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IN PEACE CONFLICT AND DEVELOPMENT

MASTER'S DEGREE FINAL PROJECT

Secondary Traumatic Stress Among Aid Workers - Coping Mechanism and Self-Care;

Using 'Peace Circle' as a Tool to Create a Self-Care Community.

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Keywords: Self-Care, Aid Workers, Secondary Traumatic Stress (STS), Burnout, Peace Circle.

Abstract: The field of humanitarian aid has emerged after WWII and grown rapidly after the end of the Cold War. Nowadays, some aid workers around the world are working in dangerous environments and are at high risk to suffer from Secondary Traumatic Stress. In this scenario, Self-Care tools are crucial in preventing bad mental symptoms among aid workers. Especially because, in the field of humanitarian aid, there is a lack of tools and awareness to tackle this issue. Peace Circle is a low-cost Self-Care tool that can help individuals and organizations to strengthen their communities to support the individual. This will help to keep the aid workers mentally and physically healthy, which in return can improve their well-being and professional lives.

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Introduction

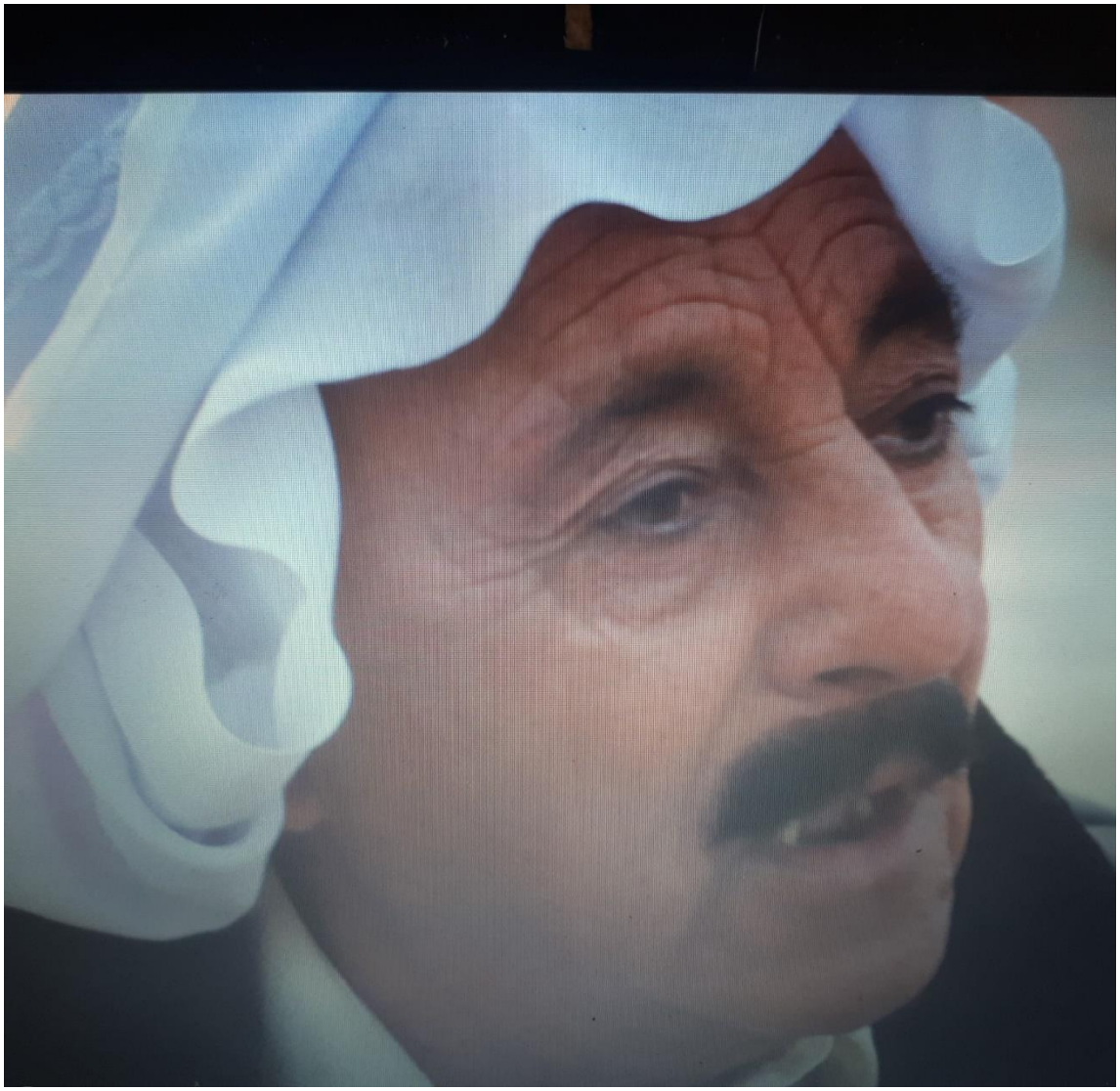
Personal Motivation

Three years before writing this paper, I was working as a Head of Mission for IsraAID (NGO) in Greece during the biggest refugee crisis since World War II. I managed an Israeli-Palestinian team of mental health professionals, our goal was to provide Psychosocial support (PSS) for refugees, helping individuals and communities to heal from their war-related traumas. The work was intense and rewarding at the same time. I distinctly remember one specific day, just another day in the camp, we brought a children's theatre show in Arabic to perform in the refugee camps for kids, mostly from Syria and Iraq. There, we met an old man, full of wrinkles holding a bead of bracelets in his hand, he told us he wants to share his story. He set in a chair staring at the sky like he was watching a movie and started speaking, looking eager to just share his story to everyone willing to listen. I was hoping to hear a wise man story, like the kind of story you tell while seating around a campfire. But the story was not a children's story or a story at all, it was a testimony:

"One time in a captive camp in Syria, there was a large group of Syrian civilians who were captivated by ISIS fighters, women, children, and elders, their crime was not to hold the "correct" religious beliefs. One day, a woman who had just deliver a baby bagged for the ISIS fighters to give her food because she was too weak to breastfeed her baby".

The old man continued to speak without moving any muscle in his face,

"The ISIS fighters took her newborn baby without her knowing and throw the live baby into a pot of boiling water, then they serve the mother a bowl of soup made from her own child. She was starving so she was sipping the soup without stopping to take a breath. After she finished, they told the terrified mother that she just ate her baby, they were laughing and were very amused by their "creative idea", they showed no regret or mercy."



(In the picture: the old man who told his testimony, location: a refugee camp in Northern Greece, time: December 2017. *the interviewer gave his full consent for the publication of his image and story. **the full video recorded of the testimony is available by request from the author of this paper guyshrayer@gmail.com)

I heard the story about two or three years after it actually happened, in Greece far away from Syria with no real immediate physical danger. I heard this kind of stories daily, but this particular story was my tipping point, one story too much for me to handle. These daily encounters influenced me on the personal and mental level, I was mentally wounded and it has taken me years to recover, and it is still an ongoing process. Within that process, the worst thing that I had to tackle with, was the inability of my personal and professional environment to understand what I was suffering from. Furthermore, I wasn't able to understand what was happening to me and why I was reacting in that way.

I have never heard the term Secondary Traumatic Stress before my work with refugees in Greece. Even, I didn't know it could happen to me, and I couldn't imagine that I was going to have nightmares about stories I just heard, without witnessing them myself. So, it was then that I understood, as Antares foundation described in their report (2012) people who help people are at high risk to suffer from the same symptoms they are trying to prevent (Antares Foundation, 2012).

In this process, I felt that the organization I worked for was not aware of the difficulties I was facing and I felt they did not understand me. Moreover, I felt that while my organization talked a lot about Self-Care and secondary trauma, they did not do enough to prevent it, nor they provided me with tools to help myself or my team members. Later on, after going back home I felt that I was misunderstood by my family and friends as well.

After around five years of working as an aid worker in various locations, I continued my academic education in the field of peace studies. While I studied general concepts such as cultural violence and conflict transformation, I also went deeply into concepts like inner peace. We practiced tools such as active listening and peace circles to create a safe space to express our emotions. These methodologies were very helpful and healing and helped me to move from trauma to healing, and to grow. Furthermore, it gave me a strong motivation to better understand these tools within an academic perspective to help aid workers, who many times unwillingly pay a high personal price.

Research Problem

The field of humanitarian aid as a professional and academic discipline had a major turn after the end of the Cold War. In the last 30 years, it has become a professional and academic field with billions of dollars purring into it from government and donors. As a result, this made hundreds of thousands of people become humanitarian aid professionals working, among others, in conflict and natural disaster areas. The aid field, therefore, became an industry in an unstable and challenging political environment (Duffield 2012).

In this emerging new industry, humanitarian aid workers put themselves in some cases in physical danger and are exposed to the dangers of the psychological aspects of their line of work. They come in contact with victims and are at high risk to suffer from secondary trauma. Nowadays, it seems that not enough attention is given to the

psychological damages of the aid workers who work in conflict and emergency zones and natural disaster areas. Besides, international aid workers also tend to have lack of psychological support from their families, friends, colleagues, regarding their mental situation (Musa, 2008). While direct trauma is somehow better known today, the effects of Secondary Traumatic Stress are less known. For instance, according to Erikson (2012), aid organizations do not put enough emphasis or may not have enough resources to help their workers regarding self-care (Erikson et al., 2013, p. 46).

This research aims to examine why aid workers need tools to keep themselves psychologically safe and prevent Secondary Traumatic Stress before, during, and after their fieldwork. Furthermore, how a tool from a peace education perspective can be appropriate for this aim. Despite, some tools that exist today and some Non-Governmental Organizations (NGOs) have some degrees of awareness about this issue, it seems that not enough attention has been given to implement these tools in the field (Antares Foundation, 2012, p. 5). To do so, this paper will examine and present Peace Circle as a tool of Self-Care for aid workers and humanitarian aid organizations.

Why Peace Circle?

The Peace Circle has roots in the ancient tribes of Native America and is now being reintroduced to our modern way of community life (Pranis, 2005). It is a restorative justice model, witin the framework of peace education, that can help in transforming problems and conflicts. The main idea behind it is that it helps in the healing and learning process through the group as a collective. Through the group, the individual can heal himself or herself and use the group/community as support (Student Peace Alliance, n.d.). Besides, it is a tool to provide Self-Care and can support an individual as well as a community's healing process. Despite, there are many tools today for Self-Care to help people in their healing process, this research will focus on how Peace Circle can support the healing process of aid workers who are at high risk to suffer from Secondary Traumatic Stress.

One of today's main advocators of this technic is Kay Pranis who has been implementing this tool in many different settings, as a restorative justice model. According to her, the peace circle brings people together, improve communication, and strengthen the community's life (Pranis, 2005).

In this circle, the community is vital as Pietrantoni and Gabriele (2008) have highlighted in their research based on people who work in dangerous situations or

people who are exposed to disasters or trauma-related experiences. They claimed that a strong sense of community, feeling of belonging as well as making a strong emotional connection with the community can help people to reduce their level of stress and strengthen their level of satisfaction (Pietrantoni & Gabriele, 2008). Therefore, a strong community is key to strengthen the individual and help this individual to heal and take care of him or herself**.** Because of that, the peace circle can be a good practical tool to help aid workers build communities who will support one another and will help to reduce symptoms of Secondary Traumatic Stress.

