An Introduction to Short-Term Volunteering

Version 2019 07 18

Introduction

This brochure is being written for those people who will volunteer for short periods of time – a few days to a few months – with people on the move, otherwise known as migrants, and with other highly traumatized people.

This brochure is meant to give a short introduction to some of the issues that people will deal with, with the aim of increasing the quality of the service that you are giving and to assist you to maintain your own wellbeing.

Volunteers provide service under physically and psychologically demanding and unpleasant working conditions. They see physical and psychological wounds and broken bones and are repeatedly exposed to narratives of personal tragedy, which always lead to secondary traumatization. They frequently experience moral anguish over the choices that they have to make. These stressors may have averse consequences such as anxiety, depressive feelings, over-involvement with beneficiaries, self-destructive behavior such as alcohol and other substance abuse, and inter-personal conflict, which have impacts on the quality of the humanity service which they provide and on their own well-being.

Unfortunately, in the course of years, we have seen too many very well-willing volunteers hurt the people they are meant to be assisting and hurt themselves. They hurt others by not being sufficiently aware of the issues affecting them and by not being aware of the effects of their actions. They hurt themselves by not preparing themselves adequately and by getting secondarily traumatized and burned out and by not caring for themselves.

We should note that this brochure is being written by people who have dealt with short-term volunteers since the early 1990s, primarily in a post-conflict region. We also have worked with longer-term volunteers since about 1988.

For more information about the Coalition for Work with Psychotrauma and Peace and about us personally, please see [www.cwwpp.org](http://www.cwwpp.org).

If you have questions or comments, please write to us at cwwppsummer(at)gmail.com.

Preparation

One of the keys to a good volunteer experience is good preparation. There are several parts to this.

It is very difficult for organizations – and for beneficiaries – to deal with people who are not prepared in a proper manner.

In this sense, it is important that people not come for a vacation or to get another line on their CVs. These kinds of attitudes can damage beneficiaries and inevitably make additional work for the hosting organizations.

Personal Preparation

The first part of this is to be aware of the situation that you are getting into. Under what conditions will you be living? With whom? How many hours per day will you be working? What work will you be doing? How will the organization with which you are volunteering care for you, both in good times and if something goes wrong?

Another point is your legal status. What visas do you need, if any? How long can you stay legally in the country in which you are volunteering? Do you need to register specially once you get there? Will your organization take care of that?

Your health also is important. First, we advise you to write as complete a medical history as possible in English. If possible, get it translated into the language of the region to which you are going. Make several copies. Give a copy in each language in a sealed envelope to the leader of the group when you get there in case of emergency. Further, if you are going to somewhere outside of the West, and this includes Eastern Europe and remote villages and regions, take an oversupply of any drugs that you may need. If you are physically challenged in any way, please check with the leaders of the group to see what facilities there are for you to exist. Most groups are stretched anyway, and it can be difficult to accommodate people with such challenges.

The same points apply to your mental health. Be sure that you are up to the challenges that you are facing and the kinds of situations that you will see. If you are going into a conflict area or post-conflict area, be sure that you can deal with that. Also, whether or not you will be dealing with people in a psychological or other caring role, you no doubt will hear stories about what they have experienced. Be sure that you can deal with those. We will have more to say about that in the section on self-care.

A point that we know is sensitive is if you are LGBTQI+. Many areas are quite sensitive about this. Your sexuality is your own business. We urge you to keep it that way. We will have more to say about this in the section on behavior. However, a part of preparation is understanding the cultural aspects of this.

“Professional” Preparation

The first part of “professional” preparation is to find out about what you are facing. First, find out about the area in which the voluntary action is taking place. What is the culture there?

Also, find out about the cultures of the beneficiaries with whom you will be working. Frequently, these are different from the hosting culture. There also may be several of these.

Also, find out about the culture and mandate of the organization with which you are volunteering. This may be different from what you expect.

