



The Center for Victims of Torture **Study: Communicating Torture and War Experiences with Primary Care Providers**

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PURPOSE

The purpose of this study was to conduct a needs assessment to identify challenges faced by survivors of war torture or trauma in communicating health concerns relating to war trauma in the course of their primary care visits.

METHODS

Recruitment

Data for this research came from brief interviews conducted with participants in the waiting area of the Brookdale Park Nicollet Clinic. Data collection took place on seven visits (held from 10 a.m.-12:30 p.m.) between January 30 and March 17, 2006. Participants were recruited through an announcement posted in the waiting area, through fliers placed on tables in the waiting area, and through staff of the New Neighbors/ Hidden Scars project, who generally announced to people arriving at the clinic that there was a survey being conducted on immigrant health. To be eligible for participation, participants had to be at least 18 years of age and an immigrant from Africa, Central Europe, Southeast Asia or Latin America. Prospective participants who expressed interest in the research were informed the study would involve a 10-15 minute anonymous, confidential interview on health communication between immigrants and providers, as well as selected demographic questions. Participants were offered an \$8.00 supermarket gift card as thanks for taking time to participate in the survey. Informed consent was obtained from all participants. The study was approved by the Park Nicollet Institutional Review Board.

Measures

The interview first asked participants their country of origin, age, employment status, number of people (adults and children) they provided for, number of visits paid over the past 12 months to the Brookdale Park Nicollet Clinic and general health concerns. The remaining five questions asked participants the following: (1) Have you ever brought up with a doctor the ways you've been affected by the political conflict? (2) Has your doctor ever asked you about the political conflict in your home country and the ways you've been affected by it? (3) What prevents you from talking to your doctor about it? (4) Would you want to talk to your doctor about it? (5) Would you be interested in learning more about the impact of stress and trauma on your health?

Data Analysis

Responses to demographic questions were compiled. Means and ranges were determined for reports of the number of children under care.

To analyze responses to the questions on patient-provider communication over health concerns relating to war trauma, two of the investigators first compiled the yes/no responses and then generated a complete listing of the array of reasons offered as explanation for the responses. Following standard guidelines for qualitative data analysis, the two investigators coded the responses by recurring themes along with supporting quotations, conferred on their results and then reviewed the data again to arrive at the final analysis. This method of data analysis accounted for all responses. Although this small sample did not permit analysis of significant differences relating to demographic factors, we did check the material for any potential patterns in responses relating to gender or national origin. This analysis was conducted after the responses were categorized, as a cross check.

RESULTS

Sample/Demographics

Thirty-two individuals participated in the study. An additional 12 people expressed interest in the study but were ineligible because they were not immigrants. As indicated in **Table 1** (see appendix), 59% of participants interviewed were female; 69% of all interviewed were Liberian. The other participants came from Nigeria (2), Kenya, Ethiopia, Laos (2), Vietnam, Cambodia, Mexico and Colombia. Participants reported having 3-4 people (adults and children) under their care. Most (78%) held full time employment. Most (84.3%) lived in Brooklyn Park or adjacent northwest suburbs.

Clinic Visits/Stated Health Concerns

Fifty-nine percent of participants [n=19] reported a frequency of 1-2 clinic visits per year; 34% [n=11] reported 3-6 visits per year. Just two reported more frequent visits. When asked about health concerns that brought them to the clinic, all respondents named biomedical problems such as diabetes, hypertension, acute illnesses such as colds or flu and annual physicals. Just four respondents (three female and one male) immediately related their clinic visits to somatic and psychological issues. One stated, "I come to the clinic because of my stomach problems and physical and psychological problems from the war." Another woman stated, "My health concerns are related to my chronic headaches and stomach aches." Two others made references to anxiety problems.

Key Findings

- 72% of participants reported they had never brought up the ways they had been affected by political conflict and violence in their home countries with a doctor.
- 66% of participants reported that no doctor had ever asked them about the political conflict in their country and ways they had been affected by it.
- Participants reported multiple barriers to taking the initiative with their doctor to talk about their war trauma experiences. Two of the most commonly noted barriers were these: many participants did not consider the impact of war on them to be a medical or health issue and/or a relevant topic for clinic visits; many participants did not feel it was their role to initiate a discussion of the subject with their provider.
- 81% of participants said they would like to talk to their doctors about war trauma. Of these half said they would like to do so if the doctor asked them, or if it would truly be of help to their health.

- 75% of participants expressed interest in learning more about the impact of stress and trauma on their health.

