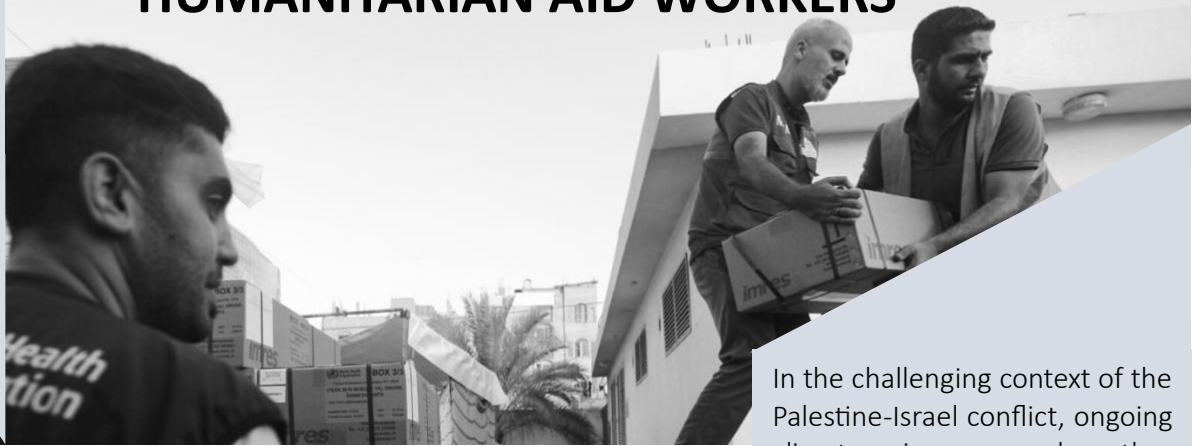




PRIORITISING MENTAL WELL-BEING OF HUMANITARIAN AID WORKERS



In the challenging context of the Palestine-Israel conflict, ongoing climate issues and other humanitarian crises, Humanitarian Aid Workers (HAWs) often experience increased levels of psychological distress, burn-out and/or other associated negative mental health conditions, due to being exposed to Direct or Secondary Traumatic Stress.

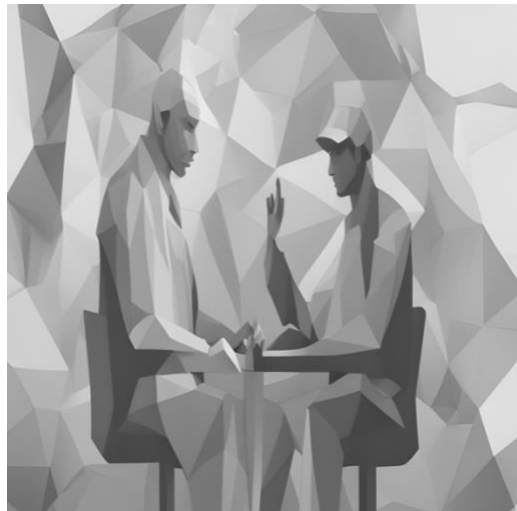
Mental health prevalence data shows that HAWs are at a higher risk of poor mental health outcomes compared to the general adult population.

It is vitally important for HAWs and their respective organisations to recognise the potential problematic behaviours that can arise from prolonged exposure to Direct or Secondary Traumatic Stress.

HAWs who support those in need are highly valued and should not go unnoticed. Their well-being matters, and prioritizing is essential for maintaining and strengthening their resilience.

#MentalHealthAwareness
#SelfCare #WellBeing
#DutyofCare

Direct and Secondary Traumatic Exposure: Awareness for Humanitarian Aid Workers in a Humanitarian Context



DIRECT TRAUMATIC STRESS:

Direct traumatic exposure refers to being directly involved in life-threatening or distressing events. For HAWs, this can include exposure to harassment, personal attacks (physical and/or verbal) bombings, shootings, or the aftermath of violent conflicts.