In order to combine theory and practice, this paper will propose in the 4th chapter Peace Circle project proposal. The project proposal will use humanitarian aid organization's professional language which will be easier for aid organizations and employers to use this tool into their day to day practices, which will enable the relatively fast implementation of this tool in places where it is needed.

Research Statement

Humanitarian aid workers around the world are exposed to dangerous situations and are at high risk to suffer from symptoms of Secondary Traumatic Stress. Aid organizations do not have enough awareness, knowledge, or tools to provide their staff with Self-Care practices. This, I believe is due to a lack of knowledge and awareness and fundraising priorities. On top of that, aid organizations and workers around the world don't have enough proven practical accessible tools to provide self-care services to themselves and their workers. In this context, I will propose a Dialog Peace Circle as a Self-Care tool that can be implemented in different settings in a relatively low-cost budget. In order to do it, I will suggest a project proposal that will take into consideration all aspects of a filed project.

Research Questions

The four research questions of this paper are:

- What is the definition of aid workers and what is the evolution of the humanitarian aid industry?
- What is secondary Traumatic Stress and why does aid workers are at high risk to be exposed to its symptoms?
- What is Self-Care and how can we turn trauma into growth?

- Can Peace Circle be a tool for Self-Care? and how does the creation of a Self-Care community can reduce the symptoms of Secondary Traumatic Stress among aid workers?

Research Objectives

The four research objectives are as following:

- Better understand the development of the humanitarian aid industry and its workers.
- Analyze the current literature regarding the trauma and Secondary Traumatic Stress among humanitarian aid workers and better understand the connection of aid workers to Secondary Traumatic Stress.
- Shed light on Self-Care practices and coping mechanisms tools, and how, in the humanitarian aid industry, can these tools have a positive impact (transformation of trauma into growth).
- Better understand what a Dialog Peace Circle is and why and how it can be a tool of Self-Care. Provide a practical project proposal to teach and implement this tool in the field in different settings.

Structure of the Paper

This paper is constructed out of four chapters. The first three chapters are part of the theoretical framework and the fourth chapter explains the Dialog Peace Circle as a Self-Care tool and how it can be implemented.

A. Introduction

B. Literature Review

a) Chapter 1 – Aid Workers and the Aid Industry: shed light on the development of the humanitarian aid industry over the years. The new challenges aid workers and aid organizations face such as the lack of resources, challenging and remoted working areas, a fast-changing environment, and working with challenging communities. This part will also describe the figure of an aid worker, specifically individuals working directly or indirectly in the field of peace, conflict, and development, and in both, field and academic settings.

b) Chapter 2 – Secondary Traumatic Stress Among Aid Workers: this chapter will look at the definitions of Secondary Traumatic Stress (STS), Post Traumatic Stress Disorder (PTSD), Compassion Fatigue (CF),

Victorious Traumatization (VT), and Burnouts. The paper will also examine the influence of Secondary Traumatic Stress on aid workers and will explain why aid workers are more exposed to it, like doctors, social workers, and psychologists and the relations of this kind of work environment they are exposed too.

c) Chapter 3 - Coping Mechanism Tools and Self-Care: This chapter will emphasize the Self-Care and coping mechanisms tools that can prevent and treat the symptoms of Secondary Traumatic Stress among aid workers.

C. Project Proposal

a) Chapter 4 – Project Proposal Peace Circle as a Self-Care Tool: A project proposal will be constructed based on the Self-Care tool known as "Dialog Peace Circle". The project proposal will be built for humanitarian aid organizations as well as humanitarian aid missions to be implemented in the fieldwork. Furthermore, the aim of the project is to be low-cost so it can be more accessible to a wider range of teams in different locations.

D. Conclusion

This paper will provide the theoretical framework and will examine past and recent research to shed light on the problem that many aid workers, as well as the entire aid industry, is suffering from. The theoretical framework will be followed by a Self-Care tool known as ' Dialog Peace Circle' which will be presented in the form of a project proposal.

The aim of this research is to contribute to the improvement of aid workers' wellbeing and as a result, increase their professional skills. The objective of the paper is to better understand the different aspects of Secondary Traumatic Stress and Self-Care and why aid workers need particular tools before, during, and after working in the field. Finally, I will lay the foundation for a practical Self Care tool known as 'Dialog Peace Circle' to help address the problems caused by Secondary Traumatic Stress which can lead to burnouts among aid workers.

Chapter 1 – Aid Workers and the Aid Industry

The Development Field Post World War II

Chapter one will explain the development of the aid industry from the 1950s, and especially in the last few decades and who are the aid workers today. As Moyo mentioned in his well-known book "Dead Aid" we live in a culture of aid, where celebrities and movie stars advocate for aid and governments respond to the call of their people not to lose its popularity (Moyo, 2009, p xviii), but how did aid recived this status?

The aid industry began its first steps in the mid-20th Century after the end of the 2nd World War with the development of modern societies and the creation of the new world system based on nation-states, since then, aid organizations had a bigger and more important role to play in complex global emergency response (Duffield, 2012; Hann, 2009). The first steps took place in July 1944, where 700 delegates from forty-four countries assemble in the US to create a framework of global financial and monetary management system after the 2nd World War, out this framework the industry of development aid was starting to emerge (Moyo, 2009, p 10).

During the 1950s and 1960s, development and state security was still an inner state problem, development assistance focused on providing financial resources to the governments and regimes of mostly third world countries. Then, in 1969, the World Bank advocated for a change in this regard, the president of the world bank, Robert S. McNamara, established a commission called *Pearson Commission on International Development* that wrote the report *Partners in Development* calling to rich countries to contributed 0.7% of their Gross National Income (GNI) to international development with an emphasis on eradicating poverty by 1975, this target was officially adopted by the United Nations (UN) in 1970. During those years most countries did not reach this level of investment nevertheless, we could witness countries investing more money in international development.

Later on, in the late 1970s, this system showed inefficiency because the governments and regimes, receiving the aid, could not maintain their own security or make good use of these funds. Afterward, because of the growing number of refugees fleeing from third world countries to the richer ones the inner state situations in these countries became an international relations issue. In the 70s we witness the rising influence of non-governmental entities entering the international relations sphere

(Duffield, 2001, p 311). In the 1980s, while some people started to criticize the efficiency of aid work, the world bank claimed to increase the aid funding to answer crises like droughts and famines in Ethiopia and Shael (region) and to allow private NGOs to work there (Haan, 2009, p. 1-16).

After the end of the Cold War in the 90s, the aid industry started to expand to new areas. The establishment of global new values brought the understanding that emergencies are not just a problem of the state where the emergency is happening in, it is also a global problem that should be addressed by other nations and therefore should have some kind of global governance (Duffield, 2012, p 475). They reinforce this statement, today it is clear that a national emergency can turn to be a global one and affect the whole world, as the example of the COVID-19 Pandemic that started from a national catastrophe and continued to a global health emergency.

One the main reasons for the expansion of the aid industry after the end of the Cold War, according to Duffield, one of the main researchers in the field, was because of the optimistic vision of liberal states to create a better and safer world, the main idea behind the vision was that you cannot create peace without development and cannot create development without peace (Duffield, 2012).

As a result of that liberal vision, there was a rapid increase in the investment in the aid field in the Post-Cold War era. For instance, during the 40 years of the Cold War, only 13 UN peacekeeping operations were activated, between 1988 and 1994, twenty-one new UN peacekeeping missions were created. In 2010 the government expenditure for humanitarian missions increased by 6, to 12 billion US dollars. Compared to the early 90th the numbers of employees have also increased dramatically (Duffield, 2012, p 476).

After the Cold War and the expansion of the industry to more locations, the risks aid workers faced increased, they can work in conflict zones or unsafe locations. Furthermore, while in the past governments used to protect them, now some governments do not want or cannot protect them. As a result, aid workers can be in great physical risk in some areas. One of the most knowns examples was the attack against UN staff and aid workers in the UN headquarters in Abuja, Nigeria in 2010 leaving 11 people dead. Consequently, aid workers' closed compounds started to emerge, where aid workers were closed behind double walls, barbed wire, and armed guards (Duffield, 2012, p 476).

Over the years it was understood that humanitarian emergency responses are containing great complexities such as security, political, environmental, and economic factors, and therefore need to be addressed accordingly. To address these multi-layer complexities the UN as a leading organization established the UN Agency for Humanitarian Affairs in 1992 after the end of the Cold War and the First Gulf War which led the way to other organizations to enter the fast-growing industry (Duffield, 2012, p 481-483).

Regarding resources, today there are big amounts of money invested in international development, according to Haan (2009) an amount of 150 billion has already been transferred to less developed countries, third of it went to Africa. The Private sector gives a big part of that amount when private-sector donations exceed the government and national organizations like the World Bank (Haan, 2009, p 1-16). To sum up, there was an increase in investments followed by the increase in the number of aid missions, and therefore increased the demand for aid workers as well. The next part will focus on the aid worker's figure.

Who Are the Aid Workers and What Kind of Aid Work They Do?

After understanding better how the aid industry developed and grow in the last 70 years, we can focus on the people who are working in the field. But first, I would like to highlight what is aid. According to the well-known book "Dead Aid", there are three kinds of aid, humanitarian aid, emergency aid, and systemic aid. The latter is referring to aid payments going directly to governments by other governments or by institutions like the World Bank (Moyo, 2009, p 7). This paper will focus mainly on the two first kinds of aid, humanitarian and emergency aid, which is the field mission aspect, even though the money from the systemic aid goes partly to fund field missions as well.

Like Moyo, Silke (2015) also tries to understand what is aid, he stated that some researchers describe aid workers as people who work only in relief work while others include people who work in the field of development as well. Relief work is described as an immediate emergency response while development refers to long term development work. Many big NGOs provide aid in more than one sector like emergency relief and development as well as human rights and protection, meaning their workers might deal with many situations in which the response and working methods, as well as personal security and safety, are very different. The kind of

intervention an NGO will decide to provide depends, among other factors, on the donation's money, when emergency relief tends to get more attention and therefore more resources. As a result, aid workers might find themselves in immediate dangerous situations without proper preparation time, on top of that, aid workers can move from one region to another, and from safe locations to unsafe locations in a matter of days (Silke, 2015).

Aid workers will be considered in this paper as people who work or volunteer in the field of peace, conflict, and development. Meaning that peace workers who work in conflict areas are a subgroup of aid workers. Aid workers are working usually for nonprofit governmental agencies or nonprofit Non-Governmental Organizations (NGOs) at the national or international level. The main goal of these organizations is to respond to needs, save lives, and reduce human suffering. Therefore, their employees act with an altruistic orientation (Korff et al., 2015, p 524).

Aid Workers at Risk

Because of the fast-changing environment and dangerous locations, humanitarian aid workers can work in high-risk places around the world in a fast-changing environment. A report of the Humanitarian Policy Group, HPG (2009) showed that in 2008, 260 aid workers around the world were killed, seriously injured by violent assaults or were taken hostage; more than the UN peacekeeping troops. This is the highest number recorded since 1996 and is three times higher than previews years. Some attacks were designated especially against international staff and UN local contractors. In some high-risk locations such as Sudan, Somalia, and Afghanistan the attacks were aimed against aid workers for political reasons (Humanitarian Policy Group, HPG, 2009). In Syria, for example, aid workers found themselves in mid of the conflict where different political powers had interests to stop their work. In 2019, the aid organization Doctors Without Borders decided to stop their work in Syria even though the need for their services was much needed, due to the risk of their aid personal (Berger, 2019). On top of their physical danger, aid workers are also exposed to mental danger as will be discussed in chapter two.