Expanded Findings on Patient-Provider Communications over War Trauma

The following discussion is a detailed account of the responses to the five key questions.

Patients initiating communication

Nearly three-quarters of participants (72% or 23 respondents) said that they had not ever brought up with a doctor the ways they have been affected by the political conflict and violence in their home country. Among the nine respondents who had raised the subject with their provider, four indicated a direct discussion of war-related anxieties. Two indicated that the conversation had been “brief” or “on a casual note.”

Providers initiating communication

Two-thirds of participants (66%, or 20 respondents) reported that no doctor (i.e., at Park Nicollet or elsewhere) had ever asked them about the political conflict in their country and ways they had been affected by it. One man said, “She has never asked me. We strictly do medical things.” Among the remaining one-third of affirmative responses (from 12 respondents) about half indicated that the doctor had clearly and directly addressed the issue of mental health problems stemming from war trauma. Another half of respondents suggested a cursory exchange. Thus said one: “some people want to know where you’re from and how things are going in the United States.” Another said, “They have asked where I’m from but nothing about my experiences of life in [country].” And another said, “(s)he only asks me who I go to see to explain my problems.” Finally, a couple of participants appeared to have themselves deflected the doctor’s question. Said one woman of her doctor: “(S)he asked me questions about it. I told her I was not feeling good in this country because of all the expenses but I haven’t really talked to her.” One man said that when a doctor had asked him about an injury, he explained how he had been injured but “we didn’t go into detail [...] [I] didn’t talk of other things that happened in the war.”

Communication barriers (“What prevents you from talking to your doctor about it?”)

We present below paraphrases of the kernel ideas participants offered as explanation for not talking to their doctors about the ways they have been affected by political conflict, violence or war in their home countries. They are listed in order of frequency. As participants were free to offer as many or as few reasons as they wished, the analysis registered each point. Therefore the total is more than 32 responses.

- *It was not the purpose of the clinic visit. The clinic visit is for medical/health concerns* (9 responses, including 6 males).
- *I was not asked* -- with the implication that if asked, the participant would most likely talk (8 responses, including 1 male).
- *Nothing prevents me= I can/do/would talk to my doctor* (5 responses, 1 male).
- *Nothing prevents me= I don’t need to talk to my doctor about it because the topic is not relevant to my life* (3 male responses from countries without recent intense conflict).
- *There is too little time in the doctor’s schedule* (3 responses).
- *I don’t see any benefit to a discussion/the doctor won’t be able to help* (3 responses, both male).

- *I don't want to talk about it/don't want to remember/I want to move on* (2 responses, 1 female, 1 male).

In addition were these individual perspectives: “*The doctor doesn't want to know*” and “*I have no insurance,*” said a man and woman, respectively. Finally, one man directly raised the issue of culturally influenced barrier to communication with a doctor, saying: “*Back home there wasn't that open communication with your doctor so you hold things to yourself. I think it takes time.*”

Many participants appeared not to view the impact of war on them as a health concern. Thus one man said “when I come to the clinic we only talk about my health issues.” A woman said “sometimes it's not the subject. You're seen for a health issue, they give you a prescription and you're out the door.” Another man said “When I went in to the doctor that was not the purpose of my visit. It was not intended for discussion so I didn't talk about it.” This perspective was presented more often by male than by female respondents.

Second, many participants did not feel comfortable themselves raising the subject. Most of these participants, however, made it clear that they would most likely respond to a doctor's initiative. One woman said, “I feel I should be asked before I bring anything up. It's hard to just start talking about these things to your doctor.” Another woman said, “I would explain what I saw and what really happened. Things that affect me and my family during the war haven't been asked about.” All but one participant who presented this perspective was a woman.

Patients' interest in communicating with providers

Eight-one percent of participants (26 respondents) said they would want to talk to their doctors about experiences of their home countries. Four participants specified that they wanted to talk to their doctor to determine if their anxiety or health issues were related to psychological stress; three stated they wanted to get well. A Liberian woman stated, “yes, because I want to get well. If I don't bring it up, then how will they help me?” Two noted that they can and do speak to their doctors about such issues. Men generally were more cautious or skeptical about the benefits of discussing how the war has affected them with their doctors. One Liberian man said, “Yes, if he asked me I would tell him. I don't see a benefit in telling him but some are interested.” Another Liberian man, who said he had never discussed these issues with a doctor, indicated more openness, saying [if the topic arose with a doctor], “I should be very truthful to him about my situation because my health is the most important thing. When I come I'm mostly concerned about my health and second comes this topic about my country.”