SECONDARY TRAUMATIC STRESS:

Secondary traumatic exposure occurs when HAWs absorb the trauma of those they are assisting, working with, reading and/or viewing events, experiencing emotional distress, and empathetically internalizing their suffering.



DIRECT TRAUMATIC STRESS

IN THE HUMANITARIAN CONTEXT

Direct mental health trauma refers to the psychological and emotional impact that occurs as a result of experiencing or witnessing a distressing event. This type of trauma encompasses the immediate psychological response to an overwhelming situation that can lead to various mental health challenges, such as post-traumatic stress disorder (PTSD), anxiety and depression disorders, including intrusive memories, hypervigilance, and emotional numbing¹.

In situations of humanitarian crisis, HAWs who have experienced violence, conflict, natural disasters or have witnessed traumatic events are often affected by direct mental health trauma. Comprehending the influence of direct traumatic exposure is crucial for developing efficient coping mechanisms and promoting mental wellness among HAWs. Research suggest that HAWs are 30 times more likely to experience symptoms relating to direct mental health trauma, compared to the general adult population (Table 2). One possible explanation for such a difference is that many of the mental health traumas to which HAWs are regularly exposed too, are not commonly experienced by the general adult population².

It can be challenging for HAWs to recognize and address their trauma symptoms. Many may not be aware of their symptoms or choose not to address them as they believe that the risks associated with their roles are an inherent part of their work and view their work as a calling. Despite this, HAWs report feeling sense of purpose and commitment to making a positive impact which in turn enhances their resilience in the face of adversity. However, this resilience may not last indefinitely for many HAWs.

It is not uncommon for HAWs to feel reluctant when seeking support from their organizations, due to a fear that a call for help could result in professional blemishes on personnel records³, however, this does not mean they should just do nothing. HAWs can adopt self-initiated strategies to promote their well-being. Regular self-care practices and connections with fellow aid workers can significantly contribute to managing their emotional and psychological stress.

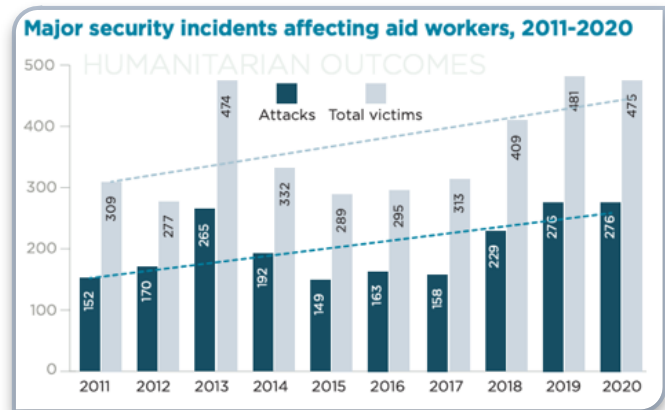


Figure 2 - GIFS Security Incident Data

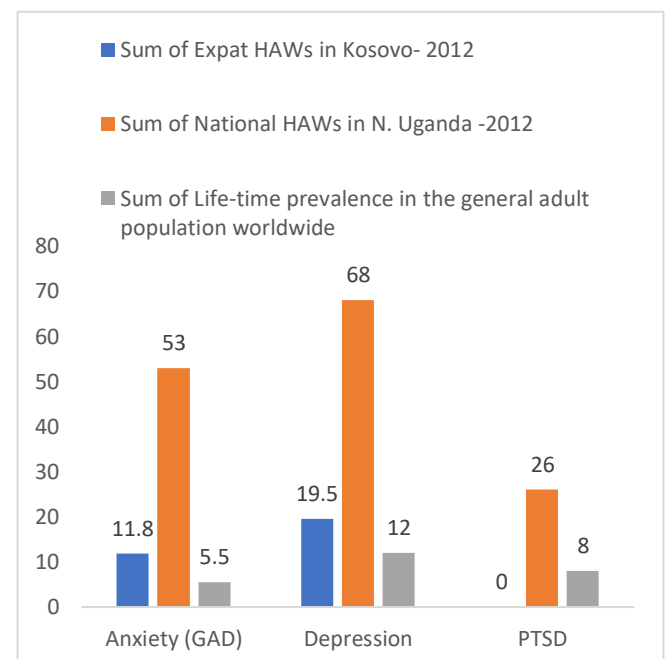


Figure 1 - Results from UNHCR Mental Health Study (%)

