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Experiences of Secondary Traumatic Stress and Coping Among Refugee Professionals: A Qualitative Study

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ABSTRACT

Humanitarian aid workers had adverse effects on their services and were exposed to intense and prolonged traumatic experiences. This study examined the secondary traumatic stress experiences and coping methods of humanitarian workers working with refugees in a nongovernmental organization in İstanbul, Türkiye. This is a qualitative study with a phenomenological design. Data were collected via in-depth interviews between July and August 2020 using a semistructured interview form. The sample consisted of 13 participants who were social workers, health educators, lawyers, field workers, case managers, and/or protection officers. Colazzi's phenomenological interpretation method was used for data analysis, and results were classified under 5 themes (emotions, mental situation changes, satisfying aspects of the job, tiring aspects, and coping) and 15 subthemes. The study determined that humanitarian workers providing aid to refugees often experience sadness, anger, and fear; notice changes in their lives; often get tired of their work; are sometimes satisfied with work; and find ways to cope by approaching or getting away from themselves. Therefore, supervision and peer support for humanitarian aid workers should be provided and maintained.

Keywords: Qualitative research, refugee, traumatic stress disorders.

ÖZ

Mültecilere Yardım Eden Profesyoneller Arasında İkincil Travmatik Stres ve Başa Çıkma Deneyimleri: Nitel Bir Çalışma

İnsani yardım çalışanları sağladıkları hizmetler gereği yoğun ve uzun süreli travmatik deneyimlere maruz kalır. Bu çalışmanın amacı, İstanbul'da bir sivil toplum kuruluşunda mültecilerle çalışan insani yardım çalışanlarının ikincil travmatik stres deneyimlerini ve başa çıkma yöntemlerini incelemektir. Fenomenolojik desende yapılan bu nitel çalışma verileri, yarı yapılandırılmış bir görüşme formu kullanılarak Temmuz-Ağustos 2020 tarihlerinde derinlemesine görüşmeler yoluyla toplandı. Örneklem sosyal hizmet uzmanları, sağlık eğitimcileri, avukatlar, saha çalışanları, vaka yöneticileri ve koruma görevlileri olmak üzere 13 katılımcıdan oluştu. Verilerin analizi Colazzi'nin fenomenolojik yorumlama yöntemi ile yapıldı. Bulgular, beş ana tema (duygular, ruhsal durum değişiklikleri, işin tatmin edici yönleri, yorucu yönleri ve başa çıkma) ve 15 alt tema altında sınıflandırıldı. Mültecilere yardım sağlayan insani yardım çalışanlarının sıklıkla üzüntü, öfke ve korku yaşadıkları; hayatlarındaki değişiklikleri fark ettikleri, bazen işlerinden yoruldukları bazen de memnun oldukları ve kendilerine yaklaşarak ya da uzaklaşarak başa çıktıkları bulundu. Mevcut bulgular göz önünde bulundurulduğunda, insani yardım çalışanlarına yönelik süpervizyon ve akran desteğinin sağlanması ve sürdürülmesi önerilebilir.

Anahtar Kelimeler: Nitel çalışma, sığınmacı, travmatik stres bozuklukları.

INTRODUCTION

The word "trauma" comes from the Greek word that means "to injure or pierce" (Özen & Cerit, 2018) and can be understood as a physical, spiritual, or emotional injury (Michelson & Kluger, 2021). While trauma was initially defined as "an event that will cause significant distress to all" in The Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III), its subjectivity was emphasized over time and was later defined as "sudden, unexpected, and uncontrollable situation that disrupts daily functioning and creates fear/dread." Accepting secondary traumatization by DSM-V, the A3 and A4 criteria emphasized that a person can be "traumatized by indirect means such as learning about an event, getting news of it and seeing it" (American Psychology Association, 2013). According to Salston and Figley (2003), secondary traumatic stress presents as emotional and behavioral reactions based on witnessing trauma and the desire to help individuals who have experienced trauma and are helpless. Similar to the symptoms of post-traumatic stress disorder experienced by individuals directly exposed to trauma, secondary traumatic stress can cause symptoms such as reliving the trauma, avoidance, overstimulation, fear, anger, and panic (Can, 2020; Zivanovic & Markovic, 2020). Reportedly, some professionals who work with trauma victims in their professional lives, especially police officers, lawyers, mental health workers, emergency health workers, social workers, and search and rescue workers, have a high rate of experiencing secondary traumatic stress (Kahil & Palabıyıkoğlu, 2018). In addition, professionals working with refugees are exposed to secondary traumatic stress (Ebren et al, 2022).

Refugees migrate from their countries because of human rights violations or war and have difficulty adapting to the countries where they are displaced (Bilen & Kıran, 2020; Can, 2020). Because nongovernmental organizations provide services to refugees, individuals working at these organizations and offering humanitarian aid to these individuals are at risk of experiencing secondary traumatic stress (Can, 2020; Durdyyeda & Erbay, 2021; Kahil, 2016). A study conducted in Türkiye with service providers working with Syrian refugees indicated that the level of secondary traumatic stress was moderate to severe at 27.88%. (Brooks et al, 2022). This rate was 54.81% (mild to severe secondary stress) among social workers or other providers of humanitarian aid working in nongovernmental organizations in Yükseker et al.'s (2024) study in Türkiye.

As a substantial settlement for centuries, transit is frequent in Türkiye. Due to the war that began in 2011 in the Syrian Arab Republic, approximately 13.8 million people have left their country and sought refuge in other countries, especially neighboring ones. Türkiye hosts numerous refugees, with nearly 3.2 million Syrians and 246.000 other nationalities registered under Temporary Protection Status or International Protection Status in 2023 (United Nations High Commissioner for Refugees, 2023). However, this number is much higher while considering the unregistered refugees. As a result, Türkiye conducts studies in cooperation with national and international nongovernmental organizations to meet the basic needs of refugees and protect their rights.

