

Chapter 6

Intersectional traumatisation

The psychological impact of researching genocidal violence on researchers

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In this chapter, I adopt an intersectional approach to examine the impact of personal and social identities on traumatisation processes of national and international researchers of genocide and socio-political violence. I problematise the implicit assumption that primary, secondary and vicarious traumatisation are independent and mutually exclusive, and I introduce the concept *intersectional traumatisation* to explain how different traumatic processes intersect on multiple and often simultaneous levels through the act of listening, imagining, empathising and experiencing.

A case of an international researcher shows how an outside researcher's direct exposure to violence echoes her listening to narratives of violence; an example of the returnee researcher highlights the psychological impact of the researcher's diasporic ethnic identity on her ability to cope with research material; and a case of a researcher who is both a survivor and related to the perpetrator group demonstrates the burden of researching the legacy of violence when the researcher's personal and social identity intersects with those of both victim and perpetrator groups. I argue that intersectional traumatisation can contribute to advancing our understanding of researchers' traumatisation processes when the study of violence takes place in contexts that are themselves violent.

Primary, secondary and vicarious traumatisation

The historian Eric Hobsbawm has remarked that the twentieth century is the age of 'extremes': a time characterised by wars, ethnic conflicts, refugees, terrorism and natural disasters (Hobsbawm 1994). Within a global environment of 'extremes', trauma has exited the room of the psychotherapist and clinical psychologist to enter the realm of the social and everyday life. Miller and Tougaw (2002) write that 'if every age has its symptoms, ours appears to be the age of trauma' (p. 1) whose popularity fits within a western medicalisation of societal distress and is symptomatic of a post-

modern condition of undermined social stability and weakening of institutions that provide meanings (Bracken 2001).

From the Greek verb *titrosko* – to pierce – trauma refers to an injury (Papadopoulos 2002) that can be physical but also psychological. In the age of ‘extremes’, different conflicts are associated with different kinds of psychological wounds. If ‘shell shock’ was introduced to describe psychological harm resulting from combat in World War I, trauma and post-traumatic stress are dominant concepts used to explain the psychological effects of contemporary wars and ethnic conflicts on their victims (Jones and Wessely 2005).

Trauma and post-traumatic symptoms have been documented for general populations after war and genocide (Munyandamutsa et al. 2012; Neria et al. 2010), children exposed to massive violence (Gupta 1996; Klingman 2006; Schaal and Elbert 2006; Veale and Doná 2002) and war widows (Schaal et al. 2011) amongst others. Genocide and war trauma has become so widespread as to the point of acquiring a hegemonic position in the articulation of collective suffering during mass violence (Summerfield 2000; Zarowski and Pederson, 2000). Given its prominence, it is worth noting that war trauma has been almost exclusively used to refer to the suffering of victims, and its association with victimhood has marginalised the trauma of other social actors such as bystanders, perpetrators, helpers or researchers who are not direct targets of violence yet occupy spaces of violence.

The literature on violence in intimate relations or social violence in western societies differentiates between primary and secondary traumatisation, and between secondary and vicarious traumatisation. Primary traumatisation refers to the psychological impact resulting from direct exposure to violence while secondary or vicarious traumatisation describes the indirect effects of violence (Jenkins and Baird 2002) on those who are not directly exposed to conflict, such as survivors’ family members, friends, neighbours, helpers and community members. Secondary and/or vicarious traumatisation has been used alongside ‘burn out’ or ‘compassion fatigue’ to describe the effects of working with traumatised persons on those who help them (Jenkins and Baird, 2002). More specifically, vicarious traumatisation originates from clinicians’ awareness of the effects of therapeutic work with survivors of sexual violence onto the therapists themselves (McCann and Perlman 1990; Schauben and Frazier 1995), and describes therapists’ reactions to clients’ traumatic material (McCann and Perlman 1990). In this chapter, I will distinguish secondary traumatisation, which describes the traumatic experiences

of families, relatives and friends of direct targets of violence, from vicarious traumatisation, which refers to the traumas experienced by professionals and researchers who are exposed to violence through listening to personal and collective narratives of violence.

While much is known about primary traumatisation during conflict, less is known about secondary and vicarious traumatisation. Only recently has vicarious traumatisation been applied to contexts of war and genocide to describe the effects of violence on humanitarian professionals working in complex geo-political environments. High rates of direct and indirect exposure to life threatening events result in rescue workers manifesting post-traumatic stress disorder, depression and anxiety (Erikson et al. 2001, Connerton et al. 2001), with the most frequently reported post-traumatic symptoms being those of an intrusive nature (Argentero and Setti 2011). Psychosocial and organisational support for mental health workers (Varley et al. 2012) and aid workers more generally (Argentero and Setti 2011; Connerton et al. 2001) is usually recommended to address these symptoms.

Students and academics who research violence are also likely to be psychologically affected by listening to traumatic narratives of individual and collective violence, and to be exposed both indirectly and directly to violence as they work in conflictive field-sites where researchers and subjects 'inhabit the same complex world' (Jenkins 1994: 434). Yet, an understanding of researchers' primary, secondary and vicarious traumatisation is missing both from the existing literature on traumatisation that focuses on victim trauma (and to a limited extent on the helping professions) as well as the methodological literature on researching violence. The latter has focused on researcher's positionality, participant–researcher relationships and ethics of researching conflict (Doná 2011; Sriram et al. 2009) rather than on the effects of researching violence on researchers themselves.

The few texts in which the effects of researching violence are reported include Pollard's (2009) small study of sixteen doctoral students in anthropology, whose reported emotions during and after fieldwork range from feeling alone, depressed or desperate to being disappointed, disturbed, fearful, frustrated, guilty, paranoid, stressed and unwell. Nordstrom and Robben (1995) use the term 'existential shock' to describe the 'disorientation about the boundaries between life and death' (p. 13) that comes with researching violence. Living in situations of violence while researching violence, a highly personal and context-specific research phenomenon, is examined through the lens of

vulnerability and moral uncertainties (Varley 2008), fear (Green 1995), despair (Olujic 1995), ambiguity and ambivalence (Winkler 1995).

