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TRAUMA-INFORMED PROJECT PLANNING

Recommendations

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The cover page depicts the so-called shakti mudra, a hand gesture that is supposed to empower through physical and mental well-being and to promote inner strength. Thus, it will contribute to stability in life. Mudras are very a common symbol or ritual gesture or pose in Hinduism, Jainism and Buddhism.

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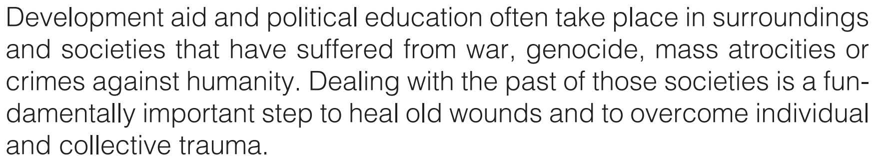


Development aid and political education often take place in surroundings and societies that have suffered from war, genocide, mass atrocities or crimes against humanity. Dealing with the past of those societies is a fundamentally important step to heal old wounds and to overcome individual and collective trauma.

Equally important is to bear in mind that dealing with topics such as domestic violence, gender justice, child rights, parenting, and human rights can be linked to trauma. In addition, any (natural) disaster such as earthquakes, tsunamis, plane crashes might cause trauma in the survivors and their relatives. Moreover, whereas trauma may happen overnight, healing does not.

Many projects in development aid both on small and large scale include survivors in their activities. And rightly so.

However, the inclusion of survivors in project activities requires thorough preparation in order to avoid re-traumatisation. Project goals of the activities should include the strengthening of resources, coping mechanisms and resilience of survivors in a participatory manner.

The following recommendations can help to avoid negative outcomes of project activities that in the worst-case scenario could harm survivors more than help them. These recommendations are not understood as a toolbox that one simply has to tick in order to be successful but rather as suggestions how to be mindful of individual and organisational developments that might occur in the course of a project on trauma and trauma survival.

1. Theoretical background on trauma

What is trauma?

"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." – Substance Abuse and Mental Health Administration (SAMHSA), U.S.A.

The three categories of symptoms of Post-Traumatic Stress (PTS) are:

I. Hyperarousal: The "fight or flight" response to danger remains on high alert, as if the threat may return at any moment. The traumatised person is in a state of perpetual physiological arousal, in which he/she might experience: startle reactions, hypervigilance and poor sleep. They may respond strongly to changes in light, sound and touch. It is important to remember that trauma has the potential to have enduring effects on the human nervous system.

II. Intrusion: The traumatic memory keeps interrupting the survivor's life, as if time froze at the moment of trauma. The survivor experiences flashbacks and nightmares. However, these memories lack verbal narrative and context, often intruding upon the survivor as vivid sensations, sounds and images. The survivor may also relive the traumatic moment not only in thoughts and dreams, but also in action. Many survivors report an involuntary re-enactment of the trauma scene, as if driven to try to change the outcome.

III. Constriction: When the response of fighting or fleeing is futile, the person freezes. When physical escape is no longer possible, the powerless person leaves the scene by altering his/her consciousness. These states of dissociation may be experienced as: numbing, detached calm, altered sensations, distortion of reality, depersonalisation and change in the sense of time.

Traumatic stress reactions are normal reactions to abnormal circumstances

"Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death. They confront human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe." – Judith L. Herman, Trauma and Recovery (1992).

Initial reactions can include: exhaustion, confusion, sadness, anxiety, agitation, numbness, confusion, physical arousal, and blunted affect. These responses are normal in that they affect most survivors and are socially acceptable, psychologically effective, and self-limited.

Most survivors exhibit immediate reactions, yet these typically resolve without severe long-term consequences. This is because most trauma survivors are highly resilient and develop appropriate coping strategies, including the use of social supports, to deal with the aftermath and effects of trauma.

More severe responses include: continuous distress without periods of relative calm or rest, severe dissociation symptoms, and intense intrusive recollections that continue despite a return to safety.

Delayed responses include: persistent fatigue, sleep disorders, nightmares, fear of recurrence, anxiety focused on flashbacks, depression, and avoidance of emotions, sensations, or activities that are associated with the trauma.

