STAFF CARE APPROACH

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List of abbreviations

HTS – human trafficking survivor

PTSD – post-traumatic stress disorder

ST – secondary traumatization

Introduction

Understanding what human trafficking is and why it is such a complex phenomenon may begin with understanding trauma. Human trafficking is a form of dehumanization and can produce profound, prolonged, and often repeated trauma. The consequences on a person are very unique and affect the lives of survivors deeply. As Van der Kolk notes, 'trauma is specifically an event that overwhelms the central nervous system, altering the way people process and recall memories. It's the current imprint of that pain, horror, and fear living inside people'.[1] Trauma experienced by trafficking survivors typically stems from psychological, physical, and emotional abuse; deprivation of basic needs; forced or coerced use of drugs; economic exploitation; and/or threats of deportation.[2] Having that in mind, the most common disorders are posttraumatic stress disorder, mood disorders, anxiety disorders, dissociative disorders, and substance use disorders. Some experts suggest that as a result of multiple traumatic experienced before, during, and sometimes after trafficking, survivors develop complex post-traumatic stress disorder which refers to a more complicated psychological reaction that includes - affect deregulation, dissociation, and changes in memory, somatic distress, changes in relationships with others, shifts in self-perception, and changes in systems of meaning. Some of the commonly presenting behaviors of trafficking survivors, such as guilt and shame, revictimization, hopelessness, aggression, emotional volatility, self-injurious behavior, and other risk behaviors, may be therefore related to complex PTSD.

Even though it is well known that survivors of human trafficking experience multiple forms of abuse and suffer a range of health consequences, there is limited evidence relating to effective treatments for this complex and highly vulnerable group, and little is known about their ability to engage in psychological therapy. Therefore, everyone included in recovery of human trafficking survivors[3] needs a more comprehensive understanding of this phenomenon, especially its impact on survivors to provide effective treatment and intervention.

The aim of the approaches is to provide practitioners (clinicians and non-clinicians) who work in shelters across the Western Balkans practical guidance to inspire further learning and action over time. More precisely the goal is to:

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[1] van der Kolk, B. A. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. Viking.

[2] Burke, M. C. (2019). Human Trafficking in the 21st Century: An Overview for Healthcare Providers. In Working with the Human Trafficking Survivor: What Counselors, Psychologists, Social Workers and Medical Professionals Need to Know (pp. 1–16). Taylor & Francis Group. http://ebookcentral.proquest.com/lib/brandeis-ebooks/detail.action?docID=5741710

[3] The terms 'victim' and 'survivor' are both used in different contexts to refer to individuals who were trafficked. 'Survivor' is used by many service providers to acknowledge the strength and resilience demonstrated by those who have been trafficked. Throughout this document, the term 'survivor,' rather than 'victim,' is used in a conscious effort to recognize the importance of empowering these individuals on the road to rebuilding their lives. Additionally, term survivor is used for both identified and potential victims of human trafficking throughout the document. Hockett, J. M., & Saucier, D. A. (2015). A systematic literature review of "rape victims" versus "rape survivors": Implications for theory, research, and practice. Aggression and Violent Behavior, 25, 1-14.

-       provide adequate interventions, i.e. empowerment to human trafficking survivors (HTS) in shelters in order overcome trauma caused by human trafficking and consequently achieve a better quality of life;

-       to provide adequate support to HTSs in shelters as to ensure easier and more successful coping with the life circumstances in which they find themselves, which have been shown to carry a risk for developing psychological difficulties and mental disorders.

This tool package is comprised of 4 approaches:
1. Organizational approach to providing support for survivors of human trafficking in shelters
2. Clinical approach to providing support for survivors of human trafficking in shelters
3. Approach for providing support for children survivors of human trafficking in shelters
4. Staff care approach

Recommendations from the approaches may be used interchangeably by all service providers working in the shelters. However, those that require additional psychological training and knowledge should be used only for trained staff in the field of psychology and psychotherapy including counseling.

