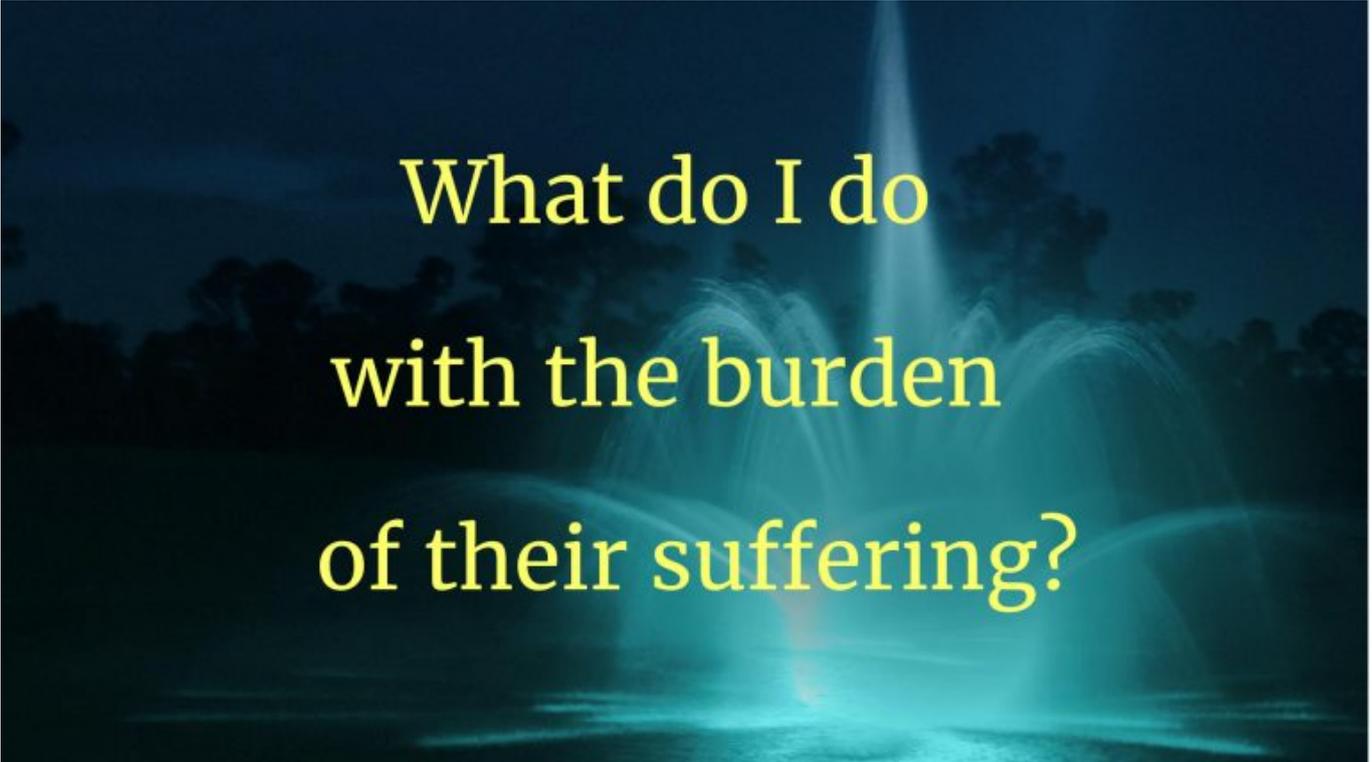


The Toll of Caring

Category: New Voices

written by Allison Jackson with Abyssinia Washington Tabron | August 29, 2023



What do I do
with the burden
of their suffering?

Maybe I can adopt her?

This thought awakened me from my sleep. Earlier in the day, I had treated a little girl, Carla, who was brave enough to tell me about the horrible abuse and neglect she'd suffered, and whose skin and bones were ravaged with injuries that silently told the same traumatic story. Recalling these details, which I had carefully documented, I understood that I'd fulfilled my professional role, but wondered if I could do more.

