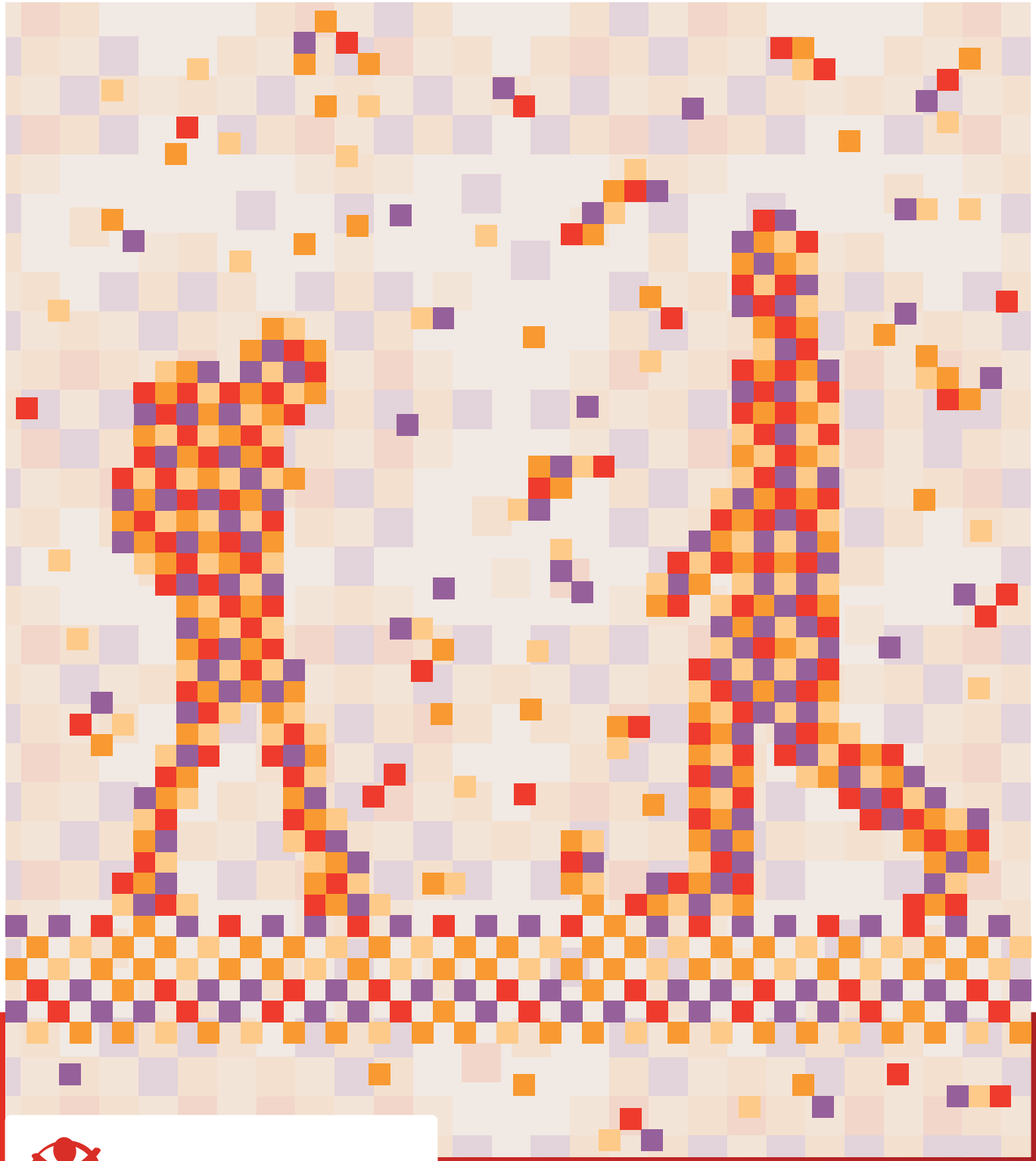

Save the Children

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THE SILENT STRUGGLE OF FIELD PRACTITIONERS WORKING WITH MIGRANT AND DISPLACED CHILDREN

IMPRESSUM

Save the Children works in over 120 countries. We save children's lives. We fight for their rights. We help them fulfil their potential.

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The Balkans Migration and Displacement Hub (BMDH) is established to ensure visibility and support for children on the move in the Balkans. Drawing on experience gained in responding to the refugee and migrant crisis, BMDH monitors trends in migrations across the Balkans and researches particular issues related to children in mixed migrations. The hub issues regular reports, documents good practices, improves learning and knowledge sharing, and promotes emergency preparedness. By developing partnerships and liaising with other stakeholders that work with children on the move, BMDH provides and promotes robust advocacy for children, ensuring that their needs are put at the forefront.

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CONTENTS

List of abbreviations

CF	Compassion fatigue
NGO	Non-govermental organisation
PIN	Psychosocial Innovation Network
STS	Secondary traumatic stress
UN	United Nations
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
VT	Vicarious trauma

EXECUTIVE SUMMARY

Migrant and refugee children travelling on the Balkans route towards Western Europe endure multiple traumatic experiences including violence, torture and deprivation of their child rights. Their journeys and their destinations are insecure and often unpredictable (Žegarac et al., 2022). Direct contact with these children can result in significant stress for field practitioners, who are at risk of vicarious trauma, burnout and other health challenges s.

Vicarious trauma, sometimes referred to as vicarious traumatisation or secondary trauma, is the psychological and emotional distress that can result from being exposed to the traumatic experiences of others, such as clients, patients, or witnesses. It can lead to inconsistent and ineffective levels of care.

This research is part of the Violence against children on the Balkans migration route - solutions through advocacy and research project, which is supported by Save the Children North Western Balkans and the Center for Interdisciplinary Studies of the University of Sarajevo, with funding from the Sexual Violence Research Initiative (SVRI). It builds on the study "Wherever we go, someone does us harm" (Žegarac et al., 2022) by identifying the characteristics and specifics of vicarious trauma experienced by field practitioners and field researchers working with migrant children on the Balkans route, and setting out recommendations for practice, policy and research so that children could receive the best care. In addition to a literature review and secondary data analyses, a qualitative study was carried out from March – April 2023 with five focus groups that included government and NGO representatives from Serbia, Bosnia and Herzegovina, Croatia, North Macedonia and Montenegro.

The results of this study show that there is significant vicarious trauma among field practitioners who work with migrant and refugee children on the Balkans route, which affects their physical and emotional wellbeing. Feelings of helplessness, guilt, and anger are prevalent in situations where practitioners cannot do much to protect the children or are unable to help them to access services.

Most field practitioners who participated in the study experience difficulties with everyday functioning such as tiredness, difficulties with sleeping, eating and digestion, and increased sensitivity or numbness when they see violence, even on television. Additional vulnerabilities of the children they work with, such as their age, their status (for example, if they are unaccompanied) and their injuries, as well as constant exposure to stressful situations, are significant contributors to vicarious trauma.

The study identified gaps in service provision including organisational factors such as lack of coordination, slow response, lack of cooperation between government and NGOs, and lack of organised and consistent support through supervision, peer learning and debriefing.

It also identified strategies that can enable practitioners to deal with vicarious trauma. Key personal, organisational, professional and systemic recommendations are summarised below:

Personal

- Develop an awareness of vicarious trauma and other forms of indirect trauma
- Practice self-care to improve wellbeing and everyday functioning; this includes taking enough rest and regular breaks, and setting realistic expectations in the field
- Establish boundaries to ensure healthy and constructive empathy
- Seek supervision and support, for example counselling or psychotherapy

Organisational

- Organise regular supervision, mentorship for new practitioners, and peer learning
- Provide regular and structured debriefing after each shift in the field
- Foster a supportive work environment with open communication, collaboration and teamwork, through regular team meetings, team building and recognition
- Ensure there are clear policies and procedures in place and develop a standard operating procedure (SOP) for emergency situations, that considers the wellbeing of practitioners
- Manage workloads and provide access to support such as counselling or psychotherapy

Professional

- Develop cultural competence through education, training and other practices
- Use a trauma-informed approach as a framework that recognises the widespread impact of trauma on individuals and seeks to understand and address its effects across various settings. It involves adopting a perspective that takes into account the unique experiences and needs of individuals who have experienced trauma, and it guides the design and delivery of services and interventions.
- Provide regular training on vicarious trauma including risks, symptoms and protective factors, as well as areas such as case management, legal and policy issues, and advocacy

Systemic

- Raise awareness of vicarious trauma among practitioners
- Advocate for policy change such as changes to practitioner working standards and policies that promote the health and wellbeing of migrant children and those who work with them
- Improve collaboration between stakeholders working with migrant and refugee children, to provide a better and faster response and reduce the burden on practitioners
- Empower migrant children and their families to advocate for their own needs and rights
- Conduct research and evaluation to better understand vicarious trauma in practitioners, and use the findings to inform and promote evidence-based approaches
- Promote fair and just policies and create mechanisms that put child rights at the centre
- Innovate existing approaches to protection of migrant children and enhance best practices
- Standardise support for practitioners working with migrant children.
- Enhance best practices for migrant and refugee children

Detailed recommendations can be found on page 38.

INTRODUCTION

People from refugee and migrant backgrounds often endure cumulative traumatic experiences, which are compounded by the acculturative stress they experience when adjusting to their host community. Their safety and support systems, and their sense of justice and identity, are significantly disrupted. Literature shows that consistently bearing witness to the traumatic experiences or refugees and migrants, and addressing the multiple needs of refugee survivors, also affects the wellbeing of professionals and paraprofessionals who are in direct contact with these groups (Fernandes et al., 2022).

The traumatic experiences that migrants and refugees face are many and may include illness, injury, starvation, rape, torture, and detainment in concentration camps (Oktikpi & Aymer, 2003). It is important to understand that becoming a refugee is involuntary and as such, it disrupts five core adaptive systems – safety; attachment and support networks; justice, roles, and identities; existential meaning; and coherence – which impacts re-settlement (Silove et al., 2017). Acculturative stress, socioeconomic factors and cultural dissonance often compound post-migration hardships and can place people from refugee backgrounds at risk of developing mental health problems (Kartal & Kiropoulos, 2016; Li et al., 2016; Murray et al., 2008; Phillimore, 2011).

The circumstances under which migration takes place has a considerable impact on the safety and wellbeing of the migrant. The sudden outbreak of war, violence, a family breakdown or another emergency can significantly affect the physical and psychological wellbeing of a migrant or refugee child (Child Protection Working Group, 2012). Migrations demand an urgent response because they cause extreme health and social risks for a child's growth and development, as well as the functioning of their family.

Working with migrants and refugees requires cultural competence to help people find their anchors in new surroundings. However, cultural competency is often not adequately incorporated in professional training, which results in a gap between training and practice that could overwhelm professionals when they begin work in the sector (Marsella, 2010; Wylie et al., 2018).

Due to conflict, climate change, poverty, and human rights abuses, the number of migrants, asylum seekers and refugees is increasing. As such, research concerning the effects on field practitioners of working with this growing and sometimes highly traumatised population is warranted.

Vicarious trauma is considered a natural and almost inevitable response to working with trauma survivors (Pearlman & MacIan, 1995; Pearlman & Saakvitne, 1995). Vicarious trauma is neither a reflection of pathology in the practitioner nor an intentional act of the client (Pearlman & MacIan, 1995). In their framework for understanding the psychological effects of working with victims, McCann and Pearlman (1990) conceptualise vicarious trauma as pervasive (affecting all realms of life), cumulative (each traumatic story reinforcing a gradually changing schema, or pattern of thought or behaviour) and arising from repeated empathic engagement with traumatic material. The level of distress experienced by professionals is commensurate with the degree of discrepancy between their appraised meaning of the traumatic story and the accepted global meaning (Allisa,Shakespeare Finch, 2012). A large discrepancy creates a discomfort that reflects a loss of predictability or comprehensibility of the world.

Many professionals who are drawn to refugee work are committed to human rights, a need for justice and a desire for change (Fischman, 1998; Tribe & Patel, 2007). Listening to narratives of brutality, torture, and gross human rights violations is ethically challenging and could motivate them towards advocacy to demonstrate solidarity, which goes beyond empathic engagement (Century et al., 2007; Coddington, 2017). However, an inability to bring about change due to legislation and government policy often results in professionals feeling shattered, drained, and impotent (Engstrom et al., 2008; Isaac, 1997). Professionals working directly with vulnerable children who have experienced molestation, neglect, torture, rape, abduction, forced labour, arson or kidnapping (Lusk & Terrazas, 2015) are particularly exposed to the risk of vicarious trauma.

Until now, there has been limited research on the topic of vicarious trauma among field practitioners and researchers who work with refugee and migrant children, although previous research indicates the need to support those who work with people who are suffering from the consequences of traumatic events (Baillot et al., 2013; Birck, 2001; Chamberlain & Miller, 2008).

This research builds on the findings of the study "Wherever we go, someone does us harm" (Žegarac et al., 2022), which indicated that field researchers working with migrant and refugee children on the Balkans route had experienced vicarious trauma. It identifies the characteristics of the vicarious trauma that such practitioners experience and how this differs from the vicarious trauma experienced by professionals working with other vulnerable groups, in order to identify gaps and make practical and policy recommendations that will strengthen the capacity of practitioners and researchers working directly with migrant and refugee children.

CONTEXT OF MIGRATION ON THE BALKANS ROUTE

During the last decade, thousands of children have migrated through the Balkans route towards Western Europe (Dangmann et al., 2022), searching for safety or a better future.