Data for the approaches was gathered through different means. Best practices are collected through desk research. In addition, different examples are drawn from carrying out in-depth interviews with service providers in different shelters in Bosnia and Herzegovina, Macedonia, Albania, Kosovo*, Montenegro and Serbia. The aim was to compare and contrast best practices in providing assistance to human trafficking survivors and complement them with different practices implemented worldwide as to contribute to developing new approaches that will help HTSs in the field. The approaches consist of evidence-based and best practice information for clinical and non-clinical service providers who want to work more effectively HTSs who have been exposed to acute and chronic traumas and/or are at risk of developing traumatic stress reactions.

The approaches for working with vulnerable persons have been developed within the project *"Heal and Connect: Towards the improvement of mental health protection of vulnerable groups through networking and evidence-based practice"*, implemented by PIN – Psychosocial Innovation Network. This project is a part of the project "Preventing and Combating Trafficking in Human Beings in the Western Balkans" (PaCT) funded by the German Federal Ministry of Economic Cooperation and Development (BMZ) and implemented in the region by the German Corporation for International Cooperation GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit).

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* This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

STAFF CARE APPROACH

What is staff care?

Staff care encompasses all of the efforts that an organization makes in order to monitor, protect and promote the well-being of its employees*.* The staff care framework refers to a system of different tools, practices, and structures that are developed to support the well-being and mental health of staff. Staff care should be tailor-made, depending on each specific need and context of an organization and it should be an integral feature of the institution implementing it.[4] Staff care is a process - something that is monitored, evaluated and adjusted when necessary. In highly demanding work environments, it should help staff deal with human suffering, trauma and injustice.[5] Service providers working with migrants, refugees and asylum seekers, as well as service providers working with human trafficking survivors, are on a continual basis, exposed to stories of people who have been exposed to numerous traumatic experiences and human rights violations.[6] These experiences are especially important since they fall under the category of daily, prolonged stress that can lead to high emotional distress and burnout, physical illness, high levels of absenteeism due to illness, professional issues or high staff turnover within an institution. Therefore, the implementation of the staff care framework should be considered an ethical responsibility of every humanitarian organization that aims to protect the well-being and mental health of its employees.[7]

Secondary traumatization

Secondary traumatization (ST) is a symptom that can occur to people in helping professions, who work with those suffering from posttraumatic stress disorder (PTSD), and are as such exposed to their traumatic experiences.[8] Secondary traumatization can be experienced by persons working in helping professions, namely health workers, social workers, trauma counsellors and psychologists who work with migrants, refugees and asylum seekers, as well as service providers working with victims of trafficking in human beings. Since secondary traumatization is a post-traumatic stress disorder-like syndrome it consists of four clusters of symptoms that can also be found in PTSD: intrusive and involuntary memories related to the traumatic event, avoidance of

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[4] People in Aid. (2003). *People In Aid Code of Best Practice in the management and support of aid personnel*. https://cms.emergency.unhcr.org/documents/11982/45255/People+in+Aid%2C+Code+of+good+practice+in+management+and+support+of+aid+personnel%2C+2003/7bfae9ed-1f75-4bbf-92a3-9aebf0f02375

[5] Jacobi,J., Becker, D., Phil C. Langer, Maier, L. Sheese, K., Ahmad, A., Schumann, F. (2019). *Responding to Staff Care Needs in Fragile Contexts (REST): Introductory Guide*. Berlin; The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ).

[6] Cantekin, D., & Gençöz, T. (2017). Mental Health of Syrian Asylum Seekers in Turkey: The Role of Pre-Migration and Post-Migration Risk Factors. *Journal of Social and Clinical Psychology*, *36*(10), 835–859. https://doi.org///dx.doi.org.ezproxy.fiu.edu/101521jscp20173610835

[7] Inter-Agency Standing Committee. (2006). *IASC Guidelines on Mental Health and Psychosocial support in Emergency settings.* https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28English%29.pdf

[8] Figley, C. R. (1995). *Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized*. Routledge.

