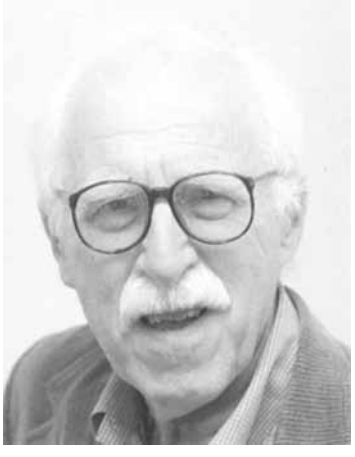
Social work services at a Jerusalem hospital



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The Department of Social Work Services at Hadassah Hospital Ein Karem is expected to meet emergencies as part of its normal workload. When there is a bombing in Jerusalem, the staff put their customary responsibilities on hold while they respond to the physical and emotional crises that converge on the hospital.

The department is located in a basement, just underneath the hospital entrance. It consists of a small reception area with chairs for waiting and a bulletin board for staff notices. Off this is the office of the director, Rita Avramov. Along a narrow hallway are the small offices used by the workers for consultation. In an adjoining stock room are 20 phones stored in boxes. When there is a bombing the phones are taken out of the boxes, put on tables in the cafeteria and linked to a single number. A social worker takes a place in front of each phone. Every social worker has a list of the names of people brought in to the hospital. The phone number is telecast repeatedly.

Almost everyone in Jerusalem knows the system. If there is a bombing, and someone close to you might have been there, you try to make contact. Everyone has a cell phone, so if you cannot make contact, then you try the number on the television screen. People do not know what to hope. If the missing people are in the hospital, at least they are not dead at the scene, although they could be badly injured. If they are not on the list they could be okay, or they could be in the hospital but unconscious and without identification, or they could be at the forensic centre where the bodies are taken.

Identification at the forensic centre can be difficult. Bombs obliterate features. Possessions – handbags, books – are gone. Some clothes are likely to remain, but if the clothes have been burned off or blown off the only recourse is DNA testing and matching blood samples. If a family comes to Hadassah in error and should have gone to the forensic centre, two social workers accompany them there.

Some of the injured go immediately into surgery. Others are not that badly hurt, although they may be in shock. A social worker sees the ones not in surgery and tries to help them feel they are in a safe place and that they are with someone who is looking out for them. The social worker tells them to call their families. There is no point in having the family frantic with worry, not knowing where they are. Also, having the families come down may be helpful: people need their families.

This is what happened after one bombing.

At 7:10 in the morning a car loaded with explosives pulled alongside a bus and blew up. There were 11 killed outright, 45 injured. The deputy director of the Social Work Services department, Estelle Rubinstein, was on her way to a class she teaches at Hebrew University when she heard the news on her car radio and turned on to the road for Hadassah Hospital.

Because the bombing had taken place in its neighbourhood, all the injured were taken to Hadassah Ein Karem. Each had family who came to the hospital: two or three people or more, in some instances seven or eight. Families spilled into the corridors and the entranceways. Social Work Services has a few private rooms. The families that appear to have the least control of their fear and grief get these. They need some space for themselves and they are also the most likely to be troubling to the other families, to cause the other families to lose their grip.

Two social workers are assigned to each family to answer questions about where the injured person is and what is happening now. The social workers make periodic visits to the trauma rooms and come back with news. They bring coffee and they listen.

A Moroccan woman arrived after the bus bombing. She was hysterical. She and her 13-year-old daughter had started out together that morning. The mother should have been on the same bus as her daughter but she had had to get to work and her daughter was slow, dawdling. The mother had said, 'I'm going, you take the next bus'. It was the next bus that was bombed. The mother had waited for her daughter to contact her on her cell phone but when there was no call, she came to the hospital.

Rita is the social worker with the woman and asks about the daughter's clothing. The daughter was wearing black shoes with pink trimming, called doll shoes. Rita goes into the trauma room. There is a girl in there, badly burned, with facial lacerations, who has just died. She looks older than 13, no ID, but she is wearing doll shoes. She has a bracelet on one wrist, a watch on the other. Rita puts these on a tray and takes them to the waiting room. The mother says yes, those are hers. Rita had not noticed until then that there was blood on the inner surface of the bracelet.

The mother is insistent: 'Where is she? Can I see her? How is she?' Rita says she was hurt and is in the operating room: 'I can't tell you anything more. I'll check on her'. Rita's words are both true and evasive. The mother is alone at the moment and she needs her family to be around her when she hears. Also, the way the hospital system works, it is the doctor who reports the patient's condition, even if the patient's condition is dead.

The social workers have sent out calls to the family. The woman is divorced and her ex-husband has remarried, but the ex-husband comes in. He had a bypass two months earlier, so the social workers are worried about how he will take the news. The woman has two other daughters and a son and they come in. Now there are five people in the waiting room whose lives are intermeshed with the victim's. The mother is having a bad time, weeping and crying loudly, so the family is given its own room. The surgeon who worked on the daughter comes in. He says they did everything they could, but the daughter had been too badly injured. She never regained consciousness. She probably never knew what happened. The mother slips to the floor, and will not get up. She is wailing.

Rita puts her hand on the mother's shoulder, helps her to sit and holds her.

Usually you can do that with someone who is Moroccan. Other nationalities may withdraw into themselves and not want to talk or be touched, but North Africans show their anguish openly. Rita keeps physical contact with the woman's arm, the woman's hand, letting the woman know she cares.

Staff members have to be able to talk as caring people who are also, secondarily, professionals. So, to a mother whose child has been injured, one of the social workers might say, 'Look, I'm a mother. I can know as a mother how much your child means'.

