

“NO POST-TRAUMA AFTER TRAUMA?” A QUALITATIVE STUDY WITH REFUGEE HELPERS BEING CONFRONTED WITH SEQUENTIAL TRAUMATIZATION

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Abstract

This presentation focuses on the stressors of helpers and aid workers who are confronted with trauma of refugees. Based on empirical data, I want to provide a closer look at these specific stressors. About the background: According to the UN High Commissioner for Refugees (UNHCR), there are currently nearly 26.4 million refugees, about half of them are under the age of 18. A majority of them have been exposed to multiple traumatic experiences, such as internal displacement, extreme violence, and torture. Meeting the needs of this vulnerable group is a major challenge for host countries and is often covered by professional helpers or volunteers. Since helpers are repeatedly confronted with severe trauma of the primary victims, they often are affected themselves. The effect of secondary trauma stress is already established in scientific literature and documented in the DSM-5.

What is still lacking in terms of conceptualization are two main aspects: Firstly, traumatized refugees do not only suffer from post-traumatic stress disorder (PTSD) but their traumatization is much more complex. Clinical trauma research often runs the risk to cut the consequences of war and flight too short. According to this, I would like to introduce the concept of sequential traumatization as an alternative approach for understanding traumatization in this context. Originally coming from a study of holocaust survivors, it describes trauma as an ongoing and long-lasting process and thus contrasts with the concept of post-traumatic stress disorder. Among other aspects the formulation of sequential traumatization integrates decreased resilience, cultural as well as socio-economical aspects of trauma. And secondly, refugee helpers are therefore not only confronted with primary victim PTSD, but also the more complex form of sequential trauma. That means, their stressors cannot be separated from a range of socio-political and societal conditions. The Helpers may face secondary sequential traumatic stress (SSTS).

Our research question focuses on these specific stressors caused by confrontation with sequential trauma. Eighteen interviews were conducted with supporters in the context of flight and asylum. According to our results helpers have to deal with fears, excessive demands as well as with feelings of guilt, ambiguities of hope and despair and the endurance of uncertainty and injustice. In addition to empathy and direct confrontation with trauma, it is above all social approaches and political decisions that make supporters feel angry, powerless and helpless in the context of war, flight and, asylum.

Keywords: *War and conflict, refugees, PTSD, secondary traumatization, sequential traumatization.*

1. Introduction and theoretical background

In the past years, millions of people around the world had to flee. According to the UN High Commissioner for Refugees (UNHCR), there are currently nearly 26.4 million refugees, about half of them are under the age of 18. One in every 95 people on the planet has had to leave their homes due to conflict or persecution. A majority of these refugees have been exposed to multiple traumatic experiences, such as internal displacement, extreme violence and torture before and during their flight. These people have an increased risk of developing a mental disorder (BPTK, 2015). Studies show that up to 87% of people who have been victims of torture develop trauma related disorders (Wirtgen, 2009). Therefore, it can be assumed that refugees are a highly vulnerable group whose arrival is accompanied by considerable challenges for the society of the respective host country, both on social and personal level. The arrival in the host country, should be seen as a process rather than an event. In this process professionals such as civil servants, psychotherapists, doctors, social workers and volunteers play a key role. When supporting asylum seekers, the fields of activity for professional and volunteer supporters are very broad. The activities concern not only mental and physical health issues, but also areas such as

asylum, aliens, settlement and residence law, subsidiary protection, public relations and clarification of the housing situation, to name a few.

Victims traumatized by war and flight are often a source of demanding uncertainty, stress and overwhelm for caregivers, especially with regard to the traumatization itself. However, further challenges for professionals and volunteers arise from the confrontation with social structures in the context of war and flight: They are burdened by controversial debates and political decisions that often have serious consequences such as the assessment of safe countries of origin. They also might experience that their efforts are never enough, because while they try to take care of the arrivals, new people are forced to set out every day. In addition, asylum status can be uncertain for a long time after arrival, and "negative decisions" and the threat of deportation may have further traumatizing effects as strong feelings of powerlessness, helplessness, and lack of control and carry the risk of secondary traumatization (Johnson & Thompson, 2008)

Secondary trauma stress is already established in scientific literature and has found its way into the DSM-5. Secondary traumatization according to Figley (1995) has gained much importance in research over the last three decades and refers to the fact that people can become traumatized themselves through indirect confrontation with a trauma. Secondary traumatization is defined by some professionals as the "contagion" of typical post-traumatic symptoms in the context of working with traumatized clients (Daniels, 2008, p. 100). This approach refers to the fact that treatment providers themselves may develop stress reactions associated with posttraumatic stress disorder (intrusions, hyperexcitability, and avoidance). Traumatic experiences can also be accompanied by a lasting shatter of one's assumptions of the world and self (Janoff-Bulmann, 1989). In order to analyze the stressors of refugee aid workers and their specific type of trauma I would like to introduce the concept of sequential traumatization and to discuss the limitations of (western) PTSD concept.

