

Pain Assessment in Survivors of Torture: a case of resilience versus vulnerability

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This year, 2019, is the 'IASP Global Year Against Pain in the Most Vulnerable'. One vulnerable group are the people who have been displaced from their home and country and have been, or are looking to, resettle in a new country. For many they have also experienced torture, organised violence or war (TOVW). These 'survivors' often present with pain and extreme distress but it is important to also acknowledge the high levels of resilience that have sustained them on their difficult journey. Importantly, in a healthcare encounter the survivor may not ever disclose their torture history and so may not receive appropriate care. Health professionals are encouraged to be vigilant for signs that may indicate a person has been tortured. Person-centred pain assessment is essential but also a major challenge. Apart from communication difficulties there is the complexity of psychological and social issues associated with any refugee experience - including the associated trauma and losses. There is value in focusing on pain as an output of the body's protection system rather than an indicator of tissue injury or disease. The bidirectional interplay between pain and other protective outputs, like poor sleep, mood disorders and breathing dysfunction is important. A clinical reasoning tool that has been used to capture this complexity is the Pain and Movement Reasoning Model. Additional culturally-responsive strategies have been developed to promote better understanding of pain in this vulnerable group and offer additional assessment information to the clinician as the client unpacks her/his beliefs about contributors to pain. Overall, health professionals working with survivors of TOVW need to have culturally-informed skills and sensitivities to successfully assess and manage the vulnerability associated with the ongoing effects of trauma. At the same time it is essential to preserve the culture, beliefs and behaviours that support resilience.