The Experience of Pain among Asylum Seekers and Temporary Visa Holders (Preliminary findings)

NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

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Introduction

There are growing concerns about the mental and psychosocial health of temporary visa holders, particularly those who have encountered gross human rights violations, war trauma, torture, traumatic loss and grief.

Uncertainty surrounding temporary visa holders creates insecurity, fear of being forcibly removed and returned to their country of origin, separation from family, concern about family safety and inability to return home in an emergency (Steel et al. 2006).

Psychosomatic symptoms may be the first indicator of more complex psychological issues. Psychosomatic complaints are common (Arcel et al., 1998) and the instability surrounding their visa situation may put them at even greater risk of psychosomatic complaints. Understanding the cause of these symptoms is likely to be important in identifying and providing optimal treatment and subsequent outcomes for individuals with unstable residency.

Psychosomatic complaints and PTSD symptoms have been linked in refugee populations (Wagner et al., 2013), but this relationship requires further investigation for temporary visa holders.

Often the first point of contact, the primary healthcare worker's role is crucial (Shannon, 2014). The need to accurately identify psychosomatic symptoms, explore underlying causes and provide access to appropriate intervention is paramount.

STARTTS sought to examine:

1. Quality and intensity of pain experienced by temporary visa holders
2. Relationship between pain and trauma symptoms
3. Role of health professionals in managing symptoms
4. Changes in pain symptoms over time

Data from Tamil participants is presented. The ongoing study will include Arabic, Farsi, and Hazaragi speakers.

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Methodology

STEP1: Pain & Trauma Questionnaires *(Phase 1 & 2)*

1.McGill Pain Questionnaire and Body Map (Melzack, 1975)

2.Faces Pain Scale –Revised (Hicks et al., 2001)

3.Harvard Trauma Questionnaire (HTQ) (Mollica et al., 1992)

STEP2: Focus Groups (*Phase 1 & 2)*

Phase 1: Semi-structured interview questions focused on pain management in country of origin as well as seeking and receiving treatment in Australia.

Phase 2: Changes in psychosomatic symptoms, attributions for changes and further experiences of seeking and receiving treatment in Australia.

STEP3: Ongoing study *(Phases 3 & 4)*

Steps 1 and 2 will be repeated with a new cohort of culturally different temporary visa holders.

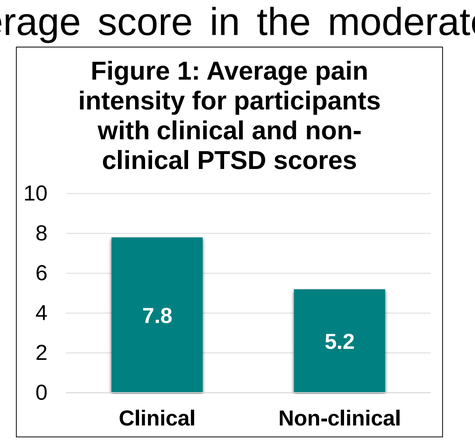
Phase 1 Results

Participants

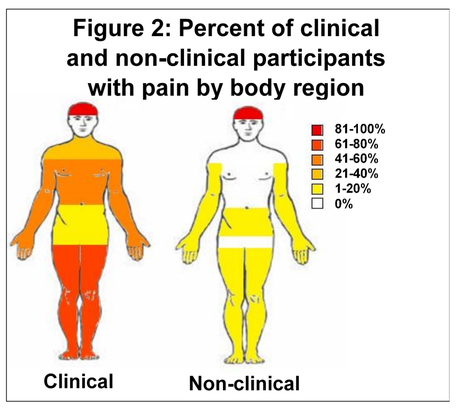
Participants were 11 female asylum seekers from Sri Lanka and Indonesia who attend a support group at STARTTS. They were aged between 31 and 39 years. All spoke Tamil, with 9 out of 11 requiring an interpreter. They had been in Australia for an average of 4.1 years. Four were receiving individual counselling at STARTTS in addition to attending the group.

Quantitative Findings

Participants had an average score of 2.8 on the HTQ, suggesting high levels of PTSD symptoms. 6 out of 11 scored above the clinical cut-off, indicating symptoms that may warrant clinical attention. On the Faces Scale, participants with clinical levels of PTSD reported higher pain intensity, with an average score in the severe range. The non-clinical group had an average score in the moderate range.



On the Body Map, the clinical group nominated more body regions than the non-clinical group.



Qualitative Findings

Participants reported a high incidence of pain symptoms, and an awareness of possible links between past trauma and current pain, although few had sought psychological help for pain.

"I believe that the causes of my headaches are too many worries, traumatic experiences in the past, not having a stable life in Australia and worrying about the future of my kids…."

Most were satisfied with the care provided by their GP, though some found it hard to share their past experiences of trauma.

"I think the GPs in Australia are excellent, they really care about our health, only thing is just listen to us more… don't ask for documentations…we lost all of that…just listen to our trauma stories".

Conclusions

Participants with clinical levels of PTSD symptoms experienced more intense physical pain in more body regions. This provides preliminary support for a link between PTSD and somatic symptoms in this group. While participants were aware of this link, health-care providers may need to encourage those with pain to seek psychological intervention.