Trauma-Informed Care in Pre-Settlement Refugee Contexts: Assessing Training, Policy, and Practice of Refugee Aid NGOs in Greece

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Abstract

As protracted refugee crises worsen and the political climate in Europe grows increasingly hostile toward asylum seekers, it is critical to acknowledge that the precariousness of a pre-settlement environment has the potential to increase trauma and threaten the individual and community well-being of refugees. Trauma-informed care has gained awareness among re-settlement providers as a way to acknowledge the existence of trauma and serve the individual and collective needs of beneficiaries. However, little attention has been paid to how trauma-informed care has been implemented in a short-term, pre-settlement context, such as Greece. The goal of this study was to determine whether refugee aid organizations in Greece use the language and practices of trauma-informed care, and whether staff and volunteers are trained in trauma-awareness.

This was determined through a textual analysis of websites, annual reports, and documents from 29 non-governmental organizations (NGOs) across Greece; individual interviews conducted with staff and volunteers of Greek organizations; and personal observations recorded in a research diary. The study found that over half of the organizations do not use the word “trauma,” and very few refer to “trauma-informed care.” Furthermore, “trauma-informed care” was referenced only in isolated programs for specific populations and was not used as a guiding principle or policy for all programming. Many organizations do not provide specific trauma-informed training for their staff and volunteers, who often rely on their previous knowledge to navigate interactions with beneficiaries, and may be unaware of how trauma-informed care is used by their organization. The study suggests that more trauma-awareness is needed at staff, organizational, and national levels in Greece to mitigate the occurrence of additional trauma within the pre-settlement context of the country.

Preface

This thesis was submitted in partial fulfillment of the requirements of the Master of Arts in International Development and Globalization, in the Faculty of Social Sciences at the University of Ottawa, under the supervision of Dr. Christina Clark-Kazak.

All research involving human participants was conducted according to the ethical standards of the University of Ottawa. Approval from the University of Ottawa Research Ethics Board was granted in July 2025 (Appendix 1: Certificate of Ethics Approval). Informed consent was obtained from all research participants, and every precaution was taken to ensure that their privacy, confidentiality, and dignity were maintained throughout all aspects of the research process.

Prior to conducting this research, I volunteered with All4Aid, a non-governmental organization (NGO) on Lesvos, Greece, and this organization was included in my textual analysis. My experience informed my understanding of the general context of volunteerism in Greece; however, analysis of All4Aid as an NGO in this thesis has strictly come from data collected from the organization's publicly available documents, and not my personal knowledge of the organization.

I recognize that I am a Caucasian Canadian, and coming from a safe and wealthy country, I have had the privilege of never having been forced to flee my home. I acknowledge the fact that I conducted research in Greece as an outsider, and thus my own bias and privilege were considered at every step of the research process, particularly in recognizing the power held by a researcher when conducting interviews and interacting with a local community. At every point, I strived to embody care, relationality, cultural sensitivity, and critical self-reflection—principles

which informed not only the subject of the research, but also the way in which the research was conducted.

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I am extremely grateful to the people, communities, and organizations who welcomed me in Greece, allowing me into their spaces to conduct my research and sharing with me their stories, emotions, and wisdom.

I would like to thank my family and friends for their constant support, encouragement, and faith in me. I am forever indebted to Sam, the best sister and editor a person could ask for.

I would like to particularly acknowledge the people who inspired this research: all those seeking refuge in Greece and elsewhere in the world. In times of growing political hostility and divisiveness, I would like to acknowledge everyone who believes in compassion and peace. Now more than ever, we need to take care of each other.

I acknowledge what a privilege it is to be able to leave my safe home, to travel on my own accord, and to be able to seek a master's education and conduct this research.

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Introduction

Inspiration for the Research

In July of 2024, my sister and I arrived on the island of Lesvos, Greece, where we would spend a few weeks volunteering with All4Aid, an NGO that provides food, clothing, and hospitality to refugee women and children. When we got to the aid centre on our first day, my sister and I were given a brief orientation that covered the organization's mandate and day-to-day operations, and were put to work within the hour. It didn't take long to realize how thoroughly underprepared we were. I was grateful for my experience working with a refugee-sponsorship organization in Canada, but my sister—a creative writing and English student—was way out of her depth in the new environment.

We met three other short-term volunteers during the first week. Together, we ran the food and clothing distribution centre in the mornings and spent the rest of our day in the hospitality room, serving tea and cookies, painting nails, braiding hair, and making friendship bracelets. In our orientation session, we had been encouraged to talk to the refugees and get to know them, but starting up a conversation felt immensely difficult—not only because of the language barrier, but the cultural barrier as well. Nervous about saying the wrong thing, I felt more comfortable engaging with the refugees in non-verbal ways, passing pencil crayons back and forth as we filled in colouring pages together. And yet, it felt wrong to sit in silence, as though we weren't doing enough as volunteers. My sister felt it too. A few days into our time at the centre, she stuck up a conversation with an Ethiopian refugee who spoke fluent English. The woman mentioned that she had spent some time in Turkey, and my sister told her about how we had recently travelled around Turkey and Athens before coming to Lesvos. In that moment, my sister hadn't even considered that the woman had not been in Turkey for a vacation, as we had, but that she

had spent gruelling weeks walking across the country in seek of refuge. In an attempt to connect with the woman sitting beside her, my sister had only created more distance between them, potentially retraumatizing the woman in the process. I realized just how pervasive cultural ignorance is, and how sometimes, as international volunteers, we are not aware of our understanding gap until it's too late.

The following week, we were expected to train the new volunteers who had arrived over the weekend—but how were we supposed to do this when we didn't even know what we were doing ourselves? Near the end of that week, I was feeling drained and disillusioned by the way the aid organization operated. And yet, as I watched two Afghan women laugh and dance to Farsi music, I recalled the passion for the work that had inspired my sister and I to volunteer in the first place. One of the women invited me to dance, teaching me a few moves as I attempted to recreate her movements. Soon, everyone in the hospitality room was dancing and clapping along to the music. It was a moment of profound connection that transcended our language and cultural barriers. As the dancing came to an end, the young woman gave me a bracelet of orange beads that she had been wearing on her wrist. She pulled up Google translate on her phone and told me that they were celebrating—she and her friend had just received their passports and would be leaving Lesvos. And then she shared that her two-month-old baby had recently died on their journey to Greece. The sudden departure from the joy we had just experienced left me speechless, but it wasn't a moment that required a response—just comfort. She hugged me and waved goodbye as she and her friend left the centre. I never saw them again.

I thought about this moment a lot when I returned to Canada. I didn't know what to do with the loss the woman had shared with me, and with the guilt of knowing that the burden I felt was nothing compared to what she had gone through.

My experience is just one example that highlights the critical need for the adoption of trauma-informed care (TIC) in pre-settlement relief contexts such as Greece, which rely heavily on volunteers for the provision of services and programs.

The Pre-Settlement Context of Greece

Within the last five years, trauma-informed care has emerged as a critical conceptual framework for the provision of refugee resettlement services. A host of academic literature and government policies show the benefits of utilizing a trauma-informed care model when interacting with a population that is widely understood to have experienced or be experiencing significant trauma. The literature review section of this paper will examine the history of trauma-informed care as it emerged in the psychological discipline and its adoption into the provision of primary and mental health services for refugees. This examination will demonstrate that nearly all of the literature on this topic has emerged from Western countries—mainly the United States, Australia, Canada, and Western Europe—in the context of long-term resettlement services, and does not reflect the population most in need of trauma-informed care.