It is interesting to note that 16 of the 26 affirmative responses were prefaced by an “if.” Several stated that they would want to talk *if* the doctor asked (8 responses). Another participant said she would talk *if* the doctor had the time. Several others said they would talk about it *if* it was necessary and helpful to their health (7 responses). Some of these responses suggested skepticism. Thus, one Liberian man said, “If it is an issue that I need to talk to him about, then I would want to talk to him about it.” By contrast, a Liberian woman stated more affirmatively, “If it will help my health, then I feel it is important to communicate with my provider the things that happened in Liberia.”

Several participants said they could speak to their doctors, but were not interested in doing so. Four men felt the issue was not relevant to them, as they had not gone through such experiences

in their home countries (Nigeria, Ethiopia, Laos, Mexico). Three reiterated their desire to forget the past and move on; and one felt it wouldn't help.

Patients' interest in learning about the impact of stress and trauma on health

Seventy-five percent of participants (24 respondents) expressed interest in learning more about the impact of stress and trauma on their health. Those who responded with interest included 13 who not only showed interest but wanted to spend time at the end of the interview going through the CVT brochure with the public health nurse. This brochure outlines the signs and symptoms of stress and trauma.

Mental health concerns participants raised during interviews

During the course of these brief interviews of limited scope, a number of women participants conveyed something of their experiences of war trauma. Men did not share experiences during interviews. At some point in the interview, seven respondents, including two men, identified anxiety, emotional problems or depression as a result of their wartime experiences. We present below some extended interview excerpts.

A Liberian woman, aged 31-30, with full time employment, who cares for six children (including children of her own family and beyond), stated initially that she does not raise the subject of conflict, violence and war as it has affected her with her doctor. "Actually no," she said, "when I come, I come for health reasons because I am sick." Moments later, after saying "I would speak if the doctor asked," she went on to say, "If any doctor asked me I would say my father is dead." She noted other family members who had died, and said she works also to pay for the housing and food for her family back in Liberia. She said that to discuss the war (itself, as a topic) would not necessarily help. "It won't change anything." What is "crucial" to her is "to build a house for my [family member]" and to help her [family member] set up a business for herself there. Every time I call [family at home in Liberia] they say, 'no food' and 'how to pay rent.'" When my parents say 'no food' I get a terrible headache. You be depressed. If there were no war.... I can't comprehend my studies [when I get a headache]."

Another Liberian woman also working full time and providing for six people, reported having been asked by her doctor about her experiences in Liberia. She added, "because of the war we went through a lot. We left the country and went to live in a refugee camp. There was no medications or health care. Since coming here we have been going to the doctors and we tell them about our experiences because they ask." She counts among those few who emphasized that they do speak to their doctors. She then said, "yes, my family and I are still going through this. Because we were here we applied for asylum and some of us were denied. We were put on temporary protective status and now they are saying we can go back because the war is over. So many things have changed and are not the same back home. It is so much to think about."

A woman from Colombia had never talked about her experiences back home nor was she ever asked. She saw the barrier as time, "they got no time. They can hardly hear what is your actual problem." In her response to the question that asked if she would want to talk to her doctors she became tearful and said, "Why not. Sometimes you don't know if the anxiety is a chemical imbalance or if you need to see a counselor and it would be helpful to talk o someone."

Her tears continued as she and the public health nurse talked through the brochure together and she identified some of her symptoms of trauma and stress.

Two respondents from Liberia identified chronic complaints like headaches and blood pressure that could help them bring up the subject with their doctor. One woman said “I’m a high blood pressure patient but never had that problem before. I think it’s stress and there could be other reasons why I have this problem now.” She said that she has never brought up the subject of the impact of conflict on her health with her doctor because she was never asked. Another Liberian woman recalled “years ago when I first came, a doctor became very concerned about me. [...] My blood pressure was very high, so the doctor asked the necessary questions. (S)he asked where I was from, found out my family was missing [for 3 years], after that he was very concerned, about other than health.” This participant said she would talk to her doctor again, “if given a chance. If I see the doctor is concerned. If the doctor is concerned more than with health then I would bring it up.” This participant added at the conclusion of the interview, “I hope you continue [with this work]. It is very helpful.”