Post-Traumatic Stress Disorder (PTSD)

PTSD is a clinically-diagnosed condition listed in the fifth edition of the Diagnostic and Statistical Manual (DSM-5). The criteria for PTSD include: a stressor (direct or indirect exposure to a traumatic event), symptoms of hyperarousal, intrusion and constriction, as well as alterations in cognitions and mood, symptoms lasting for more than one month, symptoms creating distress or functional impairment. Each criterion must be met in order to qualify for a clinical diagnosis.

Some individuals may clearly display criteria associated with posttraumatic stress disorder (PTSD), but many more individuals will exhibit resilient responses or brief subclinical symptoms that fall outside of the diagnostic criteria. The impact of trauma can be subtle, insidious, or outright destructive. How an event affects an individual depends on many factors, including characteristics of the individual, the type and characteristics of the event(s), developmental processes, the meaning of the trauma, and sociocultural factors. No two people have identical reactions, even to the same event.

The difference between PTS and PTSD

It is easy to confuse PTS and PTSD. In addition to sharing similar names, there is considerable overlap in symptoms between the two conditions. However, there are significant differences in symptom intensity, duration, and treatment.

PTS is a common, normal, and often an adaptive response to experiencing a traumatic or stressful event. Almost everyone who experiences a scary situation will show at least a few signs of PTS. Although they can be momentarily intense, symptoms of PTS usually subside a few days after the event and won't cause any prolonged meaningful interference with overall life functioning. Since PTS is not a mental disorder, treatment is not required as the symptoms will likely improve or subside on their own within a month.

Complex trauma

Complex PTSD (C-PTSD) is a diagnosis that was first proposed by Judith Herman, a professor of clinical psychology at Harvard University.

C-PTSD has yet to be recognised as an official diagnosis; however, as a concept it is used extensively in the field of trauma by psychiatrists, researchers, psychologists and the like. It differs from the definition which currently appears in the DSM-IV of PTSD as it addresses the circumstances of multiple traumas throughout one's lifetime, as opposed to PTSD, which is a diagnosis best captured by the presence of a single acute trauma (such as a car accident, single rape, or exposure to natural disaster). The International Classification of Diseases (ICD-11) does recognise two "sibling" disorders: PTSD and complex PTSD (C-PTSD).

Herman in 1992 noted that survivors of C-PTSD may have a history of subjection totalitarian control over a prolonged period (months to years). Examples include hostages, prisoners of war, concentration-camp survivors, and survivors of some religious cults. Examples also include those subjected to totalitarian systems in sexual and domestic life, including those subjected to domestic violence, childhood physical and/or mental abuse, and organised sexual exploitation.

The far-reaching impact of trauma

Although many people who experience a traumatic event will go on with their lives without extreme negative effects, others will face a greater challenge, especially if the survivor is struggling with C-PTSD.

Emerging research has documented the link between traumatic events, impaired neurodevelopmental and immune systems responses and subsequent health risk behaviours resulting in chronic health disorders.

Because traumatic events can violate the autonomy of survivors at the level of basic bodily integrity, it calls into question their sense of safety in the world. Therefore, their basic trust of their relationships, of their community and of their world is shattered. Survivors feel completely abandoned and utterly isolated. Their ability to form secure attachments with individuals, communities and systems may be forever changed.

In addition, their view of self may be damaged by severe feelings of guilt and shame. Survivors of disaster and war are haunted by images of the dying they could not rescue.

Witnessing the death of a family member or a friend is one of the events most likely to leave survivors with long-lasting post-traumatic stress.

The restoration of a positive view of the self includes not only a renewed sense of autonomy within a trustworthy community, but also renewed self-respect.

2. Guidance for a Trauma-Informed Approach in Organisations

The American Substance Abuse and Mental Health Service Administration developed the following six key principles fundamental to a trauma-informed approach in organisations:

I. Safety:

Throughout the organisation, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

II. Trustworthiness and Transparency:

Organisational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organisation.

III. Peer Support:

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilising their stories and lived experience to promote recovery and healing. The term "Peers" refers to individuals with lived experiences of trauma, or in the case of children, this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as "trauma survivors."