The implementation of trauma-informed care frameworks in resettlement countries allows for the provision of services to be tailored to the needs of refugees who have incurred trauma throughout all stages of the migration process, but does not work to prevent such trauma. I adopt a broad definition of the migration phase, which begins within the home country from the moment a person is forced to leave their home, and continues throughout all transitory phases.

My analysis will focus on the context of Greece, one of the most relevant geographies in contemporary refugee studies. While resettlement does occur in Greece, refugees and asylum

seekers are often left in a state of limbo without definitive status, and national policy and NGO services tend to focus on short-term solutions in a crisis situation. As such, this paper considers Greece to be a "pre-settlement" or "transitory environment," whereby refugees are in a migratory state even after they land in Greece, as they are unable to settle long-term. I argue that trauma-informed care frameworks could be applied in pre-settlement contexts to help mitigate the occurrence of trauma to refugees and asylum seekers in a transitory environment.

This paper adopts an inclusive definition of "refugees" that includes all forcibly displaced persons. It understands that the official definition of "refugees" as a person who is granted refugee status by the UNHCR or host countries on the basis that they were forced to flee conflict or threat of persecution and have crossed an international border, as laid out in the 1951 Refugee Convention, is not sufficient in the Greek context. This definition does not include internally-displaced persons or asylum-seekers, and many service beneficiaries in Greece are asylum seekers who are waiting to have their refugee claims processed, or have had their claims rejected and are considered undocumented migrants. Therefore, they are not considered refugees under the international legal definition.

Greek NGOs use a variety of terms to refer to their service beneficiaries, including forcibly displaced persons, refugees, asylum seekers, displaced people, migrants, vulnerable and marginalized groups. Some NGOs specify that they serve asylum seeker and refugee populations, while others more broadly state that they serve all people in need, regardless of status. To account for this, the terms "refugee" or "refugee aid NGO" in this paper are used in relation to anyone who has been forcibly displaced, regardless of their legal status.

Greece has always been at the forefront of the "European Refugee Crisis," which began in 2015, and continues to be a contentious issue today. In the summer and fall of 2015,

approximately one million asylum seekers entered Europe via Turkey, with nearly half landing on the island of Lesvos, Greece (Kousis et al., 2022). Greece quickly became a "transit country" for migrants—mostly Syrians—en route to wealthier European countries (Kalogeraki, 2019). The effects of the significant arrivals of asylum seekers have been coupled by the lasting consequences of the 2008 financial crisis—which was particularly devastating in Greece—and the COVID-19 pandemic, creating gaps in healthcare, infrastructure, and the protection of migrants (Kousis et al., 2022). Kalogeraki suggests negative attitudes towards asylum seekers, particularly Syrians, have been growing within the national population in Greece as a result of perceived economic consequences and cultural and religious differences (2019).

As a member of the European Union (EU), Greece is bound by EU migration policy. The Dublin III Regulation, which came into effect in 2013, states that asylum claimants have a right to access fast and effective asylum procedures, for which all member states are responsible to uphold (European Commission, n.d.). However, national governmental policy in Greece reflects the growing apprehensiveness to accommodate the arrivals of asylum seekers. Acknowledging the inadequacy of Greek resources, the government came to an agreement with other EU member states under the 2015 EU Relocation Mechanism to relocate 66,400 refugees in the wake of the Syrian crisis (UNHCR, 2017). The government renewed relocation agreements with countries such as Portugal and France in 2020, focussing on relocating thousands of unaccompanied children and families (European Council on Refugees and Exiles, 2020). The Dublin III Regulation states that the responsibility of asylum claimants should not rest disproportionately on a member state, advocating for EU solidarity, and therefore is supportive of relocation schemes (European Commission, n.d.). In reality, these relocation agreements have not been fully recognized, and thus thousands of refugees remain in a state of limbo in camps on

the islands or on the mainland, having been provided limited access to long-term resettlement services but no pathway to continue on to other EU states.

Since 2016, Greece has recognized Turkey as a "safe third country," allowing the Greek government to deny Syrian asylum claims on the basis that they should remain in Turkey (European Council on Refugees and Exiles, 2020). Various reports document the pattern of pushbacks that occur on the Turkey-Greece sea crossing (European Centre for Constitutional and Human Rights, n.d.; European Council on Refugees and Exiles, 2024). There are hundreds of documented cases of the Greek coast guard arbitrarily detaining and returning asylum seekers, or forcing boats containing asylum seekers back into Turkish waters before they ever land in Greece (European Council on Refugees and Exiles, 2024). These pushbacks are systemic and require a level of organization that implies a unified state policy (European Centre for Constitutional and Human Rights, n.d.). Thus, while Greece does settle refugees and integration policies do exist, this is within the context of a broader national refugee policy that is focussed on short-term solutions—relocation and pushbacks—rather than long-term resettlement.

The idea of Greece as a transit or pre-settlement context is further entrenched in the perceptions of migrants themselves. According to a study conducted by the International Organization for Migration (IOM), only 29% of asylum seekers in Greece identify Greece as their final destination, while the majority intend to move on to elsewhere in the European Union (2023). Kalogeraki suggests that Syrian refugees used Greece as an entry point to the European Union, gaining asylum status before moving on to wealthier EU countries such as Germany (2019). There is a lack of data on the flows of refugees within the EU once they receive asylum status; however, in my own conversations with refugees while volunteering on Lesvos, many expressed the desire to make their way to Germany, France, the UK, and the Nordic countries.

This reality is reflected by the fact that many refugee aid NGOs in Greece choose to offer English classes in addition to Greek language classes, understanding that many refugees plan to leave Greece after receiving their papers. This is further demonstrated by the fact that the majority of the NGOs selected for study focus on immediate services for refugees, such as day centres and the provision of food and basic goods, rather than long-term integration services.

The pre-settlement context of Greece is particularly relevant for study because many refugee aid organizations rely on the support of short- and long-term international volunteers in order to carry out their operations. As a response to the humanitarian crisis resulting from the arrivals of Syrian refugees, and understanding the gaps in government provisions, thousands of international volunteers, professionals, activists, and NGOs flocked to Greece, particularly the easternmost islands (Kousis et al., 2022). Voluntarism is deeply rooted in Greek civil society and was promoted by the government through legislation and subsidies, a decision that has led to a highly decentralized, informal, and "weak" non-governmental sector (Rozakou, 2011). The aid system in Greece has become dependent on unpaid volunteers to fill gaps in services that are caused by a chronic lack of resources and capacity to adequately serve asylum-seekers (Witcher, 2019). These volunteers come from varying cultural and educational backgrounds, and may not have experience providing services for refugee populations and handling sensitive situations. Inexperienced and inadequately trained volunteers have the potential to do more harm than good by unintentionally exacerbating the trauma experienced by refugees. It is particularly important for anyone interacting with populations susceptible to increased trauma to be appropriately trained in trauma-awareness practices.