Further, whether or not you will be in a caregiving role directly, we strongly recommend that you work through our manual on the client-caregiver relationship and self-care. This is available on <https://www.cwwpp.org/course-1-the-caregiver-client-relationship.html>. The issues we take up there are important for anyone in contact with people in any way, as well as for dealing with your own issues. Furthermore, in all circumstances, we recommend that you look at the documents at <https://www.cwwpp.org/miscellaneous-educational-documents.html>. We will be adding to the courses and documents as time goes on. Also, please look at the Facebook pages of Charles David Tauber and of the Coalition for Work with Psychotrauma and Peace. I regularly post items of interest on migrants and psychology and peace there. Also, there is information that may be useful to you in our monthly reports, which can be found at <https://www.cwwpp.org/monthly-reports.html>. Other items on our website, [www.cwwpp.org](http://www.cwwpp.org) may be of interest.

In addition to our own work, we very strongly recommend that you look at the site of the Global Psychosocial Network (GPN). <http://www.globalpsychosocial.org>. They give a number of further resources that will be of interest. In particular, we feel that it is virtually obligatory that you look at their *Statement on the Roles of Mental Health, Psychosocial, and other Healthcare Professionals and Volunteers in Migrant/Refugee Camps, Detention Sites, Border Areas, and Transit Zones,* available at <http://www.globalpsychosocial.org/pilot-project/gpn-statement/> . This gives some solid guidelines as to what you may and may not do.

Further, if you are not working in psychology directly, we would strongly recommend that you look at the areas relevant to your field that are relevant to the hosting region and to the beneficiaries.

Again, we stress that good preparation is crucial to a good experience and to not damaging the beneficiaries with whom you are working.

Also, again, please do not hesitate to contact us with further information and comments.

A Short Introduction to the Background and Situation of Asylum Seekers and Refugees

In this section, we will deal with some of the usual issues that we see in people on the move and in people who have moved from one place to another. People on the move frequently are known as “migrants”, although that term can be applied to people who change their location of living for other reasons such as school or work. We call them asylum seekers and refugees. Once such people reach a place where they can remain, they need to integrate into the receiving societies. That presents its own issues.

Psychological Trauma and Its Effects

A full explanation of trauma, its causes, its effects, and its treatment would be too much information for the scope of a relatively short brochure such as this one. Here, we will give some basic definitions. For more information, see our website, that of GPN cited above, and others that are on the Internet. Also, if you are interested in a course on trauma that we can give without charge, please contact us.

A traumatic situation can be defined as one that threatens the physical and/or psychological well-being of a person or someone close to him/her. Thus, physical injury comes into this category. Also, such incidents as an auto accident, the loss of a job, war, unrest, the death of a loved one, etc., etc., etc. also are traumatic situations. The definition of a “close” person is very wide. Thus, it can be not only someone in the same family or a close friend, but also someone of the same religion, in the same job, in the same political party, etc.

While, in the literature, there are definitions of *post-traumatic stress disorder (PTSD)* and *post-traumatic stress syndrome (PTSS)*, we prefer to speak of *traumatic stress reactions (TSR)*. We do this for several reasons. First, reactions to trauma are normal, not pathological. In fact, we believe that it would be pathological *not* to have a reaction to a traumatic situation. Further, we have seen that reactions to traumatic situations are *multiple and individual*. Thus, each person has a set of mechanisms and reactions that are the result of the person’s personality, education, upbringing, environment, culture, and experience. These reactions can be psychological and physical.

Furthermore, the person may have had reactions – and traumas themselves – transmitted by parents and other relatives, teachers, and others in his/her environment and by the cultures. Similarly, and very importantly, the person may transmit these traumas and reactions further. You also may have such transmitted reactions.

Psychological reactions can include depression, anger, anxiety, and even psychosis. There can be other reactions. Obviously, these reactions influence behavior. Not uncommonly, they lead to self-harm and suicide.

Physical reactions are caused by the internalization of the trauma. Such reactions can affect every system of the body. Thus, people can have high blood pressure, heart attacks and strokes, stomach and digestive problems, headaches, endocrine problems such as thyroid issues and diabetes, immune reactions, and even cancer. We stress that these physical issues are *real* and not “just in someone’s head”, and thus *they* *always require medical attention*.

