

# The psychological impact of working in post conflict environments: a personal account of intersectional traumatisation

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*This personal reflection describes the psychological impact of living and working in post conflict environments for psychosocial workers and researchers, such as the author. In her experience, working and living in post genocide Rwanda, primary, secondary and vicarious traumatisation processes were closely interrelated. She stresses the importance of understanding the connections that exist among and across different forms of traumatisation. The concept of intersectional traumatisation explains how multiple forms of traumas intersect through the act of listening, imagining, empathising and experiencing.*

**Keywords:** Rwanda, trauma, vicarious traumatisation

## Introduction

Eighteen months after the end of the Rwandan genocide 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 (including Rwandan Hutu refugees in Eastern Congo) was ongoing. Initially I left the country at the end of 1999, but then 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 posttraumatic 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), among others. War and genocide trauma has been almost exclusively used to refer to the suffering of survivors, and its association with victimhood tends to marginalise the trauma of other social actors, such as bystanders, perpetrators, and 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, neighbours, 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 geopolitical environments.<sup>1</sup> High rates of direct and indirect exposure to life threatening events result in rescue workers manifesting posttraumatic stress disorder (PTSD), 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 17 years (Doná, 2011; Doná, 2010). Such sustained listening to 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 sociopolitical violence was ongoing 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. These are emotions that are usually associated with secondary traumatisation.

In my experience, working and living in postgenocide 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 to be an invalid suggestion when aid workers/researchers' efforts to alleviate violence induced suffering takes place in environments that are themselves embedded with violence. I suggest using the term *intersectional traumatisation* for what may happen under such conditions to aid workers and researchers,

through the combined effects of listening, imagining, empathising and experiencing (Box 1).

I was allowed to travel to the northwest of the country within convoys, and 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 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 where I lived. They jumped over the compound wall, and broke the glass of the back door of the house where I was staying, alone. 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 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 grounds, to maim victims, to rape women and young girls, and to kill. Suddenly the listening to these stories 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

### ***Box 1: Travelling, 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 sought, 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.*

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, lived in a house with friends with whom I shared my worries and vented fears and frustrations, and we regularly left the country for 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, such as not asking my Rwandan colleagues about their own whereabouts and experiences of the genocide.<sup>3</sup> Another mechanism I used was keeping an emotional distance. I was able to also create a distance from the emotional content of my research material by focusing on the technicalities of the work and warding off emotional reactions to the stories contained in some interviews. Moreover, I have not yet analysed them all, because their content resonates with my own suffering.

Having lived in Rwanda is also associated with my posttraumatic growth (Cohen & Collens, 2012). It has enhanced my confidence in being able to survive in difficult circumstances and 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 also gained a greater appreciation of the

value of life, and am better at distinguishing between what matters and what simply appears to matter in life.

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<sup>1</sup> 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 & Baird, 2002).

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

<sup>3</sup> 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 would have not been able to talk to me about what had happened to him.

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