IV. Collaboration and Mutuality:

Importance is placed on partnering and the levelling of power differences between staff and clients. This also extends to organisational staff from clerical and housekeeping personnel,

to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organisation recognises that everyone has a role to play in a trauma-informed approach. As one expert stated: “one does not have to be a therapist to be therapeutic.” Ford, J. and Wilson, C. (2012).

V. Empowerment, Voice and Choice:

Throughout the organisation and among the clients served, individuals’ strengths and experiences are recognised and built upon. The organisation fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organisations, and communities to heal and promote recovery from trauma. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible through adequate organisational support.

VI. Cultural, Historical, and Gender Issues:

The organisation actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.); offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognises and addresses historical trauma.

3. Guidelines when Engaging or Including Survivors

1. Clarify your intention: The project should be beneficial for the survivors and not have hidden or implied agendas for yourself, your organisation or your donors. Be aware of the difference of expectations between the survivor, yourself and your stakeholders.

2. Establish and maintain safety at all times: Physical, mental and emotional safety is the cornerstone of recovery for all trauma survivors. Always include survivors in the process of planning by asking what is needed to maintain a sense of safety. Be aware that because each person has a different traumatic response, requests may differ. Be respectful of each individual's needs, even though it may not necessarily make sense to you. Never confront survivors, whether in public or private spaces, about the traumatic memory or event.

3. Make sure that the project is based on gender justice that supports the victims. Bear in mind that not everybody is comfortable with sharing their stories to men or to women. Creating safe spaces can mean to provide women-only or men-only activities. In order to share the results with members of the opposite sex documenting the activities in an appropriate way can be the way forward.

4. Restore a sense of efficacy: Helplessness and powerlessness constitute the essential insult of trauma; therefore, recovery requires the mindful restoration of a sense of efficacy and autonomy. Speak to survivors, but not for them. They are the ultimate authors of their own story. Respect their boundaries and limitations, and at the same time, give them options at every step of the project. For example, consult them on the length of time they can participate for, who they may or may not want to include, and the medium of communication.

5. Realise that triggers may still exist: Although you may have tried your best to abide by the principles of a trauma-informed approach, understand that you or the project may still inadvertently re-trigger the survivor.

It is our goal never to re-traumatise the survivor, but when this happens, do re-establish safety as soon as possible.

It may be productive to discuss this possibility with the survivor prior to the event. If the survivor is familiar with his/her trauma symptoms, it may be worthwhile to spend time working on a safety plan.

4. The Role of the Compassionate Witness

"For the dead and the living, we must bear witness."- Elie Wiesel, Nobel Laureate and Holocaust survivor, in his 1960 memoir "Night"

"A witness assures us that our stories are heard, contained, and transcend time". -Pikiewicz, 2013

Bearing witness denotes the sharing of experiences with others, most notably the communication of traumatic experiences. Bearing witness is a valuable way to process an experience, to obtain empathy and support, to lighten the emotional load and to obtain catharsis. Most people bear witness daily, and not only in reaction to traumatic events. We bear witness to one another through our writing, through art, and by verbally simply sharing with others.

Sometimes, to act as a witness to a survivor's story may be nonverbal process. It is about being a compassionate observer, giving our attention to others without judgement, and providing a space for survivors to speak their truth. Bearing witness requires active and reflective listening skills so that the survivor feels heard and valued.

It has been widely confirmed in the literature on the treatment of survivors of trauma that both validation and bearing witness is vital and necessary in the healing process. Improving our ability to witness others is, therefore, something we can do that actively effects the impact of violence.

Any project that includes survivors will inevitably serve as a forum to bear witness and will thus be part of documenting history. It might even be the case that survivors speak out about their individual story for the first time, which can bring up well-concealed emotions.

As we create and plan projects and events centred on listening to, and validating the survivor's experience, let us remember to create spaces to hold, contain, and bear witness to thoughts, feelings, and experiences. (Blackwell, 1997)

5. Vicarious Trauma: Compassion Fatigue as a Result of Exposure to Trauma

Project staff must be creative, flexible and open to adaptation. Staff will do well to be mindful that survivors' life circumstances and emotions may be volatile, and will need continuous support throughout the project. As staff members are discussing, preparing and working towards project completion, it is highly recommended that both staff and supervisors are aware of, and educated about, the potential risk of vicarious traumatisation and burnout.