As we have mentioned, trauma can be transmitted easily. This is known as *secondary traumatization*. Thus, you, as a volunteer, almost without question, will be subject to the secondary traumatization by speaking with the people with whom you are working and with your colleagues. This is a virtually universal phenomenon. We will come back to it later in the section on self-care. We also refer you to the course that we have written on this, mentioned above.

In this section, we deliberately are not describing treatment, particularly for traumatized people on the move. This is a longer-term process and not for someone without experience who is staying for a few weeks or a few months. The only way that we could condone work by volunteers in this sense is, first, if you were to take a course with us or a similar group and, second, if you were able to stay in touch with the beneficiar(y)(ies) online. We will describe later what you can and cannot do.

Some of the Types of Traumatization Undergone by Asylum Seekers and Refugees

There are many types of very strong traumatization that asylum seekers and refugees have undergone and are undergoing, both underway and in the regions of reception.

The first type of such traumatization is what happened in the region of origin. This can be virtually everything. Many people have experienced war, where their homes were destroyed, their families and friends were killed, and where their lives were completely interrupted. Some have had to “serve” in armies (to us the phrase “military service” is a contradiction in terms) and have seen many people being killed. Some people have tortured. Frequently, people have had to leave because of their religion or ethnicity. Sometimes, they have had to leave because of their sexual orientation. Very frequently, people have left because of poverty and wanting better lives for themselves and their children. Somehow, this is criminalized, and is not accepted by most Western governments as a valid reason for leaving.

Even for people leaving home voluntarily, the process never is easy. There are many memories, many people, many events left behind. Thus, the separation is virtually always painful. Furthermore, generally, there are large expectations from the people back home for the people underway to succeed and to assist the people assist the people left behind to leave as well. Also, frequently, they have paid large amounts of money to smugglers and others for people to go. Thus, the people underway don’t want to disappoint the people back home. That almost always makes the people underway anxious and depressed. Luckily, now, there are smart phones so that people can stay in touch somewhat more easily. However, the emotions that come loose in such conversations frequently are very strong.

The journey usually also is highly traumatizing. People can be underway for several years. They undergo very treacherous journeys on sea and on land, and many are injured or killed, and see the same for family members and friends. Very frequently, they are abused physically, psychologically, and sexually by smugglers, police, other officials, including those from official camps, and others. They can be beaten and tortured in other ways. Very frequently, the conditions in camps or detention centers are inhuman. There also is great uncertainty. They cannot move forward or back. Also, they frequently are exploited and used as slave labor. Frequently, smugglers, police, and others take away their few possessions, including their phones, which they use to keep contact with relatives and friends at home.

The situations in transit countries also are very difficult. Almost always, the situations in official camps are horrid. The camps are very overcrowded and sanitary conditions are bleak. There is little if any access to medical assistance. The same is true of legal assistance. Many people do not wish to enter official camps and stay in informal accommodation, frequently known as “squats”. The aim of most is not to stay in the transit regions but to go onto “the game”, that is, still more attempts to cross the next border. Such attempts are very frequently unsuccessful, and most people spend months if not years trying to go further. Frequently, in both the official camps and the squats, there are hierarchies of people. Very often, those at the top of the hierarchies are smugglers. There is a great deal of physical, psychological, and sexual abuse of females and males present in both official and unofficial accommodation. Also, frequently, asylum seekers are used as slaves.

A further point is that family members and friends may be separated by officials at one or another border and may go to different camps or detention centers. They may not be allowed contact. We find this practice reprehensible.

When the asylum seeker/refugee finally gets to the receiving region, there are even more difficulties and more traumatization. The people then must integrate into the new society. First, there are legal barriers. Then, there are language barriers. There are barriers of culture and religion. There are difficulties of getting papers for work and to get qualifications equilibrated. While, frequently, there are groups of people with the same ethnicity in the receiving area, they may or may not be willing to assist. The traumas of the past remain. Most frequently, there is not a great deal of psychological assistance available and, frequently, physicians are not willing to take the large amount of extra time that it takes to work with asylum seekers and refugees. It is beyond the scope of this document to discuss possible ways of dealing with the issues of integration. However, one solution that we like may be found at <http://www.a1216.refival.org>.