A prof of the risk factors in this line of work is expressed by the high percentage of turnovers among aid workers. workers have a high percentage of turnovers, usually, after the first mission 60% of workers will not continue for their second mission, even though, they have a strong motivation for their work and commitment to stay (Korff et al., 2015). The process that leads aid works not to stay in their work for long, even

though they have the motivation and commitment, will be discussed broadly in chapter two.

Aid Industry in Conflict and Environmental Crisis

The need for aid workers is increasing every year because the demand is high and the resources are available. According to Stromberg (2007) between 1980-2004 alone, the world was hit by 7000 natural disasters killing 2 million people and affecting 5 billion people on different levels, the economic damage is estimated to be 1 trillion USD. Some emergencies and disasters cannot be dealt with slowly by the governments where the disaster happens. The reason for that is because, a natural disaster can happen in economically rich or poor countries, but when a natural disaster strikes poor countries, they suffer from more casualties, in Africa, a natural disaster leaves many more dead people than if the same disaster would have stroked in North America for example. Therefore, while some countries have better resources to respond to their emergencies, some economically poor countries do not have the needed resources to answer their needs without external immediate support. Moreover, the richer you are the more chances you have to survive a natural disaster, a one percent increase in income will reduce the death rate by 0.4 percent (Stromberg, 2007). The same logic can be applied when working in conflict zones as well. Despite that conflict zones become more dangerous, the aid industry is keeping on expending in these challenging environments (Duffield, 2012).

We can see the amount of damage that is being caused by natural disasters and the number of resources that are being invested in conflict response. This shows us the increase in needs for skilled aid workers, and the need to support countries, especially developing ones during times of crisis, which can be a result of a conflict, natural disasters, or climate change, among others.

Criticism of the Aid Industry

The aid industry also has its share of criticism for its work and results. To provide a general view of the public debate regarding the aid industry the next section will focus on the criticism of the aid work industry.

Every year a bigger amount of money is being invested by donors to provide development assistance to developing countries. Although the money aims to benefit the recipient country and its population, there is a growing concern from the

development as well as the research community, that despite the good intentions aid can also cause harm (Sollenberg, 2012). Some authors highlight that regardless of the good intentions aid failed to provide sustainable development goals or to reduce poverty. For instance, while 2 trillion US Dollars were given as forging aid, mostly to Africa, this money does not show economic growth or human development (Moyo, 2009, p 28). There are 5 main arguments to explain why some experts consider the aid industry as a failure:

1. It is claimed that countries that have received aid did not do better while countries who did not receive aid showed improvement. The explanation is that the people who receive aid money are not committed to development (Haan, 2009, p 1-16).
2. Foreign aid caused more problems than it solved because of the way the aid discourse is built. Even UN agencies receive a lot of criticism on their work (Haan, 2009, p 1-16).
3. In some countries, foreign aid investments are half of the country's budget and over the years poor counties paid more money in interests than they have received (such as World Bank loans) (Haan, 2009, p 1-16).
4. It is argued that some of the governments and regimes who receive aid do not have the capacity to deal with this big scale and sudden flow of money, in terms of administration and policy-wise (Haan, 2009, p 1-16).
5. The donor's motivation – a lot has been said about the donors who do not give top priorities to the beneficiaries but rather to their own interest, the more so in the context of international relations and government-based aid organizations (Haan, 2009, p 1-16).

Even with the well understandable criticism of the aid industry, this chapter explains that the general goal of the aid work industry is to reduce human suffering, and those who work in this field are doing so from an altruistic motivation, even if it means sometimes to put themselves at risk. The next chapter will explain why aid works who have high motivation and commitment to their work are exposed to the risk of Secondary Traumatic Stress (STS) and what this does to their professional and personal lives.

Chapter 2 – Secondary Traumatic Stress Among Aid Workers

For a more comprehensive overview of the trauma effects, this chapter will explain basic concepts related to trauma from the development of the concept to the up to date medical terms such as Post Traumatic Stress Disorder (PTSD), Vicarious Traumatization (VT), Secondary Traumatic Stress (STS), Compassion Fatigue (CF), and Burnouts.

History of Trauma

To better understand the effect of trauma on aid workers, we must first understand how the concept of trauma was developed over the years from the hospital's rooms to the battlefields. In the late 19th century the French Neurologist Physician Jean-Martin Charcot, who worked in a hospital with traumatized women, was the first to investigate the connection of trauma to mental illness. Charcot treated women with symptoms of Hysteria, he was the first one to understand that the source of these symptoms is not physical but rather mental. He noted that Hysteria attacks in his patients were related to extreme traumatic experiences they were formerly exposed too in their lives. His student, Pierre Janet continued his research to better understand how traumatic experiences influence personality development and behavior. He found out that by re-exposing people to their past traumas he could reduce people's traumatic symptoms. Freud continued this research and found as well the connection between sexual trauma to Hysteria (eds Ringel & Brabdell, 2012, p 1-12).

In the first World War, the concept of Psychological First Aid (PFA) was first developed when soldiers who came back from battle suffered from what was then called the *Shell Shock Syndrome* which was described as symptoms of screaming, weeping, no responsiveness, memory loss, and physical paralysis. Some soldiers could not go back to battle because of their mental injury, therefore the PFA treatment was meant to send the soldiers back to battle as soon as possible. The closer the treatment was to the traumatic event the fewer symptoms the soldiers develop (eds Ringel & Brabdell 2012, p 1-12).

During the Second World War, the United States army treated soldiers who suffered from traumatic experiences with hypnosis and group stress debriefing. Later on, a researcher name McDougall who worked with traumatic patients found out that the problem of traumatic people was not the inability to express their feelings but rather

to contain them. Later on, after the Vietnam War, a big wave of soldiers came back home and could not go back to be a contributed part of society with behaviors of violence and drug and alcohol abuse. As a result, the topic of trauma became over the years a big problem of the entire society that had to be addressed and treated (eds Ringel & Brabdell, 2012, p 1-12).

Trauma

Trauma can be defined as an injury on the physical or emotional level caused by an external factor. The word trauma came from Greek and it means "wound", today the word trauma refers mostly to emotional wounds rather than physical wounds. The disorder that arises from the reaction to trauma is described as Post Traumatic Stress Disorder (PTSD) (Mariam-Webster online, n.d.).

The damage of trauma can be long term in the sense that trauma can change the structure of a person's DNA. Trauma has a social and financial cost as well, one child with trauma will cost the taxpayer 4379 USD and the annual cost on trauma treatment in the United States alone is 103.8 billion USD (Sansbury, Graves & Scott, 2005).

The Kind of Crisis That Can Lead to Trauma

To better understand what kind of crisis can lead to a traumatic experience Parad & Caplan (1960) researched families in crisis and described a few aspects that can better define the characteristics of the personal experience during a crisis event, which can influence how people will cope and remember the overwhelming and perhaps life-changing event. The aspects that affect if the nature of an event will be traumatic or not are:

1. The stressful event cannot be solved or finished solely by a wish, there is a feeling of an uncontrolled situation.
2. The event is so extreme that coping with it requires more mental resources that are available to the person.
3. The event possesses a threat or danger to personal well-being, safety, or life goals.
4. The event is characterized as great tension at a very high level followed by a sharp decrease in tension.
5. The event creates confrontation with key and unresolved problems from the person's past (Parad & Caplan, 1960, p 11–12).

Many researchers claim that trauma is caused by an external event, on the other hand, others like Connorton et al. (2012) claimed that biological and genetic factors can also be a trigger for trauma, this is why some people can experience an event as traumatic while other won't.

Post-Traumatic Stress Disorder (PTSD)

It was only recently that the American Psychiatric Association included Post Traumatic Stress Disorder (PTSD) in the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013, under Trauma and Stressor-Related Disorders category (American Psychiatric Association, 2013).

Post-Traumatic Stress Disorder (PTSD) is a psychiatric disorder that can happen as a result of experiencing a traumatic event like death, war, accident, sexual assault, violent, natural disaster, or any life-changing event. PTSD can happen to all people regardless of religion, ethnicity, or age. When a person suffers from PTSD, he or she will have disturbing thoughts and bad feelings long after the traumatic event has finished, these feelings can manifest in nightmares, flashbacks, and feelings of sadness, fear, and anger. Furthermore, people can also isolate themselves or avoid interacting with people or situations that might remind them of the traumatic event. PTSD can happen as a result of direct or indirect exposure to the traumatic event (American Psychiatric Association, 2013).

Post-Traumatic Stress Disorder (PTSD) Symptoms

PTSD is the long-term result of a traumatic experience, the symptoms that a person can develop as a result of PTSD are:

1. Intrusive Thoughts – people who suffer from bad memories, flashback or bad dreams, that makes them relive the traumatic events, people will have a bad reaction to internal and external symbols of the traumatic event (American Psychiatric Association, 2013).
2. Avoiding Reminders – people will avoid seeing people, going to places, avoid situations or activities that might remind them of the distressing memories (American Psychiatric Association, 2013).
3. Negative Thoughts and Feelings – people will have bad feelings about themselves and others, they could not remember important aspects of their

trauma, people might blame themselves and others for the trauma, they might not enjoy things they use to enjoy before or distance themselves from other people, people could not experience positive feelings like happiness and love (American Psychiatric Association, 2013).

4. Arousal and Reactive Symptoms – people may have angry attacks, reckless or self-harm destructive behaviors, hypervigilance, exaggerated startle response there might be problems concentrating or sleeping (American Psychiatric Association, 2013).

People might have any of these symptoms in the days after the traumatic event, PTSD is being diagnosed when the symptoms last for more than a month after the event. Moreover, many people will develop symptoms within three months after the event but some can even develop symptoms years after the event. The life of a person who has PTSD will be badly affected because of the symptoms and his functioning will be badly affected as well. Besides, other conditions are usually connected to PTSD like substance use, depression, memory problems, and other physical and mental health-related problems (American Psychiatric Association, 2013).

Treatment of Post-Traumatic Stress Disorder (PTSD)

After the diagnosis of PTSD, its symptoms can be treated, according to the American Psychiatric Association, the earlier the person will get treatment after the traumatic event the better outcomes will be. Nevertheless, not every person will develop PTSD, if two persons experienced the same traumatic event one can develop PTSD and the other may not. Also, some people will overcome the symptoms of PTSD by themselves over time while others will need professional help. There are many kinds of mental health professional treatments that can be used for PTSD response, some are research-proven and some are alternatives. For instance, research-proven methods could be Psychotherapy or the use of medications, but another method such as Cognitive Behavior Therapies, CBT can also be used (American Psychiatric Association, 2013).

There are six main methods for the treatment of PTSD:

1. Cognitive Processing Therapy – in which the therapist tries to convert the negative feeling that came from the trauma by confronting the bad memories and feeling (Watkins, Sprang & Rothbaum, 2018).