Although secondary traumatic stress has been studied by psychiatrists, nurses, midwives, clinical psychologists, and social workers (Zivanovic & Markovic, 2020), there are limited international studies on the indirect trauma experiences of humanitarian aid providers (Brooks et al, 2022; Yükseker et al, 2024). Reportedly, humanitarian aid workers have adversely affected their services; been exposed to intense, prolonged traumatic experiences; and had heavy caseloads (Ebren et al, 2022; Yükseker et al, 2024). Determining the secondary traumatic stress experiences of humanitarian workers is essential for developing psychosocial interventions for these individuals. Structured programs can be developed using the obtained data, and topics for supervision can be determined. Therefore, this study aims to examine the secondary trauma experiences and coping methods of humanitarian aid workers working outside the mental health field. This study sought answers to two main research questions: what did the participant experience while working with refugees, and how did the participant cope with difficult situations?

METHODS

Aim and Study Design

This study examines the secondary traumatic stress experiences and coping methods of humanitarian aid workers working outside the field of mental health as a qualitative study with a phenomenological design (Yıldırım & Şimşek, 2008). The Consolidated Criteria for Reporting Qualitative Studies was used (Tong et al, 2007) to report the current study.

Settings and Data Collection

The study data were collected between July 1 and August 30, 2020, using online tools and individual in-depth interviews. The interviews were conducted online because of the COVID-19 pandemic. In the first meeting, participants were informed about the study and asked whether they intend to participate. The informed consent and personal information forms were shared with those who agreed to participate. Next, the interview dates for each participant were set. In the second meeting, in-depth interviews were conducted in line with the semistructured interview form. During the interviews, care

Table 1. Sociodemographic characteristics of the participants

Age	Gender	Duration of working with refugees (year)	Education level	Occupation	Participant number
29	Female	3	Master	Health educator	1
30	Male	5	PhD	Protection officer	2
29	Male	5	Bachelor	Social worker	3
27	Female	3.5	Master	Protection officer	4
29	Female	2	Bachelor	Lawyer	5
28	Female	3	Bachelor	Health educator	6
30	Female	2.5	Bachelor	Lawyer	7
26	Female	3	Master	Fieldworker	8
33	Female	4	Master	Social worker	9
30	Male	2.5	Master	Lawyer	10
27	Female	5	Master	Social worker	11
26	Female	3.5	Bachelor	Social worker	12
32	Male	3	Bachelor	Senior case manager	13

was taken to ensure privacy (the individual being alone in the room, sound insulation using headphones, etc.). A researcher experienced in qualitative research conducted in-depth interviews, with each interview lasting 45–60 min.

Personal information form: This form consists of five questions, determining age, gender, educational status, profession, and time of employment in a nongovernmental organization.

The semistructured interview form consisted of eight questions. The interview form is developed in three steps. First, it was prepared based on the literature (Salston & Figley, 2003). Second, three researchers reviewed the questions based on their experiences and obtained specialist opinions on the issue. Third, the primary author piloted the questions with the three participants. No changes were made to the interview form after the pilot interviews because the questions were understandable and allowed for in-depth interviews. The questions in the form were as follows:

- How did you start working with the refugees?
- What did you feel during your interviews?
- Can you discuss the cases that affected you the most?
- Has working with refugees affected your life? If so, can you explain how?
- What are the advantages of your work?
- What are the disadvantages of your work?
- How do you handle your complicated feelings about your work?

Participants

The study population consisted of all individuals working in nongovernmental organizations who are providing services to refugees. The purposive sampling method was used for sample collection (Saban, 2017; Yıldırım & Şimşek, 2008). The sample inclusion criteria were ≥18 years, participation consent, experience working in a nongovernmental organization for at least 3 years, not providing direct mental health support, and providing humanitarian aid to refugees. Professionals providing mental health support to refugees were excluded. Participants were contacted by sharing in nongovernmental organization groups in which the first researcher worked and interacted. The study sample consisted of 13 participants. When the data started to repeat, i.e., when the data reached saturation, the interviews were terminated. The sociodemographic characteristics of the participants are presented in Table 1. Of all participants, four were social workers, three were lawyers, two were health educators, two were protection officers, one was a field worker, and one was a case manager.

Data Analysis

Colaizzi's phenomenological interpretation method was used for data analysis, and the following steps were

1. All the interviews were deciphered upon completion. The deciphers were repeatedly read to understand the meanings attributed to the phenomenon and the emotions experienced.

2. Important statements directly related to the phenomenon were selected.

Table 2. Frequency of themes and subthemes

Themes	Subthemes	Frequency
Emotions	Emotions felt toward the client	8
	Emotions toward people who participants believe are responsible for refugees' lives	3
	Emotions of participants about themselves	4
Changes in mental situations	Changes in the participant's self-perception	10
	Changes in the perception of the outside world	6
a. Satisfying aspects of the job	The ability to be useful to clients	5
	Receiving thanks from the clients	2
	Institution factor	1
b. Tiring aspects of the job	Not useful to clients	3
	Institution factor	3
	Discrimination	3
Coping	Approaching their feelings and thoughts	4
	Getting away from their feelings and thoughts	5
	Sharing	4
	Getting away	1

3. These important statements were examined, and their meanings were formulated.

4. The formulated meanings were grouped into subthemes, themes, and categories.

5. The results were combined with rich and extensive life experiences.

6. The basic conceptual structure of the phenomenon was defined.

7. Deciphered interviews and created themes were sent to the participants, and the findings were verified by comparing them with the participants' experiences (Colaizzi, 1978; Yıldırım & Şimşek, 2008). In addition, the validity and reliability of the data were tested using the Guba and Lincoln method (Guba & Lincoln, 1994), measuring credibility, transferability, dependability, and confirmability. Data analysis was performed independently to achieve transferability and dependability by two researchers trained and experienced in qualitative work. Each researcher maintained rigor by cross-checking the transcriptions with the recordings for accuracy, followed by reaching a consensus on the results through discussions. Credibility was addressed by describing the participants' experiences using their verbatim feedback in the Results section.

