongoing stressors, especially among refugees, they keep seeing stressful things

There are many variables that lead to a lack of improvement

[2025/11/06 09:37] Elektra Panthar: QUESTION 3: Who recovers better from severe PTSD - adults or children?

[2025/11/06 09:38] Katie (Katie Cunningham): AJ: very good question, and we don't have enough data

Children -there are two aspects 1. the development stage

And how severe the stressors, and how much support from trusted adults

Kids have a more "plastic" brain and can recover faster, and learn about new environments faster

Don't have clear data though

[2025/11/06 09:38] Widget Whiteberry: Q: Last night, I learned that NYC schools have many homeless children. Are you finding PTSD in this population. Your report on dance and art sounds to me like an argument for funding arts in the schools.

[2025/11/06 09:39] Mook Wheeler: QUESTION: How do you and your staff protect yourselves, in turn, from the risk of stress/PTSD generated by your continued exposure to human suffering? Do you have strict protocol guidelines and do staff review each other for symptoms?

[2025/11/06 09:39] Widget Whiteberry: Important question, Mook

[2025/11/06 09:39] Gentle Heron: We have a panel coming up in a few minutes, so we are going to have to move along after thanking Dr. Javanbakht. We need to invite him back to talk with us again!

[2025/11/06 09:39] Angelina Whelan: Fantastic talk, Thank you

[2025/11/06 09:39] Elli Pinion: Wonderful and informative!

[2025/11/06 09:40] Itico (Itico Spectre): Thank you Dr.

[2025/11/06 09:40] Eme Capalini: Thank you!

[2025/11/06 09:40] Katie (Katie Cunningham): many thanks Dr AJ!

[2025/11/06 09:40] Brian Aviator: Excellent presentation. Thank you!

[2025/11/06 09:40] Buffy Beale: thanks, great presentation!

[2025/11/06 09:40] Elektra Panthar: <<transcription ends>>