The term vicarious trauma (Perlman & Saakvitne, 1995), sometimes also called compassion fatigue, is the latest term that describes the phenomenon generally associated with the "cost of caring" for others (Figley, 1982). It refers to the indirect trauma that can occur when we are exposed to difficult or disturbing images and stories second-hand. Other terms used are:

Secondary traumatic stress

Secondary victimization

Vicarious trauma is the emotional residue of exposure that staff may develop as they are hearing trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured. Vicarious trauma is a state of tension and preoccupation of the trauma experiences described by survivors.

It is important not to confuse vicarious trauma with burnout. Burnout is a state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations.

Symptoms may include depression, cynicism, boredom, loss of compassion, and discouragement. Burnout is generally something that happens insidiously over time, and it can be effectively addressed by simple changes in lifestyle, such as regular time-off, a sabbatical, or a new and different job.
Anyone working with survivors of trauma and violence is at risk of being negatively impacted by the varied effects of vicarious trauma. Factors that may make employees or volunteers more vulnerable to this occupational risk include:

- prior traumatic experiences
- difficulty expressing feelings
- social isolation, both on and off the job
- lack of preparation, orientation, training, and supervision in their jobs
- being newer employees and less experienced at their jobs
- constant and intense exposure to trauma with little or no variation in work tasks and lack of an effective and supportive process for discussing traumatic content of the work.

Each individual may experience the effects of vicarious trauma differently. Some of the potential negative reactions include, but are not limited to (symptoms similar to PTSD):

- Difficulty managing emotions
- Feeling emotionally numb or shut down
- Fatigue, sleepiness, or difficulty falling asleep
- Lack of or decreased participation in activities that used to be enjoyable
- Loss of a sense of meaning in life and/or feeling hopeless about the future
- Increased irritability; aggressive, explosive, or violent outbursts and behaviour
- Physical problems or complaints, such as aches, pains, and decreased resistance to illness

- Feeling vulnerable or worrying excessively about potential dangers in the world and loved ones' safety
- Relationship problems (e.g., withdrawing from friends and family, increased interpersonal conflicts, avoiding intimacy) and
- Destructive coping or addictive behaviours (e.g., over/under eating, substance abuse such as alcoholism or drugs, gambling, taking undue risks)

If you believe a coworker might be experiencing negative reactions to vicarious trauma, consider:

- Reaching out and talking to them individually about the impact of the work
- Supporting connections with family, friends, and coworkers encouraging them to discuss their experience openly with their supervisor
- Encouraging them to attend to the basics—sleep, healthy eating, hygiene, and exercise and
- Referring them to organisational supports such as a peer support team, counsellor, psychologist

6. Supporting Survivors during the Project

Supporting survivors in the course of a project cycle can have many different aspects and is crucial to the success of the project.

The five key principles of trauma-informed project planning are safety, trustworthiness, choice, collaboration, and empowerment (Fallot & Harris, 2008). They should be embedded in all activities at all levels of service delivery.

When it comes to tools for supporting survivors, we first need to understand that every single person is unique. Everyone differs regarding their life experiences, sex, and gender and how they were brought up. This means there are no tools that fit everyone and this also means that practitioners need to have a box of different tools rather than one or two tools. Below are some to consider when supporting survivors.

It must be a trauma-informed project and staff. When thinking of starting a project with survivors do consider some of the suggestions below but always keep in mind that the most important tool is “You” (anyone who works with survivors):

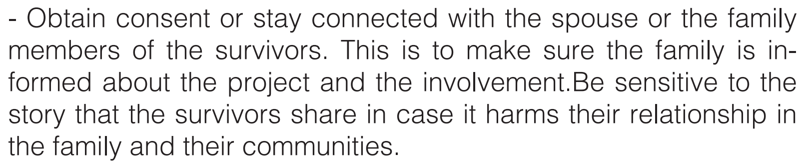
- Create safe spaces during all project phases. What do we mean here by “space”? Space refers to creating a place and atmosphere that is mentally and physically safe for survivors. This includes a good explanation of the project and giving both the individuals who suffer from psychological conditions and their families a stronger base of knowledge on ways to cope and thrive in spite of the condition (psychoeducation).

