JIS

The Journal of International Service

Vol. 1, Issue 1

Fall 2020

School *of* International Service

American University
Washington, DC

JOURNAL *of* INTERNATIONAL SERVICE

2020-2021

Board of Editors

EXECUTIVE BOARD

Editor-in-Chief
KATHERINE LEE

Managing Editor
KATHRYN URBAN

Associate Editor
KYLE SALLEE

Operations Director
MATTHEW SANSONE

Communications Director
MONICA MIDDLETON

STAFF

Editors
PRATEET ASHAR
WENDY ATIENO
KEYA BARTOLOMEO
SHANNON SHORT
PETER WHITENECK

Fellows
SABRINA CAMMISA
DENTON COHEN

FACULTY ADVISOR
PROFESSOR NANCY SACHS

Addressing the Mental Health of Aid Workers

Carly Beesley

American University

Introduction

In 2015, seventy-three percent of surveyed humanitarian aid workers from the Global Development Professionals Network reported work-related mental health issues including anxiety, depression, panic attacks, and post-traumatic stress disorder (PTSD).[1] A report from the Antares Foundation in 2012 evaluated humanitarian aid and development workers and found that thirty percent of those studied experienced significant PTSD symptoms upon returning from the field.[2] Those in the field of international development are expected to possess an understanding of local cultures, economics, sustainability, public health, and policymaking, yet little attention is paid to the mental health implications of this line of work. International development agencies must address the potentially-traumatizing effects of humanitarian work. Simultaneously, the aid community culture needs to change to allow greater space for workers to prioritize their mental health.

While not all relief workers experience negative mental health effects, a striking percentage does, and how to prevent and treat such issues is seldom discussed amongst those in the field.[3] This paper will explore the impact of international development work on the mental wellbeing of workers and volunteers, focusing on the most commonly experienced types of trauma and distress. I will conclude by offering some potential paths forward to address this challenge within the aid community.

Aid Workers in Traumatic Environments

Humanitarian aid workers operate in environments where primary and secondary exposure to trauma is pervasive. Unpredictable and sometimes violent work environments mean that it is not uncommon for aid workers to experience a traumatic event firsthand. Even more

common to those involved with international development are interactions with traumatized individuals. Routinely working with refugee populations, survivors of genocide, or victims of a disease outbreak, for example, will at some point put workers at risk of experiencing secondary trauma.

In 2017, I spent a summer with my husband working at the Oinofyta refugee camp in Greece. At the time, the camp housed over 550 refugees from Afghanistan and Pakistan and was in need of volunteer teachers. During my time there, I do not recall meeting a single person who was not traumatized in some way. I heard countless stories from people who witnessed horrific murders or narrowly escaped incomprehensible dangers. But the story that shook me most came from a nine-year-old girl. She expressively explained to me that on the overcrowded boat to Greece, a family fell into the water and was eaten by sharks in front of her eyes. She finished the story, smiling enthusiastically as my eyes widened. I noticed the head teacher motioning to me to mirror the girl's excitement. Having understood the message, I smiled at my student and said, "Wow!"

Afterward, the teacher explained that if we react with shock or horror to their stories, the kids may realize that the events they experienced were traumatic. Acceptance of trauma can of course be beneficial in the long run, but the camp simply did not have the necessary expertise to help the children through the psychological healing process. For now, this little girl was dealing with the trauma by treating it like an exciting tale. It was devastating to witness the lack of resources and support available to these vulnerable children that were carrying such trauma.

Stories like these are the rule, not the exception. And in addition to hearing graphic or otherwise distressing accounts, aid workers often experience firsthand trauma themselves while in the field. A 2012 meta-analysis on the mental health of aid workers found that the most

frequent types of traumatic events directly experienced by these workers were: 1.) Frightening situations; 2.) Being chased or threatened; 3.) Forced separation from family; 4.) Shelling or bombing of their office or home; and 5.) Hostility from the local population. Other categories of trauma reported by workers included sniper fire, handling dead bodies, torture, murder of a friend or family member, and being kidnapped or held hostage.[4] It is easy to see how these situations alone could cause trauma. On top of it all, aid workers frequently face culture shock, lack of support within their organization or community, and lack of adequate pre-departure and post-deployment training, making it increasingly difficult to handle traumatic experiences.