Research Team and Reflexibility

The research team included a psychological and guidance counselor, an adult psychiatrist, and a psychiatric nurse. The individual in-depth interviews were conducted by a psychological and guidance counselor with a master's degree in trauma and disaster management. The psychological and guidance counselor and the psychiatric nurse, a senior lecturer in the nursing program, independently analyzed and discussed the theme and subthemes. Peer review was conducted at each stage of the study by an adult psychiatrist working with refugees and trauma and by an adult psychiatrist working with trauma subjects not included in the study. Feedback was received at all stages of the study.

Ethical Consideration

Ethics Committee approval was obtained from the İstanbul Bilgi University Human Research Ethics Committee on July 2, 2020. The study followed the principles of the Declaration of Helsinki. The participants were numbered, and their identities were kept confidential. The participants were informed that the interviews would be recorded and that the records would be encrypted to ensure data security. The data supporting our study findings are available from the corresponding author upon reasonable request.

RESULTS

The results were classified under 5 themes (emotions, mental situation changes, satisfying aspects of the job, tiring aspects, and coping) and 15 subthemes (Table 2).

Emotions

The participants' emotions were analyzed under three subthemes: emotions felt toward the client, emotions toward people the participants think are responsible for refugees' lives, and emotions participants feel about themselves.

Emotions Felt Toward the Client

The participants stated their feelings toward the clients as sadness, helplessness, and embarrassment because of the problems encountered, such as bureaucratic obstacles, economic difficulties, and a lack of guidance mechanisms.

One of the participants was saddened by the clients' story and felt embarrassed toward them: "*Of course, I feel sorry for the family at points where we cannot help. The family expects a lot from us; they think we will care for everything and are breaking their trust when we must decline their wishes. I feel embarrassed towards the family and sad because we cannot start the treatment. The family experiences this lack, and when they share their feelings with us, they feel embarrassed because they get sad. I should say there is mutual sadness and embarrassment.*" P6 (Health Educator, 28).

Some participants expressed how helpless they felt and said they dreamed about clients when they considered the cases that affected them the most.

"*It affected me; I felt vulnerable. I asked the client for a minute because I could not talk; the words got stuck in my throat. I could not forget that client for a month. I always saw him in my dreams and always thought about him. I once thought that I would not be able to continue in this profession.*" P12 (Social Worker, 26).

Emotions Toward People Who Participants Believe are Responsible for Refugees' Lives

The participants expressed feelings toward the people they believed were responsible for their refugees' lives as hate, anger, fear, and insecurity.

"*Hatred, hatred towards the people that do this, for example their landlords. I also hear it on the phone. I say, 'We want to help these people. Please support us in this matter.' Moreover, they are uncooperative, throw the phone away, or start yelling. Thus, I feel hatred towards this person.*" P13 (Case Officer, 32).

"*Violence, violence in a sense like a hahaha, I want to bomb places like this. People cause giant wars, and the effects of these wars are not limited to the destruction of buildings. What women and children are going through is much bigger compared to the destruction of those buildings through those bombs. I want them to be gone completely; I want to make soap out of them. I want to put them into gas chambers. Violence, I guess what I feel is anger.*" P7 (Lawyer, 30).

Emotions of Participants About Themselves

When the participants' emotions about themselves were examined, anger, self-blame, and hopelessness emerged.

"*I felt bad, I felt guilty. I felt guilty for the food I ate and the things I was sad about… While people could not meet their most basic needs, I could and still felt sad about other stuff; I felt very guilty.*" P12 (Social Worker, 26).

"*It makes me very angry; I get angry every time I think about it. I sometimes also accuse myself because maybe I could have done something different. It also discourages me because there is nothing to do. That is all there is. It is already a big thing that this person can talk about all this. They came here, could talk about it, could cope with it, and asked for help from us, and we resisted; we could not do much. Even if we could, it is nothing that can be measured. This is what affects me the most, I guess.*" P11 (Social Worker, 27).

Changes in Mental Situations

When the participants were asked how working in a refugee field affected their lives, they described changes in their mental situations. Two subthemes were determined: "changes in the participant's self-perception" and "changes in the perception of the outside world."

Changes in the Participant's Self-Perception

Changes in the participant's perception were determined to be "losing faith as a result of their anger," "losing self-respect," "refusing to be happy," "losing awareness," "being process-oriented," and "being more defensive in the refugee field."

"*I directed my anger towards myself again. Towards my lifestyle. Towards my belief. I once believed in God. I still believe in God, but as someone who lived their religion, I now prefer to stay away angry.*" P4 (Protection Officer, 27).

"*I used to notice the seasons changing. Like autumn is coming, spring is coming, and the flowers are blooming. This seems like a little thing, but now I can say that I do not notice the seasons changing anymore; I am looking at the world with a filter… It seems like looking through rose-tinted glasses when I say that I got happy when the spring came, and the flowers started to bloom. It made me feel better when feeling down, but now I do not feel that anymore.*" P12 (Social Worker, 26).

Although some participants were talking about the changes within them, under the theme of empathic attitude, they said that their prejudices decreased and that they could better understand people who need help outside and those from different age groups.

