The Self-Care Crisis
By: Kathleen Perry

Last year, a local crisis center answered 3,859 crisis calls. That’s over ten calls per day. 10 calls, every day, where someone in Durham feels unsafe enough to the point where they’re willing to call a complete stranger and ask them for help. On the other end of that phone, there are the volunteers. Last year, they logged over 14,075 hours. What happens, however, to the other thousands of hours of their lives that is spent responding to crisis victims?

In the world of crisis work, there is a lot of focus on the victims themselves. But far too often there is a lack of attention to the one on the other side of the line, the countless volunteers who give their time, their space, themselves to this work.

One of those people is a young woman with strawberry blond hair that is constantly fighting gravity and a laugh that will make you smile anytime of the day. I will call her Hannah. She comes up and gives me a hug, the type of hug that should be the prototype for all the hugs in the world. She would identify herself as Pittsburgh Penguins fan, or a hard-core Canadian whose “sawrys” are well known throughout her friends. But to many, she is known as the “domestic violence girl”.

Hannah is not the first person you would expect to be working as the faith community liaison in a domestic violence crisis center. She recently graduated from Duke, a public policy major. Her first introduction to Durham Crisis Response Center (DCRC), where she now works full time, came through a service learning course her junior year. Hannah says she was looking to get involved in Durham and wasn’t sure where to go. An internship that was only supposed to last a semester ended up being a long-term relationship with a lifelong impact.

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Several studies show how service learning has been effectively linked to political science content.
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“We ended up doing rape prevention work with a woman who is now working on a military base, which I think is incredible. I wanted to serve in a way that met the needs of the organization though, so the next semester I scheduled my class schedule around their 40-hour training schedule and I just stayed.”
She was thrilled to start working there full-time this year; as the only faith-based advocate at the center, she was excited to be able to meet the (mostly) women where they were at and be able to use the religious language that many crisis responders are trained to stay away from. However, soon into the job, the work began to take its toll. The stress of constantly being in the midst of severe emotions and tense situations was wearing on her own health and as she puts it, “everyone who has to play the role of a Shrink should have a Shrink”.

Hannah doesn’t have health insurance.

Regardless of the impact on her emotional health, there is a passion and fire in her that cannot be easily put out. The memories, as relayed to me over a linoleum table and plastic trays filled with food, are more indicative of the latter relationship to her work than the former. Her earnest face and sincere words highlight the empathy in her voice when she spoke about the experience of her first crisis line response shift.

“I think I was nervous the very first shift, very nervous. I had my binder at the ready. I put a lot of pressure on myself and they try to prepare you for everything in the training, so I was prepared for a very difficult call and it ended up being an administrative type call. I think there was a sense of relief.”

That sense of relief wasn’t long lasting. Soon, Hannah was swept up into the world that is domestic violence crisis intervention and it wasn’t long before she had to deal with the types of cases she had been mentally, physically and emotionally preparing herself for. Hannah was not just trained as a crisis line responder—she has also undergone additional training to serve as a hospital and courtroom advocate. As she described her first day in court, you could hear the poignancy in her voice.

“The first time I was in court: I haven’t spent time in court since—I don’t know why I went to court my first week—but that was the first time I felt a deep sense of sadness, a mourning. It was partly because it was my first face-to-face interaction, but it was also because there’s the interplay of the perpetrator and the victim because they’re both in the courtroom. I think it affects you because you get to see the way it plays out in front of you.”
For Hannah, it was hard enough getting used to the heavy work that was required by the crisis response center. While stepping into this new world, however, she hadn’t left the student life behind. She was still a student with a full course load, active in her sorority, and two different campus ministries. The most pressing difficulty, however, was not the demands on her time, but the demands on her emotions and her psychology. Going back and forth between DCRC and Duke required major readjustments.

“I was definitely in shock for the first couple of weeks. I responded to that by taking tons of shifts—which might not have been the smartest response—but it was a learning curve. It definitely did not deter me. But it did make it hard to come to class the next day. It felt like two different worlds.”

Hannah had a hard time reconciling Duke and Duke’s many cultures on campus with the seriousness of what she was dealing with at the crisis center. The disconnect between the two seems exhausting. There is the world of DCRC: raw, real hurt existing in real lives. Then there is the insulated bubble of Duke: exams and filling out one’s social calendar on a Saturday night are the most common stressors. When I asked her how she was able to repair this seemingly irreparable rift, her answering was reassuring:

“In 2010-11 school year, there were 108 reported cases of gender violence on Duke’s campus. Many more go unreported.

“I think it was more about integrating into the crisis center’s life. It has become who I am and the way that other people see me. “This is the domestic violence girl,” they say. It [my work with the crisis center] permeated Duke as opposed to the other way around. I think it is much better that way. It shattered the division when I had people from all over campus come to me—to talk to me, to disclose to me.”

It may seem counterintuitive to think that Hannah’s work with the darkest parts of the shadows of life (the hidden, the unspoken) causes students to expose their own dark shadows to the light. Perhaps it is the idea of a fellow student that makes it more comfortable than disclosing to a psychologist at CAPS or a Women’s Center staff member. I wondered though, if that made it any better. I was also curious if time had changed the way her work impacted her. Did it get any easier the longer she worked there?
“I have shifts on a semi-regular basis, and I’ll have calls that are really hard. You think you’ve heard everything and you haven’t. You never become immune to this type of thing, which is a good thing. The other day I had a really hard shift and I went home and made myself macaroni. And prayed.”