2. Sequential traumatization as an alternative approach for understanding consequences of extreme trauma

The diagnosis post-traumatic stress disorder (PTSD) often plays an important role when it comes to refugees' mental health and residency issues. It is the most common diagnosis within trauma related disorders (Bozorgmehr et. al., 2016; BPTK, 2015, Bittenbinder & Patel, 2017). However, PTSD diagnose has repeatedly come under criticism (Becker, 2006; Andreatta, 2018). The two central points of criticism that are crucial for this work are: First, the diagnosis deals exclusively with the characteristics of the traumatized person and describes the trauma response as pathological symptoms. The structural and political factors are completely excluded. And secondly, it should also be noted that the diagnosis PTSD assumes that the traumatic event has already been overcome- so to say *post-traumatic*. In the host country, however, refugees are usually exposed to structures and political conditions that are accompanied by further insecurities, subjectively sensed threats and feelings of helplessness, such as an unclear title of residence, lengthy asylum procedures, financial hardships, language deficits and experiences of discrimination (Bittenbinder & Patel 2017; Becker, 2006). Clinical trauma research cuts the consequences of war and persecution too short, when it is only described in this post-trauma disorder.

The concept of "sequential traumatization" by Keilson (2005) offers an alternative approach dealing with trauma in the context of human rights violations and flight. In this concept, trauma is not described as a time-limited (one-time) event, but as an ongoing process with different sequences. Sociopolitical contexts have a strong influence on whether events are of traumatic quality. Contrary to the formulation of post-traumatic stress disorder, traumas are therefore not events that can simply be limited in time. In the model of sequential traumatization (Keilson, 2005; Becker, 2006), characteristics of traumatic preconditions, such as the development of tension and poverty, which lead to increasing oppression, worry, and fear, are described even before the traumatic process begins. The actual persecution, the terror, the torture and the expulsion, take place in a later sequence. The flight itself clearly also holds traumatic potential, but there is no actual post-traumatic point of time "after" the flight. Rather, refugees and asylum seekers find themselves trapped in a chronicized provisionality. The traumatic consequences may become apparent in this particular sequence. Since trauma is defined (Fischer & Riedesser, 2020) as powerlessness, helplessness, being fully exposed, and lack of agency and control, then the sequences experienced in the host country are often additionally traumatic. Keilson even emphasizes that the period after the end of the war can be described as the most haunting and painful (Keilson, 2005, p. 58).

Helpers in the field of flight and asylum are thus directly confronted with sequential trauma dynamics of primary victims. Their work therefore takes place in a sequence that is extremely important for the health of the refugees. In this way, they could positively influence the traumatic process and contribute significantly to their recovery. Hence, their work is relevant to society as a whole and at the

same time it is accompanied by complex challenges that are rooted in the structure of the host country. This means that they are not only indirectly confronted with stories of war, violence and flight, but that they are themselves directly affected by structural conditions and political decisions, such as deportation practices or push-backs, which lead directly to the question of the potential risk of secondary traumatization.

3. Objectives

In line with these considerations, I want to point out, that the secondary traumatization of refugee helpers can follow the logic of sequential traumatization. It must be assumed that the challenges for refugee supporters are complex and structurally anchored and that the helpers find themselves exposed to secondary sequential trauma stress (SSTS). Based on empirical data, this article aims to provide a close look at these specific stressors of helpers and aid workers who are confronted with the trauma of refugees.

4. Methods

For this study, 18 problem-centered interviews according to Witzl (2012) were conducted with refugee aid workers. The study population consists of both professional and volunteer helpers, currently working with refugees in Austria and Germany. They had been working in the field between three and 16 years. The youngest interviewee is 31 and the oldest 65 years old. The interviews were analyzed for content following Mayring (2010), using the computer program MAXQDA. The specific stresses were categorized by type into different thematic clusters, such as trauma-related and sociopolitical stressors and examined for their effects on workers. To ensure comprehension, quoted phrases were translated into English, as the interviews were conducted and analyzed in German.