In all of this, it is very easy for the migrants, and here we include people migrating for whatever reason, to lose their identity. They identify with the home region, and yet they are no longer from the home region. They also are not part of the society to which they have come. Further, they have undergone experiences underway which also have shaped their identity. This issue of identity also is present in their children, and can be present for many generations. Furthermore, the roles of people in the family change. This is particularly true of males, who feel emasculated by their inability to provide for and protect their families during the migration process and even during integration.

Particularly vulnerable groups.

One of these is unaccompanied minors. These can include many age groups, from very young children to teenagers. There is a free online course from the University of Strathclyde on such people that may be found on <http://childrenonthemovemooc.com/index.php/en/>. We highly recommend it. Children and young people are extremely subject to abuse and exploitation.

Another group is women.

Still another group is elderly people.

A further group is physically ill people.

Also, there are people with mental illnesses and very strong psychological reactions to trauma who also are very vulnerable.

You will, no doubt, come into contact with one or all of these groups.

People in all of these groups can have severe psychological and physical consequences. They also easily can be exploited and abused by officials and by people such as smugglers and others.

It is important that people coming into contact with these groups have at basic cultural and mental help training which will help you to identify and support people in distress. Many migrants and refugees will not be familiar with concepts of mental health and well-being or may understand these concepts differently or associate these concepts with stigma. They may express their feelings and emotions in ways that are not familiar to us.

Despite being aware of the vulnerability of these groups, we must empower them to take positive action on their own behalf rather than obtaining a permanent victim role.

Characteristics of Virtually all Asylum Seekers and Refugees.

They all have enormous hopes and desires. Most, however, will be extremely disappointed in what they have undergone so far.

Further, they have an enormous need and desire to connect with someone else, particularly someone from the outside. We will discuss what is and what is not appropriate in the next section.

All are under enormous psychological pressure from what they have experienced. This pressure can lead to implosion, that is, psychological collapse, and/or to explosion, which can take the form of violence that can be localized or can spread.

We thus find the lack of psychological assistance for asylum seekers and refugees inhuman and also quite dangerous, both for them and for those around them.

Communication, Relationships, and What You May and May Not Do

With Beneficiaries

This brochure is directed at people who will volunteer for at longest a few months and frequently for a much shorter period. Thus, please bear in mind that what you can do is limited.

There are several sorts of limitations. First, you will be leaving and, most likely, will not have contact with beneficiaries once you’ve left. We’ve heard all sorts of promises over the course of years, and almost all of them don’t come true. Volunteers promise to stay in contact in all good will and then, for what seem like valid reasons, don’t. It takes a great deal of work to do so. Our advice is not even to begin with that.

Another point with regard to promises is telling people “that they will be all right” or promising that you will assist them after you’ve left from the place that you are going next. We’ve seen a large number of people, including those from very large international organizations, make such promises that they cannot fulfill. That does much more harm than good, even though it may keep people satisfied for a few hours or a few days.

We strongly urge you to define your role narrowly. What are you there to do? How much time do you have to do it? This, then, for the most part, determines your relationships with beneficiaries. We urge you to stay within that role.

We strongly urge you at very least to read through the manual on the caregiver-client relationship, the link to which is given at the beginning of this brochure. As we have mentioned, most of the beneficiaries whom you will see have been very highly traumatized. They are looking for connection and will attempt to link very strongly with you. *Given the shortness of the period that you will be present, we consider it to be unethical for you to form strong relationships with them.* Certainly, any sort of friendship and particularly any sort of sexual relationship is *completely unethical*. Our fears – and our experience – are that, when you leave, they again will be disappointed. Most of these people need some sort of work with someone who knows what s/he is doing and who will be able to follow up the person over a long period. Frequently, people will come to you and start to open up. Our advice is to stop them, to tell them that you are not the appropriate person for that, and to refer them to someone who has the appropriate knowledge and skills. If you can’t find anyone else, refer the person to us and we will find someone, at least online. Also, if you want to learn how to do this, we are open to starting a course with you, especially if you have a group of three or more.