2. Prolonged Exposure Therapy – the therapist will try to imagine the traumatic event and trigger the symptoms in a safe controlled environment to teach the patient how to control and cope with these feelings (Watkins, Sprang & Rothbaum, 2018).
3. Cognitive Behavioral Therapy CBT - exposure to trauma-related stimuli, the patient will be exposed to the trauma by pictures, video, reading about the event, or other vivid stimulation. The aim is to help the patients to rebuild the trauma narrative by fixing memory mistakes, exposing the big scenario, and changing the belief about themselves, others and the world (Watkins, Sprang & Rothbaum, 2018).
4. Group Therapy – a gathering of people who suffer from similar traumatic events or symptoms who share their experience in a safe non-judgmental way. This shows that other people might react and feel the same way under these circumstances (American Psychiatric Association, 2013).
5. Medications- people can take medications to reduce the PTSD symptoms, with or without psychotherapist treatment. There are other medications for symptoms treatment such as the ones who help reduced anxiety or improve sleeping might also be used. Some if not all of the medication treatment can come with side effects (American Psychiatric Association, 2013).
6. Alternative Therapists – many treatments are outside of the conventional treatment methods such as animal therapy or art therapy and the list is long and diverse (American Psychiatric Association, 2013).

The next paragraphs will describe how trauma can be caused by a direct or indirect event (Figley, 1995), in the latter I will focus on two main causes, Vicarious Traumatization (VT) and Secondary Traumatic Stress (STS) /Compassion Fatigue (CF).

Vicarious Traumatization (VT)

Pearlman & Mac Ian (1995) defined Vicarious Traumatization (VT)

> *[T]he transformation that occurs within the therapist (helper) as a result of empathic engagement with clients' trauma experiences and their sequelae*
>
> (Pealman & Mac Ian, 1995, p 558)

VT refers to workers who are exposed to graphic and difficult testimonies, human cruelty to one another, and workers who are taking part in trauma recovery efforts, these workers can be badly affected by their work. It is also a professional hazard to those who work with trauma survivors (Pearlman & Mac Ian, 1995).

Vicarious Traumatization can change a person's opinion about himself, other people, or the world in general because of a traumatic experience they were exposed too as part of their work. Normally, we need to feel relatively safe in the world to feel good about ourselves and live healthy lives. On the contrary, VT makes us believe and feel that the world is not safe for us anymore, or in other words, it changes our point of view of the world from what we thought before. A person who suffers from VT will be badly affected in 5 different areas: safety, trust, esteem, intimacy, and control. All of these are psychological needs that are important to keep our mental health (Baird & Kracen, 2006).

Paradoxically, as some researchers argue, a trauma worker who can have empathy for a client will be able to assist the patient better but also, he might be at risk, change his belief system and reduce his connection to his work, reduced sense of self and create over defensiveness. Besides, an unconscious worker who is not aware might find it difficult to distinguish between the patient's traumatic event and his personal life (Sansbury, Graves & Scott, 2015). According to Rothchild and Rand (2006), the term VT is referring to therapists who are working directly with trauma clients (Rotchild & Rand 2006, p 9-15).

Secondary Traumatic Stress (STS)/ Compassion Fatigue (CF)

Secondary Traumatic Stress (STS) is a process that is caused by long-term involvement in highly emotionally demanding situations (Pines, Aronson & Kafri, 1981, p 3). The main difference between direct and indirect trauma is that while direct trauma can be caused by a specific event, STS is more of a long-term process that happens when a person is exposed over time to people who suffered from traumas. In other words, Secondary Traumatic Stress is created in a slow process and usually is harder to be linked to one specific event.

This is a major concept in this paper as reflected in the whole text, because while direct trauma can be usually connected to a specific event, STS is usually a long-term and silence process that is not necessarily connected to one specific event. Therefore, it is harder to identify it and as a result harder to adjust a proper treatment. People who suffer from STS might not be aware that their bad feelings have a valid reason because

they personally did not witness any traumatic event, as some my colleagues and I experienced in my career as an aid worker. Moreover, because of the difficulty linking the STS to the professional work, aid organizations can sometimes take the responsibility of the workers' health off their shoulders.

According to Hensel et al. (2015), CF and VT fall under the definition of STS. But in this paper, I categorized CF and STS as similar because while VT is more of a risk hazard for trauma therapists, Secondary Traumatic Stress (STS) and Compassion Fatigue (CF) can happen to people who are exposed to people who suffer from trauma in a non-therapeutic way.

Another definition of STS comes from Lipsky & Burk tried to defined Secondary Traumatic Stress (STS) as following:

> *There is a difference between feeling tired because you put in a hard day's work and feeling fatigued in every cell of your being. Most of us have experienced a long day's work and the reward of hard-earned exhaustion...That is one kind of tired. The kind of tired that results from having a trauma exposure response is a bone-tired, soul-tired, heart-tired, kind of exhaustion.*
>
> (Lipsky & Burk, 2009, p.110)

One of the leading researchers in the field, professor Charles Figley (1995) explains the term Secondary Traumatic Stress (STS) as an emotional crisis caused by exposure to people who suffer from trauma, in personal or therapeutic conditions. In other words, trauma can occur by direct exposure to the traumatic event but also by indirect exposure to that event (Figley, 1995). Also, he previously used the term Compassion Fatigue (CF) to described similar characteristics (Baird & Kracen, 2006).

Furthermore, according to Figley (1993, p 51-52), after the Parisian War, 12% of the American soldiers that came back home suffered from war-zone related stress. But for our topic it is more relevant to highlight, that 19% of them suffered from family adjustment problems, meaning problems to enter back to the homes they left behind, this is because of the stress their family members dealt with. The traumatic effect of the war was not only on the soldiers on the battlefield, it was also on the family members who stayed behind. The main contributor was that they stayed home watching one of the first-ever 24/7 war broadcasts. They suffered from such stress that might be similar or higher than the soldiers who were in the combat zones themselves.

In that research, Figley (1993) describes signs that will appear in a person who is suffering from PTSD. Re-experiencing the events, avoidance and numbness, and burnout. The first two refer to a physical and mental reaction that hurts the wellbeing of a person like sleeping problems and unreasonable irritation, anxiety, or guilt. Burnout will refer to the negative habit the person will develop as a result of those feeling such as over-eating or substance abuse. Besides, the effect of Secondary Traumatic Stress/ Compassion Fatigue in a work environment will make the person isolate himself from the group and heart his existing relationships, and his work performance will also be badly affected.

Although similar, STS and VT are different reactions, according to Baird & Kracen (2006), Secondary Traumatic Stress/ Compassion Fatigue happens when the caregiver *mimics* the post-traumatic stress he or she is exposed to as part of their work. Therefore, in STS the caregiver will absorb the trauma while in VT the caregiver will have more mental symptoms like to lose his hope of the world and himself. In other words, STS/CF will create PTSD related symptoms like numbness, avoidance, and exhalation while VT will have more cognitive related symptoms (Baird & Kracen, 2006).

As mentioned before, this paper compared STS to CF, although CF is described more in work-related scenarios. According to Rotchild & Rand (2006), Compassion Fatigue (CF) is more of a general term to describe the negative results of helping others as a profession. STS might happen to people who one of their close loved ones like a family member or good friend suffers from direct trauma, or by witnessing a traumatic event that happened to someone else. Either way, both CF and STS can happen to people who are exposed to other people who suffer from trauma. Factors like previews traumatic experience and work-related environment can increase the likelihood of that to happen (Rotchild & Rand, 2006, p 9-15).

When working on reducing the emotional suffering of others, one's consequently receiving a lot of information about suffering, this could lead to absorb the suffering itself. The paradox is that a good therapist is one who has great empathy and can identify with the victim, but this therapist is also more exposed or has a better chance to suffer from STS (Figley, 1995). The main problem is that people do not know enough about CF/STS and therefore are not aware of the risk and are unable to protect themselves against it. According to Figley (1995) while there are a clear definition and

attention to people who suffer from direct trauma there is not enough attention to their caretakers.

Burnout

Both STS/CF and VT can lead to burnouts, which are the first warning sign. Burnout is a professional hazard caused in a caregiving working environment, mostly in places with high demand and low support. It is likely to occur after Secondary Traumatic Stress or after Vicarious Traumatization, some research remarked that these three components are connected (Sansbury, Graves & Scott, 2015). Besides, burnout is a slow process in which the stress caused in work results in an emotional meltdown, the worker cannot isolate himself from the patient's personal story. There are few warning signs to identify burnout such as cynicism, depression, boredom, loss of compassion, and discouragement (Freudenberger & Robbins, 1979).

The Relations of Aid Workers to Trauma

Aid workers are working in challenging contexts in fast-changing environments and can find themselves in the heart of disaster zones, conflict zones, disease outbreaks, political instability situations, and so on. Therefore, they will be best prepared to do these kinds of work when their mental situation and well-being are optimal (Jachens, Houdmont & Thomas, 2018). For those reasons, aid workers are at high risk to suffer from PTSD, anxiety, burnout, depression, and substances misused (Cardozo et al., 2005; Connorton et al., 2011; Ager et al., 2012; Connorton et al., 2012).

To strengthen the arguments that aid works are at risk, I will point out that Jachens, Houdmont & Thomas (2018) showed that the stress-related exposure of aid workers is not a result of NGO's hierarchy or structure, but rather a result of the emergency aspect of this kind of work. Because emergency work environments like the police, firefighters, or medical staff can cause a high level of stress and mental difficulties (Brough, 2004).

Aid workers who work with vulnerable populations such as refugees for example who have been through traumatic events can develop psychological challenges. These psychological challenges can be similar to the ones experienced by the refugees themselves (Connorton et al., 2012). In this context, I would like to highlight that the most common psychological problem experienced by aid workers is STS which can lead to PTSD symptoms (Rizkala & Segal, 2019, p 2). For instance,

according to their research, STS signs among aid workers were connected with PTSD-symptoms, physical health problems, pain, and bad effect on the worker's intimate lives. They found that workers who felt disconnected from their NGO had signs of decreased wellbeing, self-differentiation, increased signs of PTSD, and pain (Rizkala & Segal, 2019).

Why Aid Workers Are at Risk?

All people potentially can be exposed to the effect of trauma and secondary trauma, so why does aid workers are at high risk? As mentioned earlier in this chapter, secondary trauma is a process. While the connection between direct trauma and its symptoms is somehow clearer, the connection of secondary trauma and its symptoms can be somehow vague and harder to link. That is why aid organizations can somehow more easily not take responsibility for their staff, especially after they finish their field missions.

There are a few reasons that increase the risk of STS among aid workers compared to other workers. For example, Jachens, Houdmont, & Thomas (2018) conducted qualitative research among aid workers to better understand the stress factor of their line of work. They found out a few factors that contributed to the high level of stress exposure experienced by aid workers.

1. Emergency Culture: Many aid organizations work in constant emergency mode, where an ongoing feeling of stress if present. Workers described this feeling of crisis as creating high levels of stress and this narrative of crisis is embedded in NGOs ' DNA (Jachens, Houdmont, & Thomas, 2018).
2. Constant Change: The working environment is changing rapidly because of the nature of NGO's emergency operations. This fast-changing environment creates feelings of lost control, high competition, and frustration (Jachens, Houdmont, & Thomas, 2018).
3. High Engagement: Many workers feel great engagement and high commitment to the organization's goals and beneficiaries. While this creates good motivated and hard-working staff it can also create workers who can be over motivated. An over motivated worker can forget about self-care and not be able to distinguish between work and personal life, over time it can create burnouts (Jachens, Houdmont, & Thomas, 2018).