This chapter aims to address the existing gap in the literature on researchers' traumatisation by examining the relevance of primary, secondary and vicarious traumatisation to our understanding of researchers' psychological responses to studying socio-political violence, war and genocide. It aims to advance our theoretical understanding of trauma processes through the connections that exist among different kinds of traumas, and to contribute to the methodological literature on researching conflicts through an examination of the impact of researchers' intersectional identities on traumatisation processes. I use the term intersectionality to refer to the ways in which social and personal identities crisscross and impact on traumatisation processes while I introduce the new concept 'intersectional traumatisation' to show how different kinds of traumatic processes are interconnected and intersect on multiple and often simultaneous levels.

While primary, secondary and vicarious trauma are useful concepts that help to analytically distinguish different phenomena, there is often an implicit assumption that they are independent and mutually exclusive. Our understanding of primary, secondary and vicarious traumatisation, which is developed in contexts of peaceful societies, is problematic when applied to research on violence that takes place in violent contexts. The new concept *intersectional traumatisation* offers a valuable contribution to ongoing debates on war and genocide trauma by introducing a more sophisticated approach to our current analysis of the relationship among primary, secondary and vicarious traumatisation processes.

The psychological effects of studying violence on researchers: an intersectional analysis

Intersectionality is a methodology for studying 'the relationships among multiple dimensions and modalities of social relationships and subject formations' (McCall 2005). Kimberlé Crenshaw (1989, 1991) first introduced the concept of *intersectionality* in her work on sexual abuse of Black women, where she argued that the consideration of independent social categories like gender and ethnicity did not capture the experiences of marginalisation of Black women in society.

Intersectionality holds that the classical conceptualisations of oppression within society, such as racism, sexism, homophobia and religion-based bigotry, do not act independently of one another;

instead, these forms of oppression interrelate, creating a system of oppression that reflects the ‘intersection’ of multiple forms of discrimination. Hence, intersectionality explains how social categories such as gender, race, class, ability and other axes of identity intersect on multiple and often simultaneous levels contributing to systematic social inequality (Crenshaw 1989, 1991).

In this chapter, an intersectional approach is adopted to examine the intersection of personal and social identities of national and international researchers who study violence, and to explore the differential effects of intersectionality on researchers’ traumatisation processes. Similarly to Crenshaw, I argue that classical conceptualisations like ethnicity or race are not independently sufficient to understand researchers’ identities and traumatisation processes. While Crenshaw uses intersectionality to highlight how the intersection of multiple categories contributes to systematic social inequality, this chapter shows that an intersectional analysis of researchers’ multiple social categories can also help to reduce the formation of hierarchies of suffering and to overcome existing forms of discrimination during conflict and its aftermath.

Since the end of World War II, wars and socio-political violence have erupted across the world: in Africa and Asia following the liberation wars and post-colonial conflicts, in the Caucasus in the aftermath of the collapse of the Soviet Union, and across the Middle East, Northern Africa and Central Asia since the beginning of the new millennium. While most of these conflicts are situated in non-western contexts, research on war and socio-political violence continues to attract researchers located in universities in the global north, who often hire research assistants from war-torn societies, use local interpreters and cultural brokers, and develop collaborations with national research partners (Doná 2007).

The following section examines the intersectionality of racial, ethnic, diasporic and transnational identities as well as professional roles and personal experiences of international and national researchers of the Rwandan genocide to problematise the separation among primary, secondary and vicarious traumatisation in the context of post-conflict Rwanda.

The cases presented in this chapter are about three women researchers. Gender is an important dimension of intersectionality; while I do not explicitly analyse it, I use gender as the common

starting point for the analysis of other relevant components of intersectionality like ethnicity, professional roles and migratory experiences.

Researching the Rwandan genocide and its legacy

I went to Rwanda to research violence and its psychological and social effects on ordinary Rwandans, especially children, eighteen months after the end of Rwandan genocide that took place in 1994. At the time of the genocide the Rwandan population of approximately seven million people was composed of three ethnic groups: the majority Hutu (85 per cent), and the minority Tutsi (12–13 per cent) and Twa (1–2 per cent). Recent Rwandan history has been characterised by extreme genocidal violence during which almost one million Tutsi and moderate Hutus were killed by Hutu extremists between April and July 1994. Since then the Tutsi-led Government of National Unity has been ruling the country.

I lived in the country for four years in the aftermath of genocide during which time insecurity was prevalent in the northwest region, massive refugee repatriations took place from Eastern Congo (then Zaire) into Rwanda, and the war between the Rwandan army and rebel groups that included Rwandan Hutu refugees in Eastern Congo began. Although the genocide had officially ended, low intensity violence and insecurity continued during my time in Rwanda when the separation between peace and violence was still blurred. After leaving the country at the end of 1999, I began to research the psychological impact of violence on the lives of Rwandans in exile in the United Kingdom, Uganda and Belgium where I was exposed to the transnational effects of violence. In 2000, 2009 and 2011, I returned to Rwanda to conduct additional fieldwork on the long-term psychosocial consequences of violence.

I experienced different degrees of proximity to violence across geographical, temporal and emotional spaces when listening to narratives of violence in the safety of a European neighborhood, in Uganda where refugees felt constantly under threat, and in Rwanda where low intensity violence persisted after the end of genocide.