In 2015 alone, about half a million refugees and other migrants, mainly from South, Central and Western Asia, crossed the countries on the Balkans route. Since 2016, however, the policies and practices of the European Union and national governments in Balkan countries have sought to deter refugee and migrant arrivals in Europe. These policies have reduced – but not stopped – the arrival of refugees and have dramatically increased their vulnerability and exposure to violence. (Žegarac et al., 2022)

There was a marked increase in new refugee and migrant arrivals to the Balkans in the first months of 2020, but arrival figures significantly decreased when the COVID-19 pandemic began and by the end of the year, only around 16,000 new refugee and migrant entries had been registered, or about one-fifth of the arrivals registered in 2019 (Jovanović, 2020). The years that followed brought a gradual rebound to pre-pandemic levels of migration to Europe.

The year 2022 brought a significant rise compared to 2021. There were 145,600 irregular border crossings of the EU's external border reported on the Balkans route, 136% more than in 2021 and the highest number reported on this route since 2015.[1] Besides the increasing number of arrivals, this year was marked by a high turnover rate since refugees and migrants generally spent a short time in each country or territory before crossing the next border.[2] Nonetheless, the fact that the route was passable does not mean it was safer for refugees and migrants. Available and legal options for protection and migration are still scarce and non-functional, and the nature of border controls did not change – violent pushbacks occur regularly. The lack of a durable solution is still present, and so are the numerous ways in which the lives and rights of children on the route are constantly endangered.[3]

Around one third of all refugees and migrants who arrive in Europe are children.[4] Numerous factors contribute to children leaving their country of origin including violence, persecution, family issues, and economic uncertainty.

1 Frontex (2023). EU's external borders in 2022: Number of irregular border crossings highest since 2016

2 IOM (2023). Migration Trends in the Western Balkans in 2022

3 Save the Children (2023). Refugees and Migrants at the Balkans Route Regional Overview 2022

4 UNHCR (2021). Global Trends in Forced Displacement – 2020

There are significant difficulties in monitoring and supporting children who undertake forced migration. Some travel unaccompanied and register as older than they are. Others who are older than their siblings may be deemed old enough by their family to take responsibility for their own wellbeing and, eventually, the wellbeing of their entire family. Identification of the status of girls can be difficult, because most report that they are travelling with family members even if this is not true, because it is perceived to be safer to be surrounded by older males (Jovanović & Besedić, 2020). Sometimes girls travel with a trafficker, but say he is their husband or cousin.

Children and adults from Central, Western and South Asia migrate to Europe to seek safety or better living conditions, with the countries on the Balkans route usually perceived as transit countries. Research shows that due to a lack of legal pathways, child migrants rely mostly on smugglers to help them cross borders. On their journey, they experience multiple forms of violence as well as deprivation of key resources such as food, water, hygiene, and communication (UNICEF, 2022).

Poor living conditions and a lack of resources, food and supplies, combined with exposure to violence and limited access to appropriate shelter, care and protection services, impacts children's health and wellbeing, affecting their childhood, their development and their future.

At the same time, many of these children face discrimination, persecution or torture due to their ethnicity, nationality, religion, tribe or other affiliation. Girls, children with disabilities, and those with a minority sexual identity are especially exposed to marginalisation and stigmatisation.

Experiences of violence among migrant and refugee children

Refugee and migrant children on the Balkans route who come from areas of conflict and deprivation in Central, Western or South Asia or Africa are at an extremely high risk of physical, emotional and sexual violence or abuse. They are often exposed to torture and ill-treatment, child marriage, sexual and gender-based violence, displacement, and recruitment by armed groups (Chynoweth, 2017; Nowak, 2019; Bjekić et al., 2020; SYHR, 2021). Maltreatment involves a wide range of perpetrators and acts and can include physical or psychological maltreatment by caregivers, strangers or peers (Attaullahjan et al., 2020).

Keeping in mind that violent experiences can have profound effects on children's health and long-term wellbeing and that children make up around one-third of all refugees and migrants arriving in Europe, surprisingly little research has been carried out on this topic, particularly from the perspectives of children. A literature review indicates that there is a significant gap in knowledge of the different types of violence that are experienced by children in this vulnerable position. The scarcity of data and research is especially pronounced in the regional context of the Balkans. Most literature produced in the last 10 years addresses children who seek asylum and the right to asylum, education or integration, as well as the psychological wellbeing of asylum-seeking, refugee and migrant children.

The Balkans route has become more dangerous for child migrants since 2016, as policies and practices of the European Union and national governments have increasingly sought to deter refugee and migrant arrivals in Europe. Besides being exposed to physical, emotional and sexual violence, refugee and migrant children on the Balkans route are exposed to specific forms of violence related to the context of migration such as detention, pushbacks from borders (instataneous and often violent) and specific manifestations of gender-based violence that occur in the context of migration (Bjekić et al., 2020).

In the study "Wherever we go, someone does us harm" (Ž egarac et al., 2022), children reported that they faced unlawful, forced, and violent pushbacks from borders; lack of access to services and international protection; detention; and overcrowded and inadequate shelter facilities. Refugees and migrants who experience violence and

pushbacks from borders often have their valuables and personal items confiscated or destroyed and their explicit requests for asylum ignored.

Another cause of exposure to violence comes from harmful practices in countries of origin. Research conducted in 2017 and 2018 with refugee and asylum-seeking beneficiaries of psychological aid in Serbia revealed that over 80% of participants experienced six or more traumatic experiences in their country of origin prior to migration (PIN, 2017; 2018).

Children on the Balkans route are also exposed to psychological violence as they witness the deaths of others or see dead bodies on the route. They often survive verbal violence, insults and threats from smugglers, police officers, members of local communities they travel through, and other migrants (Arsenijević et al., 2017). Unaccompanied children may be abducted, often by smugglers, and kept in isolated houses until their families pay a ransom.

Children on the Balkans route often lack care and protection from parents or guardians, and unaccompanied children are at particular risk of violence, especially sexual violence and other forms of abuse and exploitation. (Žegarac et al., 2022). Although little is known about the prevalence of these types of violence against children on the Balkans route, research from other countries shows that sexual violence, as well as gender-based violence in general, is an integral part of contemporary migration and children's migration experiences.

Migration routes are constantly shifting due to ever-changing border practices and migration management policies, however the majority of children who cross the Balkans route are striving to reach Western Europe. Suffering on their journey does not stop them from trying to reach what they perceive to be a safe destination where they can have a more dignified life. It only makes them more vulnerable and exposed to exploitation.

Impact of violence on the wellbeing of migrant children

This violence that child migrants and refugees experience is traumatic and often has a strong impact on children's mental health (Cohodes et al., 2021). Individual responses to events and their psychological consequences will differ (Bjekić et al., 2020), however many incidents take place along the Balkans route that would be considered traumatic for most people.

Refugee and migrant children experience traumatic events on two levels during migration. They have collective experiences, which are common to most people coming from a country (events related to war events such as violence, exposure to armed conflict, natural or humanitarian disasters affecting entire communities) and individual experiences (events that happened to one or several persons) (Bjekić et al., 2020).

A significant body of literature indicates that childhood adversity contributes to fear learning and extinction, which may place migrant and refugee children at risk of developing both internalising and externalising psychopathology (Dangmann et al, 2022). Fear learning is considered to be a highly adaptive function, which allows an organism to predict potentially threatening or aversive events from cues in their environment, increase vigilance, and avoid potential danger (Graham & Milad, 2011).

Exposure to trauma has also been shown to affect fear learning and extinction (Stenson et al,2020). When a person experiences trauma, the brain's fear response system can become hyperactive, leading to a heightened level of fear and anxiety. This can result in changes to the way that fear is learned and processed in the brain.

For example, a person who has experienced trauma may develop an exagerrated or heightened fear response to stimuli that would not normally be considered threatening such as a loud noise, even if it is not associated with the original trauma. This is known as generalisation of fear. In addition, trauma-exposed individuals may

have difficulty distinguishing between safe and dangerous situations, and may be more likely to perceive neutral stimuli as threatening. This can result in an overactive fear response, even in situations that are not actually dangerous. Literature that compares the differences in fear learning between trauma-exposed and other individuals suggests that this pattern of findings is true across all stages of a child's development (Sotres Bayon et al., 2012).

While trauma experienced before, during, or after migration can negatively affect immigrants of any age, the consequences for children can be particularly profound and are often under-recognised. Numerous studies have explored the psychological and neurobiological impacts on migrant and refugee children (Perreira & Ornelas, 2013). Findings indicate that there are potential behavioral and neurobiological consequences of migration-related experiences for children across developmental stages (Blackmore et al., 2020; MacLean et al., 2020). However, A robust body of research demonstrates that young children are highly vulnerable to both the short- and long-term effects of trauma due, in part, to the rapid brain development that takes place during these formative years (Cohodes et al., 2021). Trauma affects children in many ways and on many levels. Some children manifest lack of concentration, aggression or disconnection in response to trauma, while others can withdraw without drawing attention to their needs and feelings (CMAS, 2019).

Symptoms that have been identified as characteristic of trauma response include poor early verbal skills, problems with memory, and the development of learning disabilities. Behavioural symptoms might include an excessive temper, aggressive behaviour, imitation of the traumatic event, difficulty forming friendships, or fear of being separated from a parent or caregiver. Physiological symptoms such as poor sleep habits, nightmares, stomach aches, headaches or digestive problems may also be present.

As a consequence of this range of symptoms, young children who experience trauma are at heightened risk of being expelled or chronically absent from preschool (if they are enrolled in one), with implications for their future (Nilsen et al., 2022). Barriers to supporting trauma-affected children can come from racial bias and a lack of adequate understanding of migrant children's needs and the range of trauma responses.

Migrant children are particularly vulnerable to trauma because their displacement affects them at the moment of their lifespan when they are experiencing significant physical, emotional, social and cognitive development, which is disrupted. A number of studies show that migrant and refugee children experience trauma due to direct exposure to uncertainty – as a result of war, violence, loss of home, malnutrition, separation from caregivers, or a multitude of other traumatic experiences – which affects their physical and mental health as well as their wellbeing (Birman, et al., 2008). When a person loses their home, their familiar surroundings, and the sense of self that develops from spending one's life in a specific place, it can lead to insecurity and stress (Perreira & Ornelas, 2013).

Some migrant children travel with families or have a better financial situation that may shelter them from the worse traumatic experiences, but others experience multiple forms of trauma, including witnessing war atrocities, being a victim of torture or intimidation, separation from their family, and deprivation of water and food (Macksoud & Aber, 1996; Fullilove, 1996).

Early trauma has neurobiological implications, including alterations in brain development and stress responses (Bremner, 2003; Perry, 2009). In a therapy setting, the social and emotional impact of attachment trauma is observed in a client's somatic and emotional dysregulation, identity formation and self-perception as well as relational difficulties of intimacy and trust (Schore, 2003 and Siegel, 1999, both cited in Pearlman & Courtois, 2005; Van der Kolk, 2004et al.) Childhood trauma is also linked to a higher likelihood of aggression and violence, substance abuse, depression and self-injurious and suicidal behaviors (Fonagy, 2003; Allen, 2005).

VICARIOUS TRAUMA AMONG PROFESSIONALS WORKING WITH VULNERABLE GROUPS

Professionals who work with vulnerable groups, such as social workers, therapists, counsellors and first responders, are at a higher risk of experiencing indirect trauma due to their daily work and interactions with challenging clients, including those who have experienced trauma (Knight, 2010).

Types of indirect trauma

Indirect trauma may take on the form of vicarious trauma (VT), secondary traumatic stress (STS), compassion fatigue (CF) (Knight, 2010), or burnout. It is important for practitioners to be aware of each type and take steps to address the challenges they face in their work that make them vulnerable.

Vicarious trauma (VT) affects the cognitive schemas or core beliefs of the helping professional, which may change as a result of empathic engagement with their client and exposure to traumatic imagery (Bober & Regehr, 2005). It can disrupt the helper's perspective of self, others, and the world in general (McCann & Pearlman, 1990; Sabin-Farrell & Turpin, 2003) and increase the potential for making mistakes, failing to fully deliver interventions and compromising boundaries, e.g., forgotten appointments, unreturned phone calls, inappropriate contact, abandonment, and sexual or emotional abuse of clients. Studies have shown the impact of VT on helpers (Trippany et al., 2004), which if unacknowledged can present ethical concerns (Pearlman & Saakvitne, 1995). Personal trauma backgrounds may influence helpers' susceptibility to VT (Pearlman & MacIan, 1995) and make them vulnerable to re-enactment of their history, as either victim or victimiser (Van der Kolk, 2003).

Secondary traumatic stress (STS) is the emotional and psychological distress that can result from helping or wanting to help someone affected by a traumatic event, which the helper has witnessed or heard about (Figley, 1995). It can lead to symptoms similar to those experienced by individuals who have directly experienced trauma, such as intrusive thoughts, avoidance, and hyperarousal. Several studies indicate that a personal trauma history, particularly in childhood, is a significant risk factor (Ghahramanlou & Brodbeck, 2000; Nelson-Gardell & Harris, 2003). Building on earlier study findings (Follette et al., 1994; Schauben & Frazier, 1995), Ga-Young (2011) found that social workers who had more support from coworkers, supervisors and work teams demonstrated lower levels of STS.