In all of this, the primary ethical principle, which has been accepted by all professional bodies for thousands of years, is *DO NO HARM*. By getting involved with people and then abandoning them, you can be hurting them bady.

If the issues are legal, if you cannot find anyone else, look on the Internet for the nearest branch of Amnesty International or Human Rights Watch and contact them to find the advisor nearest to you. If the issue is medical, go to the local hospital. If they are unwilling to assist, try calling local general practitioners. If they are of no assistance, get in touch with us.

Doing other than what we say above can damage beneficiaries seriously.

If you hear of mistreatment of beneficiaries by anyone, *report this to your team leader immediately.* In many cases, it will be difficult to find solutions to these issues. Each case in each place is individual.

Relationships with Colleagues

We will deal with some of this in the section on self-care later in this brochure. What you do between yourselves is your own business. However, bear in mind that everyone is under pressure.

Your Behavior

We find it unfortunate that we have to include this topic in a brochure such as this one. However, in the course of years, we have seen behavior in volunteers that has damaged the volunteers themselves, the organizations for which they are working, and beneficiaries.

Please remember that you are representing the organization with which you are volunteering, whether at work or when you are not on the job. Behavior out of the context of the culture of the community in which you are living and working can damage that organization badly. Thus, unless you are far away from your post, that is, in another city, we strongly urge you to be careful. We consider any form of intoxication – alcohol, marijuana, or other substances – totally unacceptable for volunteers. We also consider any form of sexual behavior, be that heterosexual, LGBTQI+, or otherwise, also to be inappropriate. As we have mentioned, such behavior with beneficiaries is totally unethical in our view. We also remind you to be careful with how you dress and with your general appearance. Again, this must be appropriate to the community and to the beneficiaries with whom you are working. The same goes for the way you speak and the words you use. In many cultures, people easily take offence and/or will not take you seriously if you dress or speak in ways to which they are not accustomed. If you have questions, ask you team leader or someone within the community.

Self-Care

Again, please see the section of the course on our website which speaks about self-care in detail. We *very strongly* urge you to work through it. What we will give here is only a summary of it.

Everyone, even those with the greatest amount of experience, is under stress in these circumstances.

Burnout

That stress can cause *burnout*. Burnout is a state in which people who have been under large amounts of stress in their professional and/or their private lives can no longer function properly.

It involves:

* physical and emotional exhaustion;
* cynicism and detachment and
* feelings of lack of accomplishment and ineffectiveness.

It can lead to physical illness.

Burnout occurs in virtually all caregivers, whether they are professionals, trained, or untrained, at one point or another.

Burnout doesn’t appear overnight. It builds up over a period of time.

A person with burnout frequently is unaware that it is happening.

Thus, burnout is dangerous for the caregiver and his or her clients.

Burnout is caused by caring a great deal and by working very hard without taking time and making space for yourself. You feel strong obligations toward your clients, toward your family or friends, to a cause, and/or to other things. You wear yourself out physically and emotionally and do that chronically.

There are quite a number of signs and symptoms of burnout. We give a few here. First, the psychological symptoms:

* emotional exhaustion;
* physical exhaustion;
* sleep problems, that is insomnia, because of thinking about the circumstances, and/or sleeping too much, this to escape from the world;
* not being able to concentrate;
* forgetfulness, even of simple things;
* problems with eating, either eating too much to get pleasure or eating too little because of “nervousness”;
* anxiety;
* depression;
* irritability and anger;
* frustration;
* feelings of being detached and isolated;
* a lack of optimism;
* being cynical about everything;
* apathy;
* hopelessness;
* a feeling of being useless in life;
* low performance levels in your professional life and your private life.

Also, there can be a large number of physical symptoms. We emphasize that you *must* get these checked out by a doctor.

* stomach pain;
* headache;
* chest pain;
* irregular heartbeat;
* shortness of breath;
* sexual dysfunction;
* frequent urination;
* other symptoms in any part of your body.

The first point in dealing with burnout is realizing that you have it. People with it tend to ignore colleagues and friends who tell them about it. We thus urge you to take it seriously.