¹ American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

² Suznic, D., Thomas, R., Jachens, L. & Braissand, V. (2016). Staff well-being and mental health in UNHCR. © United Nations High Commissioner for Refugees, Geneva, 2016.

³ <https://www.theguardian.com/global-development-professionals-network/2014/mar/03/post-traumatic-stress-disorder-aid-workers>



SECONDARY TRAUMATIC STRESS IN THE HUMANITARIAN CONTEXT

Secondary mental health trauma, also known as vicarious trauma or compassion fatigue, occurs when individuals indirectly experience the emotional and psychological distress of others. This can happen in professions where individuals are consistently exposed to the traumatic experiences of those they serve or care for, such as HAWs, and other caring professions. Constant exposure to others' trauma can lead to emotional exhaustion, a reduced sense of personal accomplishment, and an overall decline in mental well-being⁴.

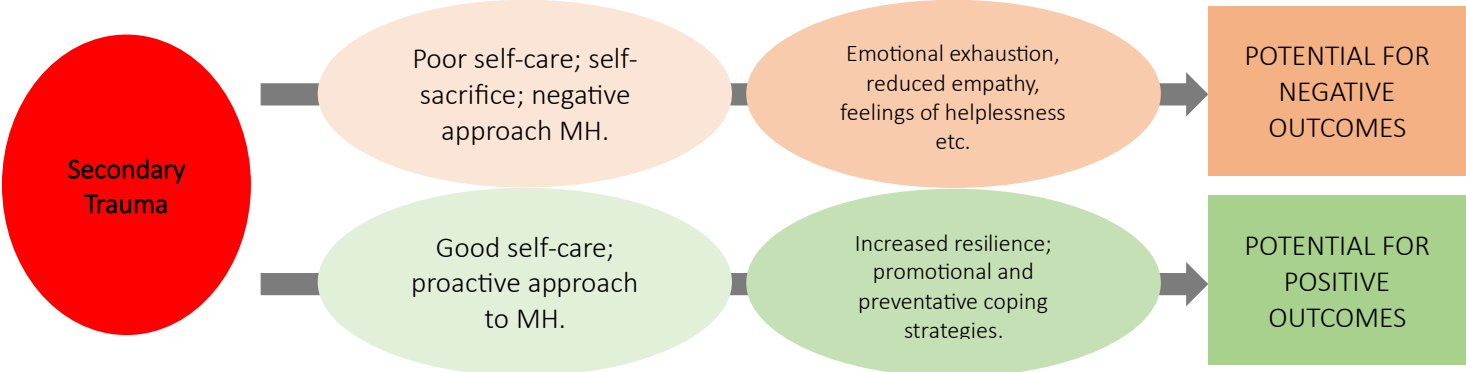
In the context of humanitarian crises, HAWs often encounter individuals who have endured extreme hardship, resulting in secondary traumatic stress. Understanding the impact of secondary traumatic stress is critical for implementing effective support systems and coping strategies to maintain the well-being of HAWs⁵.

Over time, the accumulation of secondary traumatic stress can lead to emotional detachment, feelings of isolation, and a diminished sense of personal accomplishment among aid workers, ultimately affecting their ability to provide effective support to those in need⁶.

Common mental health outcomes for secondary traumatic stress may include emotional exhaustion, reduced empathy, feelings of helplessness, avoidance behaviours, and physical symptoms. It is important to note that these symptoms are common with other mental health-related issues such as depression, anxiety, and exhaustion. Therefore, it is important to reflect on these symptoms and feelings and to explore possible roots to make informed decisions on how to manage them.