Compassion fatigue (CF) has emerged in the literature over the last two decades as a more general term describing the emotional and physical fatigue that helping professionals experience due to the repeated use of empathy when treating patients who are suffering (Figley, 2002; Rothschild & Rand, 2006). Much like professional burnout, it tends to occur cumulatively over time, whereas VT and STS have more immediate onset (Newell & MacNeil, 2010). The term is often used interchangeably with secondary traumatic stress and vicarious trauma but may be best defined as a combination of the symptoms of STS and professional burnout (Adams et al, 2006; Bride et al., 2007; Figley, 1995).

Professional burnout is a state of emotional, mental, and physical exhaustion resulting from prolonged exposure to work-related stressors. It is common among individuals who work in high-stress professions such as healthcare, education, social work, and law enforcement (Shanafelt et al., 2020) and can have significant negative effects on their physical and mental health, job performance and satisfaction. There are three main components: 1) Emotional exhaustion: a feeling of being emotionally drained and overwhelmed, leading to a reduced ability to perform work tasks and

interact with others. 2) Depersonalisation: a sense of detachment or cynicism towards work or clients/patients, leading to a lack of empathy and a negative attitude. 3) Reduced personal accomplishment: a diminished sense of achievement and productivity, leading to a loss of confidence in one's abilities and decreased motivation. Burnout can lead to increased absenteeism, decreased productivity, reduced quality of care, and mental health issues including depression and anxiety.

Differences between types of indirect trauma

Each type of indirect trauma arises from different types of exposure to trauma, has different symptoms and requires different interventions.

Nature of exposure

- Vicarious trauma results from witnessing, hearing or reading about the traumatic experiences of others (indirect exposure).
- Secondary traumatic stress results from direct exposure and witnessing trauma first-hand through working with individuals who have experienced trauma.
- Compassion fatigue results from providing care or support to individuals who are experiencing suffering or trauma.
- Burnout results from exposure to a range of work-related stressors including high workload, lack of support or resources, and interpersonal conflicts.

Impact and symptoms

Vicarious trauma can result in changes to a person's world view, their sense of self, and beliefs about safety and trust. It can increase the potential for making mistakes and compromising boundaries, and lead to symptoms similar to those experienced by individuals who have directly experienced trauma, such as intrusive thoughts, avoidance, and hyperarousal.

Secondary traumatic stress can lead to symptoms similar to those experienced by individuals who have directly experienced trauma, such as intrusive thoughts, avoidance, and hyperarousal, as well as sleep disturbances, irritability, and physical symptoms like headaches or nausea.

Compassion fatigue can lead to emotional and physical exhaustion, a decreased ability to feel empathy or compassion, feelings of sadness and hopelessness, and symptoms such as chronic fatigue, irritability, and reduced motivation or productivity.

Burnout can lead to emotional, mental, and physical exhaustion, a reduced ability to perform work tasks, a sense of detachment or cynicism towards work, and symptoms such as chronic fatigue, irritability, and reduced motivation or productivity.

Intervention

- Vicarious trauma can often be addressed through trauma-focused interventions, such as therapy or counselling, that help individuals process the impact of exposure to trauma.
- Secondary traumatic stress may require a range of interventions such as self-care strategies, access to resources and support, and trauma-focused interventions for the individuals with whom one works.
- Compassion fatigue may require a range of interventions, such as self-care strategies, addressing work/life balance, and providing access to resources and support.
- Burnout may require a range of interventions, such as changes in workload, access to resources and support, and self-care strategies.

It is important for individuals who provide care or support to seek support when needed, to prevent or manage the impact of indirect trauma.

Vicarious trauma among professionals

Vicarious trauma is a complex phenomenon defined as a permanent "transformation in the inner experience of the professional that comes as a result of empathic engagement with client's trauma material," (Pearlman & Saakvitne, 1995). While studies on vicarious trauma among vulnerable children are widespread, studies that focus on the characteristics of vicarious trauma among professionals working directly with migrant or refugee children are very scarce. The literature that is available suggests that practitioners often feel "bombarded" by the stories that refugees tell them, and that working with this population can foster feelings of hopelessness, helplessness, impotence and fear.

Some studies of caregivers working with refugee population indicate that a personal history of traumatic experiences, a personal history of flight, a higher number of hours per week working in direct contact with refugees, and a preoccupied attachment style are risk factors for vicarious trauma, while a secure attachment style could be identified as a resilience factor (Denkinger et al., 2018).

Possible risk factors for vicarious trauma are identified in three contexts: personal (personality and coping style, personal history, current life circumstances, social support, spiritual resources, and work style); professional (professional role, work setting, exposure to trauma at work, agency support, the affected population's responses and reactions to their trauma); and cultural (ways of expressing distress and extending and receiving assistance, cultures of intolerance, and the culture of humanitarian work) (Pearlman & McKay, 2008).

By witnessing the traumatised experience of children, professionals could be subjected to the mental, physical, emotional, spiritual, work-related, and/or social consequences of re-traumatisation. (Denkinger et al., 2018; Molnar et. al, 2020). In other words, vicarious trauma experienced by helper professionals is the cumulative effect of the traumatic events shared by clients and their resultant psychological turmoil.

Indicators of vicarious trauma among professionals who work directly with vulnerable children are widely discussed in literature (Pearlman& McKay, 2008; Osofsky, 2012). Possible indicators include changes to their view of the world, their physical and psychological traits, their behaviour, or their relationships (McKay & Pearlman, 2008). General changes to their views and behaviour may include lack of time and energy for themselves, disunity with their loved ones, withdrawal from their social life, an increased sensibility for violence, cynicism, desperation, and hopelessness.

They could also develop and display changes to their views and behaviour that are more specific to vicarious trauma, such as a broken reference framework, changes related to their identity, mindset or spirituality, reduced capacities, a damaged ego, distorted psychological needs and cognitive schemes, and changes in their sensory experience (Pearlman & Saakvitne, 1995).

The presence of vicarious trauma among professionals that work with vulnerable children often reflects the extent of service provision and support that these children require (Borjanić Bolić, 2018a). Factors that can help to prevent vicarious trauma include support for professionals and training that helps them to develop effective strategies for containing and coping with the traumatic experiences that they are exposed to in everyday practice (Denkinger et al., 2018).

Research conducted in 2015 with 150 professionals working in Serbia's social welfare system, found that 15% of the professionals manifested signs of vicarious trauma. The study indicated that time spent in direct work with children and youth did not have an impact on the occurrence of vicarious trauma. However, it highlighted that the supervision provided did not meet the needs of professionals (Borjanić Bolić, 2016; Borjanić Bolić, 2018a; Borjanić Bolić, 2018b).

Findings of a qualitative study conducted in 2016 with the directors of public child welfare organisations and their colleagues, showed that child welfare organisations hadn't systematically addressed the effects of vicarious trauma on their employees,

and that there was a need for training on the effect of vicarious trauma among child welfare professionals and organisations, in addition to individual responses to vicarious trauma (Dombo & Blome, 2016). This study reinforces the importance of clinical supervision including the opportunity for workers to discuss traumatic events.

Some vicarious trauma research on interpreters and cultural mediators[5] who work with asylum seekers has shown that interpretation of traumatic events puts interpreters at risk of vicarious trauma (Costa et al., 2020; Darroch & Dempsey, 2015; Engstrom et al., 2008), secondary traumatic stress, compassion fatigue, and burnout. Continuous exposure to stories of despair can disrupt practitioners' belief that they can enhance the wellbeing of the refugee population.

Kinderman et al. recently reported that 21% of interpreters working with refugees suffered from vicarious trauma (Kinderman, 2017). Similarly, all the field researchers who participated in the study "Wherever we go, someone does us harm" (Žegarac et al., 2022) needed additional support and debriefing after speaking with migrant and refugee children about their experiences of violence on the Balkans route. The researchers who wrote the report also experienced traumatisation, even though they did not have direct contact with the children who took part in the study.

The prevalence of vicarious trauma among professional caregivers, interpreters and researchers who are in contact with migrant and refugee children illustrates the need for research on the trauma they experience and risk and resilience factors. There has been little research in this area to date and to our knowledge, there is no existing data on vicarious trauma among professionals who work specifically with migrant children who have suffered extreme mental and physical torture and the most brutal forms of sexual violence, who may be at increased risk for vicarious trauma.

Earlier studies have established that vicarious trauma affects both the wellbeing of helper professionals and the quality of their service provision. It is therefore of great importance to understand the characteristics of the vicarious trauma these professionals experience, as well as possible interventions that could reduce the trauma and increase the ability to respond to the needs of migrant and refugee children.

5 Cultural mediators are individuals who act as intermediaries between people from different cultures or linguistic backgrounds. Their role is to facilitate communication and understanding between these groups by helping to bridge language and cultural barriers. They may work in a variety of settings, such as healthcare, education, social services, and international business. They may provide translation and interpretation services, as well as cultural guidance and support. Cultural mediators may also assist with navigating cultural differences, resolving conflicts, and promoting cross-cultural communication and cooperation. However, most do not have any training in working with migrant and refugee children, and they are not trained in trauma, self-protection or other relevant topics.

RESEARCH METHODOLOGY

The aim of this research was to identify how vicarious trauma experienced by field practitioners working with migrant children on the Balkans route differed from the trauma experienced by other professionals working with vulnerable groups, in order to support and strengthen the capacity of field practitioners through policy, practice and research recommendations.

The research methodology included a desk review of relevant literature including papers, reports, briefs and findings, as well as secondary data analyses and qualitative research with practitioners working directly and indirectly with migrant children.

We developed instruments for collecting data from the field about the characteristics of vicarious trauma and its impact on the wellbeing of field practitioners and researchers, as well as the specifics of vicarious trauma found among professionals working with migrant and refugee children.

As previous studies (Žegarac et al., 2022) identified different experiences of violence among boys and girls in migration, this study aimed to identify whether there were differences between the vicarious trauma experienced by professionals who worked with boys and those who worked with girls; between male and female professionals; and between different types of professionals and paraprofessionals.

Existing research on vicarious trauma among professionals has tended to establish the degree of trauma present, the risks and protection factors, but not sufficiently considered potential strategies for overcoming it (Žegarac et al, 2022). Most research in this area has been with professionals working with children that survived abuse or direct or indirect neglect, but research on vicarious trauma among professionals who work with children from other vulnerable groups (e.g., migrants, children without parental care, children with disabilities, children with behavioural problems), is lacking. This study aimed to address both these issues.

A qualitative study was planned with focus groups consisting of government and NGO field workers in countries on the Balkans route (Serbia, Bosnia and Herzegovina, Montenegro, North Macedonia and Croatia) who worked directly with migrant or refugee families and children, as well as researchers conducting field research with migrant and refugee children. The aim was to involve government and NGO representatives with direct experience of working with migrant children along the Balkans route. As the research timeframe was short, a convenient research sample was selected.

Focus groups were chosen as a method because it is possible to collect the views of participants and stimulate group discussion on relevant topics, which was of great importance for developing a deeper understanding of the characteristics of vicarious trauma. They were designed to be semi-structured, covering topics such as experiences of vicarious trauma; the characteristics and specifics of vicarious trauma among field practitioners; gaps in service provision and support that contribute to vicarious trauma; and recommendations for policy, practice (among field practitioners and researchers, service providers and institutions), and further research. However, there was also space to discuss emerging topics, to ensure that the discourse was co-created with focus group participants.

Research questions

1. *What are the characteristics of vicarious trauma among field practitioners working with migrant/refugee children?*
2. *What contributes to vicarious trauma among field practitioners working with children from migrant/refugee families?*
3. *What are the differences between vicarious trauma of field practitioners and researchers?*
4. *What is done among field workers to prevent vicarious trauma from working with children form migrant/refugee families?*
5. *What are the differences between field practitioners and researchers facing vicarious trauma and other professionals working with vulnerable groups?*
6. *What are the gaps in service provision that contribute to the vicarious trauma among field practitioners?*
7. *What recommendations could be established on the level of policy, practice and research that would enhance the wellbeing of field workers and field researchers working with migrant/refugee families?*
8. *Are there differences regarding the gender of children in terms of vicarious traumatization.*
9. *Are there some differences regarding the gender of professionals in terms of vicarious traumatization.*

Data collection and sampling

Focus groups were held during March and April 2023. The aim was to involve government and NGO representatives with direct experience of working with migrant children along the Balkans route. The short timeframe for research and the fact that representatives from government institutions, in general, require obtaining permits from senior leadership in order to participate affected the sample. A convenient research sample was selected.

Five focus groups with a total of 35 participants involved 28 representatives of NGOs and seven representatives of government institutions.

As participants worked in different countries along the Balkans route, it is expected that the study findings could be generalised for the Balkans route situation. An experienced researcher with a background in child migration research hosted the focus groups.

26 out of the 35 focus group participants were women. The average length of service was around seven years, with around four years' experience working in the field in their current position. Most participants were social workers and teachers, but there were also language professors, lawyers, students and anthropologists.

Length of service	Total	Female	Male
Less than one year	4	4	0
1-5 years	12	8	4
5-10 years	16	9	7
More than 10 years	3	3	0

Table 1: Focus group participants' length of service

During all focus groups, the researcher gave a short (10-15 minute) introduction to the research and the role of focus group participants, as well as detailed information about confidentiality and protection of personal data. The discussion part of each focus group lasted between 30 minutes and 60 minutes. Each participant gave informed consent and could leave the conversation if they felt overwhelmed at any time. Additionally, participants were offered breaks, encouraged to let the research team know if they needed emotional support, and invited to participate in a workshop on releasing stress, anxiety and trauma.

