

# PSYCHOLOGICAL DAMAGE IN JUSTICE AND PEACE REINTEGRATION PROFESSIONALS

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# HISTORICAL BACKGROUND

More than 9 millions of victims in Colombia

**01**

Colombia has suffered more than 60 years of war

**02**

Revolutionary Armed Forces of Colombia (FARC), National Liberation Army (ELN) and United Self-defense of Colombia (AUC), have attacked the population for a long time.

**03**

Currently, they have ceased their attacks, however, there are other illegal armed groups.

# HISTORICAL BACKGROUND

**04**

Agency for Reintegration and Normalization (ARN)

**05**

Process of reintegration into civilian life

**06**

Justice and Peace professionals for reintegration

# What is the problem?

- Demobilized individuals have been analyzed.
- Victims have different mental health problems
- What about mental health professionals?



# **Vicarious Trauma**

Jiménez, Andersen, Song & Townsend (2021) and  
Méndez, Aguiar, Lombardero, Murcia & González  
(2021)

# **Secondary Trauma**

Starcher & Stolzenberg (2020)

# **Compassion fatigue**

Russo, et al. (2020), Borges, et al. (2019), Rojas (2019)  
and Kolthoff & Hickman (2017)

**How are the effects on mental health characterized for Justice and Peace reintegration professionals as a consequence of the care given to the demobilized population?**



# METHODOLOGY

**Aim:** Evaluate the effects on the mental health of Justice and Peace reintegration professionals as a consequence of the care given to the demobilized population.

**Type of study and participants:** It was an exploratory descriptive cross-sectional study. It was carried out with 6 (3 men and 3 women) Justice and Peace reintegration professionals, through a convenience sampling. All of them have more than 1 year of working with Justice and Peace demobilized individuals.

## **Instruments:**

- Clinical interview: Its aim was to assess the main areas of their lives and what is the effect on their mental health as a consequence of being exposed to narratives of violence.
- The Vicarious Trauma (VTS) (Vrklevsky & Franklin, 2008).
- The Professional Quality of Life Scale (ProQOL) V version (Hudnall, 2005).
- We applied all of them in the individual interview. Each interview lasted 3 hours.



# VARIABLES: VICARIOUS TRAUMA

Cognitive changes, thoughts about insecurity and how patients can harm professionals (Jiménez et al. 2021; Méndez, et al. 2021).



# VARIABLES: COMPASSION FATIGUE

Secondary trauma + Burnout + Low compassion satisfaction (Figley, 1995).

Secondary trauma: Professionals are concerned about the patient's suffering. Symptoms like PTSD (Starcher & Stolzenberg, 2020).

Burnout: Job stress. Professionals are exhausted and change their thoughts about themselves.



# METHODOLOGY

## **Analysis:**

- The formulation model of Muñoz-Martínez and Novoa-Gómez (2010). The clinical formulation model allows the analysis of the functional relationship of the behavior. Its aim was to describe their behavior and how the problem is present at that moment, understanding how the problem began and how it is maintained by a contingency relationship.
- Atlas.ti 7.5.4. program. Based on the clinical interviews, through this program, we analyzed the density and the foundation of each category: vicarious trauma and compassion fatigue (Secondary trauma + Burnout + Low compassion satisfaction).

# RESULTS

- **The formulation model of Muñoz-Martínez and Novoa-Gómez.**

Two behavioral patterns were found:

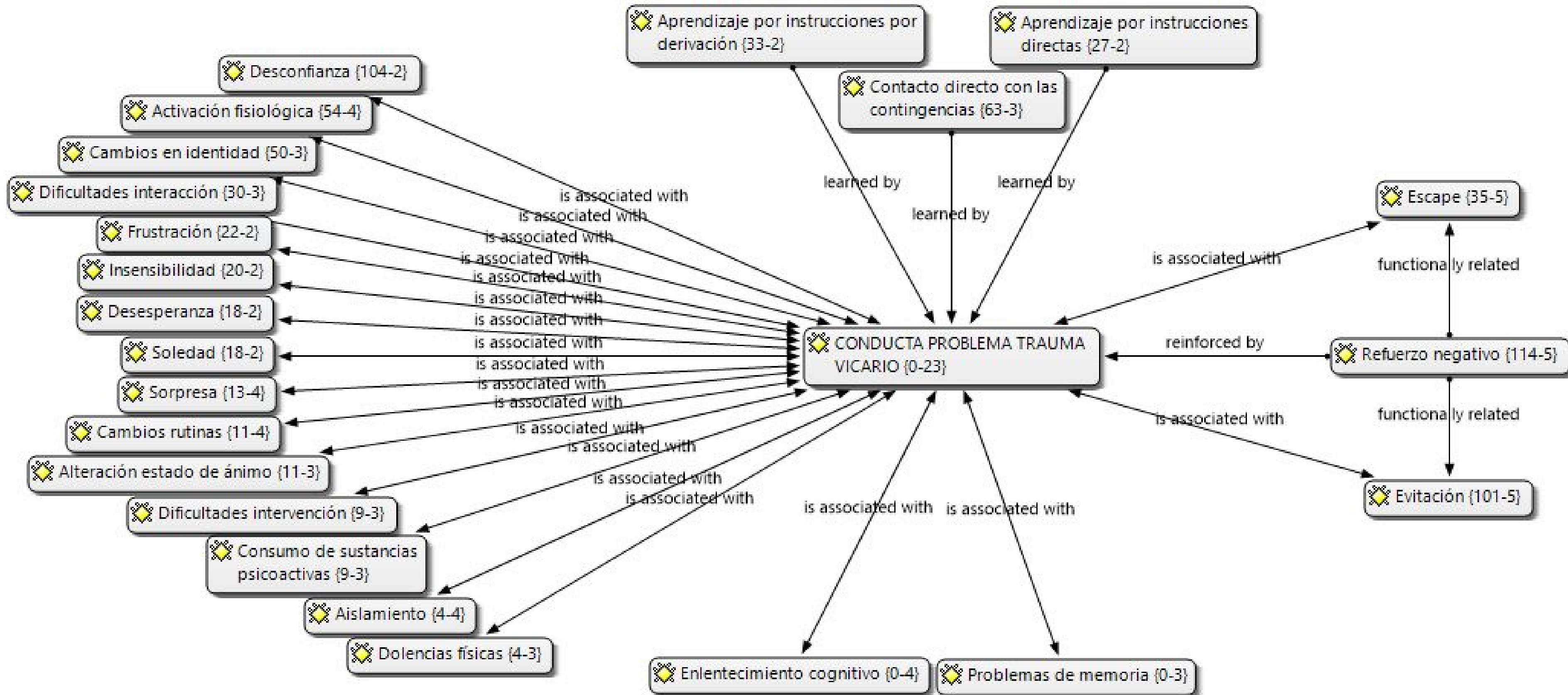
1. Avoiding behavioral pattern. When the professionals hear the narrative of violence, they escape using strategies such as cognitive avoidance, changing the subject, and/or paying attention to other procedures. After the session is finished, they escape from their feelings through mechanical work and activities which allow them to reduce their emotions. This behavior was learned by direct contact with contingencies and it is maintained by negative reinforcement.
2. Anxious behavioral pattern. The professionals feel mistrust of their patients because of the possibility of being attacked. They avoid this by using strategies such as hiding information about themselves and paying attention to the spaces where they will go to work. This behavior was learned by instructions and it is maintained by negative reinforcement.