The culture within the humanitarian community is also a factor that greatly impacts the ability of aid workers to process their trauma and seek out treatment. A survey conducted by *The Guardian* found that a culture of silence around mental health was prevalent in the aid community. One respondent wrote, “There is a culture where asking for conditions that benefit your own personal well-being (and mental health!) means you are not a ‘true’ humanitarian.”[5] In Greece, I experienced this culture of stoicism firsthand. While my fellow aid workers and I occasionally tried to get together for dinner to de-stress, these social gatherings were not enough to offset the strains caused by our work in the camp. There was no discussion of self-care, healthy coping strategies, or formal outlets for processing grief. I felt that my problems were miniscule compared to those of my students and friends in the camp. It seemed impractical, irresponsible, and even silly to consider putting time and energy into my own mental health. I wish that prior to my deployment I had been better prepared to cope with the experiences I would have on the ground.

Types of Trauma

Defining trauma in a comprehensive manner can be challenging. Varying traumatic conditions are often used interchangeably, and symptoms may manifest differently from person-to-person. Nevertheless, some cohesive definitions exist for the types of trauma that commonly impact aid workers.[6]

The first form of trauma is vicarious trauma, often referred to as compassion fatigue. This disorder accumulates over time as an aid worker empathetically engages with traumatized individuals. It is sometimes confused with burnout, which also accumulates gradually but is instead tied to prolonged stress—often in a work environment—rather than prolonged empathy.[7] Aid worker Laura Campbell described her experience with compassion fatigue following her interactions with individuals impacted by Hurricane Katrina. She wrote, "My cognitive abilities were suffering…I had intrusive thoughts of the devastation, stories of loss, and suffering revolving through my mind."[8] Compassion fatigue can manifest itself as exhaustion, feelings of isolation, or an overall dissatisfaction of life. It is often described as "pervasive," impacting many areas of one's life.[9] Vicarious trauma can also lead to individuals experiencing symptoms of PTSD.

PTSD is "a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event."[10] A traumatic event can be anything from a violent assault to a natural disaster or an act of terrorism. Symptoms of the disorder include intrusive thoughts (such as dreams and flashbacks), irritability, and depression. Many are familiar with how PTSD might afflict war veterans or survivors of sexual assault. For aid workers, PTSD can result from firsthand experiences in violent and unpredictable environments or from indirect exposure to traumatic events via the experiences of the locals with whom they work.

Secondary trauma (also referred to as indirect trauma or secondhand trauma) is similar to vicarious trauma, but typically occurs after a single episode of intense empathy with a traumatized individual rather than accumulating over time. This acute form of trauma can cause the worker to experience similar post-traumatic stress symptoms as the trauma victim, even though the worker did not experience the event themselves. Secondary trauma often appears suddenly, and the symptoms are almost identical to those of vicarious trauma.[11]

Since aid workers routinely work with traumatized individuals and operate in dangerous environments, it is clear why so many in the field of international development exhibit symptoms of vicarious trauma, PTSD, and secondary trauma.

Fortunately, the idea that aid work has a very real impact on mental health is gaining traction. Increased attention from funders and researchers is shedding light on the severity of the issue. Analyses of international non-governmental organizations describe the "extraordinary stress" and "traumatic exposure" workers face, and the "emotional exhaustion" inherent to humanitarian work characterized by "crisis and disaster."[12] Despite the growing awareness of mental health risks inherent to aid work, little to no systematic, concrete action is being taken to more clearly address the problem. It is important that international aid organizations implement policies to support their workers. But progress must also be made at the grassroots level to change the culture of humanitarianism and the international development discipline to embrace the need for mental health care.

Solutions

As an undergraduate student, I attended a presentation given by a seasoned professor of international development. In the Q&A session following his remarks, a student asked, "What

advice would you give to someone wanting to work in the field of international development?" His response? "Don't." In his opinion the physical, mental, and emotional strain caused by his work in development was not something he could—in good conscience—recommend to a bright-eyed college student.

While prohibiting people from engaging in aid work may be an overcorrection, there is significant room for improvement. Research and firsthand experience provide us with some tangible ideas for how we can lessen the negative impacts of development work on individuals.

First, support from the aid worker's organization is essential. The importance of finding time to address one's own mental health while in the field can be emphasized during pre-departure training. On-the-ground support by trained therapists or access to online therapy could also be provided, resources permitting. Distributing handouts about self-care is a step forward, but does not go nearly far enough to address the crux of the issue. Post-deployment support is also vital to helping workers process traumatic experiences. Connecting returned workers to mental health professionals or local support groups can help them during their healing process.[13] If the resources are available, workers' benefit plans should cover these mental health services.

Second, the culture of humanitarian workers needs to change significantly from the bottom up. On-the-ground workers should check in on each other and converse more about handling traumatic situations in healthy ways. A sense of cohesion and social support from your team can go a long way in building trauma resiliency.[14] The existing culture of self-sacrifice too often leads to burnout and cannot prevail if our ultimate goal is to have a field of experienced aid workers.

