

Original Article

Persistent Pain in Survivors of Torture: A Cohort Study

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Abstract

Context. Refugee survivors of torture in the United Kingdom have multiple problems, of which pain may be underrecognized, given the high prevalence recorded in similar populations in Denmark.

Objectives. To establish in a UK sample the prevalence of persistent pain and to investigate associations between specific pains and torture methods.

Methods. A cohort of a random 20% sample attending a specialist UK center for survivors of torture in 2005 was taken. All complaints of pain recorded at initial interview were categorized for body site and putative pain mechanism. These were compared with the database of personal variables and data on torture using odds ratios (ORs) and exact probability.

Results. Of 115 men and 63 women, with mean age of 30 years, 78% reported persistent multiple pains, mainly in the head and low back. They had experienced a median of six torture methods. There was a clear association between female abdominal/pelvic/genital pain and rape/sexual assault (17 of 34 vs. zero of 17: exact $P < 0.001$) and between male anal pain and rape (two of nine vs. two of 77: OR = 6.00; 95% confidence interval = 1.79–20). Tests of foot/leg pain with falaka and shoulder pain with suspension did not show expected associations.

Conclusion. A significant relationship emerged between torture and report of persistent pain at a high prevalence. Findings do not support the widespread clinical assumption that complaint of persistent pain after torture is predominantly a manifestation of psychological distress. Rather, complaints of pain in torture survivors should be assessed and treated in relation to physical trauma. *J Pain Symptom Manage* 2010;40:715–722. © 2010 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Pain, torture, rape, refugees, asylum seekers

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Introduction

In 2005, when the torture survivors in this sample sought help, 25,710 applications for asylum were made in the United Kingdom,¹ and although no systematic data are collected, estimates of the proportion that has suffered torture fall around 30%. With the policy of dispersal and the health problems faced by asylum seekers, torture survivors are likely to be encountered by medical personnel throughout the United Kingdom. However, survivors may be reluctant to disclose their history: evidence from the United States suggests a low rate of self-identification in medical settings.²

The United Nations³ definition of torture includes the deliberate infliction of severe mental and/or physical pain and suffering, but it is the longer-term psychological consequences that are most often recognized and treated. Although pain problems have been documented and explored in several reviews,^{4–8} it is common for a report of persistent (chronic) pain to be interpreted by psychological or psychiatric treatment services, and in research,⁹ as a nonspecific symptom of post-traumatic stress disorder.

Torture survivors at a specialist treatment center in Denmark¹⁰ were found to have an 83% prevalence of persistent pain, with an increase at 10-year follow-up.¹¹ In contrast, community samples' prevalence estimates are consistently lower (e.g., 21% in an urban UK population, 29% in Turkey, and 6% in Nigeria,¹² mainly in the back, head, and joints). Survivors of torture most commonly report headache;^{10,13} musculoskeletal pain and back and/or neck pain;^{10,13,14} chest or thoracic pain; joint, particularly shoulder, pain; foot pain; and pelvic pain. All are at rates from 15% upward.^{4,5,7,10,15} In terms of mechanism, these include neuropathic pain from nerve lesions; generalized musculoskeletal pain, usually with fatigue and sleep disturbance and associated with altered central pain modulation at spinal and supraspinal levels; and musculoskeletal pain from trauma to joints.⁸

It is hard to assign particular persistent pains to specific damage from torture. Most survivors suffer multiple assaults, some for prolonged periods or over several episodes, under poor conditions of health care, hygiene, and nutrition. Memory may be incomplete, not only in

those who lose consciousness, and recall is distressing and often avoided where possible. In many countries, torturers try not to leave lasting marks on the body.¹⁶ Nevertheless, specific pain problems have been observed in feet and legs after falanga (or falaka: severe beating to the soles of the feet), and in shoulders, often with restricted movement and weakness, after suspension by the arms.^{17,18} In relation to sexual assault, abdominal and pelvic pains have been noted in women,^{19–21} although not described among the physical effects of rape as torture.²²

This study was undertaken to establish the rate of report of persistent pain in a population of torture survivors seen at a specialist service; to investigate specific associations in torture survivors between pains in particular locations and methods of torture; and to identify mechanisms of pain, where possible.

Methods

Data were extracted from the database of the Medical Foundation for the Care of Victims of Torture (MF) (www.torturecare.org.uk/about_us/34) and from initial interviews with clients referred to the MF for medicolegal reports and for a range of psychotherapeutic treatments. Initial interviews are carried out by nonmedical staff, mainly caseworkers/counselors, who note the survivor's account of present problems and history. The purpose of this assessment is to determine the needs for medical, psychological, and psychiatric consultation and treatment and for social casework, legal and welfare advice, and reports. The assessment is not for diagnosis, and no standard interview schedules or measures are used at this point; the focus is on developing trust and encouraging disclosure, and few measures are available in the languages required. Data are routinely extracted from these notes to the audit database. Interviewers noted the use of an interpreter in 88 interviews (49%), but data were incomplete and, also, some staff conduct interviews in languages other than English.

A random sample (using SPSS v.11.5; SPSS Inc., Chicago, IL) of identity numbers was made, aiming for 20% of the 883 clients

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