# RESULTS

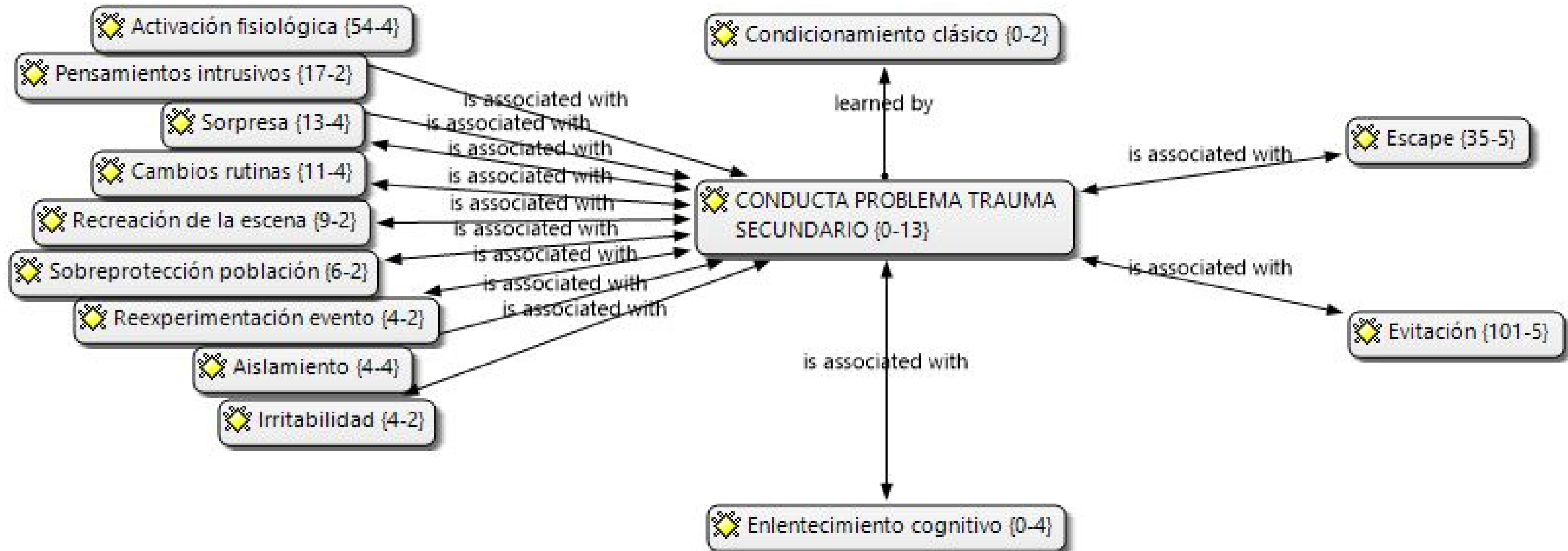
- **The Vicarious Trauma (VTS) and The Professional Quality of Life Scale (ProQOL) V version**

	<b>The Vicarious Trauma</b>	<b>Burnout</b>	<b>Secondary Trauma</b>	<b>Compassion satisfaction</b>	<b>Gender</b>
<b>Subject 1</b>	<b>26</b>	<b>18</b>	<b>16</b>	<b>46</b>	<b>Female</b>
<b>Subject 2</b>	<b>22</b>	<b>16</b>	<b>18</b>	<b>48</b>	<b>Male</b>
<b>Subject 3</b>	<b>15</b>	<b>11</b>	<b>10</b>	<b>48</b>	<b>Male</b>
<b>Subject 4</b>	<b>31</b>	<b>24</b>	<b>23</b>	<b>44</b>	<b>Female</b>
<b>Subject 5</b>	<b>16</b>	<b>11</b>	<b>11</b>	<b>50</b>	<b>Male</b>
<b>Subject 6</b>	<b>35</b>	<b>25</b>	<b>23</b>	<b>39</b>	<b>Female</b>