"*I was very strict against Islam. I am not anymore. When I saw a woman with a burka, it was like looking at a woman without a soul, without thoughts and dreams, but then I started to look behind the veil. I believe this process contributed to me; I have learned to look from different angles, think deeper, and be more tolerant.*" P7 (Lawyer, 30).

Changes in the Perception of the Outside World

When the participants considered their relationships with the outside world, they discussed their changes for other individuals and the outside world, perception of security, perception of the future, and relationship with their social environment.

"The understanding of a just world no longer exists. There is no world like that. In addition, we face problems arising from what people do to people, and there may be a loss of trust in people." P4 (Protection Officer, 27).

While one participant made longer-term plans for the future, another stated that they stopped making such plans.

"I was a person who lived daily, could not plan for tomorrow, and followed daily pleasures, but while working in this field, I have become a person who is more cautious and can make more forward-looking plans. When I say forward-looking plans, I say it from the cases I have seen. University students who can speak English well could find jobs in the field of civil society in Türkiye, and they were able to find them and continue their lives. I think about it like this: if this happened to us and I had to go to another country, I would not speak English well, so that is why I am learning a language so I could survive in another country." P13 (Case Manager, 32).

"It may be because everybody lost everything because of war, because of the feeling that everything can be lost in an instant, and maybe because I have seen it, I do not know, but I no longer make long-term plans; I realized that making and realizing short-term plans make me happier." P8 (Social Worker, 26).

While some participants stated that after listening to the client's experiences, they could not perceive people's daily problems in their social life; they belittled them, and did not want to meet them; others expressed positivity in their social relations.

"I did not want to meet with people very much. Because people's problems, the problems of my friends, seemed ridiculous to me. Because my problems started to seem ridiculous to me. I see how much bigger my clients' problems and responsibilities are… Some lost their spouse or child, were exposed to violence, and came from war. I speak to people with much more traumatic experiences. I started to belittle my problems, and I did not have the nerve to deal with my friends' problems. I remember saying, "Are you thinking about this? Is this the biggest problem in your life?" P12 (Social Worker, 26).

"As I said, communication intensified. I started to share more with my friends. I started to speak more. That is how I changed." P11 (Social Worker, 27).

One participant stated that they drew a line between their professional and social lives by not listening to the stories they heard while working repeatedly and not meeting with their colleagues outside of work.

"After work, they say, for example, let us go to Kadıkoy. Let us go and have a beer or two and sit together. Then someone starts talking about this and that case. And I say it is after six o'clock, and I do not want to discuss it. Alternatively, you can go to lunch at work. Someone talks about their case. I say don't do this. I'm eating right now. I do not want to hear about cases. After half an hour, I will hear about them again. That's why I do not meet very often with friends in this field." P13 (Case Manager, 32).

Satisfying Aspects of the Job

The three subthemes regarding satisfying aspects of the job stated by the participants were being helpful to the clients, receiving gratitude from the clients, and the institution factor.

Being Helpful to the Clients

Some participants stated that the most satisfying aspect of their work was doing something beneficial for the clients. While the participants talked about being helpful, they helped them stand on their own feet and learn new information. They accompanied them during their access to various services and strengthened them.

"It feels good when I see that that person's problem is solved and that the person becomes stronger. For example, I explain the complaint mechanism to someone. He then goes on his way, and something befalls him. After that, he can take care of the problem alone, without me. This is a great pleasure for me. Alternatively, he goes and tells someone else about it. This is a great pleasure for me. This is the butterfly effect. The fact that a step we take, a person we touch is good for others and their empowerment is satisfying." P4 (Protection Officer, 27).

Receiving Thanks from the Clients

Some participants implied that the clients' thanking them was an example of a satisfying aspect of the job. The client's gratitude toward the participants owing to the benefit, or a simple thank you, even if there was no tangible benefit, was satisfactory.

"I do not know, receiving thanks from a child being taken care of in a home, or because of the emancipation of a person in administrative detention, or someone going to America still texting me 'I am here because of you.' It is delightful to touch their lives even a little bit." P7 (Lawyer, 30).

Institution Factor

One participant mentioned that one satisfactory aspect of the job was the absence of bureaucracy and hierarchy within the institution.

"It is very nice that there is no hierarchy where I work. We work as a team. What I like is that everyone is working for the same thing. There is no 'I,' 'you,' or 'he/she.' There is 'we.' We are one." P6 (Health Educator, 28).

Tiring Aspects of the Job

The participants stated that the tiring aspects of the job were not being helpful to the clients, the institution factor, and discrimination.

Not Being Helpful to the Clients

Some participants stated that one of the most tiring factors of their job is that it is not helpful to clients.

"I am tired of things we cannot fulfill because of financial reasons and always having to give the same answer. I am tired of being unable to answer them, of being exposed to things I cannot do anything about." P1 (Health Educator, 29).

While discussing the tiring aspects of the job, a participant stated that realizing that the clients' statements were untrue caused them to develop prejudice against them in some cases, which could prevent them from benefiting other clients.

"People want to protect themselves when in difficult situations, and while doing this, they may tell lies. Trying to get a true statement, how much rent the person pays, whether they truly lived there, and varying statements over time push me to increase my investigation and move away from the principle 'statement is essential.' I am very angry inside. Also, I was very hurt. I feel bad. I fear my prejudice will increase as I see and notice cases like this. If my prejudice increases, I may treat someone who gives a true statement differently. Experiencing this frightens me; I feel worried." P4 (Protection Officer, 27).

Institution Factor

Herein, some participants stated that they were tired of being in contact with their employers, donors, and other institutions related to their work, such as the immigration administration and public offices.

"Too much bureaucracy tires me out. Communication with basic authoritarian people is very tiring. Communication with state institutions is very tiring." P11 (Social Worker, 27)

One participant stated that the organization's lack of clarity in its working policy and the fact that some situations were not explained at the beginning made them tired and feel incompetent.