Despite the challenges associated with addressing secondary traumatic stress, HAWs can proactively engage in various self-initiated and person-cantered strategies to alleviate its impact. Cultivating mindfulness practices, maintaining open communication with trusted colleagues, and participating in regular debriefing sessions can aid in processing and managing the emotional burden of secondary traumatic stress⁷.

Implementing a combination of self-initiated practices and seeking external support can contribute to the holistic well-being of HAWs, fostering emotional resilience and enabling them to continue their essential work with compassion and efficacy.



⁴ Stamm, B. H. (2010). The concise ProQOL manual. Pocatello, ID: ProQOL.org.

⁵ Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, 52(1), 63–70. <https://doi.org/10.1093/sw/52.1.63>

⁶ Huggard, P. (2019). *Secondary traumatic stress in health and social care professionals*. Routledge.

⁷ Macy, R. J., Rasmussen, D. X., & John, C. (2016). Compassion fatigue and burnout in nurses who work with children with chronic conditions and their families. *Journal of Pediatric Health Care*, 30(4), 350–357. <https://doi.org/10.1016/j.pedhc.2015.12.010>



Various studies have demonstrated the effectiveness of proactive strategies in mitigating the impact of trauma in similar humanitarian contexts. For instance, research conducted in conflict zones and high-stress environments has highlighted the following proactive mental health interventions that have shown promise in reducing the prevalence of trauma-related symptoms:

FOR HUMANITARIAN AID WORKERS

Take Regular Mental Breaks: Allocate dedicated time away from work screens, phones, reports, and news to create mental space and compartmentalize. Consider activities like non-work-related media consumption at set intervals; engaging with others on non-work-related subjects; steady breathing; short walks; and casual reading.

Establish Structured Communication with Loved Ones: Schedule regular conversations with family and friends, establishing specific topics of discussion to ensure meaningful interactions. This practice can provide emotional support and maintain a connection to a reality outside the context of their work.

Open Up About Experiences and Emotions: Share experiences and feelings with trusted friends, family, colleagues, or mental health professionals. Discussing thoughts and emotions can provide a sense of relief and facilitate emotional processing.

Maintain a Journal or Thought Log: Keep a journal or jot down random thoughts and reflections regularly. Set aside time every few days to review and organize these thoughts, aiding in emotional expression and self-reflection.

Monitor Stress Levels: Use stress management scales to regularly assess stress levels and identify triggers. Monitoring stress can help in recognizing early signs of burnout or emotional exhaustion, enabling timely intervention and self-care. HMHS Stress Management Continuum.

Emphasize Healthy Diet and Moderate Alcohol Consumption: Prioritize a well-balanced diet rich in nutrients to support overall well-being and moderate alcohol consumption to prevent the exacerbation of stress.

FOR HUMANITARIAN ORGANISATIONS

Structured Support System: Implementing structured support systems, including regular mental health check-ins, debriefing sessions, and accessible counselling services.

Resilience Training Programs: Offering resilience training programs that focus on enhancing coping skills, emotional regulation, and stress management empowering HAWs to build resilience and effectively navigate challenging situations.

Trauma-Informed Interventions: Increase awareness and sharing information on trauma-informed interventions and its application in the context of humanitarian crisis can increase HAWs' understanding of trauma's impact and facilitate a more empathetic and supportive approach to their work.

Cultural Sensitivity Training: Offering cultural sensitivity training that emphasizes an understanding of the unique cultural context and psychological impact of conflict can enable HAWs to provide more culturally appropriate and effective support to the affected populations, thereby reducing the risk of secondary trauma.

While these interventions serve as general examples, tailoring such initiatives to the specific needs and challenges faced by HAWs in the humanitarian settings, such as conflicts or sudden onset emergencies, can contribute to the development of a more comprehensive and effective approach to mitigating the prevalence of direct and secondary trauma in this context. It is essential to continue to explore and implement evidence-based practices that prioritize the mental well-being of HAWs and enhance their capacity to provide impactful support to those in need.