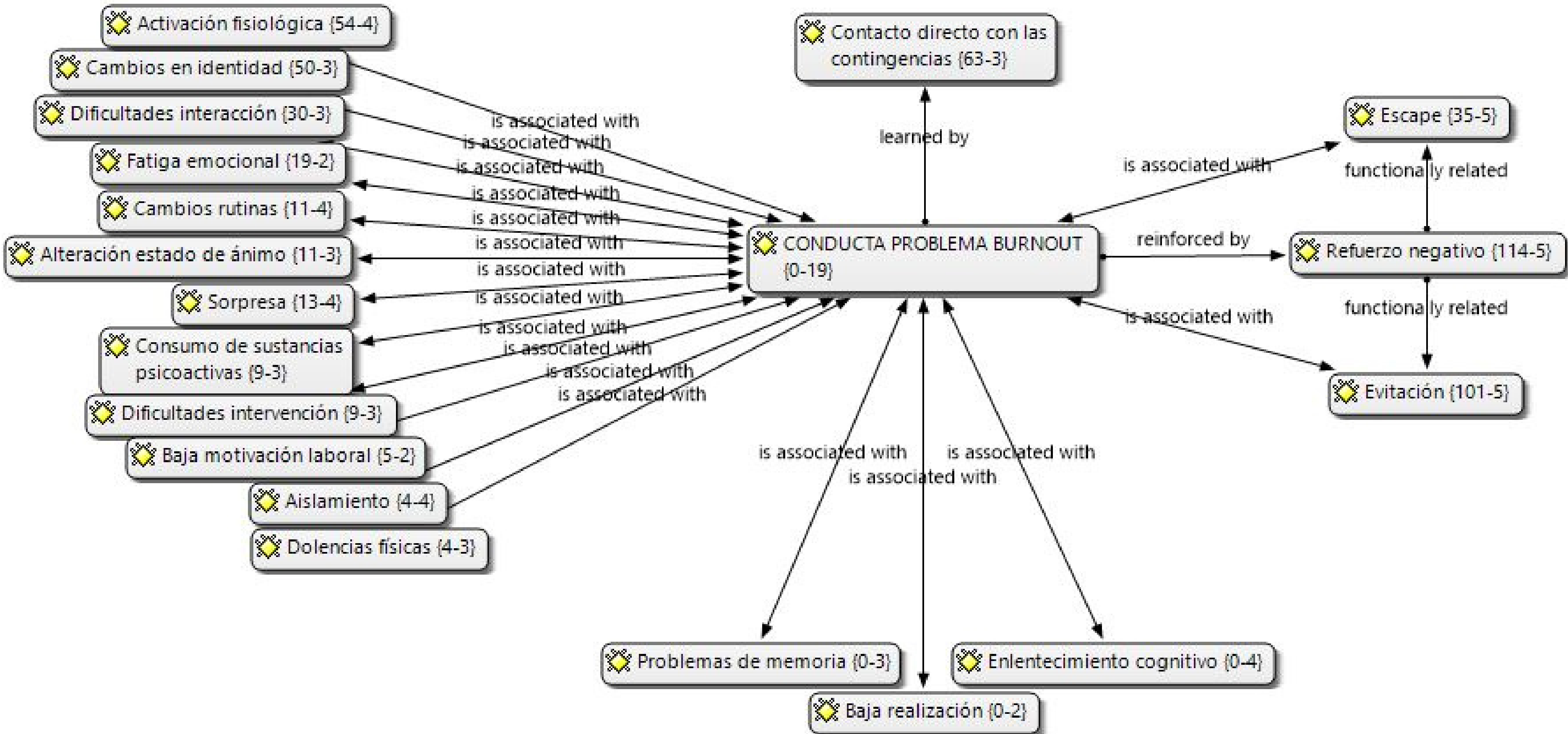
# RESULTS: Narratives analysis



