

## Refugee Trauma Complicated by a Diagnosis of HIV: A Case Vignette

According to the United Nations High Commissioner for Refugees (UNHCR, 2009) there were 43.3 million forcibly displaced people worldwide at the end of 2009, the highest number since the mid 1990s. Refugees and asylum seekers represent a significant part of the displaced groups. An asylum seeker is defined by the 1951 Geneva Convention as someone who has submitted an application for protection under the Geneva Convention and is waiting for their claim to be decided by the Home Office. Furthermore, the Geneva Convention defines a refugee as someone who is able to demonstrate that: “owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of origin, and is unable or, owing to such fear, is unwilling to return to it.”

There are a number of reasons why people become refugees or choose to seek asylum, including fleeing from political and social unrest, persecution, war and conflict in their country (Tribe, 2002). For example a number of individuals will have experienced torture, imprisonment, food deprivation and rape prior to migration. Therefore, it is unsurprising that asylum seekers and refugees present in psychological services with multiple layers of trauma (Papadopoulos, 2002).

However, it can be argued that the traumatic experience may be complicated further with Human Immunodeficiency Virus (HIV), which may arise in some cases from sexual violence. The case vignette below highlights some of the refugee and asylum issues alongside having a diagnosis of HIV. All the case details are fictional and do not represent true events\*.

\*Miracle is a 37year old woman from East Africa. She fled to the UK from her country of origin because she was persecuted by the government and her life threatened. Her husband was tortured by army rebels because he was a member of an opposing political party. He was later killed in front of Miracle and her two children aged 9 and 11. Her children were released while Miracle was raped by the army rebels. Miracle's life was threatened by the rebels and she was given an ultimatum to leave the country within a fixed time frame otherwise she would be subjected to a series of further degrading assaults and killed. Miracle's friend assisted her with finances to flee from the country a few days later. Unfortunately Miracle had to leave her children behind to be looked after by relatives in another town.

On arrival in the UK Miracle is tearful, bewildered, anxious and disoriented. She decides to seek asylum but is pessimistic about the lengthy process. She tells officials at the detention centre that she misses her children and cannot sleep because of nightmares and flashbacks connected to her experiences of torture, sexual violence and the loss of her husband. She is uncomfortable and panics easily in the presence of male staff. She complains of anxiety, stomach ache, pain in her legs and poor appetite. The results of Miracle's medical examination show that she is HIV positive. Miracle is devastated when she learns of her diagnosis. She concludes that she is going to die before her time and she fears that her children will be motherless.

With the help of a social worker Miracle is referred to psychological services. She initially has problems trusting the psychologist but she is glad that the psychologist is female rather than male. During assessment Miracle explains that she feels empty, sad and at times suicidal, because of her situation and her losses. She misses her

homeland and cries every time she thinks about her children, family and the way her husband died. Miracle wonders whether her family will remain safe and if she will be able to recover from her traumatic experiences and survive in a foreign land.

She is preoccupied with her HIV diagnosis and the prospect of having to start medication soon. She is fearful that she will be rejected by others because of the stigma surrounding HIV. Miracle believes that HIV has made her situation much worse.

Miracle's case although fictional represents some psychological and social themes that may arise in clinical work with displaced refugees and asylum seekers across the world. It highlights how the traumatic experience of being a refugee or asylum seeker may be complicated further by a HIV diagnosis. Studies have shown that HIV is an event commonly associated with psychological problems such as anxiety and depression (Kalichman and Sikkema, 1994). As such this might present a further trauma for the individual to begin to process.

In summary asylum seekers and refugees experience traumatic events that can generate the potential for the development of significant psychosocial problems. In addition to the experience of being a refugee or asylum seeker, a diagnosis of HIV (which can stem from sexual violence in the country of origin) can be viewed as an additional layer of trauma in an individual's life.

Psychologists particularly in the area of mental health and trauma can support this vulnerable group, by being advocates of human rights, and also vessels of hope to asylum seekers, and refugees who at times in their journey feel helpless and hopeless.

## References

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