4. Work Overload: One of the most common challenges among aid workers is the overload, workers reported that they have more work than they can do and therefore work around the clock, in weekend and holidays as well. The need to justify the donor's money and distribute the resources creates a situation where there is less staff than is required to deal with the amount of work. Workers who are overstressed will likely feel discomfort and their physical and mental health will be badly affected (Jachens, Houdmont, & Thomas, 2018).
5. Managing Work-Life Boundaries: Many workers find it hard to create these boundaries and maintain their self-care time (Jachens, Houdmont, & Thomas, 2018).
6. Social Support: Social support is very important, but many aid workers work in small teams or in far and changing locations which might heart the ability to build social lives (Jachens, Houdmont, & Thomas, 2018).
7. Management Support: On the management level, it is reported that mangers could help to deal with the stress and the overload of their staff. But not all managers get the right training or tools to do so, managers who are chosen based on their specialized knowledge and not based on their management abilities are more likely not to be able to provide the proper support. The amount of support workers receive depends a lot on what kind of manger they have, meaning the manager has a great role to play in the stress load (Jachens, Houdmont, & Thomas, 2018).
8. Team and Colleague Support: Peer support was reported as great importance, but the low understanding of work-life boundaries can create tension and conflicts among aid workers which may lead to culture shock, isolation, loneliness, and physical discomfort (Jachens, Houdmont, & Thomas, 2018).
9. Health Outcomes: Stress-related work can lead to physical problems and affect staff health (Jachens, Houdmont, & Thomas, 2018).

After getting a better overview of the factors that contributed to the high level of stress exposure experienced by aid workers, I will summarize what aid workers need in order to prevent STS.

According to Connorton et al. (2012), aid workers are not being properly prepared for the special circumstances of their line of work regarding trauma and stress management.

Therefore, a proper proven uniform methodology is needed to assess PTSD and trauma-related mental illness among aid workers. To do that, more research should be done about stress-related relief work and the connection to depression, anxiety, and alcohol use.

To sum up this chapter, aid workers are working in challenging environments under high workload and with vulnerable populations. The emergency mode in the aid industry is similar to ones experienced by policemen, firefighters, and medical staff which can create a high level of stress. Therefore, aid workers are exposed to many stress-related risks as part of their line of work. The main problem is that STS is usually a process, and therefore hard to be linked to a specific event or the aid work in general. Risks of Vicarious Trauma VT and Secondary Traumatic Stress STS/ Compassion Fatigue CF are high which can lead to deterioration of the person's well-being. In the case of STS/CF, it can lead to the development of PTSD symptoms. In any case, workers can experience burnout which affects not only personal wellbeing but also professional life. Besides, aid workers can lose the connections to their values and the organization values which badly affect the services they provide to their beneficiaries. This phenomenon affects both the individual's level as well as the organization's level and the aid industry as a whole. I believe there is a need to promote awareness among aid workers and aid organizations, and to provide them with tools to support their staff, such as Self-Care tools and better trauma-related coping mechanisms.

After identifying the problem, the next chapter will propose some tools and solutions to cope with the STS effects among aid workers.

Chapter 3 - Coping Mechanism Tools, Resilience, PTG and Self-Care

The previews chapter dealt with the aid worker's high risk to suffer from STS and burnouts which can badly affect their well-being and professional life. The next two chapters will focus on Self-Care practices and carrying strategies found to be useful to equipped aid workers and aid organizations with better tools to do their work with a less negative effect on their well-being.

The following chapter will focus on the solutions and will summarize some important terms that will show how trauma can transform into growth. There are few coping mechanisms tools to help manage the stress load better and to keep the aid workers well-being.

Before digging into Self-Care, I would like to present the term Care. In the peace studies discipline, caring has a major role in achieving the general goal of the aid industry of reducing human suffering, as explained in chapter one. The concept of caring was developed in the last 25 years to identify moral and political concepts (Engster, 2005). It was Carol Gilligan who change the concept of caring in the 80th, she advocated that the concept should be universal and emphasized the importance of caring and empathy (Camps, 2013). The main principle of caring is a specific activity that we do to fix or maintain ourselves and which helps us to be part of our surrounding environment. On top of that, Caring is a social practice we need to do to maintain a healthy society. In other words, caring is helping others to develop their capabilities so they can develop their full potential, and in return, they can function better in society (Engster, 2005). Following Gilligan's idea, I believe that caring is the main value we need if we want to keep a healthy functioning society.

Self-Care

For a better understanding of the Care concept, in this paragraph, I will present a few main concepts relating to Self-Care. Self-Care refers to some activities that a person or a community is self-doing to maintain their own mental and physical health. The term Self-Care may look like a new practice but it is being used for a long time, under the radar, since it is self-practiced (Levin & Idler, 1983). According to Barofsky (1978), Self-Care behaviors and self-help communities were to exist as long as humans did, humans always faced uncertainty and changing environments and therefore needed to develop tools to help them cope with complex situations long before awareness or modern-day tools existed (Barofsky, 1978).

Levin & Idler (1983) define the term Self-Care:

> *Self-care…. refers to those activities individuals undertake in promoting their own health, preventing their own disease, limiting their own illness, and restoring their own health. These activities are undertaken without professional assistance, although individuals are informed by technical knowledge and skills derived from the pool of both professional and lay experience*
>
> (Levin & Idler, 1983, p 181)

While they spoke in public health perspective, the need for Self-Care tools and practices is relevant for both public health and aid workers as well as any professionals who are working in an emergency related setting as discussed in the previews chapter. There are few basic individual activities needs to be done to maintain balance and heal or prevent STS such as having time to rest and relax, eat right and exercise, have time for self-reflection and creative expression, having contact with nature, some researchers suggest spiritual connections, or family relationship as well as spending time alone, and this is a partial list (Hesse, 2002). Besides, according to Segal & Goldstein (1989), there are many ways and forms of Self-Care, the most important element is that it is a self-decision a person is consciously taking out of a determined decision process. Moreover, the term Self-Care is described as self-control (Segal & Goldstein, 1989).

There are many forms of Self-Care, Barofsky (1978) defined Self-Care in four stages:

1. Regulatory Self-Care – regular behavioral and physical activities like eating healthy, sleeping well, and other healthy activities (Barofsky, 1978).
2. Preventive Self-Care – refers to activities we do to prevent diseases and maintain a healthy lifestyle like exercise and self-examination, which help a person to properly function (Barofsky, 1978).
3. Reactive Self-Care - identifying symptoms before a professional did, meaning a person will initiate the treatment even before any clear signs are there (Barofsky, 1978).
4. Restorative Self-Care – a professional treatment either medication-based or with the help of a professional. This stage happens after visible signs have started to form (Barofsky, 1978).

Resilience

Resilience is the ability to adapt, function positively, and have the competence to deal with high risk, stressful, or trauma-related situations (Egeland, Carlson, & Sroufe, 1993). Richardson (2002) mentioned that resilience is the ability of a person to deal with adversity. Also, resilience is the process of growth that can come as a result of life exposure to stress and changes. Besides, the development of resilience will increase self-efficacy, will bring more feeling of control to one's life with less need for outside support or medications. Masten, Best & Garmezy (1990) also mentioned that resilience is a process to successfully adapt to challenging or threatening circumstances.

This will lead to a good outcome to high-risk situations and will sustain competence in times of threat which will create a meaningful recovery from the trauma.

Coping Mechanism

Coping mechanisms are the tools we can use to create our self-care and increase our resilience. Some researches as Lahad, Shacman & Ayalon (2013), who worked with trauma-affected terror-related people, examined coping mechanisms styles and resilience tools among them. They found out that different people have different coping mechanisms styles when dealing with stress, and therefore need their own coping mechanism tools. There are 6 different coping styles with the acronyms BASIC PH model:

B – Believes – This type will rely on values and believes to help them go through a crisis. They can strictly follow a religious belief or political idea, this will give them a feeling of meaning and strong self-expression.

A - Affective - People with this coping style will use emotions in times of stress, they will laugh and cry and try to share their experience with someone else. These people will use drawing, reading, and writing to cope with stress.

S – Social – People in this coping style will deal better if they will be part of a group or an organization, having a task to do as part of a big group.

I – Imagination – People in this group will prefer to put a mask on the hard facts, they will be using guided imagination or just daydream to be full of positive thoughts. They will think out of the box for solutions using creativity.

C – Cognitive Behavioral – People with this coping style will use cognitive strategies in times of stress. They will gather information, solve problems, and self-navigate, they will make organized lists of activities and have more functional thinking in times of stress.

PH- Physical – Pople in this group will cope using physical activity or body movement. They will express their energy through physical action, this expression of energy is used in many coping styles.

Most people will use a combination of different capacities of the different coping styles in different situations (Lahad, Shacman & Ayalon, 2013). The main issue is how to encourage Self-Care coping mechanisms to create the process of resilience which will be discussed later. To better understand this process, we need to understand

the preferable outcome we would like to see as a result of trauma or stress, the best outcome to post-trauma is Post-Trauma Growth.

Post Trauma Growth (PTG)

The bad effects of trauma have been discussed extensively throughout this paper, but there is also a positive side to the face of trauma, the positive side is called Post Trauma Growth PTG. According to Hefferon Grealy & Mutrie (2009), some people who suffer from trauma can not only recover but also function better than they functioned before the traumatic event. Through the process of struggling with the trauma a better person can arise, a person that functions better and is better prepared to face future challenges.

> *It is through this process of struggling with adversity that changes may arise that propel the individual to a higher level of functioning than which existed prior to the event*
>
> (Hefferon Grealy & Mutrie, 2009, p 343)

The Positive Implication of Trauma

After understanding PTG we can focus on how experiences of PTSD and the struggle with its symptoms can improve our capacities and resilience. In the data collection research summarizing well-known researchers from the top scientific journals, Hefferon Grealy & Mutrie (2009) found out few positive reactions that were reported again and again from people who suffered from trauma:

1. Reappraisal of Life and Priorities – people who have been through a life-changing event my rethink their life priorities and goals. Researches showed that people started to feel more appreciative and thankful, enjoying small things in life like nature and family time and focus more on their health rather than with their appearance. People also started to volunteer more and wanted to share their stories to help others (Hefferon Grealy & Mutrie, 2009).
2. Trauma Equals Development of Self – people after a trauma reported a self-development process on the psychological, spiritual, and emotional aspects. People reported they felt the trauma created a transformation that was not awake before the trauma. The transformation made them discover their strength, wisdom, and potential. Some people reported being humbler and some reported improvements in their interpersonal relationships. Some people reported they

feel very strong and with high self-esteem for beating the trauma or disease, they felt like fighters. Most studies in this long research reported that people improve their compassion, to themselves, to others, and humanity in general (Hefferon Grealy & Mutrie, 2009).

3. Existential Re-evaluation – once people faced such difficult challenges, they saw life differently, re-evaluating the purpose of life (Hefferon Grealy & Mutrie, 2009).
4. A New Awareness of the Body – people reported reestablished the connection of body and mind. People became very aware of their bodies, they reported doing more physical exercise and maintaining the body better, they also avoid stress when it was possible (Hefferon Grealy & Mutrie, 2009).