Since 1996, I have conducted research both as an independent researcher and collaboratively in research teams composed of Rwandans, Africans and Europeans. Through a process of self-reflexivity of these long-lasting relationships I show how racial, ethnic, diasporic and transnational identities as

well as professional roles and personal experiences intersect to bring about intersectional forms of traumatisation that contribute to differently articulate social suffering. Together with national and international colleagues I have been listening to personal narratives of violence of genocide survivors, their rescuers, unaccompanied children, bystanders and refugees for the past seventeen years. My colleagues and I have documented the stories of separated and orphan children during the genocide, and we have listened to their difficulties in integrating in extended or foster families following the deaths of their parents. We have listened to the long-term impact of violence on ordinary Rwandans' feelings of fear and insecurity, their unacknowledged suffering, and threats to personal safety in exile. Such sustained listening to traumatic stories of mass violence and its effects would classify my colleagues and I as professionals likely to have experienced vicarious traumatisation.

At the same time, long-term residence in Rwanda when socio-political violence was still continuing in the aftermath of the genocide meant that my colleagues and I were directly exposed to insecurity, social, criminal and accidental violence ranging from threats to personal safety, to murder of friends and road accidents. We experienced the limits of trust, silences and self-censorship, frustration at the course of events, sadness at the loss of family members and friends, and fear for our lives and those of colleagues and friends. Many of these emotions are associated with primary and secondary traumatisation. Hence, in post-genocide Rwanda, primary, secondary and vicarious traumatisation processes were closely interrelated.

Intersectionality and traumatisation

During the course of collaborative research on violence and its legacy, I noticed that there were differences in the ways in which international, regional and national researchers expressed distress when studying the effects of violence amidst violence. In the following section, I compare three cases: the international researcher, the diasporic returnee researcher and the survivor researcher affiliated to the perpetrator group. The first example shows how an outside researcher's direct exposure to violence echoes indirect stories of violence; the second case analyses the psychological impact of the researcher's diasporic ethnic identity on her ability to cope with research material; and the third one shows the burden of researching the legacy of violence when the researcher's personal and social identity is closely associated with those of the ethnic groups of both victims and perpetrators.

The international researcher

As a European woman who went to live and work in Rwanda in the aftermath of mass ethnic violence, I was a visible outsider. My race, language and status, which carried symbols of membership of the international community, placed me in the category of the outside researcher/humanitarian worker prone to experience secondary or vicarious trauma (rather than primary traumatisation).

However, when I arrived in Rwanda in 1996, the legacy of the genocide was palpable and low intensity violence was still taking place. My experience of direct exposure to violence and of listening to violent stories echoed each other. 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 for and that military opponents of the current government were moving around. These daily occurrences took place while I was listening to survivors' stories detailing how checkpoints were used to identify ethnic targets and political opponents during the genocide.

I was permitted to travel to the northwest of the country in convoys, and I was only 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 supporters of the former Hutu president whose assassination sparked the genocide lived in the northwest of the country. I was unsure about whom to trust, and my perception of the situation ranged from a naïve sense of safety to heightened 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 from neighbouring houses to come to the rescue. The traumatic aspect of the incident was the realisation that the burglars had broken the glass with machetes.

I had listened to survivors recollecting how machetes had been used to clear ground, to maim victims, in the rape of 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 other expatriates.

Because of my expatriate status, professional role and social networks, I responded to violence differently than my Rwandan colleagues. Safety nets were in place to make me feel less vulnerable and more supported. I was registered with the embassy of my country; I knew that through my walkie-talkie I was connected to the United Nations security team, I shared a house with other expatriates who became my fictive family. Together we shared our worries and vented our fears and frustrations. We regularly left the country on rest and recuperation trips. I remember how as soon as we crossed the border we would make comments like ‘the air suddenly feels less heavy here’ or ‘people look much more relaxed here’. When interacting with Ugandans we would observe how much more freely they spoke about the social and political situation in their country. We were surprised at the sense of relief we felt and also astonished at the fact that we had not noticed how uptight we were until we crossed the border. We had introjected fear, self-censorship and tension in ways we were not aware of until we left the social and physical spaces of violence (Doná 2011).

In her essay ‘Living in a state of fear’ Green (1995) writes about the ways in which terror, most of which was a ‘visceral rather than a visual experience’ (p. 108) had become routinised in Guatemala, and the effects of this practice on her ethnographic participants and herself. She noticed that the stories of internalised self-censorship, terror and fear that she listened to for her research descended onto her life in similar ways. While fear is a response to danger, in Guatemala fear had been transformed from an acute reaction into a chronic condition that destabilised social relations and penetrated social memory. This affected Green’s sense of reality and resulted in internalised self-censorship and mistrust that her participants also felt. ‘I came to realize that terror’s power, its matter-of-factness, is exactly about doubting one’s own perceptions of reality. The routinisation of terror is what fuels its power’ (p. 108).

Like Green, I experienced the connection that existed between my fears and vulnerabilities and those of research participants and colleagues. Yet because of my race and status I felt relatively protected from certain kinds of violence such as ethnically motivated attacks, while I felt more vulnerable to other forms of violence like politically motivated attacks, theft, robbery and road accidents. I also

knew that as a foreigner I had a permanent exit option if I chose to exercise it, and this contributed to rendering me more resilient and able to cope better with the situation.

The intersectionality of different social categories is expressed through what can be described as ‘echoed’ emotions and experiences. Researchers share participants’ emotional states through the intersection of their roles as observers/listeners and simultaneously inhabitants of spaces of violence. Direct and indirect exposure to traumatic episodes of violence have left a mark on my psyche, which manifests itself in dreams of Rwanda as a place of danger and sometimes of men with machetes or soldiers with firearms searching for me as they did for the victims of the genocide. When I see people carrying guns I keep a safe distance, and I am uneasy when I hear fireworks because they remind me of the sounds of guns fired at night in the Rwandan capital Kigali.