"After a certain point, I was feeling like this, not being able to say no in places where I would do something, for example, as a corporate, not being able to say no to that person, trying to find a way out was one of the most tiring things for me. This happens everywhere I work, making me feel bad at some point. I am incompetent; institutionally, we are also incompetent, but under this pressure, being constantly crushed by the client and not stopping somewhere forced me. Honestly, it was a bit difficult for me to demand something constantly. Maybe there is another way, maybe there is this, so let us try this and talk again. Nobody likes to call it like that, but this is a service sector, so no matter what anyone says, in the end, institutions are trying to establish themselves based on not disrupting these services and providing them as much as possible. Failure to provide the service is ultimately a minus point for all these institutions. Therefore, since this is a service sector, I find it very difficult when we cannot provide this service, i.e., when the pressure continues and when the institution tells us that if we cannot do it, we cannot do it much later. If it is said, it is said after we are very worn out, there may be such a thing." P2 (Protection Officer, 30).

Discriminating Against

Some participants mentioned that the outside environment discriminated against them because of their jobs and as a result of working with refugees.

"I think that just as refugees are discriminated against, people working in the refugee field are also discriminated against. For example, while sitting with family members, I tell them I am a lawyer and provide legal counseling. Then they ask me, 'Where do you work, with whom do you work?' 'With refugees.' Moreover, everybody's faces get sour. It is like I could not get a job, and then I just had to work with people like that." P7 (Lawyer, 30).

One participant stated that they could not voice their professional problems because of the positive discrimination. Next, there is excessive positive reaction and positioning, such as.

"Oh? How do you work? What is up with them? That is an amazing job.' This crushes you because you cannot complain. What are the tiring aspects of the jobs? They do not give you the luxury to be tired of it." P7 (Lawyer, 29).

Coping

The participants' responses to their traumatic experiences were grouped under four subthemes: approaching their feelings and thoughts, getting away from their feelings and thoughts, sharing, and getting away from their jobs.

Approaching Their Feelings and Thoughts

Some participants stated that getting to understand themselves helped them cope.

"Getting down to my roots, trying to explore this more scientifically, and potentially learning the language of those family roots… This makes me feel excellent. Spending my spare time like this makes me feel excellent." P9 (Social Worker, 33).

Some participants stated that they could not eliminate the feelings and thoughts that the job induced and had turned to physical activities.

"It is hard for me because it is not only emotions we cope with. It's not something we can cut out and remove or something that has limits. However, I try to cope as much as possible. I registered at a dance course and activities, and I do sports sometimes, even if not regularly." P4 (Protection Officer, 27).

Getting Away from Their Feelings and Thoughts

Some participants stated that they tried to cope by indulging in various physical activities, changing their environment, spending time with creative hobbies, and intellectualizing to escape disturbing thoughts about work. In addition, some participants said that they draw lines between their work and private lives to escape the emotions and thoughts that work creates.

"I do sports. When I say sports, I mean running and walking. I try to get among people. When I say that, I have fun with my friends to forget about that day's case. I think about different things. I try to have fun at places with music or bars. To forget about the cases. The core is in the music. Music lets me forget everything. I try to do the things I like; I go swimming, I try to play soccer matches, and I like watching them. What I do most is going out of town." P3 (Social Worker, 30).

One participant stated that they used water as a more symbolic way to get rid of their complicated feelings. Simultaneously, another stated that changing cities was good because it reminded them about the existence of another world.

"How can I say I felt like the sea helped, or more specifically, the water? That is why I often go to the lake and other water bodies. To soothe myself, I tell the water things and then send it away; I believe in this." P6 (Health Educator, 28).

"Traveling is very important for me right now. It distracts me, feels good, and I like discovering new things. There is another world besides mine where I have to struggle. It felt good experiencing that there is another world besides this one." P12 (Social Worker, 26).

Sharing

The participants mentioned that they shared their intense feelings with their colleagues, family, and group supervisors and could cope, especially because of the leave days provided by the institution and training on mental health.

"At that moment, I talked to a friend who is a psychologist and cried. They are in the same situation. They understand me because we work with the same clients and group of people. It helped a little. I tried to get help from my psychologist friends, my work friends, and my other friends. Thankfully, everybody who sees what mental state I am in tries to help." P1 (Health Educator, 29).

"One of the most important factors in coping is teammates. I cannot talk about the cases anywhere else, but I can talk to the child protection specialist or a teammate about the case's progress at work. They can see the file after me. Therefore, there is no ethical violation, and talking to them and realizing that they feel the same about the case, becoming numb, or, to the contrary, becoming very emotional, adds something positive to me because they feel the same as I do. I then realized that I was not the problematic one. Therefore, teammates are very important in our field of work." P8 (Field Worker, 26).

Getting Away from the Job

A participant stated that they could not cope with the situation, were exhausted, and decided to quit their job.

"I started to be unable to cope with it because I was in a situation where I could not find a solution. The only solution seems to be getting away from it. Normally, I took a week of leave, my annual leave, to clear my head. Then I increased this leave to two weeks. I decided not to go to work for 15 days. Now, I partially work with refugees; I try not to create personal relationships. Because I have little strength left, I will leave this field for a while. This seems to be the solution I found because I feel bad." P5 (Lawyer, 29).

DISCUSSION

The study findings, which examined the secondary traumatic stress experiences and coping mechanisms of humanitarian aid workers providing services to refugees, were discussed concerning the main themes.