My thoughts were intercepted by memories of the countless other children I have cared for whose words and bodies told painful stories of trauma and abuse. I can't take them all. As my heart breaks for them, what do I do with the burden of their suffering that I now carry with me? My worldview is altered, and the idealistic perspective of my younger self has given way to the harsh realities of my patients' experiences and the indelible impact their trauma has had on me.

Carla came to me with a Child Protective Services worker as an acute case. A first grader perched on the exam table and dressed in a hospital gown, she sat there, expressionless. She didn't know why she was there, but when I placed my stethoscope under her gown and onto her back, I discovered the answer. Her beautiful brown skin was overshadowed by so many bruises—covering her back, extending under her arms, wrapping around her chest and waist.

Memories flooded my mind of the scene from the TV miniseries *Roots* in which Kunta Kinte, bound to a post, was savagely whipped for disobedience. I was

just about Carla's age when I first saw that scene. Now I was doctoring the wounds of a little girl who bravely told me how her mother beat her unclothed body for reasons she did not understand. As I diagrammed every bruised loop and line, my heart broke with each stroke of my pen. *What could enrage a mother so much that she would beat her young daughter the same way that overseers and masters beat slaves?*

The cumulative weight of my own ancestors' intergenerational trauma and pain was embodied in this little girl, along with my childhood memory of the movie that opened my eyes to the horrors of slavery. I felt acutely aware of how powerfully a patient's condition can affect my emotions. I suppose this is why Carla's image remains so vivid in my mind.

Child-abuse pediatricians like me regularly come face to face with physically and emotionally injured children. We listen as they bravely disclose the unthinkable experiences they have survived. While we wrestle with grief and distress for the children who have endured these experiences, in the moment we have to place our emotional reactions on hold as we care for them.

I now realize that these experiences aren't confined to hospitals or doctor's offices. One of my colleagues, a child psychologist, shared a story about hearing a child crying inconsolably in Walmart. Although such a scenario might strike others as a routine part of any shopping experience, to this psychologist it was a child's signal of distress. Giving in to the need to "investigate," she turned down the aisle, only to witness a seemingly attentive mother managing a child's temper tantrum over a toy the mother had insisted the child could not have.

Relieved, my colleague sank into the awareness that caring for victims of child abuse is not the type of job you can leave at the office. Although she and I practice different disciplines, the impact of caring for traumatized patients is the same.

How does this affect us? At times, it fuels our sense of purpose and mission and compels us to strive for near-perfection in caring for our patients. At other times, it leaves us cynical or numb. Most times, it's a combination of these forces, compounded by the altered worldview that seeps into our personal lives.

I often think of Carla. After our office visit, she was placed into foster care. She bravely testified in court about her experiences and was ultimately adopted. My initial impulse to adopt her collided with the reality that I cannot adopt every patient who has been denied a stable, safe and nurturing home. Instead, I must do my best for my patients by striving to acknowledge their profound emotional impact on me while bringing my utmost skill and compassion to their care.

I'm keenly aware that countless other health professionals struggle, like me, to bear the emotional toll of caring for abused children. Secondary or vicarious trauma is inherent in this work, whether it stems from seeing one patient, like Carla, whose injuries ignite feelings of sorrow, outrage and common humanity, or from treating a series of patients whose collective

injuries induce a state of heavy exhaustion. We cannot unsee what we've seen or unhear the stories we've heard.

These memories create emotional and spiritual wounds—wounds that may be invisible to others. My colleagues and I are helpers, trained to put others' needs first; and asking for help is hard. So, like many patients, we wear a mask of strength and impenetrability—and our injuries, like our patients' injuries, remain unseen.

It is my hope that, together, my colleagues and I can find a way to share our very real trauma with one another more openly, to acknowledge and validate it—and so begin the vital, long-overdue process of our own healing.