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# Thankful for Difficult Work: Navigating a Workspace Where Trauma is the Focus

Catherine Cerulli Dr.
Catherine_Cerulli@URMC.Rochester.edu

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## Keywords

violence -- psychological aspects, wellbeing, caring, secondary trauma, workplace occupational support, feminist research


## Cover Page Footnote

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# Thankful for Difficult Work: Navigating a Workspace Where Trauma is the Focus

Catherine Cerulli, JD, PhD
University of Rochester

**Abstract**: This reflection addresses the delicate balance between the work of violence prevention and the often-significant impact on researchers' health, from a feminist placemaking position.

***Keywords***: *Violence -- psychological aspects, Wellbeing, Caring, Secondary trauma, Workplace occupational support, Feminist research*

In 2002, the University of Rochester Department of Psychiatry created the Laboratory of Interpersonal Violence and Victimization. The lab supported a transdisciplinary group committed to violence prevention and understanding the biopsychosocial impacts of victimization. At the time, we didn't consider putting the word prevention in the title. As we grew in numbers, we quickly understood the need to include people across a greater spectrum of disciplines, including but not limited to, law, physical and mental health, education, and policy. Within each field, we included students across educational levels: federally and grant-funded post docs, graduate students (medical and legal), college undergraduates, and even an occasional high schooler. Many of these scholars continue their important work on violence prevention, securing a future where there is a new way of primary prevention in addition to treating the aftermath of violence. This reflection focuses on the importance of doing this work, standing alongside the often-significant impact on researchers' health who are doing this work, from a feminist placemaking position. There is no doubt there is a delicate balance between doing this work while protecting team members from secondary trauma.

While the lab's efforts have been largely impactful and meaningful, the work leaves its mark on one's heart and soul. The team debriefed weekly when in an active study

recruitment period to explore how survivors' stories impacted the team. During one study, a perpetrator murdered a survivor. The team navigated ethical issues around human subject regulations regarding what to share, with whom, while simultaneously managing how the research assistants handled the news that they interacted with someone who was no longer living. While the IRB board made an ultimate decision the study did not impact the homicide, we still walked through a new awareness that our work could save lives.

As our team developed our portfolio of research, we became more committed to Community-Based Participatory Research (CBPR). We believed the best experts to help guide the development, implementation, and evaluation of services were the people who were receiving them. That transition meant welcoming survivors as part of our investigative and advisory team.

Stories abound on how our efforts intersected between life and death. During one study funded by the Patient-Centered Outcomes Research Institute (PCORI), our community health worker colleague explored an intervention to address depression. During a brief recruitment period, the community health worker helped several individuals navigate suicidal thinking. After hours one Friday night, a participant feeling suicidal reached out for help. Our colleague was at her desk, making up work hours as she was also a graduate student. The employee immediately reached out to the senior team, and the participant gained access to immediate mental health care. What became evident was the need to help our research teams address such serious situations without paying a heavy personal cost.

Our feminist perspective was to center on our survivors' needs, recognizing that our team members had a one in four chance of also having experienced violence – known or unknown – to the senior scientific team. This need to prevent secondary trauma for the team remained constant, but the need for our community partners to have support also became urgent as one agency had to address several patients attempting suicide while receiving services.

We partnered with the Centers for Disease Control and Prevention to create, disseminate, and test a curriculum that included the prevention of secondary trauma for domestic violence hotline workers. The curriculum, free and available to the public, is transferable beyond hotline workers.

Now at retirement stage, I have worked in the domestic violence space for forty-two years. I understand something now I couldn't have guessed when I finished my graduate training. A colleague and I were cleaning out files from our multi-office lab. We retained some files for regulatory reasons, while we shred others in a HIPAA-protected fashion. As I placed files into shredding bins, I lamented how many papers felt unfinished. We began papers that we didn't publish for various reasons: some graduate students started papers in fits and starts who then moved geographically and/or in their areas of focus. My colleague shared a poignant reflection—which was different than mine. She viewed the glass half full. She commented, with each discarded study, how they provided opportunities for learners to grasp difficult concepts, survivors to receive evidence-based or informed services, and for community partners to learn about research.

The "unfinished" studies also provided invaluable opportunities for our team to grow and develop into a creative partnership that valued each other's insights—even at times when our views varied. We grew into a family, creating a supportive place to celebrate personal life milestones including birthdays, educational achievements, new babies. We also mourned the tragic losses of loved ones and close colleagues taken from us too early despite their respective ages. We had successfully offered benefits to our city, such as the development of a transdisciplinary clinic to address domestic violence, while also growing as individuals and a community of colleagues, striving to do our best.

As we move into the next generation of growing scholars to study violence prevention interventions, we can bear in mind the toll this takes on our own physical and emotional health. The National Institute of Child Health and Human Development has funded The TRANSFORM Center, at Mt. Hope Family Center (psych.rochester.edu/MHFC/transform/), which offers toolkits to create communities of practice for organizations wanting to address violence and join academic partners. TRANSFORM scholars create fact sheets to enhance readers' understanding of complex concepts on the impact of violence, particularly for children.

As I reflect on feminist placemaking that centers on violence prevention, I invite researchers to consider the following: let us be mindful of the impact working to prevent future violence has on us and our staffs. Let us be equally thankful for the

spirit with which such work is carried out as we encounter life's darkness. We can find light in each other and our institutions with thoughtful planning.

Catherine Cerulli, JD, PhD
Professor of Psychiatry
University of Rochester Medical Center
Founder and President, HLP Consulting LLC

Since 1983, Dr. Cerulli has worked with survivors of violence in a variety of capacities including as a counselor, advocate, prosecutor, defense attorney, and researcher. Following a T32, she completed a K01 NIMH randomized control trial (RCT) in Family Court. She has also focused her research and intervention studies on suicide, homicide, and recruitment and retention methods among high-risk vulnerable populations using Community-Based Participatory Research principles.