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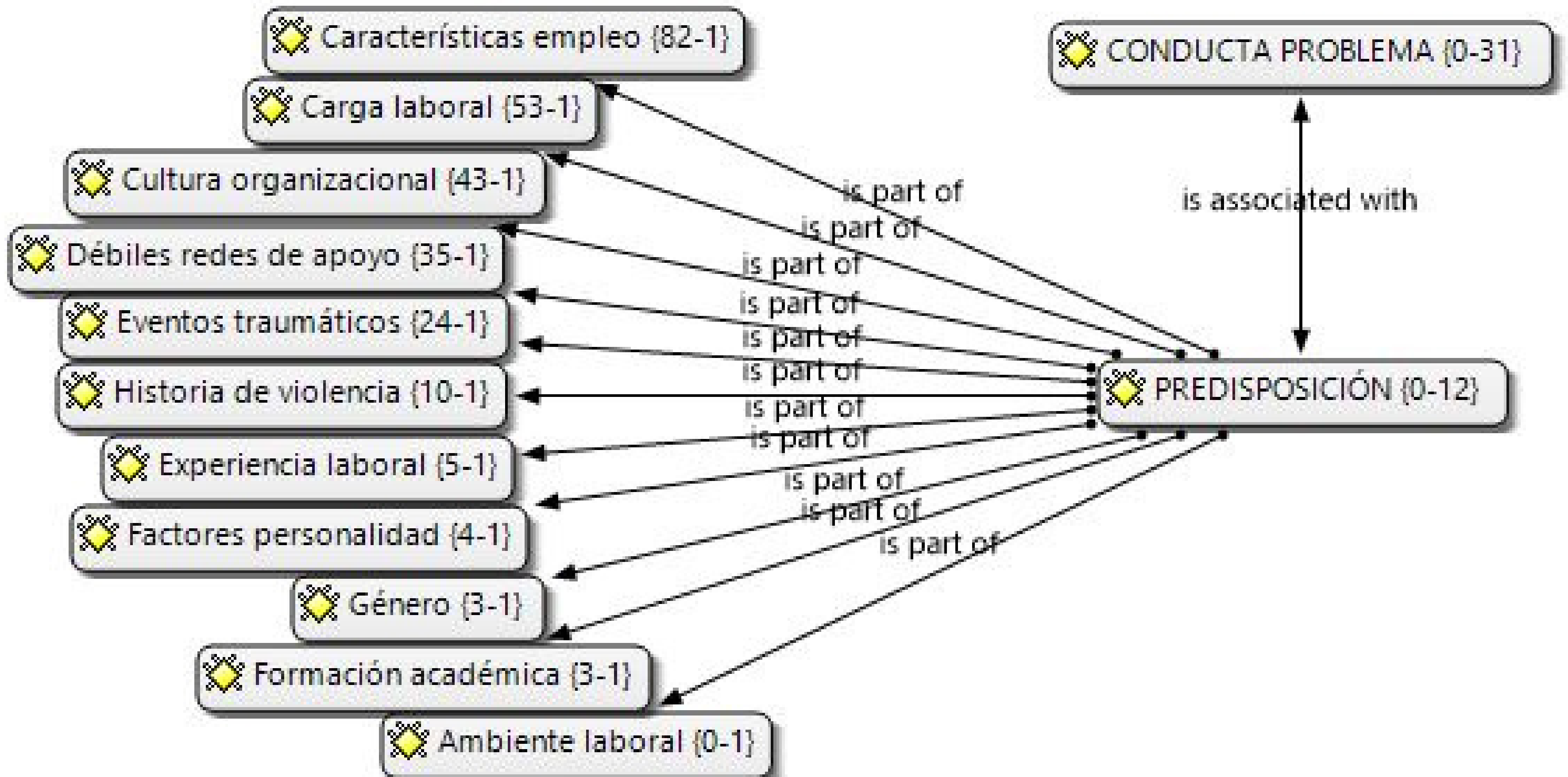