My interactions with participants, colleagues and with the research material itself were affected by these experiences. I adopted different mechanisms to deal with the experience of simultaneously researching violence and living with the legacy of violence. Avoidance was one of these mechanisms. There were questions I could not bring myself to ask my Rwandan colleagues about their whereabouts and experiences of the genocide. 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 happened to him. When we met in the 1990s and we researched violence together it was too painful and complicated for him to tell me about his own experiences of the genocide as a Rwandan of mixed ethnic identity, and for me to know the truth.

Another mechanism my colleagues and I used to deal with violence was through emotional distance and numbing. We collectively coped with the traumatic research material by distancing ourselves from its emotional content. We compartmentalised information, and we hung on to the technicalities of methods and analysis to cope with the overwhelming emotions associated with the content of some interviews.

Time delay was another mechanism. I have not yet analysed the content of interviews collected in Rwanda in 2009 because they resonate with my suffering, and I have been slow to transcribe other interview material collected with Rwandan refugees living in Europe and Africa.

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, it has taught me to manage people, and it has strengthened my commitment to social rights. It has allowed me to encounter wonderful individuals who have become long-lasting friends, and strengthened my bonds with those who became my 'fictive' family in Rwanda. I have greater understanding of conflict situations, and I have become more tolerant of antagonism and better able to handle other people's traumatic stories. 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.

The diasporic returnee researcher

Through the examination of my role as an outside researcher of violence who also inhabited spaces of violence, I have shown how primary and vicarious traumatisation are not mutually exclusive but rather intersect to add complexity to our understanding of researchers' traumas. The existence of complex traumas that coexist in different combinations is highlighted in the case of some of my colleagues who were members of the ethnic/social groups involved in mass violence either as victims, perpetrators or bystanders.

Colette¹ is a Tutsi woman who grew up in Eastern Congo (then Zaire). She was not directly persecuted during the genocide even though she was affected by it when she received phone calls from family members and friends in danger asking for help or when she heard of losses and deaths among the Rwandan Patriotic Army, mostly composed of Tutsi from the diaspora, which included people she was related to or she knew.

She was not in the country at the time of genocide. She had actually never lived in Rwanda before the genocide, and she did not know the country well as she told me while watching the landscape of northern Rwanda from the car window during one of our field visits to interview children and their families to the border towns in the north-west of the country. Our admiration of the scenery was accompanied by a feeling of uneasiness as we moved from one town to the next in the awareness that the region was, at the beginning of 1996, an area of insecurity and cross-border rebel incursions. We both welcomed arriving in Gisenyi town before sunset when an informal curfew to visiting rural areas was in place. She was more uneasy than I was, as shown by her hesitation in getting out of the car until we reached the main town. She knew that most Hutu supporters of the assassinated president

Habyarimana lived in this part of the country, and she was afraid of them. I was more naïve about ethnic and regional politics inside Rwanda, and I had chosen to ignore them as a defence mechanism.

In certain ways our personal histories were similar. We both were women, migrants, professionals, and we both lived outside Rwanda at the time of genocide. We had experienced mass violence indirectly, and this type of exposure placed us in the category of those likely to experience vicarious traumatisation through listening to stories of mass violence.

Yet, the intersectionality of our respective racial, ethnic and migratory experiences marked us apart. Our social histories and experiences were different in many ways, and that included our personal and social traumatisation histories. As a Tutsi member of the targeted group during the genocide, Colette was a physical outsider yet an emotional insider to the imagined spaces of ethnic violence. Although not a direct target of violence, she had experienced it indirectly when members of her extended family living in Rwanda had been persecuted and killed. Additionally as a diasporic Tutsi, she had friends and family members fighting with the Tutsi-led Rwandan Patriotic Army, some of who had died during the conflict. Hence, she was also likely to have experienced secondary traumatisation.

She identified with the Tutsi inside the country who had been exterminated and those in the diaspora who had returned home at the end of the genocide. In the course of our research on the effects of genocide on children, Colette was listening to stories of genocide violence and its legacy in different ways. She was collecting information on the effects of the genocide on children while simultaneously listening to stories of the genocide of children she knew in her personal life. She was an individual listener and a group participant, individual outsider to violence and group member inhabiting spaces of violence. Her vicarious traumatisation resulting from the ongoing listening to traumatic stories of past and present violence intersected with her secondary traumatisation as a family member, friend and relative of victims. Also, as a member of the victim group, she identified with the primary traumatisation of the members of her own ethnic group. Thus for Colette, secondary and vicarious traumatisation processes were ‘blurred’ processes. They did not simply ‘add’ to each other but rather merged to generate more complex traumas through associative imaginations.

The intersectionality of Colette’s ethnic and diasporic identities influenced her research experience, positionality and empathic listening. The distinction between empathy with the victims and

identification with them was at times 'blurred'. Consequently, she found it difficult to listen to counter-narratives of Hutu victims of violence or perpetrators because this type of listening required detachment, dis-identification with the (Tutsi) victim and empathy with the (Hutu) aggressor. She had a tendency to interpret Hutu stories in stereotypical fashion, in line with the national narrative promoted by the Tutsi-led Government. Colette was coping with the research material by empathising with the victim side, and detaching herself from or ignoring controversial stories. Within this national post-genocide narrative, counsellors and helpers also adopted these mechanisms to cope with overwhelming emotions. For instance, soon after the genocide ended, Rwandan counsellors became aware that they were not able to cope with perpetrators' traumatic material, and chose to concentrate on counselling traumatised victims (personal communication in Kigali 1996).

Most diasporic returnees were unfamiliar not only with the country's geography but also with pre-genocide relations of trust and cooperation that existed between Hutu and Tutsi. Upon return, there was a tendency to apply social stereotypes to the Hutus as a group, which in the wake of recent violence meant that the collective stereotype of the Hutu was that of *génocidaires* (genocide perpetrators) or supporters (Eltringham 2004). This resulted in mistrust of out-group Hutu members, and this perception affected interviews and researcher-participant interactions.