  Different forms of psychoeducation programs can be based on whether or not it is structured in a one-on-one model or a group model. Healthcare providers, with the assistance of nurses and other medical professionals, may take on the role of an educator to help a person suffering from psychological conditions become more aware and well-informed about the nature of whatever condition they are challenged by.

- Provide psychological support throughout all stages of the project. If professional support cannot be guaranteed at all times peer support and/or supervision can be useful tools to manage reactions that my come up in the course of a project such as grief, anger, depression or anxiety.

- Prepare to react to a survivor’s story in an adequate and supporting way. The story you will hear might be overwhelming for you as well. However, staying silent, belittling the experience or giving unwanted advice on how to deal with the story will be detrimental to the survivor. Communication techniques such as “Active Listening” and “Nonviolent Communication” might provide the tools for situations that can be quite uncomfortable for presenters and listeners alike.

- Respect the needs of survivors on all levels (also when it comes to very basic things such as food, rest, working hours).



- Obtain consent or stay connected with the spouse or the family members of the survivors. This is to make sure the family is informed about the project and the involvement.Be sensitive to the story that the survivors share in case it harms their relationship in the family and their communities.

- Ensure the financial stability of survivors by designing project activities that do not affect survivors' daily work or income and make sure at the very least, that they receive compensation for their (working) time. However, when it comes to financial support/allowance there sometimes is controversy among the project team and especially among the survivors themselves.

Please keep in mind that the project goal is to support the survivors in their trauma healing and not an income generation focus (although financial stability should be guaranteed).

- Project staff must be creative (artistic if possible), spontaneous, and open for change/adaptation. However, this does not necessarily mean that working with survivors, is about working with sick people. At times the survivors' mood and emotions might change rapidly or there may be something happening to them so they suddenly do not want to meet, talk, share, etc. This requires regular meetings with the team to update and discuss the challenges, the supervision, and the training required; including a basic understanding of trauma, psychological first aids, referral system, etc. Furthermore, preparation for project staff in the possibility of receiving vicarious traumas in working with survivors and the context. The project team needs to be aware of this and prepare the cost for referral (counselling, psychotherapy, supervision or coaching) for both survivors and staff. Understanding the system and landscape of working is crucial as the institution/organisation must take staff/ self-care seriously which includes a proper work-life-balance and relaxation time.

- Language/translation: Make sure that survivors can contribute to the project in their own language and tone. If the staff members speak a different language then it is also very important to be culturally/conflict/spiritually sensitive.

This can be done through careful selection/preparation of project staff and methodologies. However, training the team to work/speak in the survivors' language is highly recommended. If you decide to hire a translator, make sure he/she is aware of the sensitivity of the project, is experienced in working with survivors and has enough time to be included in the preparation of the project.

7. Planning Procedure of Projects that Include Survivors

In view of the increasing number of projects in fragile or (post) conflict contexts, it is important to examine the question of how projects can not only be implemented efficiently in view of the challenges, but also how they can contribute to the stabilisation of the people for whom they are intended at all levels.

People in these contexts have often experienced a life of insecurity and poverty, powerlessness and loss of control, not only through direct experience of violence and traumatic events, but also through indirect involvement and ongoing existential stress from life in poverty and uncertainty.

This has an impact on their psychological cognition as well as on their ability to integrate, their willingness to reconcile and to develop a perspective for their future.

Political development cooperation aims to empower people and support them to be more capable of acting. Therefore, trauma-sensitive project work should have a psychosocial focus (the simultaneous work on psychological and community-related processes).

Not all people are affected in the same way by the consequences of traumatic experiences and develop mental disorders that require special therapeutic support. Most of the survivors can stabilise themselves psychologically and socially if they have a safe, supportive and trauma-informed environment.

We should also bear in mind that the term survivor does not necessarily relate to the dichotomy of perpetrator versus victim. Especially in times of war, genocide or crimes against humanity these lines can be blurred. Think of e.g. child soldiers who have been forced to commit crimes and got used to it: Nobody would seriously deny that despite being perpetrators they are victims in the first place.