The field researcher noted that participants in the focus groups either shared their experience of traumatic events without the expected emotional response, or they were overwhelmed with the empathic engagements, which brought them to tears while talking about their field experiences. It seemed that some participants were still in the process of integrating their experiences or simply could not receive more of the traumatic content. The whole focus group supported each other lead by researcher who managed to create a supporting environment, and participants reported that they felt better for sharing their experiences, as if it helped them to '*get something off their chest*'.

In addition, a remark was made about the need for in-depth self-work as a strategy for overcoming vicarious trauma. Most of the participants reported change in their habits and behaviour, but only a few of them were using personal psychotherapy to help them digest their experiences and align them to their everyday challenges.

Ethical considerations

As this research involved sensitive questions about the wellbeing of practitioners directly working with children from refugee and migrant populations, several steps were taken to ensure that the research was undertaken as ethically as possible.

Access to practitioners: a phone consultation was scheduled between the researcher and each participant ahead of their focus group, to provide basic information about the study, the participant's role, and the main questions that would be discussed in the focus group. All participants were given an opportunity to withdraw from the study at any time or to skip answering the topic if they did not feel comfortable. It was very important that the field researchers and practitioners who participated in the study felt supported and empowered to strengthen their capacity and enhance their wellbeing. All the situations that could bring the possibility of re-traumatisation were carefully assessed.

Informed consent: after verbal consent was obtained by phone, informed consent was also obtained in writing from all participants. A document was provided with information about the research and answers to questions that participants might have. At this stage, participants could still decide not to participate in the research regardless of the consent they had given previously by phone. The idea was to provide safe surroundings and all the information that field practitioners and researchers needed to make an informed decision about whether or not they wanted to participate in the study.

Privacy and confidentiality: specifically designed coding of each participant was used to fully protect their identity and ensure their privacy. Collected data was stored and protected with passwords and access to the data was limited exclusively to the researcher performing this research.

Researcher trained in the field of vicarious trauma: the field researcher was a trained professional with experience collecting data via focus groups and extensive experience in researching the child migration experience in the field of vicarious trauma.

Data storage: all collected data was recorded and transcripts were stored on the researcher's drive and protected with a code. Transcripts and recordings will be stored for a period of one year after the publication of this report and will then be removed from the cloud. In this report, all names have been coded according to the participant's gender (m for male, f for female), the number of focus group, and the number in each focus group.

Data analyses

Data was analysed by using thematic analyses on predefined topics. Thematic analysis is a method for analysing qualitative data that involves reading through a set of data and looking for patterns in the meaning of the data, in order to find themes. It is an active process of reflexivity that focuses on identifying, analysing, and interpreting qualitative data patterns. As the categories were predefined but also flexible for emerging topics, thematic analyses offered the flexibility of theoretical and research design that would allow multiple theories to be applied to this process in various epistemologies.

This research identiifed the following topics: shared knowledge about vicarious trauma; characteristics of vicarious trauma among practitioners working with migrant children; characteristics of children that impact vicarious trauma of field workers; predisposition to vicarious trauma among field researchers and practicioners; institutional gaps that contribute to vicarious trauma; protective factors that help to reduce or manage vicarious trauma; mechanisms for dealing with vicarious trauma; institutional factors for prevention of vicarious trauma; personal techniques for prevention of vicarious trauma; recommendations for field practice; lessons learned. This last topic was not predefined and emerged during the conversations with field practitioners.

STUDY FINDINGS

"Our trauma is not a medal and we should not wear it proudly."
Female NGO representative (F3), focus group 1

"Our trauma is not a medal and we should not wear it proudly."
Female NGO representative

Shared knowledge about vicarious trauma

All focus groups started by creating a shared knowledge and understanding between participants about vicarious trauma and its characteristics. Participants reported that they were familiar with the term and most participants from the NGO sector had attended training on the topic. Mostly, participants identified characteristics of vicarious trauma such as being in contact with the trauma of service users; being constantly exposed to severe traumatic experiences of service users who are in a very difficult position; and identifying with the service user's trauma, which may or may not be psychological.

Most of the participants from the government institutions stated that they had never received training on protective techniques for professionals and had only ever heard theoretical discussion about burnout and vicarious trauma on various occasions. They mentioned that they have a clear need for practical knowledge and techniques to help them deal with everyday stress and vicarious trauma.

"I have seen a horrible accident for years now and there was no support for professionals. Children received support from the NGO sector and that is all we had."
Female government sector representative (F1), focus group 5

"I have seen a horrible accident for years now and there was no support for professionals. Children received support from the NGO sector and that is all we had."
Female government sector representative

Among participants of one focus group, it was acknowledged that there is a lack of in depth understanding and comprehension about vicarious trauma and that it can manifest through longer exposure to work with service users who are traumatised. However, government representatives were not sure about the similarities and differences between vicarious trauma and burnout, and other terms such as compassion fatigue disorder. Participants in this group may actually have been describing burnout rather than vicarious trauma, as the most marked characteristic of burnout is long exposure to events that are perceived as hard and/or traumatic. Vicarious trauma, on the other hand, can happen instantly when emotional content is shared by traumatised service users (Radley & Figley, 2007).

Some study participants emphasised empathic engagement and the guilt that occurs when it is not possible to help people to change their difficult positions. Most acknowledged that training helped them to make the distinction between burnout and vicarious trauma, and to recognise when this is happening to them or their colleagues. Two cultural mediators mentioned that vicarious trauma impacted their wellbeing and mental health but said they did not have enough training or support relating to self-protection techniques. Despite hearing about vicarious trauma during several years in the field, they still did not know how to protect themselves from the impact of vicarious trauma. Yet they feel more exposed to its impact than other practitioners, because they share the same language and history with the children they work with.

"That kind of responsibility that we have to save them and help them... a kind of guilt about what should have been done if the system allowed."
Female NGO representative (F4), focus group 2

Government sector representatives who worked with migrant youth who are already integrated in their host community, reported that they are not exposed much to their trauma and the children did not speak about it often. One representative said that according to his experience, it is the inability to help people overcome their traumatic experience that leads to vicarious trauma among practitioners and this could be prevented with adequate training, but unfortunately, there is no training or support in the field.

Characteristics of vicarious trauma among practitioners working with migrant children

"You don't know how to help them and you can't help them."
Female NGO representative (F4), focus group 3

Focus group participants identified a range of vicarious trauma symptoms that they have felt at some point during their work with migrant and refugee children. These were described as helplessness, depression, anger, lack of objectivity, change in the patterns of everyday functioning, and a change in sleep patterns, eating and other habits. Participants described being unable to engage with emotionally demanding content in their free time, such as films that contain violence or have an emotional narrative. Most agreed that they can watch only light content and comedies on TV.

"It is manifested through various sleeping disorders and that I sleep less or sleep too much, and it is also often reflected in the appetite and some general psychological state."
Female NGO representative

"It is manifested through various sleeping disorders and that I sleep less or sleep too much, and it is also often reflected in the appetite and some general psychological state."
Female NGO representative (F6), focus group 2

"Working with migrant children is a rollercoaster of emotions for everyone, as well for us as for them."
Female NGO representative

"Working with migrant children is a rollercoaster of emotions for everyone, as well for us as for them."
Female NGO representative (F3), focus group 3

A lack of objectivity was described as a consequence of enormous empathic engagement with the children they support. It was observed that this empathy leads to identification with the children, which causes them to occupy their minds in their private time. It seems that their work has an impact on their whole life, and that their sensitivity to traumatic experiences has increased to the extent that they tend to avoid them in movies and other fictional content.

Representatives of government organisations stated that feelings of helplessness and despair arise as a result of limited opportunities to do something that would help migrant and refugee children to access the services they need. They feel that although they try, they can never succeed in providing the necessary services due to slow systemic responses and complicated procedures.

"In situations where I don't have the opportunity to provide them... somehow everything goes slowly, from health care to the implementation of those protection measures and some psychosocial support, police support..."
Male government sector representative (M2), focus group 5

Some field researchers described that they changed their friends and started 'hanging out' only with their colleagues, because they feel they can share their deep feelings with colleagues and that people who do not work with refugees cannot understand them anymore. They talk about children after working hours and continue to be engaged with children's life stories all the time, so that the traumatic content becomes their life. Some said they had noticed that friends with different jobs would react to some of the children's stories more emotionally then they would, leading them to question whether they have burnout or are suffering from emotional numbness after being exposed to so many traumatic stories.

"So, it's not like working with adults. Working with children is delicate work. But that's 1 in 100 who can understand how difficult our work is. Then, I can't watch sad movies, I really can't anymore."
Male NGO representative (M1), focus group 3

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Male NGO representative

When sharing experiences of working with migrant children, some participants mentioned the major emotional trauma they felt when children relived their traumatic events through play, while their own behaviour of reliving trauma by constantly talking with colleagues about it was left unconscious.

"And then at one point, they tied the hands of one of them and then they put a tape over her mouth and put her in a corner under the table... and then they explained to me that they had already seen it done several times in places where they passed by and they wanted to see how it felt, since the other women were screaming."
Male NGO representative (M2), focus group 3

Representatives of government organisations shared that the lack of knowledge about culture, communication and language contributed to increased anxiety among professionals working with migrant children, but team support and quick responses from their official caretakers helped them to understand and learn from each other.

Overly identifying with unaccompanied and separated children causes them to sympathise and feel pity, as they wonder how such children can survive so much torture. On the other hand, the normalisation of violence that is perceived among children and other colleagues triggers anger and despair among practitioners.

"When a child or someone tells me that's normal, I get crazy about it and at that moment, I actually try to explain to the child and the staff that these things are not normal and that it shouldn't be normal."
Male NGO representative (M2), focus group 2

When asked about the characteristics of children that impact on their trauma, most participants discussed their own vicarious trauma symptoms, which indicates that they have identified with child trauma even though none of the participants mentioned or recognised this explicitly. This suggests that they are not always fully aware of the vicarious trauma they are experiencing, although it affects their response towards children and their own life and wellbeing. Participants, however did not recognize that demographic characteristics contribute to vicarious trauma in their work with migrant and refugee children.

Characteristics of children that impact vicarious trauma of field practitioners

Focus group participants were asked to think about the characteristics of migrant children that impact them and cause them to develop symptoms of vicarious trauma more easily. Some of the factors that were described as having the biggest impact on professionals were the age of the child; child sexual exploatation; and children talking about war stories.

Some participants also described that the fluctuation of children had a strong impact on their emotional engagement, as well as working with women who were victims of trafficking. It was noted that practitioners experience vicarious trauma more quickly when they are constantly exposed to traumatic events and have to react fast, for example when there are a lot of child migrants and refugees who stay in each country for only a very short time.

It seems that field practitioners are more affected by younger children, as they perceive that the impact of the trauma will have a more extreme affect on their wellbeing. Unaccompanied children are also perceived as more exposed to violence, as they often travel within a group of children depending only on smugglers. According to field practitioners, unaccompanied minors are much more often exposed to trafficking, child labour, beatings at borders, and other forms of abuse. They are also perceived by almost all study participants as the most difficult group to work with, as there is a low possibility of protecting them against so much abuse. The only thing field practitioners can do is report them to the centers for social work.

Unaccompanied boys are treated very often like adults regardless of their age, which makes their experiences more adverse. This systemic treatment of unaccompanied boys produces feelings of anger, powerlessness and helplessness among field practitioners, as they cannot do anything to protect these young boys. This feeling of powerlessness to protect children, especially younger children, leads to vicarious trauma for all the practitioners who participated in the study.

It seems that the extent of the violation of a child's rights impacts the level of vicarious trauma that practitioners experience when they witness the consequences. One participant shared that he felt instant vicarious trauma when he saw the strategies children use to protect themselves from sexual abuse.

"Two unaccompanied boys said that they feel safer if they have no hair at all."
Male NGO representative (M1), focus group 3

One of the distinctive characteristics that triggers vicarious trauma in field practitioners is the war experience that children have in their countries of origin. Often, field practitioners have the impression that migrant and refugee children have suffered all their lives. The visualisation of war, insecurity, poverty and other migration push factors triggers vicarious trauma among field practitioners for two main reasons. The first reason is empathic engagement with what the field practitioner perceives as the child's tragic destiny. The second reason is that it may trigger field practitioners' own memories of war experiences, as war and humanitarian crises are still an active memory for many people in the Balkans and it is quite possible that they can overly identify with some of the children's life stories.

"We heard a lot about this topic of war. People also die, they bring the experience of war with them to a country that is not affected by war, so somehow, we who work with them constantly have the feeling that there is a war happening somewhere and it is simply inevitable." Male NGO representative

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Male NGO representative (M1), focus group 1

Another characteristic that participants identified is the effect that vicarious trauma has on people who work indirectly with migrants, for example, reading reports and other content about migrants' experiences. It seemed to field practitioners that the

reaction of people reading reports about child migrants' traumatic experiences was even stronger than their own reaction, although they were more directly exposed to the trauma. In some cases, they said they only realised how traumatic situations were once they saw the child's story written down.

"…and the sentence was like, 'I was left with nothing... my whole family was killed… I don't have a house anymore… you can do whatever you want with me'. Only when I put it down on paper, did I understand what the man said to me, in fact, what is his position of despair."
Male NGO representative (M5), focus group 2

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Male NGO representative

"Those who are not in direct contact with people, where they only receive certain reports from the field… where they also spoke about the fact that reading those reports, they were not even in direct contact with the victims, they began to notice some signs that correspond to secondary trauma."
Male NGO representative (M2), focus group 3

This might be interpreted as unconscious freezing of the practitioner's emotional response during conversations with people and children who have had adverse experiences, in order to protect themselves from being overwhelmed by the vicarious trauma.

