

# **ETHICAL CHALLENGES FOR COMMUNITY-BASED HIV AND DRUG USE FIELD RESEARCH: PERSPECTIVES FROM FRONT LINE WORKERS**

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# PTSD

- Psychological consequences of trauma recognized as early as 1922.
- PTSD given formal recognition in 1970 (Vietnam Vets).
- PTSD recognized in women as a result of childhood sexual abuse in 1980's.
- *Simmons, J. & Koester, K. (2003) Hidden injuries of research on social suffering among drug users.*

# Secondary Trauma or Vicarious Traumatization

- Recognition of the psychological impact of trauma brought forth a parallel recognition of the impact on those working with traumatized individuals.
- In early '70s psychotherapists began writing about the psychological and emotional consequences of doing psychotherapy with Vietnam vets and holocaust survivors who recounted extremely disturbing details of atrocities and personal loss.
- They dealt with the concept of “counter-transference”– the therapist’s conscious or unconscious responses to the clients narratives) and began applying the concept to professionals working with women victimized by incest, rape and other forms of domestic violence.

# Empathic Engagement

- Overlapping or competing conceptual & diagnostic labels emerged from the field of psychoanalysis to define either symptoms or a changed “inner state” resulting from long-term empathic engagement with individuals dealing with their own trauma experiences.
- Compassion fatigue
- Secondary traumatic stress disorder
- Traumatic counter-transference
- Vicarious traumatization

# Secondary Trauma

- Secondary trauma refers to symptomatology related to the vicarious experience of trauma.
- Symptoms include:
  - Depression
  - Anxiety
  - Decreased work performance
  - Irritability
  - Isolation
  - Mental and emotional fatigue

# Vicarious Traumatization

- Refers more to change in the “inner state” of the listener.
- Results in profound disruptions in:
  - Listener’s frame of reference
  - Affect tolerance
  - Fundamental psychological needs
  - Deeply held beliefs about self & others
  - Interpersonal relationships
  - Internal imagers
  - Experience of his or her body
  - Sense of physical presence in the world
- *Pearlman & Saakvitne (1995) Trauma & the Therapist: Counter-transference and Vicarious Traumatization in Psychotherapy with Incest Survivors*

# Blair & Ramones (1996)

- “The endless stories of violence cruelty, exploitation and atrocity; the emotional impact of experiencing another's terror, pain and anguish; and the continual exposure to the darkest aspects of the human condition can produce symptoms strikingly similar to the post-traumatic symptoms of their patients.”

# Core Existential Dilemma

- The witness/listener (researcher, outreach worker, service provider) faces a core existential dilemma when engaging emphatically with the victim or survivor
- This stance is critical to the well-being of the victim/survivor but “all the more difficult for the witness/listener

- *Herman, J. (1992) Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror*

# Bearing witness ... Herman (1992)

- “To study psychological trauma is to become face to face both with human vulnerability in the natural world and with the capacity to witness evil in human nature. To study psychological trauma means bearing witness to horrible events. When the events are natural disasters or “acts of God,” those who bear witness sympathize readily with the victim. But when the traumatic events are of human design, those who bear witness are caught in the conflict between victim and perpetrator. It is morally impossible to remain neutral in this conflict. The bystander is forced to take sides. It is very tempting to take the side of the perpetrator. All the perpetrator asks is for the bystander to do nothing. He appeals to the universal desire to see, hear and speak no evil. The victim demands action, engagement, and remembering.”

# Occupational exposure

- Ethnographers & others working in applied research contexts w/ impoverished drug users may be at risk of experiencing s/t or v.t. as a result of normal, empathic responses to the extreme social suffering narrated by informants.
- Ethnographer/informant relationship similar in many ways to the therapist/patient relationship
- This relationship is also different ... increasing the possibility of increased emotional risk.

# Fieldworker role

- Involves:
  - Immersion (to varying degrees)
  - No set time table
  - See the paucity of support
  - Stigma, subjugation, injustice
  - Lack of understanding & support by other professionals and society at large
  - Also recognize the value of telling one's story
  - Often placed in a therapeutic role (participant openly expresses suffering and solicits assistance)
  - Serve as “therapists by default”
  - EX: veteran drug user, recently “clean” tells me the sexual abuse she experienced as a child was her fault and I am the first person she has ever told of the abuse.
  - EX: story of a murder perpetrated by the informant and the intense guilt, grief and despair this knowledge provokes

# Emotional demands

- Many times, simply listening is “good enough” perhaps even the best thing one can do & emotional demands are not great.
- Other times, emotional weight of the disclosure makes an ethical and moral demand on the listener/witness to be extremely present, to witness, to hold one’s attention, to fully engage as a human being, to “share the burden of pain.”
  - In these situations, experience of v.t. may be delayed.
  - The act of being present and focusing on the needs of the informant takes precedence.
  - Even when we are aware of becoming overwhelmed, protecting our own sensibilities often feels like we are betraying the needs of our informants.

# What can be done?

- Is the experience of secondary trauma or vicarious traumatization inevitable when dealing *emphatically* with traumatized individuals?
- What conditions increase chance that fieldworkers (and others) will experience secondary trauma or vicarious traumatization?
- What can be done to mitigate experience of secondary trauma or vicarious traumatization?

# Inevitability?

- Yes ... when empathic engagement demands too much
- Literature defines vicarious traumatization as “contagious”
- The alternative— to NOT be empathic is to ask us to be less than fully human I encounters with people who both deserve and need our humanity.

# Conditions that increase fieldworker impact

- Extreme social suffering of informants
- Little support for informants in community
- Isolation from other fieldworkers
- Little time to debrief
- Time constraints (# of screens, interviews)
- Too many individuals
- No vacation or time off
- No therapeutic support

# What can be done?

- Acknowledge the risks
- Recognize that collegial support is key
- Create a supportive environment that does not further isolate impacted individuals
- Hold “case conferences” to review difficult situations and brainstorm solutions as well as share the burden of responsibility
- Address the problem (how? empathic engagement!)
- Encourage time off & link to therapeutic support
- Budget professional support into funding proposals