Emotions

While listening to the clients' stories, participants were determined to experience feelings of sadness, helplessness, anger, embarrassment, hatred, fear, and hopelessness against the clients, against those responsible for what happened to them, and within themselves. Similarly, a study conducted in South Australia reported that professionals working with refugees felt critical sadness and helplessness about the

difficulties they had experienced (Puvimanasinghe et al, 2015). Lusk and Terrazas (2015) determined in their qualitative study conducted with individuals working with refugees from Mexico, Honduras, Guatemala, and El Salvador that the participants were sad, afraid, and surprised while listening to the refugees' traumatic experiences. Individuals working in different geographies and communities with different cultural characteristics experience similar negative feelings that may relate to traumatic experiences, and these feelings may be universal. In addition, dreams related to the refugee client and feeling distressed by reminders might be intrusions (Yükseker et al, 2024). Therefore, considering humanitarian aid workers may experience damaging emotions, such as helplessness, sadness, and anger, improving the ability of said personnel to recognize and manage these emotions can protect them from such emotions.

Changes in Mental Situations

The participants discussed not fulfilling belief practices in their self-perceptions, losing self-respect, refusing to be happy, losing awareness, starting to live a process-oriented life, and changes in respect, trust, and security toward the outside world and their relations with the social environment. Similar to individuals exposed to trauma, people working with those exposed to trauma eventually change their perception of themselves, environment, and world (Wirth et al, 2019). Diminished interest and detachment from others might be related to avoidance, which is a sign of trauma (Yükseker et al, 2024). Herein, there were changes in their relationships with the participants' close and social circles. Markedly, indirect trauma interrupts close relationships (Nsenga, 2020; Wirth et al, 2019). Herein, participants who were not mental health professionals began to move away from their social circles, started to belittle others' problems, and could not bear to listen to their relatives' problems. Thus, secondary trauma cannot be limited to mental health workers only. Furthermore, support personnel other than mental health professionals are exposed to secondary traumatization. In addition, these changes in relations with the social environment demonstrate that the impact of traumatic stories has spread and that humanitarian aid workers have difficulty separating their work from their private lives. Similarly, Mette et al. (2020) observed the subtheme of separating personal life and work and drawing boundaries among social workers working with refugees' coping experiences. Drawing attention to the effects on social relations and experiences within interventions that need to be developed for protecting the mental health of individuals who provide support to those with a traumatic past and to explain how drawing a healthy boundary between work and social life can protect professionals working in this field from the devastating effects of indirect trauma.

Working with people with traumatic pasts does not always and sometimes has positive effects (Lusk & Terrazas, 2015). Lusk and Terrazas (2015) reported that working in the field of trauma makes individuals working with refugees stronger and more resilient. Herein, while expressing the changes they experienced, the participants stated that they grew internally (maturation), could establish deeper relationships with their environment, looked at their lives with more awareness, and their prejudices decreased in some subjects, which can be associated with post-traumatic growth. Therefore, the current situation can partially benefit humanitarian aid workers by providing appropriate management of indirect trauma.

Satisfying Aspects of the Job

Being beneficial to the client, receiving thanks from the client, and the institution factor were determined as themes under satisfying aspects of the job. Reportedly, the satisfaction felt by victims of trauma is defined as "compassion satisfaction" (Stamm, 2013). Lusk and Terrazas (2015) indicated that health professionals working with refugees experienced increased satisfaction when they noted that their clients were becoming stronger. Consistent with the literature, the study participants stated that being helpful to clients brings them satisfaction (Stamm, 2013). Therefore, mental health and nonmental health workers have similar experiences regarding satisfactory aspects of the job. The meaning of receiving gratitude from clients often inspires the thought of positively impacting their clients' lives. This result is similar to Stamm's (2013) in describing compassion satisfaction.

Herein, the institution factor was a satisfying and tiring aspect of the job. Although the institution increased the stress experienced by individuals in some cases, it reduced it in others. Young et al. (2018) found that bureaucracy within an institution is tiring for employees. Therefore, the absence of hierarchy reports the findings similar to those of Young et al. (2018).

Tiring Aspects of the Job

Per the participants, the tiring aspects of the job included not being helpful to the clients, institutional factors, and being discriminated from outsiders. Figley (1995) emphasized that the inability to meet the demands of a traumatized person is a trigger for compassion fatigue. Thus, the factors identified as the most tiring aspects of their job led to compassion fatigue.

Negative organizational factors are a subtheme of the tiring aspects of the job. Young et al. (2018) determined in their qualitative study on the stress and coping of aid workers that the institution factor is a subtheme of the tiring aspects of the job. Roberts et al. (2018) reported insufficient support in institutions where people work with refugees and that this

situation causes employees to feel inadequate. Considerably, similar exhausting factors revealed by institutional factors are compatible with the literature.

Finally, the participants stated that they were labeled, stigmatized, or discriminated against by the people around them because they were working with refugees. They mentioned that they could not explain how tiring their work is because of the positive stigma and felt second class owing to the negative attitudes. Although refugees are stigmatized and discriminated in countries where they seek asylum (Gissi, 2019), no source that examines the attitudes toward individuals working with refugees was found. Therefore, future studies should focus on the stigmatization experiences of individuals working with refugees.

Coping

Examining participants' coping mechanisms revealed the subthemes of approaching their feelings and thoughts, trying various approaches to get away, sharing their emotional burdens they experience, and getting away from their job. Coping by getting closer and farther away is a cognitive and emotional activity that helps people cope with stress (Ogden, 2019; Roth & Cohen, 1986). Being aware of what one is going through, taking responsibility, participating in active self-reflection, and seeking help aids in coping with stress by approaching oneself. In addition, confronting one's experiences and being emotionally and cognitively aware of them is stated under coping by approaching oneself (Ogden, 2019; Roth & Cohen, 1986), suggesting that this method helps people gain insight into the emotions they experience and cope with traumatic stories (Lonergan et al, 2004). Furthermore, the methods that enable individuals working with traumatic experiences to gain insight and get closer to themselves turn the destructive effects of secondary trauma into constructive ones.