Finally, those formally studying international development should be educated about the potential negative impacts of this work on their mental health; this will also better equip students

to develop trauma resilience. Some universities already offer courses to help prepare students for the emotional stresses caused by culture shock and other challenges of foreign work environments. Recognizing that many students of international development will pursue careers overseas, coursework that outlines the risks inherent to humanitarian work and advocates good mental health practices can help students cope with future traumatic experiences.

Conclusion

Humanitarian workers often find their work highly rewarding, but many are ending their careers prematurely due to burnout or trauma disorders.[15] We need to strengthen support systems within the hiring organizations, change the current culture of the field, and provide better formal education for individuals entering the workforce. Perhaps it may even be time to question the model of foreign aid workers entirely, given the surmounting critiques of development practices and calls for better alternatives.[16]

It may seem difficult to take the needs of privileged aid workers seriously when millions throughout the world are suffering from war, famine, and disease. However, those working in development often have an outward orientation and a desire to face these problems head on. We should value this population and help them (figuratively) “put on their oxygen mask” so that they can then turn to their neighbor and offer support if needed. Valuing the mental health of aid workers helps keep committed humanitarians in the field of international development so they can strive to help others live healthy and safe lives.

Notes

1. Holly Young, “Guardian Research Suggests Mental Health Crisis among Aid Workers,” The Guardian (Guardian News and Media, November 23, 2015), https://www.theguardian.com/global-development-professionals-network/2015/nov/23/guardian-research-suggests-mental-health-crisis-among-aid-workers.

2. Wendy Ager and John Ehrenreich, eds., “Managing Stress in Humanitarian Workers,” Antares Foundation, March 2018, https://antaresfoundation.org/filestore/si/1164337/1/1167964/managing_stress_in_humanitarian_aid_workers_guidelines_for_good_practice.pdf?etag=4a88e3afb4f73629c068ee24d9bd30d9, 8.

3. Barbara Lopes Cardozo et al., “Psychological Distress, Depression, Anxiety, and Burnout among International Humanitarian Aid Workers: A Longitudinal Study,” *PLOS ONE* 7, no. 9 (2012), https://doi.org/10.1371/journal.pone.0044948; Saif Ali Musa and Abdalla A. R. M. Hamid, “Psychological Problems Among Aid Workers Operating in Darfur,” *Social Behavior and Personality: an international journal* 36, no. 3 (January 1, 2008): pp. 407-416, https://doi.org/10.2224/sbp.2008.36.3.407.

4. Ellen Connorton et al., “Humanitarian Relief Workers and Trauma-Related Mental Illness,” *Epidemiologic Reviews* 34, no. 1 (December 15, 2011): pp. 145-155, https://doi.org/10.1093/epirev/mxr026, 146-7.

5. Young, “Mental Health Crisis.”

6. Ranna Parekh, “What Is Posttraumatic Stress Disorder?” What Is PTSD?, January 2017, https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd; Greg Lubimiv, “When Compassion Hurts: Burnout, Vicarious Trauma and Secondary Trauma in Prenatal and Early Childhood Service Providers,” Best Start Resource Centre (Best Start, January 2019), https://resources.beststart.org/wp-content/uploads/2019/01/J13-E.pdf.

7. Lubimiv, “When Compassion Hurts,” 5.

8. Laura Campbell, “Utilizing Compassion Fatigue Education in Hurricanes Ivan and Katrina,” *Clinical Social Work Journal* 35, no. 3 (June 13, 2007): pp. 165-171, https://doi.org/10.1007/s10615-007-0088-2, 167.

9. Lubimiv, “When Compassion Hurts,” 5.

10. Parekh, “Posttraumatic Stress Disorder.”

11. Lubimiv, “When Compassion Hurts,” 6.

12. Cardozo et al., “Psychological Distress,” 8; Su Chuen Foo, “Catch-22 in Humanitarian and Development Work: Emotional Exhaustion, Withdrawal, Health, and Work Motives of

These Workers," ETDA (Pennsylvania State University, December 2, 2011), https://etda.libraries.psu.edu/catalog/13152, iii.

13. Ager and Ehrenreich, "Managing Stress," 32.

14. Alastair Ager et al., "Stress, Mental Health, and Burnout in National Humanitarian Aid Workers in Gulu, Northern Uganda," *Journal of Traumatic Stress* 25, no. 6 (December 6, 2012): pp. 713-720, https://doi.org/10.1002/jts.21764, 713.