The importance of developing trusting relationship when sensitive topics are discussed and when vulnerable groups are researched has been documented (Hynes 2003; Miller 2004). However, research relationships are influenced by relationships of trust and mistrust that exist in society (Beristain and Doná 1998). Social mistrust correlated with mistrust in research relationships, and this resulted in relations that were carefully managed so as to avoid direct confrontation with the past, and focused on non-controversial, present-day and factual information. Traumatization in research relationships could be seen in the ways in which information was selected and narrowed down so as to avoid the eruption of anger against perpetrators, feeling overwhelmed by pain, confronting survivors' guilt, and collective guilt for not having been able to avoid so many deaths. Traumatization connected with the past remerged in the present when ongoing uncertainty, fear and mistrust persisted.

Olujic (1995) writes about her perturbed departure from California to war-torn Croatia, a departure to the field that was at the same time a coming home. Her mother buying her a gas mask epitomises the ambiguity of returning to a homeland that she perceived as not offering her any security – neither

physical nor emotional. Filtering through her lines is a continuing despair at the violence in the Balkans as she clutches at her ethnographic skills to retain her balance. Similarly, Colette hung on to the technicalities of her role to control and cope with her reactions to genocidal violence and to her return 'home' to a place she did not know.

The intersectionality of her ethnic, migratory and professional identities meant that she was an outsider to the physical space of genocide yet an insider of the victim group and a researcher of the effects of violence while inhabiting ongoing spaces of violence. Because of Colette's specific positionality, her experiences of secondary and vicarious traumatisation were 'blurred'.

The (Tutsi) survivor researcher affiliated to the (Hutu) perpetrator group

This section offers another example of intersectionality, which highlights the psychological effects of researching the legacy of violence when the genocide researcher belongs to the (Tutsi) group targeted during the genocide but is married into a (Hutu) family belonging to the perpetrator group.

Francine is a Rwandan Tutsi who grew up in Rwanda where she married a Hutu with whom she had two children. She was pregnant with her second child during the genocide. She was personally targeted because she was a Tutsi while her firstborn child, a girl born before violence started, was spared because ethnicity is transmitted along patrilinear lines and thus she was Hutu like her father.

Similarly to Colette and myself, Francine is a professional woman and a researcher. However, as a member of a family of mixed-ethnicity, she is differently positioned in post-genocide Rwanda than Colette or I are. During the genocide, she was personally threatened and forced to flee across the border to survive. She told me how some of her family members were killed during the genocide while her husband's extended family includes members who are in prison accused of genocide involvement, and others who died during war and refugee movements. Francine is a Tutsi *réscapée* but she belongs to a Hutu family, and thus she is connected to the Hutu group that includes *génocidaires*.

The intersectionality of her ethnicity and professional background are similar to those of Colette yet her first-hand experience of genocide and her marriage into a Hutu family differently affects her traumatisation processes and her researcher's positionality. In telling me her survivor story, Francine

was aware that direct exposure to violence had affected her and her children. She was in particular worried about the behavioural problems shown by her second-born boy, who found it difficult to concentrate and to make friends. She attributed his behaviour to the fact that she was carrying him in her womb during the genocide, and also to the discrimination he experienced in the years following the end of the genocide because of his ethnic membership. Her primary traumatisation as a genocide survivor intersected with her secondary traumatisation as a mother listening to and dealing with the traumatisation of her son.

As a researcher, Francine connected participants' narratives of violence and social injustices in post-genocide Rwanda to those of her children or family members. Differently to Colette, her vicarious listening to stories of past violence and present discrimination of members of the perpetrator group resonated with those of her Hutu husband and her children. Francine found it difficult yet possible to listen to narratives of violence from both victim and perpetrator groups, and to empathise with both sides because of the intersectionality of her ethnicity, marriage and parental status.

Francine was able to gain the trust of participants who would have not spoken about their post-genocide traumatic experiences to foreign researchers like myself who they did not trust or to Colette who could have not empathised. She was able to manage participants' narratives that were painful and controversial. Francine too experienced vicarious trauma while listening to these stories. On more than one occasion, she recounted how shaken she was by hearing details of stories she had previously only had a superficial understanding of, or how distressed she was when hearing stories of suffering that had been silenced and that resonated with her own experience and that of her ethnically mixed family.

She fitted the primary traumatisation categorisation of the genocide survivor and the secondary traumatisation of members of ethnically mixed families, who were also indirectly exposed to the shame and traumatic experiences of the members of the perpetrator group. In addition, her primary and secondary traumatisation intersected with her vicarious traumatisation associated with listening to research material that addressed the psychological legacy of genocidal violence for the population as a whole. Her personal trauma, that of her children and husband, and that of her research participants overlapped. De-briefing sessions during data collection were useful because as she remarked, it was good to find the space to talk about these issues. Often interview material became the source of

conversations about our personal lives and traumatic experiences, and debriefing sessions became trusted places where we both articulated our suffering.

The ability to become a researcher into one's own extreme experience can act as a cathartic force. Cathy Winkler (1995) describes how she was abused repeatedly by a rapist and then became the victim, survivor, witness, plaintiff, investigator and researcher of her own assault. Ethnography and ethnographer collapsed. Winkler's contribution excels in conveying the confusion, irrationality and bewilderment of the rape attack and the disordered world of ambiguity and incongruence. Similarly, survivors of the Holocaust like Primo Levi (1943) spent their life recovering from the trauma of concentration camp internment and writing about it, and Bruno Bettelheim (1943) used his academic training to study personality changes of others and himself in adapting to extreme hardships as an ego defence against his experience.

Similarly, Francine used the research as a way of working through her primary and secondary traumas. By discussing interview material with her I too was able to revisit traumatic events that had happened to me in Rwanda when I was first there. Fifteen years after the genocide had ended, we both felt that its psychological impact was still 'fresh'. We could not be open about our feelings or our analysis of violence in a politically charged post-conflict environment, and we valued our debriefing sessions as trusted spaces of dialogue.