# RESULTS: Narratives analysis

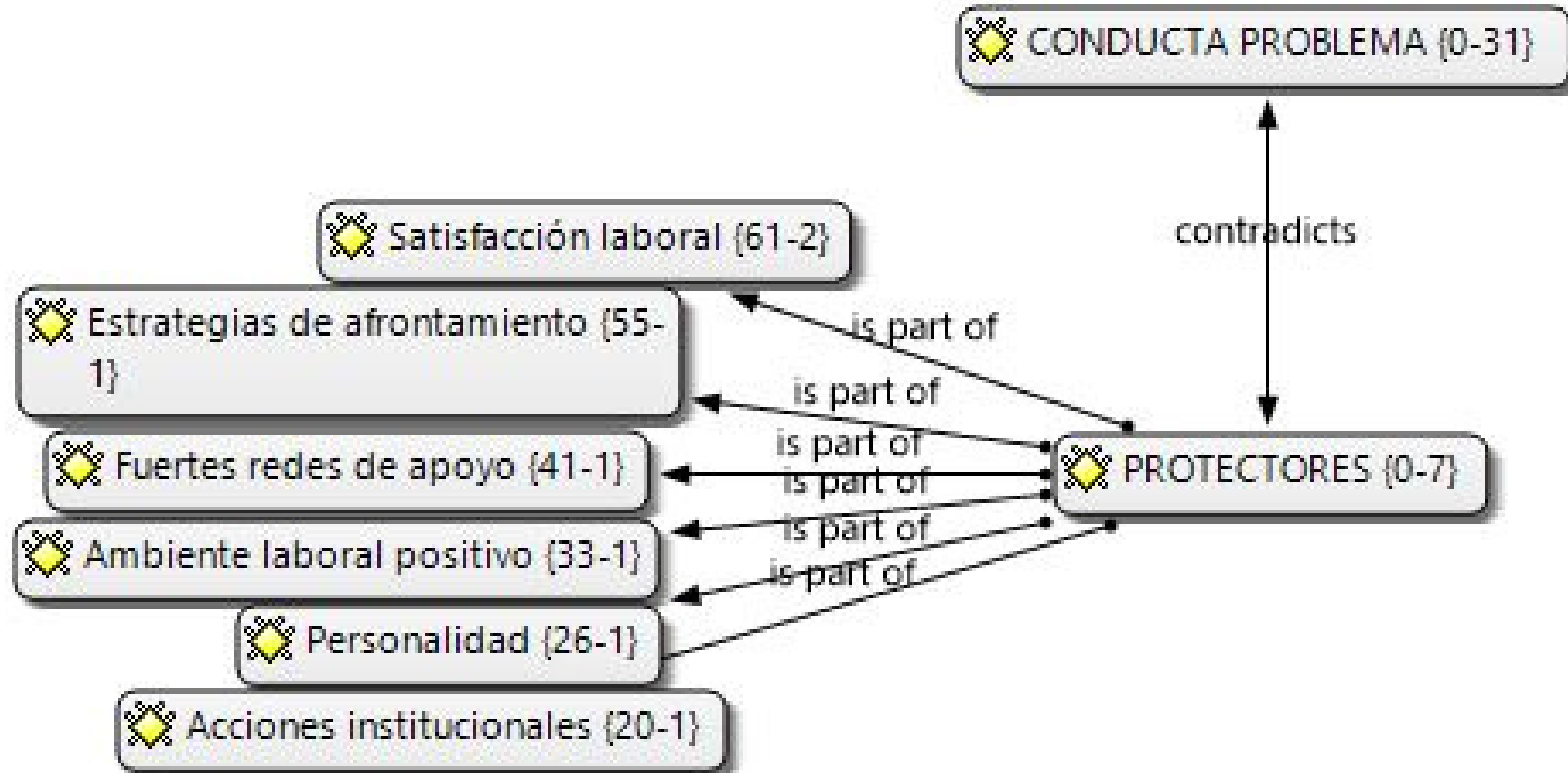




# RESULTS: Narratives analysis



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# DISCUSSION

The narratives of violence affect the mental health of Justice and Peace reintegration professionals.

McCann & Pearlman, (1990) cited by Canfield, (2005), said that being exposed to narrative of violence affect their lives.



The professionals have symptoms related to vicarious trauma. According to authors such as Jiménez et al. (2021), Méndez, et al. (2021), Starcher & Stolzenberg (2020), and Helpingstine, Kenny y Malik (2021), the professionals have had changes in their view of the world, the people, and themselves. They are hopeless and distrustful of their patients. They have reduced their spare time activities and have been feeling isolated.





The compassion fatigue can not be asserted. They have high compassion satisfaction levels, therefore, the category is not approved (Cocker & Joss, 2016).

Nevertheless, they have some symptoms related to secondary trauma, but, they have adapted to being exposed to the narrative of violence (Canfield, 2005., and Starcher & Stolzenberg, 2020).

On the other hand, they have symptoms related to burnout such as emotional exhaustion, work stress, frustration, and changes in their social interaction (De Hert, 2020 and Beltrán, 2014). However, they have effective coping strategies, such as exercising, spending time with their family, and asking for social support.



Finally, they have some vulnerabilities that increase their probability to present some symptoms related to vicarious trauma and compassion fatigue. The Agency has to design strategies to reduce their vulnerability, such as reinforcing support networks, safe spaces to vent their emotions, and reduce their workload (Bakhshi, Wesley & Reddy, 2021., and Simionato & Simpson, 2018),



# THANK YOU!

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