The similarity between field researchers and field practitioners is the helplessness and anger that they feel, arising from the fact that migrant children face numerous challenges. The difference is that researchers' exposure to traumatic content is only for short periods and their goal is to produce a research report. This helps them to overcame the vicarious trauma once the research project is complete. Their distance from the field makes the trauma easier to handle, according to the study participants.

One participant shared an experience where her research produced an insight that she did not expect. She found it stressful to ask people for their views and experiences, knowing that she would not be able to do something to help them overcome their situation. However, the impression she got was that the children she spoke to were very pleased to share their experiences and to be asked about their views, as there was no possibility for them to be heard except through research.

"They were grateful…While I thought that I knew them, that I knew everyone there, even though I am from the same culture, I realised that I don't really know so many things, that I actually have these expectations and I think that it will turn out that way, but in the end it didn't. I was glad that I really did something, and that people are grateful that we ask them for their opinion."
Male NGO representative (M4), focus group 2

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Male NGO representative

There were views among the participants that research and field work are interconnected, because some things can only be understood with direct experience of the field. Field experience can contribute to the analysis of literature and show how different measures have been applied in concrete situations. Participants stated that most of the time, migrants find it hard to report all their negative experiences to a researcher due to their lack of trust in people generally, but experiences can be well observed in the field.

"However, what the refugees never talk about, and what you can see when you are in the field, are the negative aspects that came about precisely because of the closed borders and police patrols, sexual violence, labour exploitation, human trafficking, the whole negative series that people never talk about."
Male NGO representative (M6), focus group 2

A researcher's role and purpose are clear during the research process, but in the field their role and purpose can become unclear, and they tend to feel overwhelmed and guilty for not doing enough, or take on a saviour role. Research has a clear focus and the number of research topics are clearly defined, but in the field a practitioner cannot make any framework or take control over the situation as they feel constantly showered with new challenges and things that they have to handle in parallel.

"I think the difference is when we conduct an interview through research, and when we talk to someone in the field. We have clear protocols in research for what we do and what we explain to people, and the purpose is clear to us. And on the field, everything happens differently at the same time."
Male NGO representative (M4), focus group 4

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Male NGO representative

A characteristic factor mentioned by one participant was discrimination and prejudice towards the migrant population. They stated that it is hard to work with migrant children because there is a lot of prejudice among professionals about migrants as criminals, which might be the reason why they do not help them the way they should. This paints a certain picture for migrant children about adults on the Balkans route and leads to a lack of trust that some practitioners can help them. The participant felt that this prejudice is often attached to unaccompanied boys, which puts unaccompanied boys in a difficult situation. It seems that when field practitioners feel that a situation is unfair to children that they take care of, they feel frustration and are more prone to vicarious trauma.

Stories of children separated from a parent, especially those separated from their mother, particularly affected field practitioners who were mothers. They were especially careful not to cause children stress by saying something that could harm their situation.

There are many particularities to working with migrant and refugee children in the field that triggers the transfer of trauma to practitioners. Most relate to the perceived vulnerability of children but some also relate to the vulnerabilities of practitioners, their experiences, and the various ways that they identify in their own life.

Predisposition to vicarious trauma among field researchers and practitioners

"It is the pain that is worse than the physical - the inner, mental pain."
Male NGO representative (M1), focus group 4

"It is the pain that is worse than the physical - the inner, mental pain."
Male NGO representative

It is considered that certain personal characteristics and/or settings could contribute to vicarious trauma among field practitioners. Participants were asked to reflect on whether their age, gender, or other systemic or personal factors makes them more vulnerable to vicarious trauma.

Some participants felt that young professionals had not been able to develop strategies for dealing with vicarious trauma, while more experienced practitioners thought that they had been more exposed to traumatic information so they were more prone to vicarious trauma. What all study participants had in common was that they all felt personally in danger of vicarious trauma.

The ability to set boundaries at work was identified by participants as an important characteristic for preventing vicarious trauma without jeopardising the ability to be sensitive to migrant children's challenging situations. A saviour mindset – the idea that a practitioner is the only one who can help a child – was identified as a characteristic that makes someone more vulnerable to vicarious trauma.

Focus groups did not identify any differences between male and female practitioners in terms of predisposition to vicarious trauma, but this should be furthered measured with scales on a larger and more representative sample to help establish the prevalence of vicarious trauma among practitioners working with migrant and refugee children and their demographic characteristics. It would be interesting to compare the perception of practitioners that they are equally exposed to vicarious trauma with reliable measurement of vicarious trauma.

When it comes to other situational or organisational settings that make practitioners more vulnerable to vicarious trauma, participants identified exposure to traumatic

materials, the complexity of children's injuries, attachment to children, over-identification with the child or transfer to their child, working conditions, and lack of supervision and adequate tools to address some situations.

According to the study participants, being constantly exposed to traumatic events is the strongest indicator that vicarious trauma will occur. Some participants also identified the COVID-19 pandemic as an important contributor, as during this time shifts were 12 hours long and practitioners felt that they spent more time in the field than at home, and noticed that they became tired in a different way to usual. Migrants and refugees staying in camps could not move freely or leave the camps, which made them nervous and extra sensitive, so their emotional reactions during this period were stronger than usual and this affected practitioners.

Government sector representatives mentioned that it is important that practitioners do not perceive themselves as victims. If they are empowered, they will be able to sustain the challenging emotions of their service users and accept their situations.

"If you are going to help someone, you cannot become a victim. You have to be above that and you have to make a deflection, to the extent that of course is possible from something you saw, but somehow professionals have such a problem, helpers especially."
Male government sector representative (M1), focus group 5

On the other hand, there was an observation that if practitioners think that they know and have seen everything, this will prevent them from asking for support and acknowledging that they have been traumatised by their service users' life stories.
"We sometimes think that we know everything, and that's the problem when we try to heal ourselves, but that's impossible."
Male government sector representative (M1), focus group 5

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Male government sector representative

Some of the participants connected exposure to traumatic material with the importance of setting personal boundaries. They identified organisational factors that would make them more predisposed to vicarious trauma such as lack of support in the field resulting in them being alone with lots of people who needed their help; supervision not being provided often enough or including all the types of supervision they needed; and sharing responsibility with other actors who could not provide a quick response. All these factors have an enormous impact on practitioners' wellbeing.

Participants also described physical reactions they have to memories of events that happened years before. The media representation of migrants and lack of support from authorities were also identified as a cause of vicarious trauma among practitioners who participated in the study.

"Sometimes I just feel like a shiver in my body, and then I remember some of the scenes."
Male NGO representative (M1), focus group 2

Every focus group participant shared an example of a very traumatic situation, where they wanted to protect the child but due to circumstances or lack of resources they could not. This brought forth feelings of helplessness.

The type of trauma that children are facing also impacts field workers. Sometimes field workers are working with children who are seriously injured, for example with cracked skulls, and these situations affect their vicarious trauma.

"Sometimes I feel the pain in the same part of the body as they are. It is impossible that we do not react on their circumstances."
Male NGO representative (M2), focus group 1

"Sometimes I feel the pain in the same part of the body as they are. It is impossible that we do not react on their circumstances."
Male NGO representative

Some participants noted that they cannot work directly with children after a certain period of time, as they start to over-identify with the children or look at them through the eyes of parents. In addition to feeling bad, this means they are not useful nor helpful to the children.

"Then I realised that at that moment, I probably needed some rest, i.e., that I could not give the best of myself to the children as a helper, because at that moment I could

no longer cope with it myself, and probably the reason is somehow that I started my engagement as the mother of a one-year-old boy and somehow I constantly looked at him and compared with those boys from camp."
Female NGO representative (F5), focus group 2

"Especially when I started, I didn't really know how to handle myself. I have never had similar experiences, that world seemed so far away until they came to us."
Female NGO representative

Working in migration camps reminded practitioners of their own happy childhood, and the comparison with the childhood of the migrant children in the camp made them feel sad. Those feelings brought physical reactions such as shivering and stomach aches. Lack of knowledge about the migrant population and their trauma, and a lack of life and work experience, were identified as predictors of vicarious trauma.

"Especially when I started, I didn't really know how to handle myself. I have never had similar experiences, that world seemed so far away until they came to us."
Female NGO representative (F6), focus group 4

One participant shared her impression that working with migrant teenagers who were suicidal had contributed to a decline in her wellbeing, as after some time she started thinking about the meaning of life. It was very challenging to help her clients find the meaning of life and a sense of purpose while they had suicidal thoughts because of severe trauma, and this impacted her own life perspective.

"At that moment, I worked with 11 suicidal service users, of whom there were four suicide attempts in the previous four months. Two of them called me during the suicide attempts and I was extremely exposed to those topics, and then it became as if I was thinking about the meaning at night and the way in which I would kill myself, that is exactly an example of secondary trauma."
Female NGO representative (F7), focus group 2

In the context of job requirements and emotional engagement, all participants noted that organisational factors and standards should be improved. Most participants believed that seven years is the maximum time they should spend working directly with migrant children in the same position and they should change role after that time, but with the current system it does not look promising.

The environment that children are placed in also contributes to vicarious trauma. Dehumanising conditions in camps with very bad infrastructure and a lack of hygiene, personal space and natural light, has a huge impact on field practitioners as well as children. Practitioners also said that they find themselves always hurrying to finish some intervention in an emergency, as there are not enough field staff. This feeling of having to do things at speed makes them feel anxious and affects how they feel in their personal time.

"So it was difficult to get into that slower pace... there were many illnesses and different diseases and I had to react quickly."
Male NGO representative (M1), focus group 4

"It's quite difficult for me to watch it, too. I always somehow try to give those children the space to express themselves in the best possible way that suits the child, and it is such a long and painstaking job, it takes a lot of patience for them and a lot of understanding from our side as well."
Female NGO representative

Participants shared that once children are placed in school and receive services to help them settle, they seem to "quit from life" (female NGO representative F2, focus group 2) and practitioners are not sure how to help them. Participants from Croatia mentioned that they were not trained to respond to this kind of traumatic response or to identify what interventions could benefit those children. If practitioners do not have the knowledge or skills they need to respond to a child's trauma, they feel vicarious trauma instead.

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Female NGO representative (F2), focus group 2

Sometimes field practitioners work with children over a longer period of time and naturally they form an attachment to them, which makes it difficult to handle situations where there is a lack of support for the child or it is not right for the child.

Field practitioners may know that they are losing their professional approach and neutrality, but feel that the child needs them and that it is in the child's best interest that they remain in close contact.

A few participants agreed that spending time socially with other colleagues contributed to being overwhelmed by vicarious trauma, as they would discuss children's lives after working hours, so their work would occupy all the time they had, both private and professional.

"I started to live as if I was inside the camp, I used to feel, especially during the coronavirus pandemic, that I was more in the camp than at home, and I was more attached to the camp than to my parents and family, and when I come home it is just to sleep over. We lived the life of migration more than our private life."
Female NGO representative (F5),focus group 4

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Female NGO representative

Lack of support from and coordination with government institutions also adds pressure on NGO field practitioners. For example, if a child is unable to access mental health institutions or support, field workers feel like their 'hands are tied' and that they are the first person the child will seek help from.

"I feel helpless for those children, but also helpless with a huge amount of pressure on what to do, and you don't have the support of the government institutions and all those who are supposed to do something at that moment."
Female NGO representative (F2), focus group 3

Participants experiences of trauma differed significantly. One mentioned that he found elderly people migrating to support their grandchildren particularly triggering, as they did not have much strength nor good health but wanted to help their loved ones. This practitioner kept wondering what happened to them when they left the migration camps and whether they were able to continue their journey.

All the experiences that practitioners mentioned were stressful, disturbing and challenging. However, it seems that their own personal characteristics, unresolved trauma, or sensitivity towards particular children triggers their vicarious trauma. It was noted that it is difficult for practitioners to rank what factors impact them more, as they only became aware of the impact after it happens. However, practitioners feel that after working with migrant and refugee population for some time, it becomes overwhelming and the only way to prevent vicarious trauma is to change their role.

Institutional gaps that contribute to vicarious trauma

All focus group participants reflected on institutional gaps that affect the quality of their service provision and prevent them from providing children with the help they need, causing practitioners to feel frustration. The response to constant frustration is vicarious trauma.

When discussing gaps in service delivery that can contribute to vicarious trauma, participants identified lack of institutional support in several domains such as: long shifts; lack of supervision and other support after encountering an adverse situation in the field; slow and inadequate cooperation between civil and state authorities; ad hoc termination of services; and uncertainty of budgets. They described institutional factors as limiting the work they do with children, with lots of rules that restrict the organisation of activities, workshops, and other forms of support for children.

"It has happened to me many times that they bring me people who have just arrived, who are hungry, thirsty, who have not yet received a meal, so they bring them to my workshop because they do not allow me to go and gather people, to advertise on some pamphlet that the workshop is held and when it is held."
Female NGO representative (F2), focus group 1

Among NGO participants, the biggest issue with institutional support was the slow response of government organisations, which can contribute to serious health conditions in children. Accessibility of health and mental health services was recognised as low and insufficient, with complex procedures involving the receipt of documents in order to access specialist health services, and guardians required for unaccompanied children. By the time requirements are met, the child's health condition can be much deteriorated. When systems are slow or ineffective, professionals feel helpless and this is a trigger for vicarious trauma.

