



Being a compassionate witness to the impact of violence: Self-care as professional obligation

Hidden scars: the impact of violence and the Covid-19 pandemic on women's mental health: SRHR conference 18/19 mai 2021

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“When I try to relax on my free day and play with my daughters, I keep thinking of the girls in the hospital, 8, 9, 10 years old, who have been gang-raped... I keep thinking of their pain and fear in their eyes, when I examine them, and at the cruelty that I see on their little bodies. Their genitals are completely destroyed. Even if you repair their body, you cannot repair their lives. This thought keeps hunting me. ”

(Medical doctor, Eastern Congo, personal interview)

“Being kind to oneself and feeling free **to have fun and joy** is not a frivolity in this field but a necessity without which one cannot fulfill one’s **professional obligations**, one’s **professional contract.**”

(Yael Danieli, psychotherapist, working with survivors of the Holocaust)

What types of stress do health care professionals go through in their work?

- ▶ **Day-to-day** stress (heavy work load, limited time to care for patients, existential death-and-life-decisions, precarious job situations)
- ▶ **Traumatic stress** (i.e. when being exposed to violence and threat AND professional risks of getting infected)
- ▶ **Secondary traumatic stress** (e.g. by being exposed to the physical wounds of violence during health care work)
- ▶ **Stress** related to **overwhelming expectations** of having to be emotionally “in control”: showing stress and emotional over-load is considered to be a sign of weakness and lack of professionalism
- ▶ **Moral stress**: Feeling that others suffer so much more (and may lose their life), so self-care or experiencing joy may feel immoral.

Significant high risk for health care workers to suffer from burnout

“Burnout is a syndrome of

- **emotional exhaustion,**
- **depersonalization**
- and **reduced personal accomplishment,**

that can occur among individuals that do “people-work” of some kind.” (Maslach & Jackson 1986)

Similar: **Compassion fatigue**
(Figley)



Secondary trauma in health care

Secondary trauma “is the experience of bearing witness to the atrocities committed against another. It is the result of absorbing the sight, smell, sound, touch and feel of the storiesIt is the energy that comes from being in the presence of trauma and it is how our bodies and psyche react to the profound despair, rage and pain.”

(Guidebook on Vicarious Trauma 2001: Recommended Solutions for Anti-Violence Workers)

E.g. by caring for the physical wounds of violence, health care providers may experience similar problems as those of their traumatised patients, e.g. intrusive images of the violence; hyper-alertness; fear reactions; loss of joy and interest in joyful activities.

-> Especially strong when survivors have a high vulnerability (e.g. children)



What can you do to prevent or deal with burn-out secondary trauma?

Awareness on health care-related typical stressors

Balance between stress and relaxation

Connection with oneself, others (also colleagues!), with a higher power or sense

+ Decision: to see self-care and staff care as professional obligation

In the three realms of life:

- **Personal:** What you do outside work in your personal life, e.g. sports
- **Professional:** How you organise your professional work, e.g. working with patients alternating with reporting / documentation; alternating routine work with emergency-related work.
- **Organisational:** What structures / procedures your organisation provides you with to deal with the impact of stress and trauma, e.g. regular supervision, training, providing adequate time off, team-building.