An often-overlooked consequence of humanitarian work in conflict zones is the phenomenon of secondary trauma in aid workers. A growing amount of literature has found that

professionals and volunteers engaging with refugees and asylum seekers experience high levels of burnout, secondary trauma, and compassion fatigue (Roberts et al., 2021; Yükseker et al., 2024; Akinsulure-Smith, 2018). My experience in Greece is not uncommon; aid workers regularly witness stories of traumatic experiences and are left to bear the emotional weight that is placed on them. The ability to empathize with beneficiaries and provide emotional support while maintaining a certain distance in order to protect one's own mental wellbeing is a skill that needs to be taught through proper training and supervision (Yükseker et al., 2024; Posselt et al., 2020). One of the goals of this paper is to restructure the way we think about who benefits from trauma-informed care models in both academic and practical spheres, shifting the focus from a narrow conceptualization of the refugee clients themselves to one that is more inclusive and takes into consideration service providers and the broader community as a whole.

Defining the Research Question

The primary research question examined in this paper is whether refugee aid organizations in Greece have adopted models of trauma-informed practices, and whether these practices are implemented through organizational policies, programs, and training. Recognizing the unique context of Greece with regard to the reliance on international volunteers within the aid sector, and acknowledging the importance of proper training of staff and volunteers in a trauma-informed model to mitigate the occurrence of trauma in both the service beneficiaries and the aid workers themselves, the study pays particular attention to how staff and volunteers are trained by their host organization. This will be shown through a textual analysis of NGO policy documents, mission statements, annual reports, and training documents, and personal observations of NGO practices recorded in a research diary. Additionally, five interviews with staff and volunteers of

Greek refugee aid organizations were conducted in order to gain insight into how staff and volunteers understand models of trauma-informed care, and whether they are trained in trauma-informed practices by their organization and if such practices are implemented on the ground.

Recognizing that the priorities of pre-settlement care are fundamentally different from the long-term focus of resettlement care, this study also aims to understand the practical challenges of implementing trauma-informed care in a transitory environment, which will be determined through interviews with NGO staff members. The intention of this study is not to evaluate the effectiveness of trauma-informed practices in this context, which could be an opportunity for further research. Rather, this study is concerned with how trauma-informed care models have already been adopted in the pre-settlement context of Greece, and if a case can be made for increased attention to a community-based approach to trauma-informed care in pre-settlement relief aid.

Structure of the Thesis

The thesis will begin by explaining the theoretical underpinnings of my approach to the topic, and then will situate the research within current academic and practical understandings of trauma-informed care and trauma within the Greek aid context. It will then outline the methodology of the research, including the definition of trauma-informed practices, the selection of NGOs for study, and the process of the content analysis and interviews. This is followed by a thematic analysis of how NGOs use the terminology of values associated with trauma-informed care, and whether they implement trauma-informed practices, which combines data from the content analysis with interview responses.

The analysis showed that over half of the organizations do not use the word "trauma," and very few refer to "trauma-informed care." In cases where "trauma-informed care" was referenced, it was only in isolated programs for specific populations and was not used as a guiding principle or policy for all programming. Many organizations do not provide specific trauma-informed training for their staff and volunteers, who often rely on their previous knowledge to navigate interactions with beneficiaries, and may be unaware of how trauma-informed care is used by their organization.

The thesis concludes with a discussion of the analysis and its implications for organizational practice in pre-settlement contexts, and suggests that more trauma-awareness is needed at staff, organizational, and national levels in Greece to mitigate the occurrence of additional trauma within the pre-settlement context of the country.

Theoretical Framework

A Critical Approach to Well-Being

This paper draws on critical and feminist theory to conceptualize a holistic approach to well-being that moves beyond the traditional Western medicalized understanding. I utilize a broad and inclusive definition of "trauma" that is meant to account for not just single traumatic incidents but larger patterns of historical, colonial, and intergenerational trauma experienced by people facing protracted conflict, widespread violence, and displacement. While trauma-informed care approaches inherently recognize the widespread and complex nature of trauma, the critical literature provides an understanding of the power structures that exist within societies and the world at large that underpin violent conflict and refugee flows. Therefore, this paper understands trauma not simply as an individual response to a phenomenon, but rather as a collection of experiences of a community subjected to persistent harmful situations and structures (Linklater, 2014; Charlton et al., 2020; Burrage et al., 2022). In a critical framework, trauma is better understood not just as bio-psychological, but also as spiritual and political in nature (Brown, 2025). In line with this understanding, this paper moves away from the dominant Western ideas of post-traumatic stress disorder and mental illness to a more holistic understanding of well-being. Overly medicalized terminology will be swapped for phrasing that is more inclusive of non-Western worldviews, preferring "well-being" over "mental illness," "distress" over "disorder," and "healing" over "treatment" (Brown, 2025).

A critical framework emphasizes the importance of embracing non-Western theory and practice of healing, a particularly important consideration when recognizing that the beneficiaries of aid in Greece come from a variety of cultural contexts. Many authors articulate the significance of moving away from clinical trauma studies and focussing on community-building,

both in terms of strengthening community capacity and involving the beneficiary community in the creation and implementation of services (Linklater, 2014; Burrage et al., 2022; Cullen et al., 2020). In particular, this framework emphasizes the importance of cultural activities, narrative storytelling, and creative expression to encourage healing and agency for both individuals and communities (Linklater, 2014; Charlton et al., 2020; Cullen et al., 2020). Following in this thread, I uphold the notion that mental well-being and trauma mitigation should not be confined to clinical mental health services; instead, there is a critical need to involve humanitarian aid NGOs and community centres in a collaborative and collective approach to trauma care.

Feminist Ethics of Care

Critical feminist theory is often closely aligned with other critical theories as it also pays attention to power structures and relationships. In particular, feminist psychological theory understands the power dynamics between the beneficiary and the clinician or service provider (Tseris, 2015). This is a crucial consideration in Greece where the majority of beneficiaries are racialized women, and where service providers—though the majority are women themselves—may come from wealthy Western countries with vastly different understandings of social gender identity. Feminist theory is also useful for understanding that women experience disproportionate rates of sexual and gender-based violence, particularly during times of conflict (Pemberton & Loeb, 2020). According to one study, women report significant higher rates of stress and distress than men in Syrian refugee populations, and women often suppress their own mental health due to family responsibilities, stigmatization, and cultural pressures (Salim, 2024). Furthermore, symptoms of trauma often present differently in women and children than in men (BC Provincial Mental Health, 2013), something that must be considered particularly because several of the

identified Greek NGOs target these populations. Some interview questions will pertain to how the organizations themselves define "vulnerability," who they consider to be part of a vulnerable population, and how this impacts service delivery.

Underpinning my understanding of trauma-informed care is the theoretical framework of feminist care ethics. This understanding suggests that care is relational; human beings are fundamentally social and interdependent, and are both givers and receivers of care (Robinson, 2011; Parton, 2003; Tronto, p. 103, 1993/2015). Joan Tronto, one of the first scholars of care theories, defines "care" as an "activity that includes everything we do to maintain, continue and repair 'our world,'" implying that care requires active selfless engagement (Tronto, 1993/2015). Our definition of "our world" is developed through our relationships with others and our understanding of our own identity, community, and the world, and this underpins the responsibilities and practices of care (Robinson, 2011; Paul et al., 2023; Tronto, 1993/2015). This is closely related to the critical understandings previously outlined. Care ethics has been criticized for presenting an overly gendered conception of care, where care is primarily associated with women. However, authors such as Tronto suggest that every person has the capacity to care and be cared for, regardless of gender (1993/ 2015). Care ethics is also criticized for presenting moral responsibility as only existing within personal relationships, therefore we have no moral responsibility to care for those with whom we have no personal relationship (Pooler, 1999). However, critical understandings of care ethics recognize that we can have personal relationships with not just individuals, but societies, cultures, and the world.