Intersectional traumatisation

The examples given above highlight the usefulness of adopting an intersectional approach to understand the impact of researchers' social identities on traumatisation processes when researching violence. The conceptualisation of independent and somewhat mutually exclusive primary, secondary and vicarious traumatisation processes is problematic in contexts of mass violence and socio-political conflict. This disconnection is premised on the assumption that there are clear boundaries between peace and violence, which allows for listening to traumatic experiences of violence to take place in peaceful contexts. It also implies that victims are directly exposed to violence while researchers only experience violence vicariously through listening. The three cases presented in the previous section challenge these disconnections on temporal, spatial and experiential grounds.

Temporally, primary traumatisation in studies of war and genocide refers to trauma resulting from direct exposure to violence *during* conflicts and vicarious traumatisation refers to the listening that usually occurs *after* the conflict has ended. Yet, the existence of clear-cut boundaries between peace and conflict is challenged by the literature on contemporary forms of violence, especially internal ethnic conflicts and global terrorism, where socio-political contexts continue to be unstable and violence reoccurs (Doná 2013; Richards 2005). In these settings, researchers are likely to experience the effects of violence during conflict, as a result of conflict, and due to the legacy of conflict, and these phases are connected.

Spatially, the distinction between primary and vicarious traumatisation during genocides and socio-political conflicts also marks a separation between experiences of *insiders* (victims) inhabiting violent spaces and those of *outsiders* (researchers) into spaces of violence, and it does not take into account the experiences of researchers who are simultaneously insiders and outsiders, simultaneously victims of violence and listeners to traumatic stories of violence for research purposes.

Finally, primary, secondary and vicarious trauma divides non-discursive (embodied) and discursive (imagined) experiences of violence where direct experiences of violence impact on the senses – sight, smell, hearing – and on the whole body, while listening is carried out through the auditory system and the mind. In situations of generalised violence this is not necessarily the case. Embodied and oral histories overlap. Insiders and outsiders can experience violence both through listening to traumatic stories of violence and direct exposure to past and present violence.

While maintaining the distinction among primary, secondary and vicarious traumatisation can be analytically helpful in peaceful contexts, it is crucial to advance of our understanding and to investigate the connections that exist among and across different forms of traumatisation in settings of collective violence. I introduce the concept *intersectional traumatisation* to contribute to a more complex analysis of trauma processes that the three case studies described above brought to the fore.

Intersectional traumatisation explains how multiple forms of traumas intersect through the act of listening, imagining, empathising and experiencing, and how traumatic processes intersect on multiple and often simultaneous levels (temporal, spatial and sensorial). Intersectional traumatisation describes multiple forms of traumatisation and their relationship when individuals' complex, multiple and

dynamic identities are taken into account. It explains the differential traumatising processes that result from taking into account the intersectionality of social and personal categories like ethnicity and migratory experiences in understanding researchers' experiences of direct and indirect exposure to violence. Finally, intersectional traumatising can help to overcome existing social inequalities in collective narratives of suffering, as the following section will show.

Intersectional traumatising in contested socio-political spaces

In pre-genocide Rwanda the term 'trauma' was unknown to ordinary Rwandans. Like in other African societies the articulation of suffering was expressed with reference to imbalances among the worlds of the living, nature and the dead, and disproportions of bodily fluids or the weakening of organs (Bagilishya 2000; Hagenimana et al. 2003; Honwana 1999; Taylor 1989). More than a decade after the end of the genocide, trauma has become a familiar concept for ordinary Rwandans (Doná 2010; Kaninba 2007; Schaal and Elbert 2006) who have learnt to recognise its symptoms and identify its causes on television and radio programmes, and who encounter trauma counsellors in health centres, non-governmental organisations and government bodies across the country.

The arrival of international donor agencies and humanitarian organisations soon after the genocide was pivotal to the introduction of trauma into Rwanda. Central to this process were two UNICEF initiatives. The first was a nationwide study on the effects of the genocide on children, which reported that 95.5 per cent of 3,030 children said that they had witnessed violence, 70 per cent killings or wounding, 62 per cent had been threatened with death, 90.6 per cent had thought they were going to die, 58 per cent had witnessed killing or wounding with a machete, 82.5 per cent had watched destruction of houses, and 87.5 per cent had seen corpses or body parts. The study concluded that the majority of Rwandan children were 'traumatised' (Gupta 1996), and it was instrumental in raising funds for the implementation of the second UNICEF-led initiative: the establishment of the National Trauma Centre (later renamed Psycho-social Centre) in Kigali to provide intensive therapy for severely traumatised individuals and to train trauma advisors within social and education systems. By early 1996, over 6,000 trauma advisors had been trained in trauma alleviation methods and had assisted an estimated 150,000 children (Veale 1999). At the same time, the Irish non-governmental organisation Trócaire trained trauma counsellors and supported the creation of a trauma-counselling programme, which in 1998 became the Rwandan Association of Trauma Counsellors (Ibuka et al. 2007).

In post-genocide Rwanda trauma is either associated to the genocide as in 'war/genocide trauma' or to specific categories of individuals, which include trauma victims (Ibuka et al. 2007), orphans (Schaal and Elbert (2006) and widows (Schaal et al 2011). The examination of how knowledge has been utilised in post-genocide re-constructive efforts shows that 'trauma' has become a dominant discourse in Rwanda, and it may have been appropriated and politicised as a symbol of genocide and political legitimacy (Veale and Doná, 2002).

