

## **Reference:**

Doná, G. (2014) The psychological impact of working in post-conflict environments: A reflexive account on *intersectional traumatization*, *Intervention: International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, 12 (1):91-94

## **The psychological impact of working in post-conflict environments: A reflexive account on *intersectional traumatization***

***Giorgia Doná***

*I here describe the psychological impact of living and working in post-conflict environments for psychosocial workers and researchers like myself. In my experience of working and living in post-genocide Rwanda, primary, secondary and vicarious traumatised processes were closely interrelated. It is important to understand the connections that exist among and across different forms of traumatised. The concept of intersectional traumatised explains how multiple forms of traumas intersect through the act of listening, imagining, empathizing and experiencing.*

**Keywords:** trauma, vicarious traumatised, Rwanda

### **Introduction**

Eighteen months after the end of the Rwandan genocide that took place in 1994, I went to Rwanda to manage a psychosocial research and training unit and to research the psychosocial effects of ethnic violence on Rwandan children. I lived in the country for four years during which time insecurity was prevalent in the northwest region, massive refugee repatriations took place from Eastern Congo (then Zaire) into Rwanda, and the conflict between the Rwandan army and rebel groups that included Rwandan Hutu refugees in Eastern Congo was ongoing. After leaving the country at the end of 1999, I returned to Rwanda to conduct additional work on the long-term psychosocial consequences of violence in 2000, 2009 and 2011.

After the Rwandan genocide, trauma and post-traumatic symptoms have been documented for general populations (Munyandamutsa et al. 2012), children exposed to massive violence (Veale & Doná 2002) and war widows (Schaal et al. 2011) amongst others. War and genocide trauma has been almost exclusively used to refer to the suffering of victims, and its association with victimhood tends to marginalize the trauma of other social actors such as bystanders, perpetrators, rescuers, as well as aid workers and researchers, who are not direct

targets of violence yet are in some other way confronted with violence.

The trauma literature distinguishes between primary, secondary and vicarious traumatisation. Primary traumatisation refers to the psychological impact resulting from first-hand exposure to violence while secondary and vicarious traumatisation describe the indirect effects of violence on those who are not directly exposed to it, such as survivors' family members, friends, neighbors, helpers and community members (Jenkins & Baird, 2002). More specifically, vicarious traumatisation is applied to contexts of war and genocide to describe the effects of violence on humanitarian professionals working in complex geo-political environments.<sup>1</sup> High rates of direct and indirect exposure to life threatening events result in rescue workers manifesting post-traumatic-stress disorder, depression and anxiety (Connorton et al. 2001).<sup>2</sup>

### **Intersectional traumatisation**

I have been listening to personal narratives of violence of genocide survivors, their rescuers, unaccompanied children, bystanders and refugees for the past seventeen years (Doná 2011; Doná 2010). Such sustained listening of traumatic stories of mass violence and its effects would classify me as a professional at high risk of exposure to vicarious traumatisation. At the same time, long-term residence in Rwanda where low intensity socio-political violence was ongoing when I lived there meant that I was also directly exposed to insecurity, social, criminal, and accidental violence ranging from threats to personal safety to road accidents. The psychological impact of these types of events is often referred to as primary traumatisation. I was also distressed by the murder of a friend of mine and worried about the safety of colleagues and friends, and these emotions are usually associated with secondary traumatisation.

In my experience of working and living in post-genocide Rwanda, primary, secondary and vicarious traumatisation processes are closely interrelated. The fact that they are presented in the literature separately may suggest to some that they are independent and mutually exclusive; this seems not to be valid when aid workers/researchers' efforts to alleviate violence-induced suffering take place in environments that are themselves embedded with violence. I suggest that we use the term *intersectional traumatisation* for what may happen under such conditions to aid workers and researchers, through the combined effects of listening, imagining, empathizing and experiencing, see Box 1

### **Box 1 Traveling, working and living in a post-conflict setting.**

*On my way to the office where I engaged in psychosocial work, I was regularly stopped at checkpoints on the way to and from home and the office. Checkpoints were a source of anxiety that not only reminded me that the country was still not safe, that perpetrators of the genocide were still being searched and that military opponents of the government were moving around. These daily occurrences took place while as part of my work I was listening to survivors' stories detailing how checkpoints were used to identify ethnic targets and political opponents during the genocide.*

*I was allowed to travel to the northwest of the country in convoys, and I was allowed restricted access to rural villages for security reasons. This not only made me feel exposed and vulnerable to the ongoing violence but it also acted as a reminder that in the northwest of the country supporters of the former Hutu president whose assassination sparked the genocide lived. I was unsure about whom to trust, and my perception of the situation ranged from a naïve sense of safety to heighten suspicions followed by withdrawal and exit to safe areas across the border.*