In the context of health work, Paul et al. theorize health as a concept should be understood as a result of everyday, often banal social structures and relationships (2023). Parton (2003) suggests that the instrumentalization of feminist care ethics in social and health work

involves flexibility and adaptability to individual contexts, collaborative knowledge-sharing, community building, and accountability of practice, and these ideas are closely reflected in the practices of trauma-informed care. Kouki (2021) suggests that, in the context of Greece where humanitarian aid has become increasingly bureaucratic and rationalized, organizations can benefit from local practices of mutual support, coexistence, and solidarity. A care ethics approach is particularly useful for positioning service beneficiaries as active, engaged, resilient, and trustworthy populations, as they are too often infantilized and victimized by structures of humanitarian aid (Kouki, 2021, Harrell-Bond, 2002).

Care Labour and Mutual Aid Theory

It is widely acknowledged within the critical literature that care ethics are situated within the global and local political and moral contexts, and are shaped by power relations on the basis of gender, race, and class (Robinson, 2011; Tronto, 1993/2015; Pascucci, 2018; Harrell-Bond, 2002). This theory provides an explanation for the fact that the nature of global volunteer work is inherently feminized and operates within gendered political and economic constraints. Research shows that the majority of international volunteers are women, and that women are significantly more likely to volunteer in informal spaces and in social, community, and health organizations, and will take on most of the labour in caring for others (Borromeo, 2021). In the context of volunteerism, this labour is unpaid and often under-acknowledged given the significant physical and emotional toll it can have on the carer. Tronto concludes that care work is socially constructed in a way that devalues the social, emotional, and physical labour that is associated with it, and is given to the least well-off members of society, which has racialized, gendered, and socio-economic dynamics (Tronto, 1993/2015; Turner, 2025; Pascucci, 2018).

This theory of care labour is a particularly relevant framework for understanding humanitarianism in Greece; although civil society organizations often rely on the support of international and local Greek volunteers, they also emphasize the importance of including service beneficiary populations—refugees, asylum seekers, and migrants—in the creation and delivery of programs. This is something that is repeatedly asserted in trauma-informed care frameworks, as active collaboration and engagement encourages community building and autonomous decision-making. However, trauma-informed care models do not necessarily invite critical reflection regarding the distribution and responsibility of care labour. It is necessary to acknowledge the relational nature of care, as humanitarian care is not as simple as "NGOs provide and refugees receive;" refugees provide support both to NGOs as staff and volunteers, and support each other as service beneficiaries (Yassine et al., 2018).

In addition to feminist understandings of care, it is useful to consider the foundational mutual aid work of Kropotkin, who suggests that care is fundamental for human development. Mutual aid and feminist ethics of care share important underlying values, including reciprocity, shared humanity, respect, collectivity, and community-driven care (Caron, 2024). In particular, Kropotkin suggests that the only way humans can survive in a hostile environment is through extraordinary cooperation, which is particularly important given the extreme level of hostility, violence, and degradation in detention centres and other migratory spaces (Kropotkin, 1902/1955; Glassman, 2005). Interestingly, Kropotkin specifically writes of the desire to seek out new hospitable environments through migration as evidence of adaptation through sociability; mass migration requires a high level of sociability, requiring trust and caring between members of the group (Kropotkin, 1902/1955; Glassman, 2005). Contemporary mutual aid literature reiterates that support based on shared ethnic or social identity is beneficial for

psychological, emotional, and community well-being and resiliency (Alfadhli & Drury, 2018; Viga & Refstie, 2024; Caron, 2024), and therefore community support and collaboration is a critical aspect of humanitarian work. Additionally, this theory is useful for acknowledging the broader context in which NGOs operate and recognizing the ways in which refugees and asylum seekers often rely on not only civil society organizations, but also informal kin, friendship, and community networks for support (Viga & Refstie, 2024). Yassine et al. (2021) suggest that kin networks inform refugees' intended destinations and methods of survival, and can offer opportunities for shelter and work. NGOs often see their community centres as spaces for fostering social relationships and community building, encouraging service beneficiaries to support each other.

Employing an analysis that pays attention to structural hierarchies and racial and gender dynamics, it is crucial to acknowledge that service beneficiaries and the broader community population often perform informal labour that is under-acknowledged by organizations. As Turner points out, local humanitarian workers, who are devalued in racialized hierarchies, take on the work of translating complex and potentially emotionally distressing concepts for service beneficiaries (Turner, 2025). In some cases, particularly in informal settings, service beneficiaries are expected to translate for others, thereby performing implicit work for humanitarian organizations. Trauma-informed care frameworks also suggest a need for local sensitivity and cultural awareness, something which relies on the knowledge and involvement of community members; however, this intellectual labour can put undue responsibility onto communities. Omata (2013) argues that while there is often a strong sense of moral responsibility for helping fellow refugees, mutual support is not always harmonious. Migration operates in situations of economic destitution, and the perceived obligation to help others often

causes significant stress in caregivers with scarce resources and can foster negative feelings toward other members of their own group (Omata, 2013). A critical approach to mutual aid theory recognizes that while care and mutual support are foundational to human development and well-being, they are often carried out in ways that are hidden by formalized structures of humanitarian aid, placing responsibility and emotional distress on local communities (Pascucci, 2018). This theory will inform my analysis when considering how organizations involve community members in the provision of services.

Defining "Vulnerability"

The concept of trauma-informed care necessitates a consideration of who gives care and who is in need of care. As Tronto identifies, all humans need to be cared for, but the nature of the care is specific to the individual; some people need more, or different, care than others (Tronto, 1993/2015). This requires an examination of who is considered to be vulnerable and how "vulnerability" is defined within the academic and practical spheres. Definitions of "vulnerability" are often vague and fragmented, ranging from discussions of environmental disasters and physical dangers, medical vulnerabilities, legal capacity, and poverty and economic inequality. In particular, the concept of vulnerability is central to humanitarian aid, and is often used to identify "deserving" populations and justify humanitarian intervention (Turner, 2025). I employ a framework that is rooted in feminist and sociological theories that emphasize the collective and socially constructed nature of vulnerability and its inherent connection with dependency and care.