Within the national post-genocide Rwanda narrative of violence, the trauma of genocide survivors and orphans has become the symbol of primary traumatisation during genocide. This leads us to reflect on groups that have been marginalised from trauma support and national trauma discourses. Primary traumas like those experienced as a result of massacres of Hutus that took place towards and after the end of genocide, or the secondary and vicarious traumatisation of bystanders, perpetrators, counsellors and researchers are marginalised. A hierarchy of suffering emerges in which (Tutsi) survivor, orphan or widow traumas are situated at the top; the traumas of moderate Hutus or ethnically mixed families and those of the Tutsi as an ethnic group targeted for genocide are situated in the middle; and the traumas of the Hutu refugees who fled at the end of genocide or of the perpetrators is situated at the bottom and it is not spoken of. This societal hierarchy of suffering is replicated in the research context, where the focus on participants' primary traumas marginalises informants' secondary traumatisation processes and researchers' vicarious ones.

When disputed traumatic experiences of different social groups occur in contested socio-political spaces, the politicisation of primary, secondary and vicarious trauma can lead to the formation of hierarchies of suffering that mirror unequal post-conflict social relations, and can contribute to systematic psychological and social inequality that can itself become traumatic.

Each year, during the month of April, Rwanda commemorates the genocide. Throughout the month, survivors' testimonies are heard, bodies are exhumed and reburied, and commemorations are held across the country. The ongoing listening to genocide stories can be seen as a form of collective vicarious traumatisation, which is built around an official narrative that construes genocide trauma almost exclusively through the lens of primary traumatisation of those Tutsi who died or survived. The politicised legitimacy of genocide trauma marginalises the suffering of those belonging to different ethnic, political and social categories. The suffering of survivors and more broadly of the

Tutsi as a victim group is constructed as having higher value than the suffering of other groups like moderate Hutus or denies that perpetrators may also be traumatised.

As commemorations of the genocide against Tutsi are under way inside the country each year, Tutsi become the legitimate bearers of trauma in the post-genocide collective nation-building narrative. The traumas of other categories of individuals are therefore marginalised or ignored within the genocide trauma national narrative. Diasporic Tutsi returnees like Colette or children of mixed ethnicity like Francine's children are placed in the 'secondary traumatisation' category, and their suffering considered less 'worthy'.

An intersectional approach to understanding the psychological impact of studying violence on researchers offers a more nuanced way of understanding how collective suffering is articulated, which acknowledges the suffering of genocide victims but also considers that there are other kinds of suffering that intersect with the primary traumatisation of victims in non-hierarchical ways. Intersectional traumatisation problematises the exclusivity of (Tutsi) survivor traumatisation that prevails in the narrative of Rwandan collective suffering, it unpacks the multiple and a complex layer of trauma, and it gives visibility to the connections that exist among various violence-related traumas. This can potentially help to overcome the social and psychological inequality portrayed in representations of suffering in politically contested social spaces.

Conclusion

There is a significant difference between studying violence in social contexts that are peaceful and in those that are violent. In peaceful societies, the researcher (like the therapist) can leave the traumatic setting, and there is a tendency to analyse traumatic experiences of participants (and clients) independently of the broader social context. In societies that have undergone mass violence and genocide, it is more difficult to separate the study of violence from the violent setting. Traumatic experiences of researchers and participants are embedded in social contexts, where the topic of research – *violence* – and the *violent* setting intersect.

Violence is simultaneously individual, social and political, and research on violence becomes a social, and often political, endeavour. In these situations, the separation of primary, secondary and vicarious traumatisation is hard to maintain, as it easily becomes part of the 'politics of trauma'. Intersectional

traumatisation challenges the mutual exclusiveness of different kinds of traumas and contributes to advancing our current analysis of trauma processes by emphasising their mutual interconnections. It also overcomes the social inequality that may result from the hierarchical articulation and national validation of suffering in politically contested social spaces.

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.
- Bagilishya, D. (2000) Mourning and recovery from trauma: In Rwanda, tears flow within, *Transcultural Psychiatry*, 37(3): 337–353.
- Beristain, C. M. and Doná, G. (1998) *Psychology in Humanitarian Assistance*, Luxemburg: Office for Official Publications of the European Communities.
- Bettelheim, B. (1943) Individual and mass behavior in extreme situations, *The Journal of Abnormal and Social Psychology*, 38(4): 417–452.
- Bracken, P. J. (2001) Post-modernity and post-traumatic stress disorder, *Social Science and Medicine*, 53(6): 733–743.
- 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*, available online at <http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=2012-30277-001>.
- 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
- Crenshaw, K. (1989) Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics, *The University of Chicago Legal Forum*, pp. 139–168.
- Crenshaw, K. (1991) Mapping the margins: Identity politics, and violence against women of color, *Stanford Law Review*, 43(6): 1241–1299.

Doná, G. (2007) The microphysics of participation in refugee research, *Journal of Refugee Studies*, 20(2): 210–229.

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.

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. (2013) Interconnected modernities, ethnic relations and violence, *Current Sociology*, 61(3) available online at <http://dx.doi.org/10.1177/0011392112456507>.

Elthringham, N. (2004) *Accounting for Horror: Post-genocide Debates in Rwanda*, London: Pluto Press.

Eriksson, C.E., Vaude Kemp, E., Gorsuch, R., Hoke, S. and Foy, D. W. (2001) Trauma exposure and PTSD symptoms in international relief and development personnel, *Journal of Traumatic Stress*, 14(1): 205–212.

Green, L. (1995) Living in a state of fear, in C. Nordsdrom, and A.C.G.M. Robben (Eds.) *Fieldwork under Fire: Contemporary Studies of Violence and Survival*, Los Angeles: University of California Press.

Gupta, L. (1996) *Exposure to War-related Violence among Rwandan Children and Adolescents: A Brief Report on the National Baseline Trauma Survey*, Kigali: UNICEF.