The same is true for adults who were forced to joined militia as armed forces. Individual stories of ex-combatants will surely reveal a very complex picture of what people went through during times of mass violence and what survival meant to them.

Too often program planning depends on external demands regarding budget or time frame that can be detrimental to the content and the participants of the project itself.

Survivors of trauma might need more time to gain trust in the project and its project officers. And once projects officers change the whole process of trust building must start anew. Oftentimes a project has to adjusted to upcoming challenges or to a change in circumstances. A certain flexibility is therefore needed regarding time frame and budget. Also "success" might need to be defined differently. Because at times fundamentally adjusting or even stopping an otherwise harmful project can be regarded as a success in contrast to imposing it onto survivors under any circumstances. Be aware of the special needs of trauma survivors in every phase of the project and check in with them regularly.

8. Integrated Psychosocial Strategy / Resource-oriented Participatory Approach

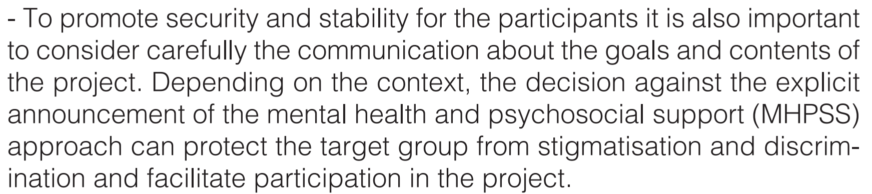
People who have experienced traumatic violence need the experience of the greatest possible security and control over their lives. In addition, it is important to promote positive experiences of self-efficacy in order to overcome feelings of powerlessness. Building constructive relationships and promoting solidarity and trust in the community also helps to create a framework for integrating traumatic experiences into life.

Depending on the project design, targeted individual and group offers can help to cope with everyday problems and develop new goals and life plans. The integration of psychoeducation is a useful addition. Understanding one's own needs, ways of reacting and trauma dynamics help those affected to process their experiences, to develop good strategies for coping and to regain security.

- The inclusion of members of the target group is crucial from the beginning through all project phases. At the beginning, a participatory needs assessment should be carried out, focusing also on individual and community resources through which the participants/ community contribute/s to the success of the project. This analysis also forms the basis for the common definition of the project goals and activities. The Do-No-Harm analysis with a psychosocial focus should also be directed towards understanding how project participants see their own situation. What sense do they make of it and what resources and coping strategies do they have? This includes traditional rituals to strengthen these capacities and to build on them to help promote ownership, empowerment and, depending on the context, revitalisation of the cultural identity. Cultural identity is a reference framework that provides security, especially when there is a very strong identification with the role of victim.

- The provision of basic needs to secure livelihoods is an important aspect of the psychological well-being of the participants and a prerequisite for successful participation in the project. However, in the sense of the Do-No-Harm approach, besides a comprehensive context analysis of the project and its impacts, careful attention should be paid to avoiding the development or strengthening of dependencies. In contrast, in order to promote autonomy, dignity and a sense of control, it is important to link support for basic security to the contribution of own resources or by offering income-generating-measures.

- Sensitivity to gender differences in terms of needs, roles, ways of processing traumatic experiences and the framework conditions such as child care, that make participation in the project possible is essential for the success of the project. In this regard, early involvement of members of the target group guarantees that the project corresponds to the values and needs of the target group also in terms of region/spirituality and culture.



- To promote security and stability for the participants it is also important to consider carefully the communication about the goals and contents of the project. Depending on the context, the decision against the explicit announcement of the mental health and psychosocial support (MHPSS) approach can protect the target group from stigmatisation and discrimination and facilitate participation in the project.

- During the implementation of the project, a participatory monitoring should be planned in which participants can give regular feedback and jointly recognise positive changes, as well as negative, unintended effects at an early stage. The findings will be used to adjust project goals and activities to ensure that they meet the needs of the beneficiaries and to avoid stress and feelings of being overburdened. In this sense, it is also advisable to allow enough time and flexibility for the implementation of the project.

- Transparent planning and communication are important and create trust. In this way, the end of the project or an exit strategy should be well prepared and discussed in order to also be able to identify factors to guarantee the sustainability of the project at an early stage. This can include, for example, the training of multipliers or connecting with local offices, organisations and alternative financing possibilities.