Denial of the situation, engaging in various activities to escape the current situation, avoiding thoughts related to traumatic stories, and moving away by intellectualizing are defined as coping (Ogden, 2019; Roth & Cohen, 1986). Iliffe and Steed (2000) reported that participants working with traumatic stories cope by separating their work and private lives to regulate their emotions. Coping mechanisms stated by the participants herein to avoid negative thoughts are similar to those described in the literature. The fact that the participants used methods such as writing their emotions on a piece of paper and letting them symbolically go in the water or changing cities shows that their emotions and thoughts were overwhelming for them and that they were finding an escape. In contrast, one participant stated that they took a vacation to get away from their experiences at work and tried to see less cases; however, this did not work. They felt exhausted

and were considering to quit the job. Kim (2017) found a positive correlation between the secondary traumatic stress of individuals working with North Korean refugees and burnout. Lusk and Terrazas (2015) worked with individuals working with refugees and noted that more than half of the participants described themselves as having a burnout, the supervisor support was insufficient, and the resources available for self-care were quite limited. This situation experienced by the participant was similar to that reported previously, revealing that the coping method had begun to fail. Furthermore, humanitarian workers who might not be as informed about coping methods as mental health professionals during their vocational training may experience difficulty in coping with secondary traumatic stress.

Professionals working with traumatized individuals often mention physical activities as coping methods (Hunter & Schofield, 2006; Mette et al, 2020). These activities include exercise, travel, psychotherapy, praying, yoga, and self-care. Lusk and Terrazas (2015) reported that most participants used sports, cycling, walking, yoga, Zumba, and stretching exercises as coping mechanisms. As reportedly previously, some participants accepted the emotions they experienced, turned to various physical activities, and used emotionally focused coping methods (Mette et al, 2020). In addition, people's tendency toward physical activities as a coping method is a tool to get away from their thoughts and get closer to them.

Another coping method the participants used was sharing. Peer support, supervision support, psychotherapy, and knowing that others feel similar emotions under challenging situations and while working with traumatic stories were reported as methods that relax and heal people (Mette et al, 2020). Similarly, herein, the participants stated that they shared their emotional complexities and distress with their coworkers and supervisors, formally or in conversation, which is similar to the coping methods used by people working with traumatic stories in various fields. This is also a key initiative to protect individuals' mental health by providing social support (Mette et al, 2020).

Limitations

The results of this study were limited to the participants' experiences. Moreover, data were collected online during the pandemic. Working from home during COVID-19 may have affected the entire world, including humanitarian workers working with refugees. Working with refugees with limited resources for online interviews at home instead of in the field may affect humanitarian aid providers' coping methods, job satisfaction, and work-related fatigue. Furthermore, because the inclusion criteria for the sample included individuals working in a nongovernmental organization, humanitarian workers who

left their jobs because of secondary traumatic stress may have been overlooked. In addition, participants' personal trauma histories were not evaluated. Finally, most participants were females. In future research, both genders should participate equally or men's experiences should be examined.

CONCLUSION

This study examined the experiences of humanitarian aid workers working with refugees outside the field of mental health and how they cope with secondary trauma. Five main themes emerged: emotions, mental situation changes, satisfying aspects of the job, tiring aspects, and coping. The secondary trauma symptoms are not limited to mental health professionals working with traumatic stories and the emotions experienced by humanitarian aid workers other than mental health professionals. The life changes over time and the satisfying and tiring aspects of their jobs are also related to secondary trauma. In addition, some participants showed signs of post-traumatic growth in addition to the effects of secondary trauma and that, besides the destructive effects of trauma, constructive effects are also possible.

Notably, the tiring and satisfying aspects of the job changed around how much they could help clients with their difficulties. Among the tiring aspects of the job, some dimensions are not directly related to refugees. The participants were exposed to negative and positive discrimination in their social environment due to working with refugees. In contrast, harmful discrimination led to marginalization, and positive discrimination exhausted them because of the expectation that the participants would not complain. The fact that the participants stated the institution factor for the satisfying and tiring aspects of the job shows that the institution is vital for coping. Furthermore, official and unofficial sharing within the institution are important in coping with secondary trauma. Therefore, peer support and supervision of the mental health field and all humanitarian aid workers working with refugees should be provided with therapeutic factors in line with universality and hope.

REFERENCES

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5™* (5th ed.). American Psychiatric Publishing.

Bilen, D., & Kiran, B. (2020). Suriyeli mültecilerin çeşitli travmatik yaşantıları nasıl deneyimlediklerine göre travma sonrası stres bozukluğu ve yaşam doyum düzeylerinin incelenmesi. *OPUS Uluslararası Toplum Araştırmaları Dergisi, 15*(26), 3965–3987. [Article in Turkish]

Brooks, M. A., Dasgupta, A., Taşğın, N. Ş., Meinhart, M., Tekin, U., Yükseker, D., Kaushal, N., & El-Bassel, N. (2022). Secondary traumatic stress, depression, and anxiety symptoms among service providers working with Syrian refugees in Istanbul, Turkey. *J Immigr Minor Health, 24*(6), 1421–1430.

Can, M. (2020). *Sığınmacılar/mültecilerle çalışan sivil toplum çalışanlarının psikolojik sağlamlığının ve ikincil travmatik stres düzeyinin incelenmesi* [Master's thesis]. Yakın Doğu Üniversitesi, Lefkoşa.

Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48–71). Oxford University Press.

Durdyyeva, G., & Erbay, E. Ö. (2021). Türkiye'de mültecilere hizmet veren profesyonellerin ikincil travmatik stres düzeyi, psikolojik dayanıklılık ve algılanan sosyal destekleri arasındaki ilişkinin incelenmesi. *J Int Soc Res, 14*(76), 451–458.