For instance, in the book *Facilitating Posttraumatic Growth: A Clinician's Guide* edited by Calhoun & Tedeschi (eds., 1999, p 1-17), the positive possible implication of trauma in the form of Post-Trauma Growth is also being discussed. They described the core elements of people experience PTG such as; perceived changes in self, closer family relationships, changed philosophy in life, a better perspective on life, a strengthened belief system, increased compassion and sympathy for others and the world in general, people reported a positive change in their religious, spiritual and existential matters (eds. Calhoun & Tedeschi, 1999, p 1-17).

PTG is Not a Default

It is worth mentioning that that PTG is not a default that will happen to all people, PTG will not be experienced by all people who have been traumatized. Besides, PTG is common but it is not universal, 30-90% can experience it (which is a very wide range). For some, trauma can have negative psychological consequences that can last as a wound for the entire life. While all people will suffer as a result of trauma, some will manage to find positive changes in the long run while others will experience only the negative changes (eds. Calhoun & Tedeschi 1999, p 1-17).

Many factors can influence the development of PTG, but it is most probable that inner, as well as external factors, will have an influence. Creating growth after trauma is a process that can start before the trauma happened and can last for a lifetime. In the context of this paper, our main beneficiaries are aid workers, their risk of trauma, and their Self-Care tool kit. In the next part and in preparation for the 4th chapter, I will focus on some practical self-care tools at the individual and organizational levels. These

guidelines can help aid workers to prevent STS, heal PTSD, and improve the chances for PTG.

Practical Guidelines for Organizations and Individuals to Prevent Trauma Exposure Effects (Self-Care)

People who work in the field of therapeutic work are exposed to emotional negative consequences as part of their work, to prevent these consequences both the individual and the organization have a great responsibility to preserve the well-being of the caregiver (Sansbury, Graves, & Scott, 2015).

Individual-Level

The individual has an active role to play in the Self-Care process, there are 4 main points for the individual Self-Care.

1. Knowing Yourself – to reduce the possibility of trauma exposure one must know his own mental and physical situation and limitations. If you are mindful about yourself you are more likely to pay attention to any changes that are happening while they are in their beginning (Sansbury, Graves, & Scott, 2015).
2. Commitment to Addressing the Stress - complementary to the first part, pay attention to your stress level in different ways. Stress can, sometimes, manifest itself in the somatic level, signs like changes in breathing patterns, facial expression, muscle tensions, and body structure can alert the caregiver. These are small signs, that might not be noticeable to people around you and therefore are important to pay attention too (Sansbury, Graves, & Scott, 2015).
3. Action Plan – it is proven by research that a plan of action is important to change a behavior if one wants to reduce stress. It is important to know yourself (part 1 +2) and your somatic changes and plan how to address these specific changes based on the specific ways you are expressing your stress. For some, this can be by weekly sports activities, for some daily mediation, and for some going out with friends. Friends, family, and colleagues can help a person make his or her action plan (Sansbury, Graves, & Scott, 2015).
4. Act by the Action Plan – it is helpful to create support systems like friends or colleagues to check each other on how they are following their action plans, making sure this effort is not pushed away by an overload of work. The creation and implementation of an action plan can provide an opportunity to reflect and

see the benefits of helping other people and be a reminder of the core reasons for entering this line of work from the beginning (Sansbury, Graves, & Scott, 2015).

Organizational Level

The organization has a lot of influence on the effect of trauma response on its workers, this is why a *trauma-informed approach* is very important. For example, there are differences in vulnerabilities among caregivers, females, and young people who are at higher risk to show stress. To ensure long term service providers, an organization needs to provide proper training and ensure that new staff has experience or willingness to receive ongoing training under a *philosophy* of *trauma recovery concepts.* The organization should provide personal counseling and group debriefing for its staff and provide self-care information. In cases of low resources, low-cost options like webinars and guidebooks can be available to create a trauma-informed approach (Sansbury, Graves, & Scott, 2015).

The support of the organization is important to reduce signs of STS, or burnout. A caregiver who feels his organization is supportive will feel a smaller level of trauma response. The caregiver should feel he has the collaboration of the organization and to have feelings of safety, empowerment, and trust as well as the feeling to have a choice or control regarding the situation. (Sansbury, Graves, & Scott, 2015).

To sum up this chapter, a traumatic experience is a life-changing event and may lead to bad consequences for the body and the mind. Some techniques and tools can help us to better recover from trauma but also to prepare ourselves to avoid STS and burnouts. Self-Care practices and coping mechanism tools can help aid workers and people, in general, to better handle life-challenging circumstances. The BASIC PH model of Lahad, Shacman & Ayalon (2013) that was discussed in this chapter provides an understanding of the different coping styles that exist in the Self-Care arsenal. These coping styles can develop our resilience process and create Post-Trauma Growth PTG in which a person will become a better, stronger, and more resilient person than before the trauma event. This is the best outcome that can make very bitter lemons into a great lemonade.

The next chapter will focus on a specific coping mechanism or a Self-Care tool to provide a practical, accessible, and affordable solution for aid workers to take care of themselves and avoid STS, and burnouts.

Chapter 4 – Project Proposal; Peace Circle as a Self-Care Tool

Luck is what happens when preparation meets opportunity

(Seneca, n.d.)

The last three chapters focused on the characteristics of aid workers and their high risk to suffer from stress-related symptoms which can lead to STS and burnouts. This chapter will aim to provide a Self-Care tool that can help to prevent STS and burnouts by providing a safe space for people who suffer from STS, to express themselves and receive group/community/peer support. Because, as explained by Jachens, Houdmont, & Thomas (2018), we have the duty to develop evidence-based organizational policies and practices among aid organizations by understanding the workers and their psychological problems and needs, by doing so we can improve the aid industry, its justifications and provide more help to people in need.

The tool that I will present is Peace Circle, which was developed by Kay Pranis (2005) and I would like to suggest that it is a suitable tool for Self-Care in the context of STS among aid workers. I would like to highlight that I propose this tool also because it is accessible and low-cost and can be used by field staff and aid organizations. It will be presented in the form of a project proposal based on templates from leading aid organizations.

The project proposal will include the following chapters:

1. Peace Circle – Conceptualization
2. Project justification
3. Project goals and objectives
4. Beneficiaries – direct and indirect beneficiaries
5. Project methodology
6. Budget
7. Sustainability
8. Monitoring and evaluation tools
9. Pilot project

Peace Circle – Conceptualization

The power of a circle has been used by humans for thousands of years. People had gathered around a fire since the times of the ancient tribes, families sat around the kitchen tables and King Arthur established the knights of the round table to show an equal representation of power and equal voices. The method of Peace Circle was taken from Northern American tribes, and it is still a very useful tool in indigenous communities nowadays, now this method is spreading to new and western communities as well. Circles are conflict transformation methodologies used in neighborhoods, schools, workplaces, social services, justice systems, and psychological support groups. There are many different kinds of circles such as talking circles, understanding circle, healing circle, sentencing circle, support circle, community building circle, conflict circle, reintegration circle, celebration circle (Pranis 2005).

This chapter will focus on a version of the Peace Circle known as Dialog Peace Circle or Talking Circle. A Dialog Peace Circle/Talking Circle is a space that focuses more on sharing and hearing the different voices of the group. In this circle, we do not try to reach a consensus or heal any old wounds or solve any conflict in the community. Instead, the Talking or Dialog Peace Circle is aimed at just sharing experiences with no need to solve them or provide any practical solutions (Pranis, 2005). I choose this method because it fulfills the specific needs of field aid workers. The Peace Circle should be activated by non-professional staff members and therefore the circle should provide a safe place for dialog and expression. The other kind of peace circles are beyond the needs of our beneficiaries.

The Peace Circle is a tool in a set of many different tools to promote Self-Care. While there are many different tools for different settings and contexts, none of them provides magic solutions. As discussed in chapter 2, the same way the creation of STS is a process the Peace Circle is also a process that provides a space for people to go through their own process. On top of that, to reach the desired outcome of healing and PTG, a person will need to combine a set of different tools with a deeply personal inner work.

The main goal of the Peace Circle is to provide equal speaking opportunities to all its members by allowing the right of speaking only to one member at a time, the one who holds the 'talking piece', this is also an old method that was used by the Native American tribes. Every person in the circle gets an opportunity to share his or her story, the storytelling opportunity creates a space to share meaningful events in the life of the

speaker, and for the listeners, to hear other people experience and get a perspective of their difficulties. This sharing space helps to create support and understanding among the peers in the circle.

Furthermore, one of the main outcomes of the Peace Circle is to expose everyone's vulnerability at the same time, giving a chance to learn from the group's wisdom. Everyone in the circle gets a chance to speak his difficulties and to listen to others, creating a new safe space of understanding and a new range of possibilities. The Peace Circle combines the ancient wisdom of the community and the new wisdom of individual respect which includes: honors the presence and dignity of every participant, values the contributions of every participant, emphasizes the connectedness of all things, and to supports emotional and spiritual expression (Pranis, 2005).

Group Support

One of the main outcomes of the Peace Circle is to strengthen the community to provide support for the individual, this in turn leads to a more resilient community. As discussed in previews chapters, the community has a major role in providing support for its members, humans live in communities because this helps them to survive, they can get the physical and emotional support they need. As discussed in chapter 3, Self-Care communities existed as long as humans did (Barofsky, 1978). And despite the time has changed as well as the environment the challenges and uncertainty in life remain to occupy and influence humans. Therefore, creating resilience for an individual or a community is a process that develops over time in the framework of environmental support (Egeland, Carlson & Sroufe, 1993).

Conflict Transformation

To better understand the purpose of Peace Circle I will shortly introduce the concept of Conflict Transformation, as it is an outcome the Peace Circle is trying to create. John Paul Lederach, one of the leading figures in the field of conflict resolution, explains in his book *The Little Book of Conflict Transformation* (2003) the difference between conflict transformation, conflict resolution, and conflict management. He pointed out that conflicts, inner or external, are normal and can also create a positive change. In other words, conflict transformation is about *seeking constructive change* (Lederach, 2003, p 3-6). That concept has similarities to the term PTG as described in chapter 3, where a negative situation can be an opportunity for a positive change and growth. This is the main goal of the Peace Circle in regards to its expected results.

Project Justification

Problem Statement

Aid workers are working in challenging environments like conflict and disaster zones, facing insecurity, or working under conditions of political or social instability (Jachens, Houdmont, & Thomas 2018). They can be at similar high-risk to suffer from these professional stress-related consequences like police, firefighters, mental health professionals, and medical staff, all of them are dealing with at-risk populations and working in an emergency related setting. Therefore, aid workers are at high risk to suffer from PTSD, anxiety, burnout, depression, and substances misused (Cardozo et al., 2005; Connorton et al. 2011; Ager et al., 2012; Connorton et al., 2012). The most common risk among them is STS which is accompanied by PTSD symptoms (Rizkala & Segalm, 2019, p 2). As a result, aid workers lose their well-being and the aid industry loses its long-term skill and professional staff.

Needs

As mentioned before, aid workers are at high risk to suffer from STS and therefor burnouts. Like it has been suggested by many professionals in the field, aid organizations and aid workers themselves do not have enough awareness and/or tools to deal with that problem. As a result, aid workers suffer from PTSD symptoms like stress and depression which severely affects their well-being. When their well-being is being badly affected it has negative effects on their job performances and on the services they provide to their beneficiaries as well. This situation can lead to low performance of aid organizations as a whole, which puts in danger the industry's justification and donations investments for the long-run.