*The incident that most affected me was when two men with machetes entered the compound in which I lived. They jumped over the compound wall, and broke the glass of the back door of the house where I was staying on my own. Hearing the noise of the broken glass, the house guard made a high-pitched sound that forced the burglars to run away and guards of neighboring houses to come to the rescue. The traumatic aspect of the incident was the realization that the burglars had broken the glass with machetes. I had listened to survivors recollecting how machetes had been used to clear grounds, to maim victims, to rape women and young girls, and to kill. Suddenly the listening and the real threat to my body came together and echoed each other. They were expressed through the shaking of my body, which was suddenly transformed into an object of violence, and its vulnerability exposed. Soon afterwards, I went to live with friends.*

*Because of my expatriate status, professional role and social networks, safety nets were in place to make me feel less vulnerable and supported. I was registered with the embassy of my country; I lived in a house with friends with whom I shared my worries and vented out fears and frustrations; and we regularly left the country on rest and recuperation trips. These strategies helped me to cope with living and working in a post-conflict environment where I, like other aid workers and researchers, shared beneficiaries/participants' emotional states through being both observers/listeners and inhabitants of spaces of violence.*

## **Dealing with life in a post-conflict zone**

I believe that I have adopted different ways of dealing with living and working under the circumstances described above. I avoided asking certain questions: I did not ask my Rwandan colleagues about their own whereabouts and experiences of the genocide.<sup>3</sup> Another mechanism I used was keeping emotional distance. I distanced myself from the emotional content of my research material by hanging on to the technicalities of my work and warding off my emotional reactions to the stories contained in some interviews. Moreover, I have not yet analyzed them all because their content resonates with my own suffering.

Having lived in Rwanda is also associated with my post-traumatic growth (Cohen and Collens 2012). It has enhanced my confidence in being able to survive in difficult circumstances and it has strengthened my commitment to social rights. It has made me encounter wonderful individuals who have become long-lasting friends, and strengthened my bonds with those who became my ‘fictive’ family in Rwanda. I have gained a greater appreciation of the value of life and I am better at distinguishing what matters and what appears to matter in life.

## **References**

- Argentero, P. and Setti, I. (2011) Engagement and vicarious traumatization in rescue workers, *International Archives of Occupational and Environmental Health*, 84(1): 67-75.
- Cohen, K. and Collens, P. (2012) The impact of trauma work on trauma workers– A meta-synthesis on vicarious trauma and vicarious trauma growth, *Psychological Trauma: Theory, Research, Practice, and Policy*. Published electronically ahead of print (doi: 10.1037/a0029157).
- Connorton, E., Perry, M. P., Hemenway, D. and Miller, M. (2001) Humanitarian relief workers and trauma-related mental illness, *Epidemiologic Review*, 34(1):145-155.
- Doná, G. (2011) Researching children and violence in evolving socio-political contexts, in, J. Pottier, L. Hammond and C. Cramer (Eds.) *Caught in the Crossfire: Ethical and Methodological Challenges to Researching Violence in Africa*, Leiden: The Netherlands: Brill Publishers, pp. 39-59.
- Doná, G. (2010) Collective suffering and cyber-memorialisation in post-genocide Rwanda, in M. Broderick and A. Traverso (Eds.) *Trauma, Media, Art: New Perspectives*, Newcastle on Tyne Cambridge Scholars Press, pp. 16-35
- Jenkins, S. R. and Baird, S. (2002) Secondary traumatic stress and vicarious trauma: A validation study, *Journal of Traumatic Stress*, 15(5): 423-432

Munyandamutsa, N., Nkubamugisha, P. M, Gex-Fabry, M. and Eytan, A. (2012) Mental and physical health in Rwanda 14 years after the genocide, *Social Psychiatry and Psychiatric Epidemiology*, 47(11): 1753-1761.

Schaal, S., Dusingizemungu, J-P., Jacob, N. and Elbert, T. (2011) Rates of trauma spectrum disorders and risks of posttraumatic stress disorder in a sample of orphaned and widowed genocide survivors, *European Journal of Psychotraumatology*, 2:6343.

Veale, A. and Doná, G. (2002) Psychosocial interventions and children's rights: Beyond clinical interventions. *Peace and Conflict: Journal of Peace Psychology*, vol. 8(1): 47-61.

**Note:**

This personal reflection is an abridged and revised version of a section of a book chapter titled 'Intersectional traumatisation: The psychological impact of researching genocide on international and national researchers', in I. Macek, I. (ed) (forthcoming) *Engaging Violence*, London: Routledge

*Giorgia Doná is professor at the School of Law and Social Sciences at the University of East London in London (UK).*

*email: g.dona@uel.ac.uk*

---

<sup>1</sup> Vicarious traumatisation has been used alongside 'burn out' or 'compassion fatigue' to describe the effects of working with traumatized persons on those who help them (Jenkins & Baird, 2002).

<sup>2</sup> The most frequently reported post-traumatic symptoms are those of an intrusive nature (Argentero & Setti 2011). Psychosocial and organizational support is usually recommended to address these symptoms in aid workers (Connorton et al. 2001).

<sup>3</sup> When in 2009, I finally asked one of my ex-colleagues about his experiences during the genocide, and I told him that I had not been able to do so when we worked together, he replied that it was better this way, and that he himself would have not been able to talk to me about what had happened to him.