- For an appropriate closing of the project, it is important to create a moment in which all participants together appreciate what has been reached and to evaluate: which expectations have been fulfilled, which learning experiences have been made and which recommendations could be documented. In the sense of promoting ownership and a project implementation on an even playing field, project managers should take into account the wishes of beneficiaries and how they want to be considered as persons in a publicly accessible documentation of the project. Here it is mainly about the use of names, pictures or quotes.

- For a responsible evaluation and accompaniment of the processes initiated by the project, depending on the context, home visits or a meeting of all project participants should be scheduled some time after the end of the project.

- A key aspect for the success of the project is the culture and trauma-sensitive attitude of the project staff. This includes technical personnel as well as any translators involved in the project.

Depending on the linguistic context, it is essential that a sufficient number of translators is included in the project budget to ensure good communication. Working with traumatised people can be great deal of psychological burden. Therefore, in addition to careful preparation and training of the persons involved, trauma-sensibility also includes creating the necessary space for self-care, reflection, peer support and supervision in order to maintain an appreciative, resourceful and empathic approach to oneself and the target group and to counteract burn-out and secondary traumatisation.

9. Public Events

Public events can be a great opportunity to raise awareness about the trauma people have suffered in times of crisis. They make people and their fate visible and provide a face to individual stories that otherwise might go unheard. But a couple of precautionary measures need to be in place to prepare properly and avoid doing harm.

- Check thoroughly with survivors if and how they want to be included in public events. Give proper information about what will happen in that event, whom they will meet, etc. Make sure that survivors understand why they are invited to join the project and have a clear picture of what will happen during the upcoming event(s).

Meeting prior to the event is important as it helps to create a feeling of trust, care, and respect, and especially it gives space to survivors to ask questions and to express their concerns or anxiety.

- Produce video statements to be broadcasted during a public event instead of using direct exposure of survivors, if they wish. Explore options with them by discussing the alternatives including blurring the face in the video, using an alias, having someone to substitute for them but still using their own voice/tone as the voice over, etc.

- Choose a trauma-informed moderator/facilitator for the event and prepare her/him well. The facilitator has a lot of roles and responsibilities including the bird-eyes-view on the event and to make sure there is a proper closing of the event/day.

- Bring the moderator/facilitator in contact with survivors before the event and ensure enough time for the preparatory meeting.

- Ensure psychological support before, during, and after the event. First aids kits must be available in the room and be aware of necessary breaks and mealtimes.

- Make sure to present survivors not only as victims but instead as humans with strength and creators of their own story. Do not see or treat them as special or even alien but as an individual who has a story to tell that we all can learn from.

- Do not just focus on the trauma (the bad day) but also the strength/resiliency (the good day) of the participants.

- Be aware and sensitive to seating or seat arrangements for the survivors and the whole event. Survivors are the experts of their own lives and their own experience and therefore should be treated as experts. They deserve a place on the podium (if they want) next to and in the midst of other experts.

- Be aware of who you invite to join the event as participants, especially if your organisation is asked to bring the survivors to join events of a third party.

- Prepare short psycho-education briefings for participants of the event about what could happen. Be mindful not to overreact to the stories and responses of the survivors. Psychoeducation should inform the participants and survivors of what could happen and what might happen during and after joining and listening to traumatic stories.

- Make time for a proper debriefing with survivors and the staff (event organiser).

- If necessary or requested, there should be a counsellor or a trusted person to sit next to the survivors so they do not feel alone to new people (participants).

- Arrange to have an Emotional Support Room next to the event hall.

- The use of video and photography during any event should be very considerate of survivors, in particular during any close-up filming as it can disturb or even harm the survivors. Often camera people want to take close-up shot while survivors are crying or during times of emotional arousal. Project staff should be aware that these actions might be rude or intrusive to the survivors and could especially disturb and interrupt their presentation.

- Be aware of the media reports about the survivors and make sure they can read/watch their stories before it is released to the public.

- Do not forget that also other participants of the event (on the podium or the audience) might also be survivors of trauma and can be triggered during such an event. Prepare as thoroughly as possible for these participants as well.