"The boy had an inflammation of the testicles when he arrived in Serbia and was in quite a lot of pain. He had contact with the commissariat and with the officers on duty at the center for social work, where again no one recognised that the boy was an unaccompanied minor, nor did anyone recognise that he was the boy in pain and needed urgent medical attention... However, then the doctors said that the inflammation was already quite serious and that they could not save one testicle, that it would have to be amputated."
Male NGO representative (M6), focus group 2

More than half the government sector representatives stated that there is a need for better cooperation between NGOs and the government sector to enable a quicker response to children's needs, as some migrant children remain in each place for a very short time. Although representatives from NGOs and the government sector see the benefit of working together to meet children needs, it seems that sometimes institutional regulations stand in their way, which impacts service provision.

"Children who reported that they were sexually abused, that they were physically abused, and that they were seriously injured; when they reported that and we failed to sanction the violence." Female government sector representative

"Children who reported that they were sexually abused, that they were physically abused, and that they were seriously injured; when they reported that and we failed to sanction the violence."
Female government sector representative (F2), focus group 5

The procedures for age identification of children also prevents effective and fast service provision, which frustrates case managers and other field practicioners who are trying to meet children needs. In addition, integration into the education system is very slow. Often, children can go to school but cannot attend classes in their own language, so they miss most of the content due to the language barrier and their needs are not met.

It seems that characteristics of transit countries (migrant children usually stay for a short time before they 'slip away' and there is no opportunity to take care of them; there are a huge number of migrants who are constantly changing; there are always new migrants arriving, practitioners faced with the scale of war and problems) affect the wellbeing of practitioners and increase their vicarious trauma.

Another identified gap was always possible, and sometimes also sudden termination of services in both the NGO and government sectors. The loss of jobs for people – despite the quality of their work and the effectiveness of the service – causes practitioners to lose faith in the sincerity of the intention to help and feel frustration.

The participants also identified that supervision was not consistent across different organisations and domains; it was not accessible in migration camps and not standardised in government institutions. Practitioners said they were organising supervision themselves based on their knowledge and experience from previous engagements or spontaneously debriefing with colleagues whenever they had an opportunity. Some participants mentioned a lack of group activities such as team building or other opportunities for teams to gather for discussion, especially when supervision is lacking.

Another institutional gap that was identified was lack of opportunities to change work position when people feel traumatised in their current position. First line workers need additional support and benefits as well as a timely opportunity to change their work positions.

Besides supervision, participants identified that adequate training in recognising institutional limitations and use of resources and help from other sources, such as international bodies or NGOs, could help to prevent stress, frustration and vicarious trauma.

"The training is important, so that in working with our population we can free ourselves from guilt and accept that we have done everything we could that is up to us, so that we are not haunted by that part that we did not do enough."
Male government sector representative (M1), focus group 5

"The training is important, so that in working with our population we can free ourselves from guilt and accept that we have done everything we could that is up to us, so that we are not haunted by that part that we did not do enough."
Male government sector representative

The final institutional gap that was identified was lack of recognition of vicarious trauma, which emerges not only from exposure to traumatic experiences but also from the frustration and helplessness that arise as a result of systemic and organisational structures and regulations. Sometime vicarious trauma overlaps with other types of indirect trauma such as burnout or secondary traumatic stress, and it is difficult to draw a line between these conditions in real life situations. However, it seems that vicarious trauma is widespread among practitioners but not recognised, and there are insufficient resources to support practitioners to handle vicarious trauma.

Protective factors from vicarious trauma

Participants were asked about mechanisms they use to deal with vicarious trauma on a personal and organisational level. Most participants recognised supervision, teamwork, and interpersonal relationships among colleagues as important institutional factors to protect against vicarious trauma, and various techniques, hobbies and advice were mentioned as useful strategies on a personal level.

Views were divided on the way that the practitioner's age impacts vicarious trauma. While some practitioners felt that older colleagues have more experience and therefore handle the situation and trauma better, others stated that younger colleagues had learned to adjust their personal boundaries better, as they had the opportunity to learn about these phenomena much earlier in their career and seem to handle the situation *"better… that is, that it is somehow that generation of self-actualisation of personal boundaries."* (male NGO representative M1, focus group 4)

Other participants stated that personal traits help to protect against vicarious trauma, and that some people are more resilient then others or can maintain a distance from children's personal stories.

Likewise, relations between team members and the possibility to organise themselves for the cause they all believe in helps practitioners to feel better and regain a sense of power and control over their situation. Creation of a supportive community within the organisation helps with burden sharing and protects people from trauma and other symptoms.

A few participants mentioned that education and training are very helpful tools for understanding migrant children and the work involved and being able to deal with field requirements. Professions like social work and psychology were specifically identified as ones that seem to provide a good basis for understanding work with migrant children. Further training and experience were also perceived as a good way to build your knowledge base, although participants without a helping professional background felt there was a significant gap in their knowledge. Cultural mediators, who are most exposed to vicarious trauma, do not obtain enough (if any) education to help them cope with it.

"That's when I asked myself how to approach it now. I used some knowledge from life, but I have never learned about it at the university."
Male NGO representative (M2), focus group 1

"That's when I asked myself how to approach it now. I used some knowledge from life, but I have never learned about it at the university."
Male NGO representative

As already mentioned, there is a need for better cooperation between NGOs and the government sector. One example of good cooperation was identified by the representatives of the Center for protection of infants, children and youth.[6] Care for youth on placement was shared among the institution's employed caretakers, guardians from the center for social work, and staff from the NGO PIN, who provided

6 The Centre for the protection of infants, children and youth is a residential institution for the placement of children without parental care. It was part of a project supported by the Serbian government, which provided accommodation and care for young unaccompanied migrant boys.

psychosocial support. Shared responsibility with a clear division of roles and fast response meant that youth felt safe and supported and caretakers were protected against vicarious trauma. Over a period of 5 years, 25 youth used the service and most stayed for a year, which provided stability and enabled relationships of trust, so caretakers felt they had helped the children to integrate, which enhanced their own wellbeing.

"Maybe we repress and maybe we are now taught to react to things faster; we can't listen to people, we just have to say something in that way, and I think that over time, the longer you work, the more, in quotation marks, let's say, you get 'used to these things.'" Male NGO representative

Most participants were unable to identify any personal trait that could help to deal with stress and feelings of helplessness in the field. They reported that by the time they got used to seeing and hearing dreadful stories, they start in a way to accept the destinies of the children on the Balkans route or to suppress and react faster when the stories are very disturbing, in order to be less exposed to traumatic content. It seems that practitioners use the strategy of 'turning off' their emotional reaction in order to survive when the exposure to trauma is too high. However, this mechanism is not helpful for children as it prevents them from truly being heard and supported, which is important for them.

"Maybe we repress and maybe we are now taught to react to things faster; we can't listen to people, we just have to say something in that way, and I think that over time, the longer you work, the more, in quotation marks, let's say, you get 'used to these things.'"
Male NGO representative (M2), focus group 3

Some of the skills identified as useful to deal with vicarious trauma were: social and communication skills, including good listening skills, to help with understanding migrants and their needs; creative skills to try to help them with limited resources; and problem-solving skills to find solutions within given services. Although participants identified good communication and listening skills as useful to protect them from vicarious trauma, when they are overwhelmed, they tend to shut down, so they need support to strengthen their capacity to listen to children. Two participants mentioned the importance of multidisciplinary teams and their own commitment to learning and reading materials relating to communication and trauma.

Empowering practitioners systemically to protect against vicarious trauma will improve their wellbeing and service provision for the children they work with.

Institutional factors for prevention of vicarious trauma

When it comes to the use of supervision[7] in everyday work, the experiences of participants differed. Around half the participants had experienced regular supervision and found it useful and productive for managing their workload and emotional burden, as it enables conversations about difficult cases. Practitioners felt that without supervision, they would not be aware of the impact that some cases had on their wellbeing. Some participants from international and NGO sectors reported that they had regular supervision and teamwork. A few participants said they had received supervision for some time but it stopped, so they could compare the situation with and without supervision.

Practitioners that had not received regular, organised supervision commented that this was due to organisational factors including big fluctuations of employees and the migrant and refugee population. However, everyone who participated in the focus groups said they had a need to share their experience and debrief with colleagues, and most did this every day in a non-formal setting.

7 Supervision is an essential element in the protection of children in migration systems, as it helps to ensure that social programmes and services are delivered effectively, efficiently, and in a manner that meets the needs of the intended beneficiaries. Effective supervision involves monitoring and oversight at various levels, including programme design and implementation, service delivery, and management.

Participants stated that supervision needs to have a strong support function, as well as being an administrative and control function, to achieve good results. In one focus group it was mentioned that if the supervisor is a controller who focuses on criticism, the wellbeing and productivity of practitioners will deteriorate, unless they are supported.

Debriefing is a well-used strategy in every organisation that participated in the focus groups and among practitioners in the field, and though none of the participants mentioned this term, most described conversations with peer colleagues after work or after events that were considered traumatic. These conversations were soothing, as they gave practitioners an opportunity to check their reactions and interventions and become conscious of the impact events had on them.

"We had a translator in the team who has been doing this job for 10 years and is really experienced and wants to talk about everything that happens to him, so that meant a lot every time something happened, we used to go for a coffee after work to talk about some things additionally."
Male NGO representative (M2), focus group 3

When discussing protective factors, participants from government institutions stated that they need more support, because they cannot recognise any protective factor at the moment. Before the COVID pandemic some support and retreats were provided by NGOs, but nothing since then.

Participants who were translators and cultural mediators working with children felt that they were not equally supported in organisational settings, as they were mostly not included in supervisions, team support or exchange. Most joined teams when there was a need for translation, but with no preparation or debriefing. In their view, they were more sensitive to vicarious trauma because of a shared language and sometimes shared tradition and history with the children they worked with. Every translator who participated in the study had the impression that they were not protecting children enough and that children expect more from them than from their colleagues, as they are the first one children turn to because they can understand their language and cultural context. It was observed that cultural mediators perceive themselves as a communication tool, which dehumanises them and makes them more prone to vicarious trauma.

"So, maybe it wasn't paid enough attention, it wasn't recognised as maybe some special need, because the translators were often in different circumstances, for example, they translate for the policy team, psychiatrists and social workers. And so these are different contexts, and in that sense I think that they were quite exposed to different contexts and stories."
Male NGO representative (M3), focus group 1

"We had a translator in the team who has been doing this job for 10 years and is really experienced and wants to talk about everything that happens to him, so that meant a lot every time something happened, we used to go for a coffee after work to talk about some things additionally."
Male NGO representative

Personal techniques and recommendations for prevention of vicarious trauma

During the focus groups, special attention was given to the identification of techniques, approaches or tools that participants practice as a strategy for self-healing and self-help that could be useful for dealing with everyday exposure to vicarious trauma.

Every participant considered it important to have a personal strategy to deal with stress and secondary trauma, and recognised the significance of quality rest including enough time to rest on a daily basis as well as time and resources for vacations. Most participants mentioned hobbies, sports, activities in nature, and spending time doing things that made them content.

Some mentioned journalling their experiences from the field as helpful and one participant mentioned continued self-reflection as a useful strategy. Participants identified that physical activity such as a walk or sport are very helpful after stressful

events, but when a situation is perceived as traumatic they feel drained and exhausted and they need a push to do something for themselves.

More than half the participants had used psychotherapy to help with vicarious trauma, burnout or workload and it was seen as a very valuable option. However, they had no access to psychotherapy or counselling at work and had to organise their own therapy, which is not sustainable on a long-term basis.

"It is not an obligation of any employer to provide specialised support or therapy, so we are just relying on ourselves and our personal techniques."
Female government sector representative

"It is not an obligation of any employer to provide specialised support or therapy, so we are just relying on ourselves and our personal techniques."
Female government sector representative (F2), focus group 5

Participants were invited to give recommendations for field practice and policy, and to provide insights for introducing new field workers.

A recommendation that emerged in each focus group was better support to recognise the early symptoms of vicarious trauma. Regardless of their background or knowledge, all participants recognised that within group exchange, professional supervision and/or psychotherapy, they were able to detect the symptoms of vicarious trauma and find ways to deal with it. All participants identified group support, through formal supervision or non-formal peer groups, as a significant protective factor. Most important was trust in colleagues and support to acknowledge and explore personal feelings in a group environment, to allow them to become conscious of suppressed content and truly digest and integrate it. Participants also highlighted that it was important to be aware of their feelings and able to express them freely in front of their team members. That way they can release stress, frustration and anxiety in a safe setting, so that they can handle and contain those feelings in the field.

"I feel free to express my anger in the worst possible way and to cry in front of my team, without anyone perceiving it as an additional worry that I might do it on the field."
Female NGO representative

"I feel free to express my anger in the worst possible way and to cry in front of my team, without anyone perceiving it as an additional worry that I might do it on the field."
Female NGO representative (F7), focus group 2

"I think it's very important that we share, and I think that way we kind of heal ourselves by getting these things out, because when you hold something inside, it just eats away at you. And that we're not ashamed to talk about what happened, because I think this society also embarrasses us and the people who go through it. And in this way, I think that we change this society and give the opportunity to others who will succeed us to have some tools and knowledge that can be used."
Female NGO representative (F4) focus group three

One participant mentioned that education on dealing with stress helped her to identify patterns of stress release that were not constructive, such as smoking, drinking alcohol etc. Introducing the techniques of breathing, mindfulness and focus on positivity that she learned was very useful.