memories or reminders of a traumatic event, mood and cognitions alterations (e.g., inability to recall certain aspects of the traumatic event; prolonged negative emotions and inability to feel positive emotions) and hyperarousal (e.g., difficulties concentrating, being easily irritated and experiencing outbursts of anger with little to no reason).[9]

Prolonged and repeated exposure to traumatic stories imposes a risk on the quality of one's personal and professional life. It has an impact on service providers' well-being, brings difficulties related to depression and anxiety and impacts the overall quality of life of service providers. Although secondary traumatization is considered to be a state of physical, emotional and mental exhaustion caused by long term involvement in emotionally stressful situations, it commonly goes unnoticed until it becomes more serious and takes the form of depression, anxiety, burnout, PTSD or substance dependence.

Burnout

Burnout is a state of physical and emotional exhaustion that occurs in people who experience long-term job-related stress. Unlike secondary traumatization, this psychological symptom is related to continual exposure to stress in the work environment. The three key attributes of burnout are overwhelming exhaustion, feelings of cynicism and detachment from the job, as well as a sense of ineffectiveness and lack of accomplishment.[10] Burnout can result from job-related factors, such as unclear job expectations, dysfunctional workplace dynamics, work overload and lack of social support. Burnout has been associated with job withdrawal, intention to leave the job and frequent staff turnover. On the other hand, if persons choose to stay on the job, burnout can lead to lower productivity, decreased job satisfaction and a reduced commitment to the job and/or the organization. Some of the common signs of burnout that management and other employees can monitor and detect in their colleagues are: feeling tired most of the time, feeling helpless, trapped and/or defeated, feeling alone in the world, having a cynical/negative outlook, self-doubt, procrastinating, feeling overwhelmed.[11]

Risk factors for staff welfare

Individual risk factors that are related to secondary traumatization:

- Younger age[12]
- Female gender[13]

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[9] American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition*. American Psychiatric Association.

[10] Maslach, C. (2003). Job Burnout: New Directions in Research and Intervention. *Current Directions in Psychological Science*, 12(5), 189–192. https://doi.org/10.1111/1467-8721.01258

[11] United Nations High Commissioner for Refugees. (2001). *Managing the Stress of Humanitarian Emergencies*. https://www.refworld.org/pdfid/4905f1752.pdf

[12] Ghahramanlou, M., & Brodbeck, C. (2000). Predictors of secondary trauma in sexual assault trauma counselors. *International journal of emergency mental health, 2*(4), 229–240.

[13] Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of Loss and Trauma*, 12(3), 259-280.

- Personal history of trauma[14]
- Maladaptive coping strategies grouped around passive and avoidant coping[15]

Organizational risk factors that are related to secondary traumatization[16]:

- Amount of exposure to traumatized clients
- Type of clients and trauma content
- Total years of work with traumatized persons
- Work support. Those who feel that they do not have someone to turn to if they encounter work-related issues and cannot count on help when needed demonstrate higher levels of secondary trauma
- Work organization. The poorer the work organization is, the more intrusions, avoidance, and arousal symptoms of secondary trauma are present.
- Working overtime
- Internal and external cooperation. Those who have experienced poor cooperation within their organization, as well as those who experienced poor external cooperation, demonstrated higher levels of intrusions, avoidance, and arousal associated with secondary trauma

Organizational risk factors that are related to burnout[17]:

- Unclear job expectations. It is more likely that staff might experience symptoms of burnout if the managerial and supervisory expectations are unclear
- Dysfunctional workplace dynamics
- Too demanding or too monotonous work environment
- Lack of social support
- Work-life imbalance

Findings from the field show that staff members highlight work support from their colleagues as something extremely valuable in their everyday work and coping with work-related stress. One of the most notable conclusions is that almost all organizations working with HTSs do not have written staff care policies which bring the staff at higher risk of developing symptoms of ST and burnout. Written policies in general, those focused on staff wellbeing included, elevate the overall level of work organization which is one of the risk factors for developing ST and burnout. One of the higher risks remains the demanding and intense work environment in the shelters, which cannot be easily overcome due to 24/7 services they provide to HTSs. Together with