There are two main schools of thought regarding the nature of vulnerability. On one side, vulnerability is understood to be an inherent and universal quality of all humans; we all require care and are dependent on each other, and therefore we are all vulnerable (Tronto, 1993/2015; Herring, 2016). On the other side, vulnerability is a quality ascribed to certain people, with an emphasis on individuality and autonomy (Herring, 2016). However, both of these theories are incomplete. Authors such as Tronto, Herring, and Montero Orphanopoulos suggest that vulnerability is both shared in the sense that we are interdependent and we all have vulnerabilities, but it is also individual in the sense of how we are vulnerable and how our vulnerabilities affect us (Tronto, 1993/2015; Herring, 2016; Montero Orphanopoulos, 2025). This theory emphasizes that the vulnerability is socially constructed, created through power dynamics and social, economic, political, gender, racial, and legal inequalities (Turner, 2025; Forbes-Mewett & Nguyen-Trung, 2019; Tronto, 1993/2015; Montero Orphanopoulos, 2025). In particular, it recognizes that vulnerability is situational, and that we all go through periods of vulnerability and dependence throughout our lives as our contexts and needs change (Tronto, 1993/2015; Keay & Kirby, 2018). It is important to articulate that, due to structural inequalities, some groups are more likely to be vulnerable than others; however, the ways in which vulnerabilities impact livelihoods is highly complex and individual, and is often intersectional, with multiple vulnerabilities building on one another (Keay & Kirby, 2018).

There is a common discourse which equates vulnerability with weakness. This thinking fixates on individual autonomy and places it on one end of a spectrum, with vulnerability on the other. This is a common understanding not just in humanitarian spheres, but in legal systems as well: the law understands “vulnerable people”—such as children and people with disabilities—as lacking the capacity to make informed decisions and advocate for themselves (Herring, 2016). I

utilize a more nuanced approach that recognizes that we can simultaneously have vulnerabilities and can also make decisions for ourselves, advocate for ourselves, have resiliency, and be actively engaged in caring for ourselves and others. Recognizing the ways in which we are interdependent and embedded in social contexts can make us question the degree to which any of us are truly autonomous, and as Montero Ophanopoulos describes, individual agency does not exist in isolation (Montero Orphanopoulos, 2025). This approach de-emphasizes autonomy, and instead focuses on the ways in which we interact with our communities and the structures that influence them (Forbes-Mewett & Nguyen-Trung, 2019; Fineman, 2004).

As an extension of this thinking, it follows that instead of conceptualizing vulnerability as an inherently negative weakness, it is important to recognize the ways in which vulnerability can positively affect individuals and communities. According to Martha Fineman—one of the most influential scholars of feminist vulnerability theory—vulnerability can be generative, and presents an opportunity for growth, innovation, creativity, and increasing resiliency to adversity (Fineman, 2004). Vulnerability is fundamentally relational and therefore strengthens emotional intelligence, flexibility, openness, empathy, understanding, and the capacity to engage in our communities, all of which are attributes that are critical for individual and social well-being (Montero Orphanopoulos, 2025; Herring, 2016). Furthermore, vulnerabilities are attributes that characterize our lives and often define our understanding of our own individual identity and agency as a reflection of society (Montero Orphanopoulos, 2025).

This framework acknowledges the need for cultural awareness and recognition of how understandings of vulnerability differ between Western humanitarian providers and service beneficiaries, as these understandings are embedded within the colonial and racialized power relations of humanitarian aid (Turner, 2025). Additionally, this framework recognizes that there

is a lack of coordination between academic and practical discussions of vulnerability theory, and practical definitions used by various organizations remain disjointed, which has the potential to inadvertently lead to the prioritization of some vulnerable groups, and the exclusion of others (Enang et al., 2019; Turner, 2025). Furthermore, addressing the inherent interdependence of care, it emphasizes the importance of engaging critically with service beneficiaries in the creation of vulnerability definitions and policies (Enang et al., 2019).

By situating understandings of refugee aid and trauma-informed care within considerations of global power relations, we can move toward a model of care that pays attention to the local context and prioritizes the needs of both the service beneficiaries and service providers. A critical theoretical framework is useful for recognizing that refugee work in Greece operates within the global humanitarian industry, relying on funding and aid workers from Western countries, which is inherently imbued with Western cultural understandings and ideology. When considering the implementation of trauma-informed care models, it is critical to assess how they are adapted within these existing ideological and institutional structures, and whether they are truly attentive to the needs of the beneficiaries they serve.

Literature Review

This literature review will explore the current literature related to both trauma-informed care models and the Greek refugee aid context. In particular, it will outline the main themes of trauma-informed care literature, and will detail how trauma-informed care models have already been adopted in resettlement and pre-settlement contexts. It will establish the need for trauma-informed care models by exploring the occurrence of trauma in refugee populations, and how the literature understands the occurrence of trauma in subsets of refugee populations, such as women and children. It will explore the unique context of the humanitarian situation in Greece, with particular attention paid to the structure of the Greek civil society and its reliance on volunteerism. Furthermore, it will explore the need for Greek NGOs to pay attention to the emotional well-being of staff and volunteers by outlining the extensive literature on the occurrence of secondary trauma in aid workers. The goal of this chapter is to establish both the academic and practical contexts within this research is situated, and I will pay particular attention to the theories, values, and power dynamics which inform these contexts, as outlined in the previous chapter.

Trauma-Informed Care Models

Trauma-informed care arose in the United States as early as the 1970s, with the acknowledgement that primary and mental health care should be informed by the post-traumatic stress disorder experienced by veterans of the Vietnam war (Mouneimne, 2022). This was an important development in the field of psychology, but it was severely limited in that it primarily recognized trauma as it occurred from individual events of violence and war, particularly in the male population. The 1998 Substance Abuse and Mental Health Services Administration's

"Women, Co-Occurring Disorders, and Violence Study" was a crucial development towards the trauma-informed care model. This study evaluated potential new service models for the treatment of women with substance abuse and mental health disorders and a history of violence or abuse, and these models paid attention to both the gender dynamics and complex nature of trauma, highlighting the inherent integration of feminist perspectives within trauma-informed care models. Expanding on this concept, the 2001 article by American researchers Maxine Harris and Roger Fallot, entitled "Envisioning a Trauma-Informed Service System: A Vital Paradigm Shift," provided a foundational framework for a trauma-informed model of service provision.

Harris and Fallot argue that "to be trauma informed means to understand the role that violence and victimization play in the lives of most [service receivers] … and to use that understanding to design service systems that accommodate the vulnerabilities of trauma survivors" (Harris & Fallot, 2001, p. 4). Ultimately, the goal of trauma-informed practices is to "provide services in a manner that is welcoming and appropriate to the special needs of trauma survivors" (Harris & Fallot, 2001, p. 5). They emphasize the values of safety, trustworthiness, choice, collaboration, and empowerment. In the last twenty years, trauma-informed care has become a vital framework for health care systems in the Western world, evidenced by the growing body of literature published in the United States, Canada, Australia, and Europe, particularly as it is applied to treating women and children (Kelton et al., 2022; Im and Swan, 2020, 2021, 2022; Burgund Isakov & Markovic, 2024).

It is important to note that trauma-informed care is a way of interacting with others based on a set of principles, and not specific techniques or interventions. However, the trauma-informed literature, which includes both academic literature and practical guides for service providers, identifies various practices that embody trauma-informed principles.

Practices of Trauma-Informed Care

1. Implementation of a Choice-Based Model

Harris and Fallot encourage the utilization of a choice-based model for the distribution of aid to promote the autonomy of service beneficiaries. Traditional aid models focus on mass distribution of the same items to all beneficiaries, which can be efficient for the provider and can be seen as "fair" or "equal." However, this kind of distribution often fails to take into account that age, gender, and culture can influence the specific needs of individuals, and can inadvertently exacerbate inequalities. Additionally, Harris and Fallot emphasize that beneficiaries should maintain as much agency and control over their lives as possible, especially in a setting where governments and organizations have power over nearly every aspect of their lives. Allowing beneficiaries to choose the items they need and want, or choose how to use a service, provides a sense of normalcy, humanity, and empowerment (Harris & Fallot, 2001).