In all focus groups and group conversations, participants reported high levels of trust in their colleagues and good interpersonal relationships between team members. It seems that in the face of stress, adversity and trauma, peer support becomes stronger, especially if other tools such as supervision or peer learning are missing.

A very strong recommendation from participants is for practitioners to stop suppressing their worries and feelings, as sharing them with colleagues can feel like a great burden has been 'lifted off their chest,' when they hear that everyone has similar experiences and it is normal to feel that way.

"You can't decide which trauma is big and which trauma is small, because each of them affected your life and leave a mark that later escalated in my case to physical health, and a person's mental health cannot judge how he is at this moment. We are all silent, we don't want to talk, and that's the problem when we keep it inside. And then they say that a man just suddenly snaps; he didn't snap all of a sudden, but for a long time it was eating him from the inside."
Male NGO representative (M1), focus group 4

This sharing of experience is not, however, in opposition to the need of practitioners to have time away from other people to digest and integrate their experiences and impressions. Some participants mentioned that being alone helps them to settle and calm themselves after exposure to traumatic material. This technique can be very beneficial if the time is used for regeneration and integration, but if the strategy becomes isolation, then it can be considered a consequence of vicarious trauma.

"I look whenever I can to be with people as little as possible, to tell you honestly. Sometimes I need to not have a lot of contact with people."
Male 1 government sector representative, focus group 5

"I look whenever I can to be with people as little as possible, to tell you honestly. Sometimes I need to not have a lot of contact with people."
Male government sector representative

Participants felt that personal techniques to prevent vicarious trauma, burnout and other mental health issues should be taught and practiced regularly to improve practitioners' wellbeing. Being in touch with your thoughts and feelings and having the capacity to make a self-assessment of your wellbeing requires both knowledge and space to self-reflect. Successful personal techniques should also be shared among employees and supported by management, so that practitioners can engage in activities that help them feel better and enhance their mental health.

When asked about advice for new practitioners, participants suggested specialised training that would include tools for working with migrant and refugee children (a must for all practitioners, but particularly for practitioners coming from professions that do not include training or education); cultural competence practice; trauma work; and identification of secondary trauma, burnout and similar states. While they recommend supervision for all practitioners, special attention should be given to supervision for new practitioners, as well as mentorship during their first year in the field.

Almost half the participants stated that recognition of personal boundaries and seeking outside support from educated therapists is important for mental health and wellbeing. Setting personal boundaries might include changing role or position, in order to prevent burnout. This should be perceived as a strength and not a weakness or abandonment of the children they are taking care of.

Participants strongly recommend professional, organised team and individual supervision across all domains of work. They agreed that regular external supervision is important and the only way to have space to discuss professional challenges in a supported professional setting, so that they do not have to use their personal time to deal with emotional stress and vicarious trauma.

As interpersonal relationships in teams are a significant protective factor, team building exercises, conferences, roundtables and other organised opportunities are perceived as contributing to the empowerment and wellbeing of entire teams. Team building was suggested by government sector representatives, because they did not do these activities but perceived them as supportive.

Regional cooperation would be beneficial for all practitioners, to get to know the child migrant's situation better and to be able to provide a quicker response, but also to connect with colleagues and to exchange experiences in their everyday work. Overall, the impression from the focus groups was that confidence, trust and awareness of the situation is important for protection from vicarious trauma. Although not every participant is receiving psychotherapy, self-work and self-awareness were raised as recommendations on an individual level.

Lessons learned

"You need to see it all and live with it."
Male NGO representative (M9), focus group 2

"You need to see it all and live with it."
Male NGO representative

While reflecting on their experiences and providing recommendations, practitioners also spoke about lessons they have learned while working in the field. Most of the lessons learned are an insight they gained from direct experience or the circumstances of their work. Some are about the personal process of integration and

response to traumatic events, while others point out examples of good practice for dealing with vicarious trauma in the field.

"No matter how difficult it is, they still chose that path and they know where they are going and they accept it, and after a certain period I just came to that... okay, they are going to the game, something can happen, but whatever happens, they will try again, and each of us had to make that limit."
Female NGO representative

Trauma integration is the process of understanding and making sense of traumatic experiences in order to integrate them into one's life story and move towards healing and recovery. Integrating vicarious trauma involves acknowledging and processing the emotional and psychological impact of exposure to trauma, and recognising the ways in which it may have affected a practitioner's personal and professional life. This process can be challenging, but it is an opportunity for transformation and increased resilience. It may involve seeking support from colleagues, supervisors, or mental health professionals, as well as engaging in self-care activities such as exercise, mindfulness, and creative expression.

A few practitioners reported that it took some years for them to stop worrying and to acknowledge the perspective of migrant youth as a strength perspective. For example, people would very much worry about youth when they knew about an attempted illegal border crossing, but with time they realised that migrant youths had their own path and were enthusiastic to reach their country of destination. This helped practitioners to develop more faith in children and to start seeing the journey from the child's perspective, so that they supported the children's goals.

"No matter how difficult it is, they still chose that path and they know where they are going and they accept it, and after a certain period I just came to that... okay, they are going to the game,[8] something can happen, but whatever happens, they will try again, and each of us had to make that limit."
Female NGO representative (F5), focus group 4

The process of integration is individual, so it is hard to predict how much time is needed for people to integrate events that were traumatic. For that reason, it is important to have space and a setting that enable integration.

Some strategies that participants highlighted to facilitate trauma integration include:

1. *Seeking support: connecting with a mental health professional, support group, or trusted friend or family member who can provide guidance and emotional support.*
2. *Developing self-awareness: reflecting on one's emotional responses, beliefs, and coping strategies related to traumatic experience.*
3. *Processing emotions: expressing and regulating emotions related to trauma, such as anger, sadness, fear, and guilt.*
4. *Understanding the impact: exploring the ways in which the traumatic experience has affected one's life, relationships, and world view.*
5. *Reconstructing meaning: integrating the traumatic experience into one's life story in a way that promotes healing and growth and developing a sense of purpose and meaning.*
6. *Practicing self-care: prioritising activities that promote physical, emotional, and psychological wellbeing, such as exercise, mindfulness, and creative expression.*
7. *Trauma integration is an ongoing process, and may require time, patience, and support. However, by acknowledging and processing traumatic experiences, individuals can build resilience and move towards a more meaningful and fulfilling life.*

CONCLUSIONS

Most of the children who migrate through the Balkans route spend approximately 3-4 years travelling, which is a significant part of their life. During this time, they may experience various types of physical, sexual and psychological violence and abuse, trafficking, and the loss of their education. Their path to adulthood is intersected with traumatic events and they may experience ongoing stressors such as uncertainty about their legal status or difficulty accessing services or support. These children have often experienced significant trauma in their home country as well as during their migration journey, and they may experience further trauma upon arrival in their host country.

8 'The game' is how many refugees describe their attempts to cross borders on their journey to Western Europe via the Balkans Route.

This research found that vicarious trauma occurs when practitioners who work with traumatised children are exposed to the trauma stories of their clients, witness traumatic events, or are overwhelmed by the demands of their work. They can begin to experience symptoms of trauma themselves, including anxiety, depression, hypervigilance, and intrusive thoughts.

Field practitioners who work with migrant and refugee children are particularly vulnerable to vicarious trauma due to the challenging and complex nature of their work. This research found specific characteristics of vicarious trauma among field practitioners working with migrant children. Vicarious trauma occurs in this setting for several reasons, such as: constant or regular exposure to traumatic content relating to children's experiences, working in long shifts, and a feeling that they cannot help children due to organisational limitations and slow or insufficient systemic responses.

The correlation between exposure to children's traumatic experiences and vicarious trauma is specific to practitioners who work with migrant children. Research with practitioners who work with other groups of vulnerable children (Borjanić Bolić, 2016; Borjanić Bolić, 2018a; Borjanić Bolić, 2018b) did not find that time spent with children affected the vicarious trauma of those practitioners.

What triggers vicarious trauma among practitioners who work with migrant and refugee children is the feeling that these children have not been given fair treatment due to regulations or discrimination. Working in transit countries along the route is additionally burdened with high turnover rate and short stay of children. These circumstances reinforce the feeling of helplessness in the face of global adversity and contribute to the feeling that the problem is intractable while all efforts yield only modest results. Practitioners with a strong saviour mindset or weak boundaries are particularly susceptible.

The main feelings triggered during vicarious trauma among all practitioners who participated in this research were helplessness, guilt, anxiety, anger and depression. This is a common finding for vicarious trauma among professionals working with vulnerable groups.

Feelings of helplessness occur when practitioners recognise the adverse experiences of children, develop a sympathy for their lives, and can't see how these children can ever recover from their migration experience. They might also identify with the children and lose the neutrality of their professional role. As a result, they become attached to the children and wish to save them.

Practitioners feel guilt when a feeling of injustice is triggered, for example when they compare their childhood or their children's childhoods to the migrant's, or through awareness of the violations of migrant and refugee children's rights, or when they feel that they haven't done enough to protect the child. The feeling that their help is never enough can also lead to burnout, which makes it very difficult to make a distinction between vicarious trauma and burnout among field practitioners.

They feel anxiety and worry for the safety and wellbeing of the children they work with and also about their own ability to provide effective support and intervention. Witnessing the abuse or neglect of migrant and refugee children can also elicit feelings of anger and frustration in professionals. They feel angry at the perpetrators of the trauma, at the system that allows it to happen, and even at themselves for not being able to prevent it. Depression is a consequence of repeatedly being exposed to the trauma of migrant and refugee children and their symptoms of depression, including feelings of sadness, hopelessness, and worthlessness.

Differences in vicarious trauma relating to gender were detected only in relation to unaccompanied migrant boys. It seems that their circumstances and experiences cause more trauma among practitioners. Practitioners did not report that they had noticed any difference in vicarious trauma as a result of their own gender, and there were mixed opinions about the impact of the practitioner's age and length of experience in the field on their susceptibility to vicarious trauma. Among characteristics of practitioners only ability to handle stress and set boundaries in combination with gained knowledge and skills to deal with children's experiencing

trauma contribute to the wellbeing of practitioners. This research is qualitative and connecting demographic characteristics to vicarious traumatization could be done more accurately if a quantitative measure is introduced.

The research findings shed light on the lack of support for vicarious trauma in governmental institutions. While there are some supportive measures within NGOs, it seems that education and supervision, as well as techniques to empower and help practitioners release the tensions and frustrations that induce vicarious trauma, are sometimes missing. Systemic support is inconsistent and not always sufficiently structured. Some NGO organisations that participated in this research provide regular supervision at an organisational level, but representatives still reported a need for individual support for cases that are extremely traumatic. In the government institutions that participated in the research, there is no regular supervision and practitioners feel that they are not sufficiently supported.

Participants highlighted the significance of healthy boundaries and continuous education about cultural competence practice and self-protection, as well as organised supervision, peer learning and team meetings that are structured and led by a person with experience. The most important indicator of vicarious trauma is self-awareness and recognition that vicarious trauma is happening, so that practitioners can ask for support, proper treatment and assistance.

This indicates a need to provide high-quality services that take a relationship-based approach to care for families and children dealing with complex trauma. This type of service involves practitioners who are aware and informed about trauma, well-trained, and continuously and systemically supported to protect them from vicarious trauma, burnout and other types of negative phenomena that may occur as a result of their work with migrant children.

The results of this research are significant. They provide a better understanding of vicarious trauma among field practitioners working with migrant and refugee children, including the characteristics that contribute to the trauma as well as personal and environmental risk factors and protective factors.

However, this research has severe limitations. This study used a small convenient sample of practitioners, mostly from the NGO sector, due to a short timeframe and the complex procedures and permissions required for including representatives from government institutions. It would, however, be interesting to make a comparison between the indicators for different groups of practitioners using a large randomly stratified sample. While this research brought to light some of the qualitative distinctions between the vicarious trauma experienced by practitioners working with migrant and refugee children and those working with other vulnerable children, it would also be interesting to compare the levels of vicarious trauma in these two groups in a structured sample. Comparing the results with research conducted with professionals who work with migrant and refugee children in countries of destination and on other routes would help to refine and concrete recommendations and better project design.

To prevent vicarious trauma, it is important for field practitioners to engage in self-care and seek support when needed. This may include engaging in activities that promote relaxation and self-care, such as exercise, meditation, or spending time with loved ones. It may also include seeking support from colleagues or supervisors or accessing mental health services if necessary.

In addition, organisations that work with migrant and refugee children can take steps to prevent vicarious trauma among their staff. These may include providing training on trauma-informed care and self-care strategies, offering regular supervision and support, and promoting a supportive and collaborative work environment. By taking these steps, organisations can help to promote the wellbeing of their staff and ensure that they are better able to serve the needs of children.

RECOMMENDATIONS

Working with migrant and refugee children can be a challenging and rewarding experience, but it is important for field practitioners to take steps to protect their own wellbeing and for organisations and the government sector to provide the support, training and systems that will help to protect practitioners from vicarious trauma.

As this research highlights, vicarious trauma among field practitioners working with migrant children is complex. Strategies to prevent it should therefore address the personal, organisational, professional and systemic (POPS) factors that can all play a significant role in the prevention of vicarious trauma.

The following recommendations are intended to support all practitioners working in the field with migrant and refugee children, including service providers, cultural mediators, translators, researchers, volunteers and others. It is important that they are implemented in an integrated way, with all factors are acknowledged and addressed, in order to protect the wellbeing of practitioners and ensure that they can continue to deliver effective services and support for migrant and refugee children.