Hagengimana, A., Hilton, D., Bird, B., Pollack, M. and Pitman, R. K. (2003) Somati-panic attack equivalents in a community sample of Rwandan widows who survived the 1994 genocide, *Psychiatry Research*, 117(1): 1–9.

Hobsbawm, E. (1994) *Age of Extremes: The Short Twentieth Century 1914–1991*, London: Abacus.

Honwana, A. (1999) Non-western concepts of mental health, in M. Loughry and A. Ager (Eds.) *The Refugee Experience*, Oxford: RSP, pp. 109–133.

Hynes, T. (2003) The issue of ‘trust’ or ‘mistrust’ in research with refugees: choices, caveats and considerations for researchers, *New Issues in Refugee Research, Working Paper 98*: 1–25.

Ibuka, Kanayrwanda and DED/ZFD (2007) *Gacaca and Trauma: Psychosocial Support for Trauma Victims in Rwanda*, <http://opsiconsult.com/wp-content/uploads/gacaca-and-trauma-en-redux.pdf>.

Jenkins, T. (1994) Fieldwork and the perception of everyday life, *Man*, 29: 433–455.

Jenkins, S.R. and Baird, S. (2002) Secondary traumatic stress and vicarious trauma: A validation study, *Journal of Traumatic Stress*, 15(5): 423–432.

Jones, E. and Wessely, S. (2005) *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, New York: Psychology Press.

Kaninba, M. C. (2007) Keeping alive the memory: genocide and trauma in Rwanda, *Gradhiva*, 5: 62–75.

Klingman, A. (2006) Children and war trauma, in K.A. Renninger and I.E. Sigel (Eds.) *Handbook of Child Psychology, Child Psychology in Practice*, vol. 4, New Jersey: John Wiley and Sons, pp. 619–654.

Levi, P. (1959) *If This Is a Man*, Phoenix, Arizona: Orion Press.

McCall, L. (2005) The complexity of intersectionality, *Signs, Journal of Women in Culture and Society*, 30(3): 1771–1800.

- McCann, L.I. and Pearlman, L.A. (1990) Vicarious traumatization: A framework for understanding the psychological effects of working with victims, *Journal of Traumatic Stress*, 3(1): 131–149.
- Miller, K.E. (2004) Beyond the front stage: Trust, access, and the relational context in research with refugee communities, *American Journal of Community Psychology*, 33(3/4): 217–227.
- Miller, N.K. and Tougaw, J.D. (2002) (Eds.) *Extremities: Trauma, Testimony and Community*, Chicago: University of Illinois Press.
- 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.
- Neria, Y., Besser, A., Kiper, D. and Westphal, M. (2010) A longitudinal study of post-traumatic stress disorder, depression, and generalized anxiety disorder of Israeli civilians exposed to war trauma, *Journal of Traumatic Stress*, 23(3): 322–330.
- Norsdrom, C. and Robben, A.C.G.M. (1995) (Eds.) *Fieldwork under Fire: Contemporary Studies of Violence and Survival*, Los Angeles: University of California Press.
- Olujic, M.B. (1995) The Croatian war experience, in C. Norsdrom, and A.C.G.M. Robben (Eds.) *Fieldwork under Fire: Contemporary Studies of Violence and Survival*, Los Angeles: University of California Press.
- Papadopoulos, R.K. (2002) Refugees, home and trauma, in R.K. Papadopoulos (Ed.) *Therapeutic Care for Refugees: No Place like Home*, London: Karnac.
- Pollard, A. (2009) Fields of screams: Difficulty and ethnographic fieldwork, *Anthropology Matters*, 11 (2): 1–24.
- Richards, P. (2005) (Ed.) *No Peace, No War: Anthropology of Contemporary Armed Conflicts*, Oxford: James Currey.

Schaal, S. and Elbert, T. (2006) Ten years after the genocide: Trauma confrontation and posttraumatic stress in Rwandan adolescents, *Journal of Traumatic Stress*, 19(1): 95–105.

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.

Schauben, L.J. and Frazier, P.A. (1995) Vicarious trauma: The effects on female counselors of working with sexual violence survivors, *Psychology of Women Quarterly*, 19: 49–64.

Sriram, C.L, King, J.C., Mertus, J.A., Martin-Ortega, O. and Herman, J. (2009) (Eds.) *Surviving Field Research: Working in Violent and Difficult Situations*, New York: Routledge.

Summerfield, D. (2000) War and mental health: A brief overview, *British Medical Journal*, 321: 232–235.

Taylor, C.C. (1989) The concept of flow in Rwandan popular medicine, *Social Science and Medicine*, 27(12): 1343–1348.

Varley, E. (2008) Enmities and introspection: Fieldwork entanglements and ethnographic reflexivity, in L. Chua, C. High and T. Lau (Eds.) *How Do We Know? Evidence, Ethnography, and the Making of Anthropological Knowledge*, Newcastle, UK: Cambridge Scholars Publishing, pp. 133–156.

Varley, E., Isaranuwachai, W. and Coyte, P.C. (2012) Ocean waves and roadside spirits: Thai health service providers' post-tsunami psychosocial health, *Disasters: The Journal of Disaster Studies, Policy and Management*, 36(4): 656–675.

Veale, A. (1999) War, conflict, rehabilitation and children's rights in Rwanda, *Trocaire Development Review*, available online at <http://www.trocaire.org/resources/tdr-article/war-conflict-rehabilitation-and-childrens-rights-rwanda>.

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

Winkler, C. (1995) Ethnography of the ethnographer, in C. Nordsrom and A.C.G.M. Robben (Eds.) *Fieldwork under Fire: Contemporary Studies of Violence and Survival*, Los Angeles: University of California Press, pp. 155–183.

Zarowski, C. and Pederson, D. (2000) Rethinking trauma in a transnational world, *Transcultural Psychiatry*, 37(3): 291–293.

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Note

1 Pseudonyms are used to preserve anonymity.