2. Access to Services in the Preferred Language

The use of interpreters is encouraged by authors such as González Campanella and Moskal et al. González Campanella makes the argument that a language barrier between service providers and service beneficiaries can be a significant hindrance to integration, and creates the potential for re-traumatization (2023). Allowing beneficiaries to effectively communicate their needs and priorities can promote their autonomy and self-advocacy within service provision. Both Moskal et al. and González Campanella highlight that humanitarian interpreters need to be provided trauma-informed training, particularly in the context of communicating sensitive topics and working with a population that experiences a high level of trauma, such as refugees (González Campanella, 2023; Moskal et al., 2024). Moskal et al. also point out that humanitarian

interpretation requires a degree of emotional involvement on the part of the interpreter, and thus a trauma-informed approach is necessary in order to protect the well-being of not only service beneficiaries, but also the interpreters themselves (2024).

3. Maintaining a Safe and Welcoming Environment

A common theme throughout both academic literature and practical guides on trauma-informed care is an emphasis on the creation of a "safe and welcoming" environment (Linklater, 2014; Im & Swan, 2021; Jolof et al., 2024; BC Provincial Mental Health, 2013). This comes from a place of building trust between service providers and beneficiaries, and ensuring that service provision establishes safety and does not reproduce harm. It also pays attention to the specific needs of people who need more support, and thus organizations may create safe spaces with this in mind.

4. Providing Mental Health Services or Programs to Promote Well-Being

Perhaps an obvious aspect of trauma-informed care is the active promotion of physical, mental and social well-being in an attempt to address past trauma, or prevent the occurrence of new trauma (Harris & Fallot, 2001). This can include professionalized mental health services and counselling, as suggested by Harris and Fallot (2001), or it can include broader social and educational programs that promote individual and community well-being (Linklater, 2014).

5. Ensuring that Staff and Volunteers are Properly Trained in Trauma-Awareness

Im & Swan and Harris & Fallot suggest that it is critical that staff who regularly work with populations who experience trauma are trained in trauma-awareness. This should include not just mental health professionals, but anyone in the field who is interacting with these populations,

both in professional and social settings. These authors suggest that it is important for service providers to understand trauma responses and boundaries, so as to not inadvertently cause additional trauma (Harris & Fallot, 2001; Im & Swan, 2020).

6. Providing Basic Means of Survival and Childcare

Burgund Isakov & Markovic suggest that providing basic means of survival is a crucial part of trauma-informed service provision (2024). They suggest that refugees often experience significant stress associated with navigating unfamiliar environments and ensuring that their families have access to basic goods. Organizations can provide food, basic non-food items such as clothing and hygiene products, access to showers and laundry, and childcare to reduce the mental load of refugees so that they can focus on their futures and trauma recovery (Burgund Isakov & Markovic, 2024).

7. Cultural Sensitivity of Organizational Policy, Practice, and Staff

Authors such as Cunningham & Sesay, Burgund Isakov & Markovic, and Harris & Fallot promote cultural awareness within service provision to ensure the safety, agency, and participation of beneficiaries (Cunningham & Sesay, 2017; Burgund Isakov & Markovic, 2024; Harris & Fallot, 2001). They suggest that cultural sensitivity involves an awareness of the cultural perspectives and experiences of others, which can include intergenerational trauma and forced displacement. In a particularly multicultural context, this awareness should inform how service providers interact with beneficiaries, so that they feel respected and safe when accessing services.

8. Encouraging Collaboration and Involvement of Refugees in the Deliverance of Aid Programs

Linklater and Harris & Fallot encourage collaboration and the involvement of refugees in the design and deliverance of aid programs (Harris & Fallot, 2001; Linklater, 2014). Beneficiaries should feel empowered to make decisions that directly affect their lives, which in turn promotes agency and autonomy. It is also important to recognize that many aid programs use a top-down approach that give wealthy Western individuals significant power over the lives of poorer, non-Western beneficiaries, reinforcing global power structures (Kouki, 2021, Harrell-Bond, 2002). This approach also fails to recognize the lived experience and knowledge of beneficiaries, and thus involvement of beneficiaries is necessary in order to address the nuanced needs of beneficiary populations.

9. Regular Check-ins, Training and Counselling for Aid Workers

Authors including Yükseker et al. and Posselt et al. acknowledge that trauma-informed care should not only focus on the well-being of service beneficiaries, but also on the well-being of service providers. Working in a humanitarian context can be emotionally challenging, and thus regular check-ins with supervisors, appropriate training in trauma-awareness, and counselling are critical to minimize the occurrence of secondary trauma and burnout in aid workers (Yükseker et al., 2024; Posselt et al., 2020).

10. Encouraging Creative Expression

Gonithellis (2018) and Cross (2025) highlight the benefits of creative expression for trauma recovery, and is an important part of a trauma-informed approach. Creative activity can foster

agency and promote self-confidence and community-building (Gonithellis, 2018; Cross, 2025). Creative activity can include a broad range of artistic activities, cooking, music, and sports, and often provide informal opportunities for social connection and integration.

Trauma-Informed Care for Refugee Populations

Extending on this framework, literature has emerged in the last five years that applies a trauma-informed care model to the provision of health care for refugees. This is evidenced by the systematic literature review conducted by Burgund Isakov & Markovic, which studied forty-five articles relating to trauma-informed care and forced migration, almost all of which were written since 2019 (Burgund Isakov & Markovic, 2024). The recent literature reflects the widely accepted understanding that refugee populations can face traumatic experiences in their home country, migration experience, and host country, and are more susceptible to mental unwellness than general host-country populations. Some authors including Theisen-Womersley (2021), Papadopoulos (2007), Thambinathan et al. (2023), and Im and Swan (2022) pay particular attention to the ways in which trauma specifically affects refugee populations, providing unique insights and challenges for service provision. Some of the literature focuses on the impact of trauma-informed care on specific refugee populations, mainly women or youth, recognizing that these groups are particularly vulnerable to trauma throughout the forced migratory experience (DeHoff et al., 2017; Miller et al., 2019; Jolof et al., 2024).

Trauma-informed care has been integrated into national refugee resettlement policies through research conducted by national research institutes and trainings for resettlement service providers in Western countries (Clervil et al., 2013; Switchboard, 2023; BC Provincial Mental

Health, 2013). While trauma-informed care has been accepted as a critical dynamic of refugee settlement in Western countries, there is little research into the application of such a model in non-Western countries facing the largest populations of refugees. Additionally, most of the literature refers to refugee services in the health care sector in a resettlement context, with little attention to how it could be applied to primary relief services in a pre-settlement context. This is clearly evident in the aforementioned Burgund Isakov & Markovic systematic review, which found that the overwhelming majority of articles focused on clinical settings in the US, Canada, and Europe (Burgund Isakov & Markovic, 2024). The limited literature on the Greek pre-settlement context focuses on healthcare or clinical psychology settings, particularly with regards to children rather than the general refugee population (DeHoff et al., 2017; Fragkiadaki et al., 2020; Moore, 2017; Vostanis et al., 2024).