Personal

Among personal techniques for preventing vicarious trauma, it is important for practitioners to:

1. ***Develop an awareness of vicarious trauma:*** *it is important for practitioners to be aware of the symptoms, risks and preventative factors for vicarious trauma and other forms of indirect trauma, so that they can recognise when they are at risk and take appropriate actions.*
2. ***Practice self-care:*** *self-care is crucial for protecting the wellbeing of field practitioners and ensuring they can continue to provide effective care and support to their clients. This can include activities such as exercise, meditation, spending time with loved ones, or engaging in hobbies. Self-care plays a significant role in dealing with vicarious trauma by balancing personal and professional life, providing enough time for rest and respite, and committing to self-growth and self-work through reflection, psychotherapy and group support. Creating an environment that celebrates self-care skills contributes to the practitioner's ability to take care of their own wellbeing, so it is important that organisational and systemic support is in place to enable practitioners to choose a healthy and productive practice that they will consistently exercise. The research findings indicate that the following self-care strategies can be helpful for the wellbeing of practitioners working with migrant children:*
   - ***Taking regular breaks:*** *taking short breaks throughout the day can help to reduce stress levels and promote mental clarity. Activities that can be considered include deep breathing, stretching, or going for a walk.*
   - ***Practicing mindfulness:*** *mindfulness practices can help practitioners to stay grounded in the present moment, manage stress, and build resilience. Mindful activities such as meditation, yoga, or journalling can be helpful.*
   - ***Seeking support:*** *it is important to have a support system in place. Practitioners should be able to seek out support from colleagues, friends and family, as well as more formal support from supervisors, or professional counsellors (see below).*
   - ***Nurturing the body:*** *this includes activities such as getting enough sleep, eating nutritious foods, engaging in physical activity, or pursuing hobbies, which can benefit mental and physical wellbeing.*
   - ***Practicing gratitude:*** *this can help to shift the focus from negative emotions and increase feelings of positivity. Practitioners should try to keep a gratitude journal or reflect on positive experiences throughout the day.*
   - ***Setting realistic expectations:*** *it is important to set realistic expectations so that practitioners are able to recognise that they need support, or that they cannot solve every problem or help every person. Setting achievable goals and celebrating small victories can help to maintain motivation and prevent burnout.*
3. ***Establish boundaries:*** *setting boundaries between work and personal life can help practitioners to ensure healthy and constructive empathy. It is a form of self-care, but*

it warrants particular focus because almost every participant in the research stated its importance for preventing vicarious trauma. Practitioners should make sure to take breaks, set limits on their workload, and disconnect from work when they are off duty. They might need assistance from organisations and professionals if they notice that they cannot detach from work in their personal time.

4. ***Seek supervision and support:*** *in addition to seeking support from colleagues, friends or family as a form of self-care, practitioners should seek more formal support when they experience difficulty or a problem, such as supervision, psychotherapy or counselling. Organisations should support this personal strategy by ensuring availability of services for practitioners.*

Organisational

It is important that organisations take steps to protect practitioners working with migrant children from vicarious trauma. This will ensure that practitioners can provide the best possible care to children, leading to better outcomes for both the children and the workers who serve them. Organisational strategies include:

1. ***Organise regular supervision, mentorship and peer learning:*** *the provision of regular individual and team supervision can help practitioners to process their experiences, seek support and manage stress. It is important that supervision balances the functions of administration, support and development (Kadushin, 1992; Morrison, 2003), so that it can be helpful for practitioners. A combination of mentorship and supervision can be useful for empowering new practitioners. Peer support is also important for practitioners to connect with others who have similar experiences and to share coping strategies.*
2. ***Provide regular feedback and debriefing sessions:*** *provide regular feedback to field practitioners to help them improve their skills and address any issues that arise. This can include regular check-ins, individual coaching sessions, and structured group debriefing sessions after each shift in the field.*
3. ***Foster a supportive work environment:*** *create an environment that encourages open communication, collaboration, and teamwork. Hold regular team meetings and organise team building and retreats, to empower field practitioners to share their experiences, support each other, and recognise and celebrate successes and accomplishments. Acknowledge field practitioners' hard work and dedication, and show appreciation for the positive impact they are making on the lives of migrant children.*
4. ***Develop clear policies and procedures:*** *ensure there are clear policies and procedures in place to guide the work of field practitioners. These policies should cover issues such as child protection, child safeguarding, communication protocols, and reporting requirements. Develop an organisational standard operating procedure (SOP) for emergency and crisis situations that considers the wellbeing of practitioners.*
5. ***Manage workloads and provide access to support:*** *ensure that the practitioner's workload is achievable within their working hours and doesn't spill over into their free time, and that there are adequate resources to allow practitioners time to engage in training and self-care. Provide practitioners with access to mental health support such as counselling and psychotherapy sessions so that they can address any vicarious trauma or other emotional challenges that they experience.*

Professional

Practitioners should be supported to develop cultural competence, use a trauma-informed approach, and develop the skills and knowledge that they need to work effectively with migrant children. Professional recommendations include:

1. ***Develop cultural competence:*** *cultural competence is the ability to understand, appreciate, and effectively interact with people from diverse cultural backgrounds. The following practices can help practitioners working with migrant children to develop their cultural competence:*
    - ***Understand own culture:*** *it is important to understand own culture and how it shapes personal perceptions and interactions with others, before practitioners can effectively engage with people from different cultures. Reflect on personal cultural biases, values, and beliefs. This can help understand behavior and provide ground for empathy.*

- ***Learn about the cultures of migrant children:*** *practitioners should take time to learn about the cultures and backgrounds of the migrant children they work with. Ways to do this include reading books, attending cultural events, and speaking with community members.*
- ***Develop cultural humility:*** *cultural humility involves acknowledging that practitioners do not know everything about a culture and that they should be open to learning from others. Practitioners should be willing to ask questions, seek feedback, and admit when they don't know something. That perspective can help practitioners decrease anxiety and stress when working with migrant and refugee children.*
- ***Build relationships with migrant children and their families:*** *building positive relationships with migrant children and their families can help practitioners to better understand their cultural perspectives and needs which can contribute to establishing a healthy empathy. Practitioners should take the time to listen to their stories, learn about their experiences, and build trust.*
- ***Use culturally appropriate communication:*** *communication can be a barrier when working with people from different cultures. Practitioners should use plain language, avoiding jargon, and use visuals to aid understanding. With the high level of understanding the level of frustration among both sides should be decreased.*
- ***Incorporate cultural practices into work with migrant children:*** *Practitioners should incorporate cultural practices into their work, such as celebrating holidays or incorporating traditional foods into meals. This can help to create a welcoming and inclusive environment for migrant children as well as for practitioners to establish good relationships.*
- ***Practice cultural sensitivity:*** *cultural sensitivity is critical when working with migrant children who may come from different backgrounds and have different cultural practices. Practitioners should be aware of cultural differences and avoid imposing their own cultural values.*
- ***Seek feedback and evaluation:*** *practitioners should seek feedback and evaluation from migrant children and their families to ensure that they are providing culturally competent services. This can include asking for feedback on communication, programming, and overall satisfaction.*

2. ***Use a trauma-informed approach:*** *practitioners should use a trauma-informed approach in their work with children, which includes recognising the effects of trauma on individuals and using strategies that promote a supportive and safe environment, empowerment, healing and growth. This approach can help practitioners to develop healthy and sustainable empathy, which protects against vicarious trauma. It is important that practitioners:*
   - ***Understand the impact of trauma:*** *trauma can have a significant impact on a child's development, behaviour, and mental health. It's important for practitioners to understand how trauma affects migrant children, so that they are able to develop empathy and not vicarious trauma.*
   - ***Create a safe and welcoming environment:*** *creating a safe and welcoming environment can help migrant children feel comfortable and secure, so practitioners can provide care and intervention more easily. Approaches can include using calming colours, providing sensory items, avoiding triggers that may remind children of traumatic events, and organising regular support and quality control to ensure that the working conditions are supportive for practitioners.*
   - ***Use trauma-informed language:*** *the language that practitioners use reflects their knowledge and feelings towards migrant children and can have a significant impact on migrant children who have experienced trauma. Through education and training, practitioners can learn to use language that is empowering, respectful, and avoids blaming the child for their experiences. This will also empower practitioners and support their wellbeing.*
   - ***Provide access to mental health resources for children:*** *migrant children who have experienced trauma may require mental health support such as counselling, therapy, and support groups, in the same way as practitioners may benefit from this support. If children receive adequate support for their trauma, it will reduce the practitioner's vicarious trauma, and if they both receive mental health support their welfare will be significantly better.*
   - ***Foster positive relationships with migrant children:*** *positive relationships can have a significant impact on a child's ability to heal from trauma. Practitioners can foster positive relationships with migrant children by building trust, showing empathy, and being consistent in their approach.*

3. ***Provide regular education and training:*** *regular education and training is essential for practitioners working with migrant children in the field, to ensure that they have the knowledge and skills they need to provide effective support to these children. It will also increase the practitioner's feeling of competence and help to decrease their feelings of guilt and helplessness, which are indicators of vicarious trauma. There should be obligatory training for new field practitioners and ongoing training for all other practitioners including cultural mediators, interpreters and others who work with migrant children. Training should include opportunities for hands-on learning and practical experience. Training should include:*
    - ***Cultural competency:*** *as noted above, practitioners should develop a deep understanding of the unique needs of migrant children, the impact of migration on their mental health and wellbeing, and the challenges they face in accessing services and support. This may include training on effective communication strategies.*
    - ***Trauma-informed approaches:*** *education and training can help practitioners to use trauma-informed language and adapt a trauma-informed approach.*
    - ***Vicarious trauma:*** *provide regular training to increase awareness of vicarious trauma including risks, symptoms and protective factors*
    - ***Case management:*** *to enable practitioners working with migrant children to coordinate services and support to meet the needs of children and their family*
    - ***Legal and policy issues:*** *practitioners should have a basic understanding of legal and policy issues related to migration, including immigration law, asylum and refugee status.*
    - ***Advocacy and outreach:*** *to help children effectively engage with communities and organisations to provide support to migrant children and their families.*
    - ***Active listening:*** *to achieve a mutual understanding between speaker and listener.*

Systemic

Practitioners should advocate for systemic change and policies that protect the rights and wellbeing of migrant and refugee children, and ensure that both children and practitioners receive the support and resources they need to thrive. Systemic recommendations include:

1. ***Raise awareness of vicarious trauma among practitioners:*** *share information about the impact of migration on children and how this can lead to vicarious trauma among professionals and practitioners who work directly with them. Promote the programmes and interventions that have been effective in supporting migrant children and practitioners.*
2. ***Advocate for policy change:*** *advocate for policy change at the local, state, and international levels that supports the needs of migrant and refugee children and the practitioners that work with them. This could include advocating for increased funding for programmes that include trauma-informed approach and techniques for stress release for practitioners; advocating for changes in practitioner working standards (increased focus on supervision, peer support, ability for practitioners to change role, shorter shifts, and regular breaks); and advocating for policies that promote the health and wellbeing of migrant children and those who work with them.*
3. ***Improve coordination and collaboration between stakeholders:*** *increase collaboration with organisations and stakeholders who are working to support migrant children, including local schools, community-based organisations, national and international NGOs and government agencies, in order to provide a better and faster response and share the burden of trauma exposure. Working together to identify and address the needs of migrant children, and developing partnerships to promote more effective and sustainable approaches, would reduce stress, anxiety and helplessness among field practitioners as well as the risk of vicarious trauma.*
4. ***Innovate existing approaches*** *to migrant and refugee children since the migration flows are constantly changing there is a need to adapt approaches to the children needs and to enable tailor made interventions. That can help reducing stress among field practicioners when facing with significant exposure of traumatic stress on the field by having a set of tools that can contribute to enhancing their wellbeing.*
5. ***Enhance best practices to migrant and refugge children:*** *There is a need to acess, monitor and evaluate diferent practice of service provision and service delivery in order to identify, and promote best practice on the field. Also best practice should include promoting wellbeing of practicioners togerher with childrens welbeing as an integral part of service provision.*

6. ***Standardize support for practitioners working with migrant children*** *should be done on the systemic level so that every field practitioner can access support regularly. Standards of support can regular that practitioners are safe and supported which will contribute to the service provision and children wellbeing as well.*
7. ***Empower migrant children and their families to advocate for their own needs and rights:*** *introduce child participation mechanisms and enable children and families to advocate in partnership with practitioners on issues such as better conditions in camps, connecting migrant children with resources in their community, the sharing of responsibilities between governments and the NGO sector, active participation, and standards for service provision.*
8. ***Continue research to better understand vicarious trauma in practitioners*** *including other context of working with vulnerabile groups: carry out research and evaluation to better understand the needs of practitioners working with migrant children, how they are impacted by vicarious trauma, and the effectiveness of programmes and interventions designed to support them. Use this information to inform policy and practice, and to promote more evidence-based approaches to wellbeing of field practitioners.*
9. ***Promote fair and just policies:*** *promote fair and just policies that protect the rights and wellbeing of migrant and refugee children and create mechanisms that put child rights at the centre. Encourage a compassionate approach to working with migrant and refugee children, and ensure that practitioners are not put in situations that create ethical conflicts or moral distress, which impacts their wellbeing and risk of vicarious trauma.*

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