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[14] Hensel, J. M., Ruiz, C., Finney, C., & Dewa, C. S. (2015). Meta-Analysis of Risk Factors for Secondary Traumatic Stress in Therapeutic Work with Trauma Victims. *Journal of Traumatic Stress*, *28,* 83–91. https://doi.org/10.1002/jts.21998

[15] Vukčević Marković, M., & Živanović M. (2019). Secondary traumatization in service providers working with refugees. In A. Hamburger, C. Hancheva, S. Ozcurumez, C. Scher, B. Stanković & S. Tutnjević (Eds.), *Forced Migration and Social Trauma* (pp. 237-248)*.* Routledge.

[16] Devilly, G. J., Wright, R., & Varker, T. (2009). Vicarious trauma, secondary traumatic stress or simply burnout? Effect of trauma therapy on mental health professionals. *Australian & New Zealand Journal of Psychiatry*, *43*(4), 373-385.

[17] Maslach, C., & Leiter, M. P. (2006). Burnout. In A. M. Rossi, P. L. Perrewe & S. L. Sauter (Eds.), *Stress and quality of working life: current perspectives in occupational health* (pp. 37-53). Information Age Publishing.

project-based funding of organizations, they contribute to a feeling of uncertainty which can furthermore jeopardize the mental health of staff.

Recommendations for organizations

Individually-based

Organizations should provide trainings and continuous support that will empower staff to apply adaptive and reduce maladaptive coping strategies. These in particular refer to the reduction of maladaptive coping strategies such as: denial, self-distraction, worry, self-blame, wishful thinking, substance abuse (including alcohol and tobacco use) and tension reduction.[16]

Best practice: Breathing at resonance frequency is proven to be effective in reducing heart rate levels which occur in depression, anxiety, and chronic stress. It consists of approximately 6 breaths per minute, and the slow and paced breathing can help with managing acute stress and anxiety.[18] Here are the instructions for breathing at resonance frequency:

1. Sit or lie comfortably in a quiet environment. If you sit, place your arms on an armrest and your feet firmly on the ground. You can close your eyes if comfortable.
2. Slowly breathe in through the nose with mouth closed for five seconds.
3. Exhale for five seconds, allowing your breath to gradually leave your body without force.
4. Continue for up to 15 minutes.

Another variation of breathing exercises includes mindful breathing that can be achieved through various forms of guided meditations (e.g., https://ggia.berkeley.edu/practice/mindful_breathing developed by UCLA's Mindful Awareness Research Center).

Recommendations for staff members
- Staff members should have mandatory breaks during working hours in line with their working contracts and legislation.   - Staff members should have access to monthly training sessions aimed at strengthening their coping capacities for working with vulnerable persons (e.g., support groups, psychotherapy sessions, relaxation skills trainings).

Organization-based

In order to protect the mental health and well-being of their staff, organizations should, above all else, acknowledge that employees often face extremely difficult challenges while working with HTSs. Self-care (relaxation, mindfulness, good quality nutrition and meditation exercises) can be an important ingredient of staff care but it should not exclude the organizational responsibility of protecting the well-being and mental health of their staff.

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[18] Steffen, P. R., Austin, T., DeBarros, A., & Brown, T. (2017). The impact of resonance frequency breathing on measures of heart rate variability, blood pressure, and mood. *Frontiers in public health*, *5*,222.

The role of staff management is to[19,20]:

- Acknowledge that staff often face challenges (e.g., fear, sadness, distress, and anger) while working in the midst of human suffering, violence and injustice
- Help staff deal with trauma and loss to the best of their possibilities
- Help staff stay connected to themselves and to their team in the midst of human suffering, violence and injustice
- Help enhance communication within an organization and deal constructively with interpersonal conflicts
- Help establish a culture that promotes trust
- Help staff maintain/re-establish a sense of meaningfulness in times of stress and burnout

Basic suggestions for the organization that aim to include staff care as an integral part of their program[21,22]:

1. The organization must acknowledge staff care and must insist that the psychological well-being of staff is a primary concern
2. The organization must develop a comprehensive framework of staff care within its systems
3. The staff care framework the organization develops must be context- and gender-sensitive
4. The organization must develop a written staff care policy
5. The organization must provide a pre-deployment brief that includes information about the psychological distress that the job holds
6. The organization must promote a culture of staff care practices and an understanding that it will respond supportively to staff care needs
7. The organization must develop measures that should be applied in case of stressful events in order to protect staff mental health
8. The organization must regularly evaluate its staff care needs
9. The organization must facilitate self-care practices among its staff
10. The organization must ensure confidentiality and assurance that seeking support in times of burnout will not jeopardize their employment and/or reputation
11. The organization must integrate staff care into planning and budgeting procedures

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[19] Jacobi,J., Becker, D., Phil C. Langer, Maier, L. Sheese, K., Ahmad, A., & Schumann, F. (2019). *Responding to Staff Care Needs in Fragile Contexts (REST): Introductory Guide*. The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ).

[20] United Nations High Commissioner for Refugees. (2016). *Staff Well-Being and Mental Health in UNHCR.* https://www.unhcr.org/56e2dfa09.pdf

[21] Macpherson, R., & Burkle, F. M. (2013). Neglect and failures of human security in humanitarian settings: challenges and recommendations. *Prehospital and disaster medicine, 28*(2), 174-178.

[22] The KonTerra Group. (n.d.). *Essential Principles of Staff Care Practices to Strengthen Resilience in International Humanitarian and Development Organizations*.

Additional suggestions for organizations who aim to include staff care as an integral part of their program [22,23]:

1. Organizations should commit to staff care and the implementation of adequate policies and procedures
2. Organizations should commit to continual assessment of staff care needs
3. Organizations should ensure access to staff care resources throughout the duration of their contract
4. Organizations should recognize that certain staff face stress and burnout more than the others and should ensure additional assistance
5. Organizations should ensure safe spaces for staff care practices that are open and confidential

Recommendations for organizations
- Organizations should create and adopt written staff care protocols. Yearly evaluations of the implementation of such protocols should be conducted in order to adapt them.   - Organizations should provide additional support to staff members through providing monthly individual and/or group supervisions sessions.   - Organizations should have regular team building activities focused on strengthening team cohesion, enhancing communication and building an atmosphere of trust and support.   - In situations of overtime work, it should always be paid, or compensated to staff members through additional free days.   - Expectations, needs and tasks should be as clear as possible in order to prevent burnout among staff members.

INDICATORS FOR M&E OF THE IMPLEMENTATION OF THE APPROACH	
Developing adequate staff care protocols	• The organization has developed a staff care framework • Staff care framework is shared with all employees • The organization has developed a pre-deployment brief that includes information about the nature of the job • Pre-deployment brief is shared with candidates • The organization has developed a yearly evaluation plan of staff 's well-being • The organization implements a yearly evaluation of its staff's well-being • The organization has developed measures that should be applied in case of stressful events in order to protect staff mental health
Protecting staff's wellbeing through the provision of (in)direct support	• Staff has adequate and safe working space • Staff has continual external and/or internal psychosocial support • Staff has the access to additional trainings and preventative programs about burnout, secondary trauma and mental health protection • Staff has the access to evidence-based resources about mental health protection and prevention • Staff has the access to continual supervision with an expert in the field • Staff care is implemented in the budgeting procedures
Protecting staff's wellbeing by sharing information	• Staff has the appropriate information about the scope of their work • Staff has the information about the amount of time expected to work • Staff has the information about the amount of time expected to work with clients on a weekly basis • Staff has the information about the amount of time expected to complete a certain task
Protecting staff's wellbeing by respecting boundaries	• Staff has an adequate amount of free time during working days • Staff is not contacted during their free time when not necessary • Staff has an adequate amount of free time for vacation

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Adress:

Antonie Grubisikj 5

1000 Skopje, North Macedonia

T +389 23103560

E martin.hiebsch@giz.de

I www.giz.de

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