Greek Civil Society and Volunteerism

The literature suggests that many refugee aid organizations in Greece rely on the support of short- and long-term international volunteers to carry out their operations. Thousands of international volunteers, professionals, activists, and non-governmental organizations (NGOs) established themselves in Greece, particularly the eastern islands, in a very short period of time during the 2016 Refugee Crisis (Kousis et al., 2022). Witcher (2019) and Stavinoha & Ramakrishnan (2020) explain that the aid system in Greece has become dependent on unpaid volunteers to fill gaps in services that are caused by a chronic lack of state capacity and resources. In particular, Stavinoha & Ramakrishnan show that the Greek context is particularly unique, with regards to the unprecedented number of grassroots volunteers who operate in

complex informal networks to fill the gaps left by the government and established organizations (2020).

Because these volunteers do not operate in official spheres, they may not have previous experience providing services for refugee populations, and may not receive appropriate training. According to a 2009 study conducted on volunteering in the European Union, there is very little data available on Greek volunteerism because the government does not keep a systematic record of volunteers (Educational, Audiovisual & Culture Executive Agency, 2009). Authors such as Cunningham & Sesay (2017) and Witcher (2019) suggest that inexperienced and inadequately trained volunteers have the potential to do more harm than good by unintentionally exacerbating the trauma experienced by refugees. Kouki (2021) found that aid workers in Greece face particular challenges given the hostile political situation and poor labour conditions in precarious and understaffed environments.

Occurrence of Secondary Trauma in Aid Workers

An often-overlooked consequence of humanitarian work in conflict zones is the phenomenon of secondary trauma in aid workers. A growing amount of literature has found that professionals and volunteers engaging with refugees and asylum seekers experience high levels of burnout, secondary trauma, and compassion fatigue (Roberts et al., 2021; Yükseker et al., 2024; Akinsulure-Smith, 2018). My experience in Greece is not uncommon; aid workers regularly witness stories of traumatic experiences and are left to bear the emotional weight that is placed on them. The ability to empathize with beneficiaries and provide emotional support while maintaining a certain distance in order to protect your own mental wellbeing is a skill that needs

to be learned through proper training and supervision (Yükseker et al., 2024; Posselt et al., 2020).

Volunteerism and Trauma-Informed Training

Much of the literature speaks to the need for adequate training of service providers in cultural awareness, ethics, and trauma-informed care. Charlton et al. (2020) and Cullen et al. (2020) advocate for the training of non-racialized service providers in decolonial theory and cultural competency, something that is of particular use in the context of Greece, considering that the majority of programs are carried out by non-racialized service providers. The literature specific to trauma-informed care models highlights the need to train workers and volunteers in trauma-informed practices to ensure the effectiveness of implementation (Harris & Fallot, 2001; Im & Swan, 2020; Fragkiadaki et al., 2020; Gonzalez Campanella, 2023; Kelton et al., 2022; Vostanis et al., 2024). Authors such as Akinsulure-Smith et al. (2018), Yükseker et al. (2024), and Posselt et al. (2020) speak to the need to train service providers in emotional intelligence and coping strategies to mitigate the occurrence of secondary trauma. In the context of Greece, Witcher (2019) highlights the critical lack of adequate training of international volunteers with regards to ethics and boundary-setting in refugee aid contexts.

Where this Study Fits: Identifying Gaps in the Literature

This study aims to address the identified gaps in the literature by conducting research into how local relief organizations working in pre-settlement spaces implement policy and practice of trauma-informed care and how it affects the deliverance of refugee aid in an emergency, or front-line refugee response country such as Greece. Furthermore, it aims to assess the quality of

training of volunteers in refugee aid NGOs in Greece to address the gap in the literature on volunteer training, in order to bridge the conversations of training in trauma-informed care and secondary trauma with refugee-work training, leading to the creation of comprehensive and consistent training guidelines.

Methodology

Selection of Trauma-Informed Care Practices in Refugee Services

Using the available literature regarding trauma-informed refugee services and government resources for resettlement service providers, and through the process of conducting the textual analysis, I developed a framework of trauma-informed care practices. These practices are commonly considered across the literature to exemplify trauma-informed principles. These are general practical guidelines, and implementation may vary across situation contexts. Some practices, such as the use of creative activities to promote emotional well-being and empowerment, emerged while conducting the textual analysis. It is important to note that a trauma-informed practice is one that is guided by an over-arching understanding of trauma-awareness, and thus some NGO practices may fit this list but are not considered to be trauma-informed; the intention behind the practice was therefore evaluated through the document analysis.

Through an examination of the literature, I have identified ten key practices of trauma-informed care:

1. *Implementation of a choice-based model to promote autonomy (Harris & Fallot, 2021).*
2. *Access to services in preferred language, such as through the use of interpreters (González Campanella, 2023; Moskal et al., 2024).*
3. *Maintaining a safe and welcoming environment (Linklater, 2014; Im & Swan, 2021; Jolof et al., 2024; BC Provincial Mental Health, 2013).*

4. *Providing mental health / counselling services or programs to promote well-being (Harris & Fallot, 2001).*
5. *Ensuring that staff and volunteers are properly trained in trauma-awareness (understanding trauma responses and boundaries) (Harris & Fallot, 2001; Im & Swan, 2020).*
6. *Providing basic means of survival and childcare to reduce refugee mental load (Burgund Isakov & Markovic, 2024).*
7. *Cultural sensitivity of organizational policy, practice, and staff (Burgund Isakov & Markovic, 2024).*
8. *Encouraging collaboration and involvement of refugees in the deliverance of refugee aid programs (Harris & Fallot, 2001; Linklater, 2014).*
9. *Regular check-ins, training and counselling for aid workers, to minimize occurrence of secondary trauma (Yükseker et al., 2024; Posselt et al., 2020).*
10. *Creative expression (Gonathellis, 2018; Cross, 2025).*

Selection of NGOs for Study

Thirty-seven Greek refugee aid organizations were initially identified for study (See Appendix). These organizations were identified through internet searches as well as my own knowledge of Greek NGOs.

Some organizations (such as WAVE Thessaloniki) serve under-privileged persons in general, and are therefore not limited exclusively to refugees, however they were included in the

study if they were determined to have a large focus on refugee aid. There are many informal community-based aid initiatives in Greece, which may not have institutional policies and structures. Grassroots initiatives without sufficient organization and policies have therefore been excluded from the study. Additionally, organizations that do not have websites and policy materials written in English, such as PRAKSIS and ARSIS, could not be appropriately studied and were excluded.

The study included refugee aid organizations across three regions in Greece, in order to paint an accurate picture of policy implementation and practice across the country. These regions are: Athens; the islands of Lesvos, Samos, and Chios; and Thessaloniki and Northern Greece. The islands are the closest to Turkey, and thus receive the majority of refugee arrivals, with Lesbos being one of the most important entry points in Greece. Some refugees also cross to the north of Greece, which is why there is also a significant presence of NGOs in the North. Particularly since 2020, the government has instituted initiatives to transport most of the refugees from the islands to camps on the mainland, close to Athens, and therefore many refugee aid NGO headquarters are concentrated in the Athens area. Some NGOs, such as the Greek Council for Refugees, KMOP, and Solidarity Now, operate in more than one region of Greece, and have offices in both Athens and Thessaloniki. The intention of this study was not to identify regional discrepancies in policy and implementation, but rather to understand the similarities and differences among NGOs across the country as a whole.