Main needs:

- Improve aid workers well-being
- Prevent STS and burnouts among aid workers
- Introduce accessible low-cost community Self-Care tools for aid workers

The Proposed Approach

Intervention to provide an accessible Self-Care tool, low cost (meaning can be used by the staff with low resources), and sustainable (based on existing staff and can be used over time with low costs). The Self-Care tool will be a community Peace Circle Dialog, a weekly time slot to help regulate and identify stress and emotional distress among field staff. This tool will strengthen the community to create group/peer support to identify and address stress-related problems at the beginning.

The Implementing Organization

The project is supposed to be used by field workers around the world and therefore requires some adjustments based on the staff, the organizations' goals, and the specific setting. To ensure the best results, the supervision of a mental health professional is recommended for the beginning (frontal) and later on distance supervision.

Project Goals and Objectives

Project Goal

Increase the well-being and resilience of aid workers by providing a Self-Care tool to prevent STS and burnouts, therefore improving aid organization's long term goals and services.

Project Objectives

1. Aid workers will report a decrease in cases of STS and stress-related burnouts.
2. Aid workers will conduct weekly debriefing sessions to manage, regulate, and identify stress-related problems.
3. Peer support – aid workers will report an increase in community/peer support. The staff will take advantage of the human resource to create another close circle of support, this community support will provide another safety net to identify and prevent stress-related problems. As a result, the staff will also increase their efficiency and resilience.
4. The number of staff turnovers will decrease, workers will be motivated to sign long term contracts which will increase the professional level of the aid workers and organizations.

Expected Results

1. Aid workers and organizations will report at least a 50% reduction in stress-related problems (STS) after one year.
2. Filed managers will conduct weekly two hours sessions as part of the team schedule, a monthly report about the team's well-being will be written by the circle facilitator which will improve the field-headquarters connection. The health professional supervisor will also write a monthly report and recommendations to the headquarters based on reports from the field manager, circle facilitator, and monthly individual team members' conversations. The

report will show an increase in staff well-being and job satisfaction over time compared to the pre-circle control group.

3. Aid workers will show an increase in team productivity and a decrease in team discipline problems after one year. Aid workers will report an increase in peer support and a positive work environment compared to the pre-circle control group.
4. Aid workers will report job satisfaction and organization trust over time and willingness to continue working in the humanitarian aid field. a decrease in 50% in team burnout will be reported after a year.

Beneficiaries

Many donors want to see their money going directly to the beneficiaries, meaning the vulnerable groups that are the main goal of the existence of the aid team in the field. But this project put his focus on the aid providers as the direct beneficiaries, and the vulnerable population is, in this case, are the indirect beneficiaries of that project. Aid workers are the target population since they are the caregivers and the ones who provide support and emergency response on a daily basis. By strengthening the aid workers' well-being, the services they provide will be improved and will be more efficient in the long run. Aid workers that cannot take care of themselves or that suffer from STS will not be able to do their work and might cause more harm than good, despite their good intentions. They will not only hurt themselves but will also unwillingly harm their beneficiaries. Just like medical staff, mental health professionals, law enforcement, and any emergency related workers who need to put extra attention regarding their mental health as part of their work.

Aid workers are described as staff or volunteers working or were send by an NGO or non-profit entities. They can work in the field of peacebuilding or peacekeeping, conflict resolution or conflict prevention, or any kind of long-term development or emergency response. People who are in an academic setting in related subjects or headquarters personal may also be in that vulnerability group.

While young people and people with less experience or previews trauma are at higher risk, all aid workers are the target group regardless of their age, gender, ethnicity, religion, and so on. all people can potentially be at risk to suffer from STS.

Project Methodology

Activity Plan

Activities	Preparations
Project activities	1. 1-day Peace circle workshop training to the staff, before departure. 2. 1st peace circle in the field - facilitated by a peace circle trained facilitator/ mental health professional. 3. 2nd peace circle in the field – facilitated by a team leader/ or staff member under peace circle trained facilitator supervision. 4. Regular weekly peace circle meeting 5. Closing peace circle after returning from the field in the headquarters – facilitated by the peace circle trained facilitator.
Sub activities	1. Peace circle – led by peace circle trained facilitator (team leader or staff member who will be the facilitator must attend). 2. First peace circle in the field – facilitated by a peace circle trained facilitator / mental health professional. A peace circle trained facilitator must arrive at the field for the first circle and conduct mental and environmental needs assessments (field trip required). 3. 2nd peace circle – the peace circle trained facilitator will stay in the field to supervise the circle. Personal preparation and guidance with the circle facilitator before and after the circle must be conducted (field trip required). 4. Weekly circles (team leader responsibility, budget for a team refreshment after the circle). Facilitated by a team leader or a chosen staff member with distance supervision of a peace circle expert. 5. Closing peace circle – in headquarters to be conducted by the peace circle trained facilitator.
Sequence and dependence	1. A peace circle workshop must be conducted in the headquarters before departing to the field. 2. Planning meeting and coordination – team leader and peace circle trained facilitator. 3. The staff member who will be facilitating must be chosen before departure (rather if it's a one-person or changing among the staff - to be decided by the team leader). 4. The coordination and planning of the expert's filed visit (one week at least). 5. Weekly phone meetings and updates with the team leader/ and team circle facilitator and the peace circle trained facilitator for briefing, suggestion, and updates. 6. Budget allocation for snakes and office materials for the weekly meeting. 7. Final debriefing circle after returning from the field – peace circle trained facilitator responsibility.

Timeline for each task	Headquarter peace circle and training – 1 full day – before departure. 1 week field visit of the peace circle trained facilitator. 2 hours weekly peace circle meeting 2 hours a week of distance reporting before and after the circle. Headquarter peace circle and conclusion – 1 full day – after returning.
Main activity schedule	The project should take 1 year depends on the kind of mission (emergency/development) and its duration and field needs.
Milestones	1 day of peace circle workshop Weekly peace circle meeting
Expertise	Peace circle trained facilitator – a person who was trained to conduct circles before (preferences for mental health professional but not necessary). Circle facilitator – team leader or chosen staff member (if there is a mental health professional in the team or motivation of other team members to facilitate). The facilitator must complete the peace circle workshop.
Team responsibilities	The circle facilitator or facilitators will be chosen by the team leader and peace circle trained facilitator. The team leader carries all responsibilities of the content, logistics, and management of the project.

Activity Plan – Timeline

Activities	Implementation	Responsibilities
Peace circle staff training workshop	1 day (up to two weeks before departure)	Peace circle trained facilitator
1st guided field peace circle	2 hours (up to two weeks after departure)	Peace circle trained facilitator
2nd supervised peace circle	2 hours (up to one week after the 1st circle)	Team leader
Weekly circle	2 hours weekly (preferred in an office day or writing)	Team leader
Closing headquarter peace circle	1 day (up to two weeks after returning)	Peace circle trained facilitator

Budget

A yearly budget of 5980 Euros needs to be allocated for the project

Expenditures (1-year project)	Amount (in Euro)
Office Supply (1 year) – office material for the weekly circles (papers, pens, markers, candles…)	1000
Peace circle expert Salary (2 - one-day workshops, one-week field visit, 10 monthly distance consulting hours)	Yearly salary – 1200 2 days workshops – 300 1 week filed visit – 500
Peace circle expert travel and lodging (field visit)	1000

Activities (per 1 year)	Details	Time frame - before departure	Time frame – during the filed mission	Time frame – after returning	Budget (In Euros)
Predeparture workshop (1 day)	1-day workshop (including office materials and facilitator salary)	yes			250
After returning workshop (1 day)				yes	250
Peace circle expert – field visit (one week)	TA salary + Flights + lodging + insurance		yes		1200
Peace circle expert yearly salary	Full-year salary based on 10 monthly hours of online distance consultant		yes		1500
Office supply	Materials for the workshops (papers, pens, and markers, candles, and any other_circle related creativity materials)		yes		1000
Circle expenses	To create the team connection weekly food refreshments will be provided		yes		1000
Administrative costs	10% for accounting, hedging costs, and financial management		yes		520
Contingency fund	5% to respond to the changing situation on the ground		yes		260
					Total cost: 5980 Euros per year

Sustainability

As discussed in previews chapters of this paper, aid workers are under a lot of stress as part of their work and tend to burnout and in high numbers compared to other professions. One of the main goals of this project is to create better and more professional aid workers and therefore better aid organizations and a better industry as a whole. But not only that, professional aid workers who are more satisfied with their work are therefore staying in their demanding line of work for longer. Staff who are burnout are a great expense to aid organizations and takes a lot of the organization resources, which badly affect the organization and its goals, because of a few reasons:

1. Sending workers to and from the field costs a lot of money, the more turnover you have the more expenses an organization has (flight and transportation costs).
2. Prepare and teach new staff can take a week, depends on the position, and requires at least one more staff member to stop his regular work to do the turnover (meaning two people are getting paid for one position, and the regular work is not being done).
3. New staff members are more likely to make mistakes because it takes time to learn new systems and working methods, fixing these mistakes takes time as well, this is time that could be invested somewhere else.
4. Staff who is burnout or suffer from STS will most likely be a bad ambassador to the organization, and organizations spend a lot of money on PR.
5. A worker who is not motivated or is suffering from STS will be less productive, he will not finish his tasks in the best time possible and will do fewer tasks which will reduce job productivity, as a result, more staff members will be required to do the same amount of work.
6. The services and the beneficiaries will be badly affected as well as the organization projects which can heart the organization's reputation and future donations, even if the worker was highly skilled and motivated when he started the position.

Although the staff well-being and mental health are the most important, especially in a field that has a goal to reduce human suffering, donors and some organizations will be more motivated to invest in this project because of the financial benefits and the long-term potential reduction in expenses. While this might not be the motivation we

wish for, it is important to show organizations and donors the financial cost and the damaged the organization can prevent in relativity low resources.

The sustainability aspect of this project is based on the fact that the quality of the workers can improve, which will reduce organizational costs and allow money to be allocated for other purposes. This project provides intellectual and emotional merits which needed to be implemented in the origination's priorities. The renewal of these yearly low-cost projects for new staff members is important, but in case of future low resources, the project is built on trained staff to conduct these services, since it doesn't necessarily require experts.

Monitoring and Evaluation (M&E)

When dealing with psychological and emotional merits the M&E part can be more challenging than with water, sanitation, or shelter building because those can much more easily count by the number of shelters we build, public health workshops we counted, and how many hygiene kits we distribute. Because, when dealing with psychological aspects we deal with the quality of the services more than the numbers of people we reached. For example, to conduct 100 workshops on "how to improve your agriculture crops for rural local farmers" and reaching 1000 people. But what did the people learn? how can they manage to implement what they learned in their own farms for the long run based on the materials or experience they have. Maybe it is better to conduct 20 longer workshops for only 200 farmers, but 200 farmers who can quantitively increase their agriculture crops or be at a level that they can teach others in their communities. Unfortunately, some donors prefer to see the big numbers and Facebook pictures of 100 workshops, even if the long-term benefits will be lower. This is why the monitoring and evaluation process of this project is crucial to proving its necessity for the donors, partner organizations, and to prove that its help directly to the aid workers and indirectly to the beneficiaries.