Hannah is not alone in the grind of this tolling work. There is a support network at the crisis center that is aware of the emotional toll that crisis response work can take on those on the other end. The concept of self-care has emerged over the last 30 years as a particular health concern, and service professions such as crisis and social work have been quick to take note. Hannah does not fault DCRC for not having institutionalized support for staff, which would be able to provide her with the psychological support she desires. As the sole provider of comprehensive shelter and support services for domestic violence victims in Durham, the money that comes in from donations has to stretch far. That’s not to say it isn’t a priority though. Hannah stresses the emphasis that is put on self-care in training:

Common stress reactions for crisis responders:
- inability to rest or relax
- hyper-vigilance or excessive worry
- anxiety or fear
- difficulty in giving or accepting support or help

“They ask you this in the interview to see if you can volunteer—how do you self-care? They have a whole day dedicated to it. You have the heavy psychology lessons, and the court lesson and the hospital lessons, and you think oh I got this, I can do self-care, but you don’t.”

It is a common savior complex that is a temptation for anyone who works in “helping” professions. In a dedicated attempt to be there for others, workers can often fall into the trap of thinking that their own physical and mental health should be secondary. Hannah is still working on developing her own self-care routine—something she realized she needed once the barrier between her work and the rest of her life broke down.
“I’ve taken up piano. I know seven bars of the Moonlight Sonata. It’s great. When I come home and I’m in this weird space, I can’t interact with people at the level that they’re at and I need to work through it. I just sit at home, and I play the seven bars over and over again.”

Music therapy as a form of self-care was shown by Hilliard in 2003 to improve the quality of life as defined by the Hospice Quality of Life Index Revised and the Palliative Performance Scale.

Much of Hannah’s self care comes from moments of solitude and silence such as these. There is a prayer room in the community house where she lives. Some nights, one will find her kneeling in front of the altar. It is not only these moments of stillness that bring her solace though. One of the largest aspects of self-care is social support. Without a strong, supportive social network, crisis workers can quickly burnout. At the center, there are attempts to cultivate this sense of support among co-workers.

burnout (def.): a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do ‘people-work’ of some kind.” (Maslach, 2003).

“One of the really good things about the center is that there is a really big emphasis on self-care because everyone works in that field and with people every day. We all eat lunch together every day. If you want a picture of everyone coming to the table—that’s a funny table to be at. That gives you energy to keep going when it’s challenging.”

Hannah realizes though, that support at the workplace is not enough. Although surrounded by passionate colleagues who describe themselves as “called by God” to this work, she is learning that it is not enough to keep her sustained. One of the ways she tries to expand her support network is by having “friends who don’t work in the same field. This is crucial. Hanging out with people who have very different lives and very different day to day.” When Hannah comes home, she exchanges stories with her housemates—one works in the hospital, another in an Episcopal church and another in community empowerment. They share funny moments and serious conversations, but Hannah is often trapped by the confidentiality of her work. A lot of what goes on in her daily work she cannot share—so she listens.
She tells me these things in a very matter of fact voice, as if she doesn’t see the work she does as extra-ordinary whatsoever. “It’s more the air I breathe and less isolated events”, she explains, eating her packed dinner. Hannah, as she describes it, went through a “shock” transitioning from volunteering three shifts a month to a full time position.

“It is definitely different. I think the fact that you can walk away from something to some extent as a volunteer, and you have control over what you do and what you don’t do. If I thought it was too much I could scale back. But when you’re there every day, you’re immersed. I think the largest difference is the extent that it saturates the rest of your life. In terms of seeing other people’s pain, you really do see pain in away that I don’t think I understood before. It kind of leaves with you when you leave work.”

Learning how to be a healthy crisis center worker is something Hannah is still trying to figure out. “It is difficult to reflect on something when you’re in the middle of it,” she says, gazing off into the distance. “It has made me more attune to people’s suffering. It doesn’t shut off.” Hannah has a naturally empathetic personality. The pain of others she feels. At work, she feels the pain of the women who come to her with stories of tragedy, stories of heartbreak. When you talk she stares into your eyes intently—giving you her utmost attention and concentration—letting you know that your struggles, minute or heavy, are just as important to her as the ones she hears on the phone everyday.

Every night Hannah comes home to her house in the West End. Sometimes it is an early day and she’ll be home by 5 or 6. Other days she works until 9 or 10pm. Some nights she’ll squeeze in a run before she sits down to eat dinner. With a glass of wine on the table and her plate filled, her smile fades as her eyes get lost in the beams of the setting sun shining through the window. What is behind those eyes is difficult to tell. Passion, anger, sadness, frustration, encouragement, all swirl into specks of dust. Some days, there will be a friend sitting across that table. Other days, there is not.

“...our task is to be present to one another when there is quite literally nothing we can do to save ourselves or those we love from having to suffer.”

- Stanley Hauerwas
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