5. Results

5.1. Confrontation with traumatic stories and physical reactions of refugees

All interviewees report having been confronted with traumatic stories of violence and torture. In addition, they also repeatedly witness how the refugees experience violent physical reactions, such as panic attacks, trembling or sweating. They face trauma-related reactions such as nightmares, speechlessness, suicidality and self-injurious behavior. *"He is in a very bad shape; he has announced several times that he will kill himself. (12).*

The interviewees talk about being infected by the trauma reactions of the refugees, about the loss of a sense of security and the emergence of fear and deep grief. *"[...] I just couldn't stop crying." (110).*

5.2. Difficulties in dealing with feelings of guilt and keeping boundaries

The refugees' often painful biographies, which often contrast with one's own prosperity, evoke feelings of guilt among helpers and make it difficult for them to maintain their own boundaries, both in care and in relationships. Defining their own role is not always easy, and exaggerated ideas and expectations of oneself can arise, which then cannot be fulfilled. In addition, there are reports of an enormous workload, many overtime hours and difficulties in drawing clear boundaries between work and private life. Some interviews indicate that there is a certain narrowing of professional issues in private life.

5.3. Confrontation with the political system, society and authorities

The helpers also perceive a change in public discourse about refugees and asylum seekers and in general social engagement. *In the beginning there was a great willingness to help [...]. And then came such a tiredness, an exhaustion (14).*

Many decisions made by the authorities regarding the asylum seekers meet with clear disapproval from the interviewees. A lack of understanding, anger and even contempt for institutions and politics become clear. The way the authorities treat refugees during their asylum hearings is perceived as particularly stressful. In this official hearing, the asylum seekers are supposed to be given the opportunity to explain their reasons for fleeing. However, the aid workers accuse that the procedure of the officials is "disastrous" and the procedures remain untransparent. The decisions made by the authorities regarding the residence status and thus the further life of the refugees in many cases are also considered untenable and make the supporters start to doubt their own political system: *What is happening has nothing to do with the rule of law. (15).* It becomes clear that the authorities and their employees are accused of arbitrariness and the supporters feel that the refugees are at their mercy. The supporters also experience

waiting for the asylum decision as extremely stressful for the refugees. They report that they repeatedly experience how their mental health deteriorates under the continuing uncertainty.

The problems associated with the deportation of refugees are also central to this discussion. They are essentially responsible for feelings of powerlessness and helplessness among the aid workers. The fact that the authorities would sometimes leave people in the dark for years is experienced as cruelty. The helpers state that they feel the need to help the refugees out of this situation and to support them in planning an appropriate future, but due to the socio-political circumstances they are only partially successful in doing so, so that they themselves feel powerless and at the mercy of the situation. The supporters also become witnesses of negative asylum decisions and are themselves directly affected by the decision. " *One suffers [...] and cannot sleep until the decision is made.* (15). The deportations represent a demanding burden for interviewees.

6. Summary and discussion

In summary, it is to say that the helpers have to deal with feelings like fear, anger, guilt and as well with excessive demands, ambiguities of hope and despair and the endurance of uncertainty and injustice. In addition to empathy and direct confrontation with trauma, it is above all social approaches and political decisions that make supporters feel angry, powerless and helpless in the context of war, flight and, asylum. The confrontation with experienced traumas, poverty, lack of opportunities, helplessness and responsibility can lead to the loss of basic feelings of security and central values and assumptions. The daily experienced vulnerability of life can lead to a lack of perspective and doubts about themselves, the world, fellow human beings and, above all, about justice and law. Helpers experience ineffectiveness and powerlessness through their work. It is above all the impossibility of exerting influence and thus the inability to act, especially through banishment to long waiting times and unclear decision-making processes, that supporters explicitly state as their main stressor.

As described in the concept of sequential traumatization (Keilson, 2005; Becker 2006), the factors that provoke and reinforce traumatic stress among refugee helpers cannot be linked to single time limited events, but have a processual character, as is the case with primary victims. The present study has shown that the stresses of working with war traumatized people are complex and multiple and are reflected above all in changed world assumptions (cf. Janoff-Bulman, 1989) and can therefore have traumatizing effects (cf. Fischer & Riedesser, 2020). Especially the belief in a "just world" and one's own security have suffered from the witnessed experiences of the refugees. It is evident from the interviews that studies of secondary traumatization in the context of sequential traumatization with a mere focus on PTSD associated symptoms are not sufficient. Thus, it can be clearly stated that the traumatic stress experienced by the helpers can be assessed as secondary sequential traumatic stress (SSTS).

It has also been shown that the burdens and challenges faced by those providing assistance cannot be detached from the socio-political context and that the effects of the traumas suffered by refugees and asylum seekers must also be seen in the socio-political context. In other words, it is not enough to focus only on the individuals. As a consequence of these findings, it seems necessary not to emphasize exclusively on war and flight situations as traumatizing elements, but also in particular to increase the accountability of the host countries and their social and structural conditions and support systems.

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