The next step in dealing with it is to find someone to talk to. As we already have mentioned, supervision and/or intervision are essential. As we have said before, if you don’t have it on a regular basis, whether or not you have burnout, you are not acting as a responsible caregiver. If there is no “professional” supervisor around, find a colleague with whom you can speak. If worst comes to worst, contact us.

In burnout in short-term volunteers, you will have to stop work and give your other obligations to others.

There are a number of important aspects to the prevention of burnout. One of these is prioritization both in your work and in your private life. Another is creating a balance between your professional life and your private life. Still another is taking time for yourself, doing activities that give you pleasure and satisfaction. Again, we repeat that supervision is a key element in preventing burnout. Much of this takes planning. For many people, this takes adaptation and changing of their thought processes.

Self-Reflection and Self-Criticism

In our view, reflection and self-criticism are extremely important parts of self-care. It is important to reflect on what you do with beneficiaries as well as to reflect on virtually every aspect of your personal life. These need to become regular practices of every caregiver, in our view. Even a few minutes a day helps to bring you to a better place. We recommend looking at your tasks and interactions daily with a review weekly. We also recommend a review of your personal life at least weekly, if not more often. There are many ways to do this. One is through writing. Writing helps you to get your feelings out and to organize them. Walking quietly is another way. Still another way is meditation. Each person will find an individual way of doing it. The point is that it happens.

The Balance Between Professional and Personal Life

The balance between a caregiver’s professional life and his or her personal life frequently is an uneasy one. Both are important. We cannot help being affected by the people with whom we work, especially if they are highly traumatized and have difficult situations. Inevitably, we bring that into our personal life. The same is true in the other direction. We all have difficult things happening in our personal lives at one point or another. We cannot help but bring those into our work.

One point is to be aware of this in both directions and to try to separate the two as much as possible. In particular, we must not bring our personal issues, including our emotional ones, into the work with beneficiaries.

As we have emphasized throughout this section, it is important for us to get relief from personal and professional issues and to create space for ourselves.

Another point here is to prioritize and to be able to let go of professional issues and of personal issues at the appropriate times. This is a process of creating balance. For many people, it is not an easy process.

As we already have said, we need to reflect on this balance regularly.

It also is good to discuss this with our partners, friends, and colleagues and, of course, during supervision and intervision.

Not creating and maintaining balance in our lives leads to burnout.

Supervision and Intervision

*Supervision* is speaking with another caregiver. The topics of the conversation, in general, are the issues of the beneficiaries and the other volunteers as well as the interaction between the caregiver’s professional life and his or her private life.

*Intervision* is doing this in a group.

The reasons for supervision are to gain perspective on the work in general and on issues that are contributing to it and on the specific issues of the clients and groups as well as gaining perspective on the person of the volunteer. It is important that the volunteer gain insight into himself or herself. This strengthens the volunteer in virtually all aspects of his or her life.

Virtually all volunteers undergo *secondary traumatization*, that is, being traumatized by what a beneficiary is telling you. It is necessary for the volunteer to process these traumas. The facilitation of this processing is one function of supervision.

Another function of supervision is to deal with the issues that have affected the volunteer’s life.

The time taken for supervision should not be rushed. It is extremely important that it occurs in a relaxed manner and that as many issues as possible be explored in depth.

The frequency of supervision is dependent on the circumstances. In general, we find one hour per week an absolute minimum.

We find supervision crucial for all volunteers without exception. We find not having supervision highly unprofessional.

If you cannot find a supervisor in your region, please contact us.

Training and Debriefing

While we realize that most volunteers are present for very short periods – we consider even a month or two very short – we find it essential for the both the volunteer and for the beneficiaries that the volunteer be trained. For this, please see the section of this brochure on preparation.

We also find it essential that the volunteer undergo several debriefing sessions, one at the moment of departure or very shortly thereafter, another a week or two later, and another about a month or six weeks later. The effects of the experience can go on even longer. If you need such debriefing and cannot get it, please contact us.

Conclusion and Epilogue

Volunteering can be a very rewarding experience. However, your experience must work positively for you and for the beneficiaries. Preparation and responsible work, as well as debriefing, can make it that way.