15. Holly Young, "Aid Workers Speak out about Mental Health: 'I Was Afraid They Would Think I Couldn't Handle It'," The Guardian (Guardian News and Media, November 23, 2015), https://www.theguardian.com/global-development-professionals-network/2015/nov/23/aid-workers-stories-mental-health.

16. Gustavo Esteva, "What Is Development?" *Oxford Research Encyclopedia of International Studies*, January 11, 2018, https://doi.org/10.1093/acrefore/9780190846626.013.360; Aram Ziai, "'I Am Not a Post-Developmentalist, but…' The Influence of Post-Development on Development Studies," *Third World Quarterly* 38, no. 12 (June 1, 2017): pp. 2719-2734, https://doi.org/10.1080/01436597.2017.1328981.

Bibliography

Ager, Alastair, Eba Pasha, Gary Yu, Thomas Duke, Cynthia Eriksson, and Barbara Lopes Cardozo. “Stress, Mental Health, and Burnout in National Humanitarian Aid Workers in Gulu, Northern Uganda.” *Journal of Traumatic Stress* 25, no. 6 (December 6, 2012): 713–20. https://doi.org/10.1002/jts.21764.

Ager, Wendy, and John Ehrenreich, eds. “Managing Stress in Humanitarian Workers: Guidelines for Good Practice.” Antares Foundation, March 2012. https://antaresfoundation.org/filestore/si/1164337/1/1167964/managing_stress_in_humanitarian_aid_workers_guidelines_for_good_practice.pdf?etag=4a88e3afb4f73629c068ee24d9bd30d9.

Campbell, Laura. “Utilizing Compassion Fatigue Education in Hurricanes Ivan and Katrina.” *Clinical Social Work Journal* 35, no. 3 (June 13, 2007): 165–71. https://doi.org/10.1007/s10615-007-0088-2.

Cardozo, Barbara Lopes, Carol Gotway Crawford, Cynthia Eriksson, Julia Zhu, Miriam Sabin, Alastair Ager, David Foy, et al. “Psychological Distress, Depression, Anxiety, and Burnout among International Humanitarian Aid Workers: A Longitudinal Study.” *PLOS ONE* 7, no. 9 (2012). https://doi.org/10.1371/journal.pone.0044948.

Connorton, Ellen, Melissa Perry, David Hemenway, and Matthew Miller. “Humanitarian Relief Work and Trauma-Related Mental Illness.” *Epidemiologic Reviews* 34, no. 1 (December 15, 2011): 145–55. https://doi.org/10.1093/epirev/mxr026.

Esteva, Gustavo. “What Is Development?” *Oxford Research Encyclopedia of International Studies*, January 11, 2018. https://doi.org/10.1093/acrefore/9780190846626.013.360.

Foo, Su Chuen. “Catch-22 in Humanitarian and Development Work: Emotional Exhaustion, Withdrawal, Health, and Work Motives of These Workers.” ETDA. Pennsylvania State University, December 2, 2011. https://etda.libraries.psu.edu/catalog/13152.

Lubimiv, Greg. “When Compassion Hurts: Burnout, Vicarious Trauma and Secondary Trauma in Prenatal and Early Childhood Service Providers.” Best Start Resource Centre. Best Start, January 2019. https://resources.beststart.org/wp-content/uploads/2019/01/J13-E.pdf.

Musa, Saif Ali, and Abdalla A. R. M. Hamid. “Psychological Problems Among Aid Workers Operating in Darfur.” *Social Behavior and Personality: an international journal* 36, no. 3 (January 1, 2008): 407–16. https://doi.org/10.2224/sbp.2008.36.3.407.

Parekh, Ranna. “What Is Posttraumatic Stress Disorder?” American Psychiatric Association, January 2017. https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd.

Young, Holly. “Guardian Research Suggests Mental Health Crisis among Aid Workers.” The Guardian. Guardian News and Media, November 23, 2015. https://www.theguardian.com/global-

development-professionals-network/2015/nov/23/guardian-research-suggests-mental-health-crisis-among-aid-workers.

Young, Holly. “Aid Workers Speak out about Mental Health: 'I Was Afraid They Would Think I Couldn't Handle It'.” The Guardian. Guardian News and Media, November 23, 2015. https://www.theguardian.com/global-development-professionals-network/2015/nov/23/aid-workers-stories-mental-health.

Ziai, Aram. “‘I Am Not a Post-Developmentalist, but…’ The Influence of Post-Development on Development Studies.” *Third World Quarterly* 38, no. 12 (June 1, 2017): 2719–34. https://doi.org/10.1080/01436597.2017.1328981.