DISCUSSION

The results of these brief interviews held with 32 patients at the Brookdale Park Nicollet in early 2006 suggest that many immigrants who experienced political conflict and violence may be affected by these experiences. Most have not spoken to their doctors about these experiences, however. While several expressed a desire to be offered the opportunity to speak of these experiences with their doctors, others did not see these problems as medical or health concerns. The interviews indicated at least two key communication barriers from the perspective of participants. Although the sample is too small to make any claims of significant differences, the data appears to suggest that these two key barriers may fall along lines of gender.

Many respondents did not define or understand healthcare as extending to mental health. They appeared to feel that their primary care providers have a distinct role that does not include assistance or concern in managing and treating emotional and psychological symptoms. It appears that many of these respondents were not aware that emotional and psychological concerns could directly affect their health. Some respondents seemed skeptical of the purpose or benefit of discussing the impact of war on them with their providers, while others seemed cautiously open to the possibility of doing so if it would benefit their health. This perspective was offered more often by men than women.

Many other respondents appeared to believe that it was not their place to initiate such a discussion with their primary care provider, but would respond if asked. These responses suggested a reticence only about taking the initiative of opening the discussion with a doctor, but otherwise receptivity. Nearly always, this perspective was presented by women.

Despite the many reservations expressed about the possibility or purpose of communicating with their providers about their experiences of war, the majority of participants, male and female, said they would do so in order to receive the help they need for their health. Many immediately showed interest in learning about the impact of stress and trauma on their health.

Perspectives from Liberian healthcare professionals

In order to obtain some additional perspective on the results of this survey, we contacted three Liberian health professionals for individual consultations. After we presented the results to them, each shared comments on the socio-cultural context for mental health treatment in Liberia. Liberian healthcare professionals noted that people in Liberia, especially in rural areas, only go to see a doctor once they are very sick. Having done so, they are focused on that issue alone. In the United States, many do not have health care coverage and thus may experience a barrier of access.

The healthcare professionals suggested other potential reasons why Liberians don't initiate discussions of their mental health concerns during clinic visits. A doctor said, "there needs to be a relationship before you can tell your story. Doctors in America ask a list of questions ... Patients have a difficult time asking questions because there seems to be an agenda." She added "very few people would volunteer information because they wouldn't want to look like they were challenging authority." A nurse said similarly, "doctors are highly respected in African culture. Because of this patients will usually wait to be addressed and asked questions of by their doctors.... Lay people will typically wait to be asked and give simple 'yes/no' answers." The nurse added, "if [Liberians] think you're just asking about it for interest sake, they may not get into their stories." She felt they would talk, however, if they understood it would help their health. Finally, a nurse suggested that Liberian men "don't want to show emotion and they may try to avoid this by not talking about the war."

RECOMMENDATIONS

From the information we gathered on communication patterns of patients and their doctors, we recommend offering a series of in-services for providers that will focus on identifying symptoms of stress and trauma as well as culturally specific information. For this series, we would like to bring in two physicians from HCMC who have created a four visit model with their patients presenting with psychosomatic complaints as a result of exposure to war trauma. They would present their model and describe the need to develop a trusting relationship with patients before making a referral. Through this series, providers will increase awareness of common symptoms. As they identify experiences their patients have had, we hope this will encourage communication between providers and patients.

We also recommend offering an on site referral option for providers to refer patients to a new educational group we propose to be held at the clinic for those identified as war trauma survivors. This would be staffed by CVT and an interested clinic staff. Attending these educational groups will give patients information they are looking for about their symptoms. We would spend four weeks addressing war trauma symptoms. This would include identifying and normalizing war trauma symptoms, ways of promoting health and healing and discussion of next steps that survivors can take.

	Female	Male	All
<u>Number of Participants</u>	19	13	32
<u>Age Range</u>			
>66	1	0	1
51-65	4	1	5
31-50	10	8	18
18-30	4	4	8
<u>National Origin</u>			
Liberia	16	6	22
Other	3	7	10
<u>Stated number of people under care</u> [range from self only to 6]	3.9	3.5	3.7
<u>Employment</u>			
Full time	13	12	25
Part time	1	1	2
No paid employment* [*1 senior, 3 in 18-30 range]	5	0	5
<u>Residence</u>			
Brooklyn Park	8	6	14
Brooklyn Center	4	4	8
Adjacent Suburb	3	2	5
Minneapolis	3	1	4
Other Minneapolis suburb	1	0	1
<u>Stated number of PN clinic visits/year**</u>			
7-12 (or higher)	2	0	2
3-6	5	6	11
1-2	12	7	19

**Lack of healthcare coverage may partially explain the relatively low rate of clinic usage.