

Supporting Aid Workers in Humanitarian Emergencies

Rohingya Refugee Crisis



Kutupalong refugee camp in Bangladesh.
Photo: John Owens (VOA), Wikimedia Commons.

Background

The humanitarian crisis precipitated by escalating violence in Myanmar's Rakhine State is causing suffering on an immense scale. More than 600,000 Rohingya refugees have fled from Myanmar to Bangladesh from August to December 2017. Many have arrived traumatised, suffering from the consequences of extreme violence including rape, the razing of entire villages and accounts of parents and relatives being killed in front of children.

Conditions in the refugee camps of Kutupalong and Navapara are very poor. Existing water, sanitation and hygiene facilities are overstretched; there is significant malnourishment; and the risk of disease outbreak is high. Aid delivery is difficult due to poor road infrastructure and terrain. The crisis has been called the world's fastest-growing refugee emergency by the UNHCR.

National and international humanitarian agencies have responded in support of Bangladesh government efforts, providing emergency assistance with food, shelter, protection, health and sanitation. However, the scale of needs dramatically exceeds current capacity to deliver, and the crisis requires ongoing concerted efforts from all humanitarian partners.

Psychosocial Stressors and Risk Factors

The situation in Bangladesh is extremely physically, psychologically and emotionally challenging. Some experienced aid workers have found that it is the worst humanitarian crisis they have personally attended.¹ Some of the major stressors or risk factors include:

- Witnessing trauma and hearing traumatic stories from refugees (particularly women and children).
- Exposure to high levels of suffering, mortality, poverty and hunger.
- Exposure to abuse/violence against women and children.
- Working with a persecuted minority.
- Overwhelming and unmet needs in the forcibly displaced community, and need to ration and prioritise resources.
- Personal health risks including potential exposure to disease, poor sanitation and limited health services.
- Work and role-related issues including extremely heavy workloads, long work days, and inadequate technology.
- Lack of privacy and personal space, little time to reflect and delayed access to R&R.
- Culture of working long hours and not taking breaks, so limited time for self-care such as exercise.
- Lack of communication with family back home and absence of usual social supports.

Potential Psychosocial Impact on Aid Workers

People respond differently to the psychosocial stressors they encounter. Some of the potential impacts of the above stressors on aid workers may include:

- Feelings of hopelessness and futility at scale of response required and unmet refugee needs.
- Sense of great injustice, frustration and anger at the lack of attention and resources given to the crisis.
- Vicarious traumatisation (including unwanted images and nightmares relating to stories heard in the field).
- Feelings of guilt in returning to everyday life or participating in festivities
- Feeling conflicted or compromised in their roles, e.g. questioning whether they are retraumatising refugees by having them tell their stories or linking them with media.
- Challenges to worldview and questioning one's motivation and purpose
- Anger that family and friends 'don't get it'.
- Feelings of alienation and disconnection.

The cumulative effect of impacts can lead to an overload of an individual's coping mechanisms, which may contribute to longer-term issues such as burnout, anxiety, PTSD, depression and readjustment issues. Conversely, people may gain an increased appreciation for what they have and a renewed connection to their motivation and commitment to aid work as a result of supporting this crisis.

1. Bennett, J. (2017). Rohingya crisis: Australia pledges more aid as nurse describes scene worst she's encountered. *ABC News*. 23 October.



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Protective Factors: What Can Help

Experiencing feelings of guilt or helplessness, feeling a sense of great injustice or undergoing profound changes in worldview are all common and natural responses to attending a humanitarian crisis. Acknowledging and working through these responses is key to preventing them from becoming overwhelming or incapacitating, and ensuring your ability to keep doing aid work long-term (if you so wish). This could also be seen as a form of **resilience**: the ability to 'bounce back' from challenges, and even thrive in the face of adversity. Resilient aid workers are more likely to recover from temporary setbacks or threats to their own psychosocial wellbeing in the face of humanitarian suffering. They are able to mobilise coping mechanisms to sustain their mental health *and* their ability to do their job well in both the short and long term.

Social Support

Social support is a key factor that can help strengthen personal resilience. Stay connected to existing support networks of friends and family, and try to form support networks with peers and colleagues in the field. Connecting with people who have been through a similar experience can help provide practical assistance with solving problems or sharing coping strategies, as well as provide some comfort that you are not alone in what you have experienced. Support your peers and be sensitive to different coping styles of diverse team members.

Self-Care

You might experience some guilt at making conscious efforts to protect your own wellbeing in the face of such overwhelming humanitarian need. However, remember that people who look after themselves will be in better psychological and physical condition to do what needs to be done. Here are some suggestions to consider:

- Try to take some time each day to pause and reflect on your experiences, whether by writing in a journal, debriefing with a manager, or talking informally with a colleague. Part of sustaining yourself is about locating yourself in the work and reflecting on its impact.
- Review your expectations, and focus on what is realistic to achieve within this complex environment. Try to refrain from viewing limited outputs as a direct result of your knowledge and skills. It is not the time to start questioning your abilities while you are in the field.
- Know your own signs of stress and monitor your own wellbeing. Seek help if you are struggling to cope, e.g. by reaching out to a manager or colleague, accessing confidential in-field counselling sessions via your organisation, or pursuing further psychosocial counselling or support upon your return.

Organisational Support

There are a number of ways that managers and aid organisations can help reduce the risk of psychological injury to their aid workers. These include:

- Ensure that staff are well-briefed for the realities of the situation they will face in the field and the expectations of their role and working conditions. A pre-departure interview with a psychologist can assist in this process.
- Regularly check-in with staff regarding their role expectations and workload while in the field, and make adjustments where necessary and feasible.
- Provide acknowledgement of efforts, particularly given the complexity and challenges faced.
- Model good self-care practices for the team.
- Monitor staff wellbeing and coping while in the field, and enable and enforce appropriate breaks and time-out to reflect on the emotional impact of the work.
- Ensure there is a process in place for aid workers to access confidential counselling or critical incident support while in the field, if needed.
- Arrange a psychosocial debriefing for staff upon their return. A debriefing can assist aid workers to process their experience and adjust smoothly back into 'everyday' life. Readjustment can be particularly challenging at Christmas time, when the contrast between affected communities and life back home can often be at its starkest.
- Make provision for longer breaks between deployments to allow staff to fully restore their balance and coping mechanisms.
- Enable access to confidential counselling sessions beyond the initial debriefing, as some issues may arise later or require additional professional support.

Additional Support

With time, most people will naturally adjust to the home environment after a deployment. However, if you are concerned or continue to experience difficulties, you should talk to your organisation about getting some additional support, and/or consult a doctor, counsellor or psychosocial specialist. The important thing is not to be afraid to seek help – all people respond differently to the challenges they encounter in the field, and seeking help early is the best way to prevent natural recovery issues from becoming larger problems.

Further Reading

- UNHCR (2017). Rohingya emergency. <http://www.unhcr.org/en-au/rohingya-emergency.html>.
- UNOCHA (2017). Rohingya refugee crisis. <https://www.unocha.org/rohingya-refugee-crisis>.

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