

# Empowering Change: Evaluating Difficulties Faced by Guatemalan Aid Workers

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## Abstract

Indigenous aid workers are front-line service providers in post-conflict settings; however staff members are often exposed to numerous risk factors in their work and personal experience. This study reports findings from a survey conducted with 52 indigenous Guatemalan aid workers done to facilitate an understanding of the levels of community violence exposure, traumatic loss and posttraumatic symptoms among the group. The staff were doing several types of aid work, including providing relief services for families affected by Hurricane Stan and documenting testimonies of genocide during the 36-year civil war. The survey was conducted prior to a stress management workshop at a university in Guatemala City. The aim of the study was to provide aid organizations in Guatemala with an enhanced understanding of the difficulties faced by aid workers to enable them to better support and equip their staff. Analyses indicate that out of a possible 37 events, participants reported an average number of 14.3 events of community violence during their lifetimes. Additionally, 77% of staff reported experiencing a loss; 33% reported a traumatic loss. Among participants, 21% endorsed clinically significant symptoms of posttraumatic stress, and 17% reported levels of distress consistent with a diagnosis of PTSD. Implications for proactive steps the community organizations can take to support and empower their staff members are discussed.

## Purpose of Study

In post-conflict settings, traumatic bereavement, community violence exposure and posttraumatic symptoms are significant difficulties faced by national aid workers<sup>iii</sup>. A local university requested consultation to understand the difficulties faced by aid workers affiliated with the university. Specifically, the study investigated the prevalence of traumatic bereavement, exposure to community violence, and posttraumatic stress symptoms among the aid workers. Findings were intended to contribute to the university's understanding of the experiences and needs of its aid workers. This information will inform future trainings and support systems developed to benefit the workers.

## Method

### Procedure

- Survey measures, demographic questionnaires, and informed consent forms were translated into Spanish and then back-translated into English to ensure their original meaning was maintained.
- Participants consisted of staff, volunteers, and teachers at University of San Carlos Group (N = 52).
- Participants were read the informed consent in Spanish and were given the option to give their consent and participate by completing the survey.

### Measures

- Grief Inventory adapted from UCLA Grief Inventory, Spanish version<sup>iv</sup>
- Survey of Exposure to Community Violence (SECV), Spanish version<sup>v</sup>
- Los Angeles Symptom Checklist (LASC), PTSD subscale, Spanish version<sup>vi</sup>

### Participants

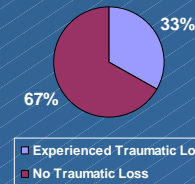
- Gender:** 71% Women (n = 37); 29% Men (n = 15)
- Age:** m = 34, SD = 13; range: 19-65
- Ethnicity:** 77% Latino/a (n = 39); 10% Indigena (n = 5); 14% Mestizo (n = 5)
- Length of service:** m = 5 years, SD = 5; range: 1 – 23 years
- Positions of service:** 33% Teachers (n = 14); 22% Students-in-Training (n = 11); 14% Administrators, Staff or Managers (n = 7); 12% Volunteers (n = 6); 6% Mental Health Professionals (n = 3); and 6% "Other" (n = 3), including 2 "General Employee" and 1 "Unemployed" response.

## Results

### Traumatic Bereavement

- Seventeen out of 52 participants (33%) reported at least one traumatic loss
- Five questions inquire about experiences related to the symptoms that occurred after the traumatic death of a loved one
- Scores on each item range from 0 (no experience) to 4 (frequent experience); total possible score of 20
- Among the seventeen participants who reported a traumatic loss:
  - Scores on the traumatic grief measure ranged from 0 to 13
  - M = 3.9, SD = 4.4
  - Three participants (18%) had elevated levels of traumatic bereavement, with scores more than one standard deviation above the mean
- The mean number of years since traumatic death was 13 years, (SD = 10.6), with a range from 1 to 30 years

### Traumatic Loss



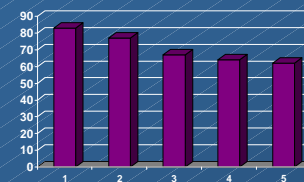
### Community Violence Exposure

- Participants experienced an average of 14.3 events of community violence in their lifetime
- Out of a total of 37 possible events, participants reported:
  - M = 14.3, SD = 6.3
  - Range = 0 to 32

### Top 5 Community Violence Events Experienced:

- 83%-I have been beaten up or robbed.
- 77%- I witnessed someone I know be beaten up or robbed.
- 67%- I have seen a dead body in part of the community, not including a wake or funeral.
- 64%- I have seen someone I know be threatened with serious injury.
- 62%-I have seen someone I know be persecuted by a gang or individuals.

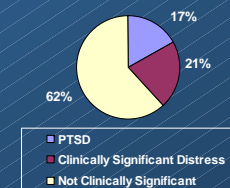
### Top Five Community Violence Events



### Post Traumatic Stress

- Levels of general distress were moderate:
  - Mean score of 8.2 (SD = 5.7) out of a possible 34.
- Scores had a wide range of variance, ranging from 0 to 23.
- Eleven participants (21%) had scores of 8 or above, indicating clinically significant distress
- Nine participants (17%) met criteria for a PTSD diagnosis, with scores at or above 13.

### Levels of Distress and PTSD



## Discussion/Implications

### Community Violence

Given the high levels of community violence, training programs should consider:

- Forums to talk about reactions to violence encountered directly and indirectly
- Organizational policies to prevent workers' exposure to violence (e.g. rides home from work or to a bus stop)

### Traumatic Bereavement

Given the prevalence of traumatic grief among the workers, actions can be taken to:

- Provide psychoeducation on matters of grief
- Include grief counseling as a part of worker support

### Post Traumatic Stress

Given the moderate levels of PTSD symptoms, workers would benefit from access to a number of different resources:

- Access to affordable, confidential, individual counseling for those with sustained PTSD symptoms
- Psychoeducation regarding coping with trauma and managing related symptoms

### Recommended Organizational Support:

- Consultation on managing resources vs. demands (goal-attainment scaling)
- Policy changes regarding more reasonable work schedules
- Empower staff through increased employee support at regular intervals such as retreats, staff appreciation days, honorary luncheons and parties
- Equip new employees by implementing effective training on positive ways to cope with work-related stress, burnout and secondary traumatization
- Provide opportunities for employees to discuss their job activities and process the traumatic stories they hear in their work through confidential individual counselling or support groups

### Implications for Similar Populations and Settings

- Fortify staff through training on coping with job related and personal stress
- Implement just structures to aid workers' perceived and actual support
- Future research should include more qualitative research to inform the development of truly emic measures

### Limitations of the Study:

- Despite having cultural consultants and multiple reviews of transcripts by interpreters, the survey measures were not fully emic and may not have captured some nuanced constructs related to trauma that were culturally specific
- The traumatic grief measure has not yet been normed in this context

## References

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