The best way to conduct the M&E for this project is by: self- agency survey, group discussion, and pre/post-test questionnaire. These tools will help to better understand the state of mine overtime of the staff members. To do it two groups of aid workers will be chosen, one control group and one test group, the two groups should be chosen from similar size organizations in terms of size (i.e. number of workers, annual budget). One group will take part in the project and conduct weekly peace circles and the other will not. The teams should be working in the same field, preferably the same

context (i.e. working with refugees, education, sanitation) and the same setting (i.e. long term development work, emergency, and relief), and the same geographical areas of working in term of general security (i.e. countries and areas when it's allowed or not allowed to walk alone in the night, same personal security warnings and measures to reduce risk), this way worker can have the same baseline in term of the amount of stress they will be in as a result of their work.

Questionnaires will be handed in four-time frames, before leaving to the field and after returning and twice during the field stay. All the questioners will be collected and analyzed by the M&E expert and a report will be done to prove the goal and improve the methodology. The questionnaires will ask the workers about their well-being, the motivation, and satisfaction from their work, and connected to their mission and the organization's goals. The aim is to see what changes are made in the aid worker's motivations and well-being and general satisfaction of life as a result of their field-work. After comparing to the control group, it will be possible to see if the weekly peace circles helped aid workers to manage their stress and prevent signs of STS and burnouts.

Another questionnaire can be handed to beneficiaries' groups who can report the kind of services they receive and the availability of the staff they feel they have. Furthermore, they can report the amount of satisfaction from the services they receive overtime (i.e. when the aid workers begin their work, and after six months and one-year period). The aim is to see the level of patients and the availability of the aid workers and compare any changes in the two groups.

The final questionnaire should be handed to the organization's headquarters and general managers to report the satisfaction from the staff, their motivation, and the quality of their projects to test if the peace circle helps to improve job productivity and project success.

Pilot Project - Corona Peace Circle 2020

As it happens to be, this paper has been written in the Spring of 2020, in the mid of a global emergency, the Corona Pandemic. Most of this paper was researched and written under the pick of the lockdown in Spain. It was a stressful and intense time, as any reader who was alive anywhere in the world can testify. Out of this emergency, a healing initiative was created, by Dr. Gloria María Abarca Obregón, the supervisor of this paper, and me. We created, maybe for the first time, an online Dialog Peace Circle

to provide support for our fellow student community. Around 10 students and one professor from different corners of the world, was gathered for two hours once in two weeks to create a space where we can all share our experiences and receive community support. This Dialog Peace Circle, later on, turns to be, a sort of a pilot project that lasted for three months from the end of March 2020 to the end of June 2020. The circles were facilitated by the professor while I supported the circle and its logistics, after few biweekly online circle meetings, along the process different students volunteered and facilitated the circle in turns.

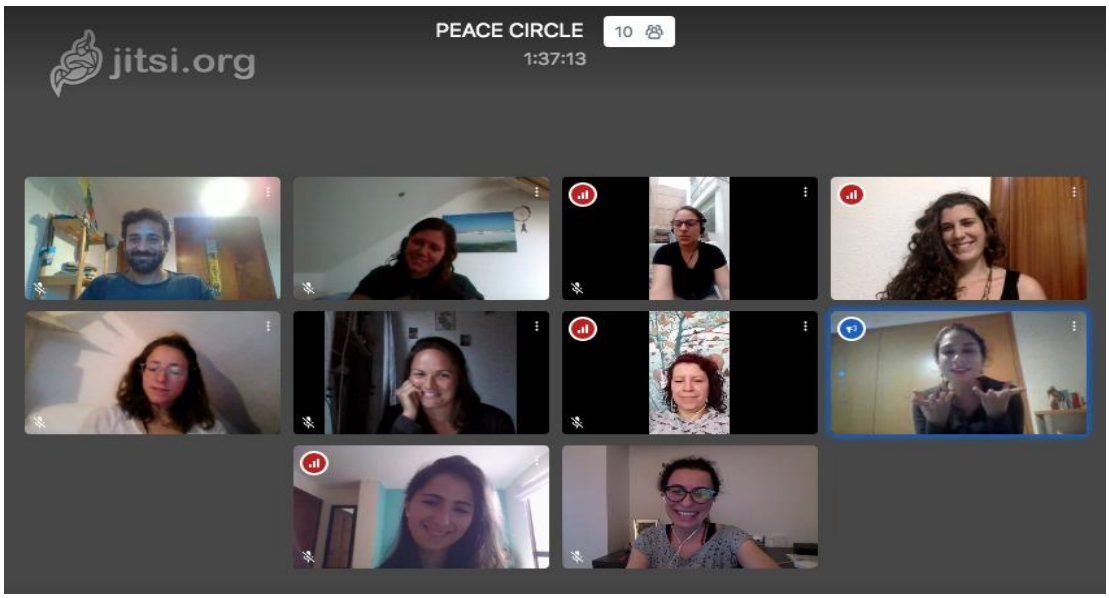
The impact was big, all the participants testified meaningful positive results in their mental and emotional state of mind during these times of emergency and uncertainty. On a personal level, I can say that although I received individual support from my family and friends and professional emotional support as well, the Peace Circle provided me with an important Self-Care tool to cope and process the new reality. During the circle, the guided questions of the facilitator helped me to better observe my fears and needs, and more importantly, see that other people are dealing with the same issues on different levels. I felt I was not alone, and that my concerns, even the most radical ones, are common among my peers as well. The safe space the Peace Circle created, together with my peer's support, provided me with a lot of strength and resilience, in some aspects more then I got from all other support mechanisms I had.

It is important to say that the online aspect was not ideal, but it was a force of reality. And it happens a lot in the aid industry that people are not physically closed but still have to work closely together. The online Peace Circle can be a simple, low-cost solution for that. It is also worth mentioning that our circle was combined from students studying the same master's degree, with at least one year of close relationships, this increased our confidence in one another and helped us dive deep already in the first session. Nevertheless, an online global community of peers or colleagues are becoming more popular in the world today and even more so in the post-Corona realty.

This pilot project, strengthen my belief in the importance of this paper, and the research needed to be done on the topic of helping the helpers. The same logic can be also valid for medical staff, for example. The heroes of the Corona emergency were not soldiers or firefighters like most catastrophes, instead, they were the medical staff who worked day and night, with constant uncertainty facing deep emotional stress. Unfortunately, as happens after a big natural disaster, after the storm passes the media

and the public opinion move on and forget the heroes who have now new needs and negative emotional consequences as a result of their dedicated work. Medical staffs post-Corona time are at a high risk to suffer from STS and burnouts, moreover, when the process can be slow and silent, without their understanding of the problem, the problems will likely to affect a larger number of people. The medical staff needs, as much as aid workers and other related professions, to receive coping mechanisms tools for their Self-Care.

After witnessing the positive impact of the Corona Peace Circle initiative, I hope this tool of Self-Care and others as well, will be used more to improve the lives of aid workers, emergency related personal, and people in general.



(In the picture: An online bi-weekly Peace Circle during the Corona lockdown, 12.6.2020)

Conclusion

Aid workers around the world are at high risk to suffer from Secondary Traumatic Stress as part of their work. STS is a process that can develop in silence over time when exposed to people who suffered from a traumatic emergency crisis, this can lead to burnouts and PTSD symptoms. Even with the high risk, there is not enough awareness of the problem, and aid organizations are not doing enough to provide aid works with Self Care tools to keep themselves safe. In this paper, I proposed the Peace Circle as a Self-Care tool that can strengthen aid workers' Self-Care arsenal to build their resilience and keep them physically and mentally healthy. As was mentioned by Duffield (2012), the aid industry is a relatively new sphere that took its first steps

around 70 years ago after WW2. Then, after the Cold War in the 90s, the industry became bigger with more resources and funds invested in it, and therefore more aid workers were hired. An aid worker can be any individual working in conflict or development related issues in the field, headquarters, or academia. With the expansion of the industry more and more workers suffered from Secondary Traumatic Stress as a result of their work. It was Figley (1995) who was one of the first researchers to identify the problem of emotional fatigue caused to workers who help others. As he mentioned, STS is a stress-related issue caused by secondary exposure to a traumatic experience. Since aid workers are at risk to encounter challenging circumstances as part of their work, this can lead them to have PTSD symptoms and therefore burnouts became more common, people who were motivated and committed to their work could not stay in their line of work for usually more than one position.

To help aid workers, and to keep them safe, they need to receive Self-Care training or coping mechanism strategies, as suggested by Rothschild & Rand (2006) in their book *Helping the helpers*. These tools can prevent STS but can also help heal their wounds and strengthen their resilience, to turn the trauma into growth in the form of PTG. As Lederach (2003) mentioned every conflict, inner or external can be an opportunity to grow. For that reason, within a peace education perpective I suggested in this paper Kay Pranis (2005) Self-Care tool, the Dialog Peace Circle. This tool is relatively easy and low cost and can help field teams to create a safe space to share their emotions and build their individual and community resilience. The main objective of the paper is to provide a comprehensive literature review about STS and Self Care among aid workers. And to identify this relatively new field of research, new in terms of acknowledgment and recognition, even though the problem itself might be as old as humans are. This objective is derivative from my main goal of this paper, which is to contribute to the field of peace, conflict, and development, in the fieldwork and academia, by addressing a big scale problem that is not getting enough attention, and to suggest possible sustainable solutions.

The research has its limitations because STS is a process it is hard to create a direct link between the STS and a specific event or context. That is why more comprehensive research is needed. Future research can focus on quantitative methods, to strengthen the paper's main ideas by data. The aid industry is a relatively new field and the negative implication needs to be researched and addressed, that is why

quantitative research is required to show how many people suffer from this problem and for how long, and how can Self-Care tools reduce this numbers. A Ph.D. researcher can continue this paper to monitor and evaluate focus groups to better examine the short- and long-term results of a Peace Circle as a community Self-Care tool.

On a personal note, this paper was written out of a very deep personal pain. Being an aid worker in the middle of one of the biggest refugee crises of our time exposed me to the untold story of the personal price aid workers are dealing with, and this price they need to bear by themselves. As a team leader, I saw two of my staff members breaking down, suffering from burnouts and Secondary Traumatic Stress, I felt so helpless because I could not help them, on top of that, there was no organizational acknowledgment of that problem. Later on, after I finished my one-year position as Head of Mission in Greece, I suffered from Secondary Traumatic Stress as well. Depression and anxiety attacks came with severe anger about the world, self-isolation, and helplessness, I lost my desire to be an aid worker, or to help people in general. I lost the point of life, colors were less vivid and food was tasteless, I felt life was meaningless and I dealt with all of it alone. It took a long time for me to connect the dots between my personal crisis and my professional work with refugees in Greece, by then my organization continued to deal with another of the endless crises and I had no one to turn to. This paper was born out of this necessity, my own, and tens of thousands of people who were left alone with no support or ability to take care of themselves.

Finally, Secondary Traumatic Stress is a serious risk faced by many aid workers, which influences the aid industry and its beneficiaries. Therefore, Self-Care tools and coping mechanisms need to be taught and researched to be used by field workers. By providing a range of tools we can reduce the suffering of aid workers and the victims of Secondary Traumatic Stress. We will not only improve the life of aid workers, but we will also improve the lives of all the people they help, and improve the global effort to help those in need.

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Annex

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