The staff members allow themselves to resonate with the pain being felt so that the person is not alone. They do not consider what they do to be treatment. Rather, they try to be helpful to the families in any way they can, whether it is providing information, or helping with decision-making or in any other way strengthening a family's ability to manage. Families want to know all the details: What were the injuries? What did she experience? What was done? What killed her? Staff try as best they can to obtain information, to respond.

Rita tells the mother, who is still crying on the floor, that she should see the body: it will be important to her afterwards to know that she had done that, had said goodbye to her daughter. The mother says the other children should not see the daughter, so Rita asks the son, who seems to be the one speaking for the children, if he wants to see his sister. He says, 'Of course'. All the family go in to see the girl, still blood-smeared. At first the mother cannot look. Then she turns to the form on the bed, avoiding the face. When she leaves the room she is stumbling and wailing.

Sometimes a hospital staff member raises the issue of medication to reduce a family's pain, but those who have been given medication sometimes complain later that they had wanted to react, to cry, to scream, and had not been able to. In this instance no medication was given but the mother remained in the hospital for five hours before she felt she could return home.

After the Shiva, the seven days Jews devote to mourning, the mother returned to the hospital for her daughter's shoes. She told Rita that she had known her daughter was dead as soon as Rita came out of the trauma room. There had been a male nurse, someone from the mother's neighbourhood, and he had said 'Don't worry, your daughter will be okay', and Rita had said, 'We don't know that yet', and then the mother knew.

Family members are exquisitely sensitive to the unsaid, to the way the staff look when they emerge from the trauma room, to the way the staff approach them. A staff member who does not want to make explicit the extent of injuries may be asked 'Is there something you're not telling me?'

Caring for families is a long-term responsibility. A 40-year-old man who was shot was brought into the hospital and went into coma. His mother now travels from Hebron every day, stays through the day, leaves at 6:00 pm to catch the bus back home. She is French-born and does not speak Hebrew but Rita has good French and talks to her. Just recently the man emerged from the coma and said a few words.

The social workers identify with the patients and pull for their recovery. When the social workers go home, they worry about their own children. One says she is now aware of the clothing her children wear when they leave the house. The staff get together the day after an event for debriefing, just to tell their stories and hear others' stories. There is also group supervision in which particular cases are discussed. After the bombing described here, the staff went to a vacation resort on the Golan Heights for a weekend together. They all understood how tired they all were. BC

WEB WATCH

Resources for working with traumatic loss

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Although any bereavement can be traumatic, sudden death caused by war, acts of terrorism or natural disaster can be even more difficult for survivors. From the vast number of sites on violent loss, I have selected two of the most informative. They offer resources for clients, researchers and those involved in helping others to deal with traumatic grief.

The website of the **International Society For Traumatic Stress Studies** is at **www.istss.org**. Founded in 1985 and governed by an international team of directors, the organisation's main aims are to provide a forum for the sharing of trauma research and clinical strategies, and to act as an educational resource.

The society publishes the ***Journal of Traumatic Stress***, featuring the work of leading researchers. Online versions are available, although only to members of the organisation. Titles of past articles and subscription rates are on the site. Students and trauma professionals can exchange ideas via **message and bulletin boards** although, again, these sections are for members only.

However, a lot of useful information is available to non-members in a series of detailed **fact sheets**. Titles include 'Sudden traumatic loss', which includes self-help strategies for clients, 'Children and trauma', examining possible age-related responses, and 'Indirect trauma', raising awareness of vicarious trauma.

Two documents, from Israel's Hadassah University Hospital, examine acute stress responses and the treatment of survivors following traumatic events, while the Australian Red Cross includes an article on 'Coping with a major personal crisis'*. Access these resources through Terrorism and Trauma on the main menu, then Fact Sheets.

Finally, there are excellent **links** to relevant websites with useful articles such as 'The Treatment of traumatic grief in Iraq war veterans' from The National Center for Post-Traumatic Stress Disorder. Click on Resources and Links on the home page, then on Information about the Effects of War for The Public and Professionals. Other extensive **resources** are available at a linked site created by psychologist Ken Pope. This is part of the Resources for Therapists, Clients and Others Affected By War subsite.

The **National Institute of Mental Health (NIMH)** is at **www.nimh.nih.gov**. This American-based organisation conducts research into a wide range of mental health disorders and considers reactions to crisis and terror. The site aims to provide **detailed information for researchers** and health care providers and produces clear and concise **fact sheets for the general public**.

Of particular interest is the PDF document, 'Mental health and mass violence'. This is a full (123pp) **report of a workshop** held in 2001 attended by 58 mental health disaster experts from six countries. Reviewing research on the impact of early psychological interventions after mass violence or disasters, the participants have attempted a consensus on best practice. Issues discussed include recommended interventions, levels of expertise and training necessary for such interventions, screening techniques, ethical issues, the role of current research and areas requiring further investigation. To find this report, click on Information About Coping With Traumatic Events on the main menu, then Mental Health and Mass Violence. Printed copies are also available.

Also here are a number of articles examining post-traumatic stress disorder, and anxiety and depression as disorders possibly triggerd by violent or traumatic events. Many are presented as **printable fact sheets** or **booklets**, ideal for use by clients. There are also a number of articles specific to trauma in young people. All articles are supported by extensive references throughout. Finally, those wishing to **receive updated information** regarding additions and changes to the site may do so by submitting their email address. BC

* A free booklet based on this is available from Cruse Bereavement Care, 020 8939 9543, and also on our website www. crusebereavementcare.org.uk.