10. Conclusion

Launching a project with trauma survivors is always great opportunity to learn something new. There is a sense of excitement and enthusiasm at the possibility of what the project will mean for the organisation and those involved in the project. Meeting an identified but previously unmet goal gives the program its purpose. However, before a program comes to fruition, there may be a lengthy process involved with the launch and there may be many challenges that can stand in the way. The good news is that most of these challenges can be addressed with proper planning to ensure the program is executed with success.

The ideas presented in this paper aim to give some insight into how to avoid harm and negative project outcomes not only when working with survivors of trauma.

Well prepared, sensitive and respectfully conducted activities with sur vivors can contribute tremendously to dealing with the past of a traumatised society and might have educational character for the younger generations.

We have to listen to the survivors with the humility that we do not know the full story: The living memories of those people are worth being listened to in order to avoid a society that falls back into the dark times of crimes against humanity and to prevent human rights violations from happening again.

References:

Active Listening
https://www.mindtools.com/CommSkll/ActiveListening.htm

Anderson, Mary/CDA Collaborative (1999). Do No Harm. Boulder, London: Lynne Rieners Publishers

Blackwell, Dick. (1997). Holding, containing and bearing witness: The problem of helpfulness in encounters with torture survivors. Journal of Social Work Practice, 11(2),81-89.

Figley, Charles (1982). Traumatization and comfort: Close relationships may be hazardous to your health. Keynote presentation, Families and Close Relationships: Individuals in social interaction. Conference held at the Texas Tech University, Lubbock, March.

Ford, J. and Wilson, C. (2012). SAMHSA's Trauma and Trauma-Informed Care Experts Meeting.

Herman, Judith L. (1992). Trauma and recovery: The aftermath of violence – from domestic abuse to political terror. New York: Basic Books.

Pearlman, Laurie Anne., & Saakvitne, Karen (1995). Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors. New York. W W Norton Books

Pikiewicz, Kristi Ph.D. (2013). The Power and Strength of Bearing Witness. in: Psychology Today. www.psychologytoday.com/hk/blog/meaningful-you/201312/the-power-and-strength-bearing-witness?amp

Rosenberg, Marshal B on Non Violent Communication:
https://www.nonviolentcommunication.com

SAMHSA's Trauma and Justice Strategic Initiative (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Available from: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Sipos, Sandor: How to be empathic in difficult conversations
https://www.symblify.net/magazine/how-to-be-empathetic-in-difficult-conversations/

Van der Kolk, B. (1995). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. New York: Penguin Books

Further information:

Online Talks

Joelle Rabow Maletis on PTSD:
https://www.ted.com/talks/joelle_rabow_maletis_the_psychology_of_post_traumatic_stress_disorder/transcript

Judith L. Herman on Trauma and Recovery:
https://www.youtube.com/watch?v=USTKmffoQms

Melissa Walker on healing PTSD through art:
https://www.ted.com/talks/melissa_walker_art_can_heal_ptsd_s_invisible_wounds

Internet-Links

https://www.helpguide.org/articles/ptsd-trauma/ptsd-symptoms-self-help-treatment.htm

https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-psychological-trauma.htm

https://www.psychologytoday.com/us/blog/expressive-trauma-integration/201901/what-is-trauma

Podcasts

https://psychiatrypodcast.com/psychiatry-psychotherapy-podcast/how-to-treat-emotional-trauma

https://psychcentral.com/blog/podcast-theres-more-to-trauma-than-ptsd/ (also available on Spotify)

Publications

Understanding Trauma in Cambodia
https://www.ziviler-friedensdienst.org/de/publikation/understanding-trauma-cambodia

Healing Trauma and Building Trust and Tolerance in Rwanda
https://www.interpeace.org/wp-content/uploads/2019/04/Trauma-Trust-Tolerance-and-Peace-activism-Web1.pdf

Cambodia's Hidden Scars: Trauma Psychology in The Wake of The Khmer Rouge

https://tpocambodia.org/wp-content/uploads/2015/09/DCCAM_Cambodias-Hidden-Scars.pdf

Health and human rights info (source of information dealing with mental health in war and conflict areas with a database of references to more than 550 publications and more than 230 organisations)
https://www.hhri.org/

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