Ebren, G., Demircioğlu, M., & Çırakoğlu, O. C. (2022). A neglected aspect of refugee relief works: Secondary and vicarious traumatic stress. *J Trauma Stress, 35*(3), 891–900.

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

Gissi, A. (2019). "What does the term refugee mean to you?": Perspectives from Syrian refugee women in Lebanon. *J Refug Stud, 32*(4), 539–561.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105–117). Sage Publications.

Hunter, S. V., & Schofield, M. J. (2006). How counsellors cope with traumatized clients: Personal, professional and organizational strategies. *Int J Adv Couns, 28*, 121–138.

Iliffe, G., & Steed, L. G. (2000). Exploring the counselor's experience of working with perpetrators and survivors of domestic violence. *J Interpers Violence, 15*(4), 393–412.

Kahil, A. (2016). *Travmatik yaşantıları olan bireylere yardım davranışında bulunan profesyonel ve gönüllülerin ikincil travmatik stres düzeylerinin incelenmesi* [Master's thesis]. Ufuk Üniversitesi, Ankara.

Kahil, A., & Palabıyıkoğlu, N. R. (2018). İkincil travmatik stres. *Psikiyatride Güncel Yaklaşımlar, 10*(1), 59–70. [Article in Turkish]

Kim, Y. J. (2017). Secondary traumatic stress and burnout of North Korean refugees service providers. *Psychiatry Investig, 14*(2), 118.

Lonergan, B. A., O'Halloran, M. S., & Crane, S. (2004). The development of the trauma therapist: A qualitative study of the child therapist's perspectives and experiences. *Brief Treat Crisis Interv, 4*(4), 353–366.

Lusk, M., & Terrazas, S. (2015). Secondary trauma among caregivers who work with Mexican and Central American refugees. *Hisp J Behav Sci, 37*(2), 257–273.

Mette, J., Wirth, T., Nienhaus, A., Harth, V., & Mache, S. (2020). "I need to take care of myself": A qualitative study on coping strategies, support and health promotion for social workers serving refugees and homeless individuals. *J Occup Med Toxicol, 15*, 19.

Michelson, T., & Kluger, A. (2021). Can listening hurt you? A meta-analysis of the effects of exposure to trauma on listener's stress. *Int J Listen, 37*(1), 1–11.

Nsenga, J. (2020). *Examining the lived experience of secondary traumatic stress among mental health professionals helping refugees: A qualitative study* [Doctoral dissertation]. Northcentral University, Arizona.

Ogden, J. (2019). *Health psychology* (6th ed.). McGraw Hill.

Özen, H., & Cerit, C. (2018). Savaş nedeniyle Türkiye'ye göç ederek insani yardım kuruluşunda çalışan Suriyeli mültecilerde travma sonrası stres bozukluğu ve ilişkili etmenler. *Kocaeli Univ Sağlık Bilim Derg, 4*(3), 70–73. [Article in Turkish]

Puvimanasinghe, T., Denson, L. A., Augoustinos, M., & Somasundaram, D. (2015). Vicarious resilience and vicarious traumatisation: Experiences of working with refugees and asylum seekers in South Australia. *Transcult Psychiatry, 52*(6), 743–765.

Roberts, R. M., Ong, N. W. Y., & Raftery, J. (2018). Factors that inhibit and facilitate wellbeing and effectiveness in counsellors working with refugees and asylum seekers in Australia. *J Pac Rim Psychol, 12*, e33.

Roth, S., & Cohen, L. J. (1986). Approach, avoidance, and coping with stress. *Am Psychol, 41*(7), 813.

Saban, A., Ersoy, A. F., Özden, M., Bozkurt, M., Ersoy, A., Akar, H., & Yahşi, Z. (2017). *Eğitimde nitel araştırma desenleri* (pp. 81–138). Anı Yayıncılık.

Salston, M., & Figley, C. R. (2003). Secondary traumatic stress effects of working with survivors of criminal victimization. *J Trauma Stress, 16*, 167–174.

Stamm, B. H. (2013). Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion satisfaction and fatigue test. In *Treating Compassion Fatigue* (pp. 107–119). Routledge.

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *Int J Qual Health Care, 19*(6), 349–357.

United Nations High Commissioner for Refugees (UNHCR). (2023). *Global trends report 2023*. https://www.unhcr.org/global-trends-report-2023

Wirth, T., Mette, J., Nienhaus, A., Schillmöller, Z., Harth, V., & Mache, S. (2019). "This isn't just about things, it's about people and their future": A qualitative analysis of the working conditions and strains of social workers in refugee and homeless aid. *Int J Environ Res Public Health, 16*(20), 3858.

Yıldırım, A., & Şimşek, H. (2008). *Sosyal bilimlerde nitel araştırma yöntemleri*. Seçkin Yayıncılık.

Young, T. K., Pakenham, K. I., & Norwood, M. F. (2018). Thematic analysis of aid workers' stressors and coping strategies: Work, psychological, lifestyle and social dimensions. *J Int Humanit Action, 3*(1), 1–16.

Yükseker, D., Meinhart, M., Tekin, U., Şahin Taşğın, N., Demirbaş, E., Dasgupta, A., Kaushal, N., & El-Bassel, N. (2024). Manifestations and drivers of secondary trauma among service providers working with Syrian refugees: A mixed-methods study from Istanbul, Turkey. *Int Soc Work, 67*(6), 1347–1361.

Živanović, M., & Vukčević Marković, M. (2020). Latent structure of secondary traumatic stress, its precursors, and effects on people working with refugees. *PLoS One, 15*(10), e0241545.