The final list of NGOs includes both grassroots local organizations and larger international NGOs, which are distributed across the three regions of Greece. As some NGOs were eliminated from the study using the exclusionary criteria, the complete list of NGOs that were included in the textual analysis is comprised of the following 29 organizations:

EuroRelief, All4Aid, Home for All, Northern Lights Aid, MetaDrasi, Samos Volunteers, Inter- European Human Aid Association, Europe Cares, Greek Council for Refugees, Lighthouse Relief, Caritas Athens, Faros Athens, Humanitarian Bridges Initiative, Intersos Hellas, Khora Collective, WAVE Thessaloniki, Attika Human Support, ANKAA Project, NGO Zaatar, ActionAid Hellas, KMOP, International Rescue Committee, Fenix, Refugee Support Aegean, Second Tree, Solidarity Now, Hope Project, Jesuit Refugee Service, and HIAS.

Textual Analysis

I conducted an analysis of publicly available mission and vision statements, policies, annual reports and project descriptions on websites of each identified NGO. In particular, across 29 organizations, I reviewed more than 400 pages of documents, including 29 websites, 11 annual reports, four blog posts/ policy papers, and ten code of conducts/ safeguarding policies (refer to Appendix). The textual analysis is based on the availability of documents provided by each organization in English; some organizations may only have five or ten pages of information, whereas others may have 30 or more. While publicly-available staff and volunteer training documents from the NGOs—such as Codes of Conduct and safeguarding or training policies—were analyzed, it is important to note that no internal training documents were reviewed.

While conducting the analysis, I recorded any mention of trauma-informed care and trauma-awareness/ sensitivity; any mention to the psychological, mental, or emotional well-being of refugees; descriptions of refugees as “strong,” “resilient” or “vulnerable” populations; and any references to the framework of trauma-informed practices. This included both direct mentions of the specific terminology, and indirect references to the concept or value without

using the terminology. I then recorded not just the existence of these terms, but the context in which they are used, identifying the both the literal meaning and implicit connotations in each instance. I employed qualitative grounded theory analysis, and I began my analysis with an idea of some pre-established codes (See Appendix) which was not meant to exhaustive, and codes were added as new themes were identified. For example, creativity was not initially coded for, but was identified as a recurring theme across organizations, and was often directly connected with promoting empowerment, connection, and well-being.

It is important to note that the analysis focused on whether an NGO uses a specific term or practice, and the context in which it is used. Some NGOs may have indirect or implicit references to certain terms, however, if the terms are not used directly than it can be argued that the term is not identifiable as a key principle or value of the organization. Many terms are coded for (ex. Safe and welcoming, dignity, empowerment, autonomy, self-reliance, care or compassion, empathy, resilience, strength, capacity-building) which are often used interchangeably by organizations and often overlap in meaning and interpretation. It is easy to see that these values feed into one another and create the holistic foundation of trauma-informed care. From the analysis, I developed a theory of how NGOs understand and refer to trauma-informed practices, and the ways in which staff and volunteers are trained in trauma-informed practices, something that is outlined later in the thesis.

Documents were analyzed according to four key areas: mission statements and core values; project descriptions; staff and volunteer training; and how they view service beneficiaries.

Mission statements and core values: Analyzed for mentions of trauma-informed care and its related values, including compassion, collaboration, care, relationality, dignity, and agency.

An organization that is truly informed by a trauma-informed care model would ideally clearly identify trauma-informed care or trauma-awareness as a core value, as it should guide every aspect of all operations.

Project descriptions: Analyzed for mentions of the practical aspects of trauma-informed care, as previously identified. These include implementing a choice-based model, providing interpreters, providing access to basic services, ensuring a safe and welcoming environment, encouraging collaboration, providing psychosocial support, and promoting the well-being of staff and volunteers. It should be noted that the mere existence of these practices is not enough to be considered trauma-informed; the implementation of these practices must be guided by trauma-informed care principles. Therefore, project descriptions were also analyzed for mentions of trauma-informed care, trauma-awareness, and its related values.

Staff and volunteer training: Training documents including codes of conduct and safeguarding policies were analyzed for mentions of trauma-informed care and trauma-awareness, cultural sensitivity, and ethics and boundaries in aid work. Documents were also analyzed for mentions of the core values and trauma-informed principles, as it is important that staff and volunteers understand the guiding principles that underpin service delivery. Additionally, analysis paid particular attention to any mention of the occurrence of secondary trauma in aid workers, and mechanisms for promoting the well-being of staff and volunteers.

How they view service beneficiaries: All documents were analyzed to understand how each organization views its service beneficiaries and the displaced population. Analysis paid attention to mentions of compassion and empathy; autonomy and agency; dignity; empowerment; and strength and resilience. In particular, documents were analyzed for any mentions of vulnerability, and assessed which groups the organization considers to be vulnerable

populations, and why they are considered to be vulnerable. Additionally, the analysis considered how service beneficiaries are themselves included in the delivery of services, and whether they are collaborators in the creation of services.

Qualitative Interviews

Five interviews were conducted with staff and volunteers of Greek refugee aid NGOs. These interviews were conducted in-person in October 2025, in both Athens and Mytilini, Lesvos. The intention of the interviews was to provide context to the data collected from the textual analysis based in lived experiences, across a variety of realities within the Greek humanitarian industry. Participants had a range of experience and responsibilities; from first-time international volunteers, to long-term volunteers with a decade of experience, to Greek nationals employed by organizations as psychologists and support workers. Each participant provided a unique insight into how trauma-informed care is talked about and operationalized within organizations.

The individual semi-structured interviews were conducted in English, as it is generally a common language among international volunteers, Greek nationals, and beneficiaries. Participants were asked a variety of questions pertaining to their previous knowledge, the training they received from their organization, their general knowledge of trauma-informed care, their knowledge of trauma-informed practices of the organization, and their experiences with secondary trauma.

Participants were all active volunteers or paid staff members of a refugee aid organization based in either Athens or Lesvos. Participants were from a variety of nationalities, including Greek nationals and foreigners. Service beneficiaries were excluded from the study, as the

primary research question is interested in organizational practice. However, persons with refugee status may have been included in the study if they were involved in an NGO in a professional capacity. All participants were over the age of 18, and all participants were women, although this was purely coincidental.

The Research Diary: An Opportunity for Observation and Reflection

A descriptive and reflective research diary was kept throughout the duration of the fieldwork. Excerpts of the fieldwork diary can be found in the appendix. The main purpose was to record personal observations of trauma-informed practices of the NGOs. This included visual and tactical observations of the fieldwork environment, as well as the emotions I experienced while conducting the research. In particular, following visits to NGOs, I described how various programs and practices I saw on the ground reflected trauma-informed principles and the goals and values of the organization. This allowed me to note implicit practices that were not necessarily captured through the interviews or analysis of the written material. Additionally, I had the opportunity to attend a public event and photo exhibition hosted by Refugee Support Aegean celebrating a decade of solidarity on the island of Lesvos, an experience which I recorded in the diary.

My decision to keep a research diary was influenced by the critical scholars I reference in the theoretical framework, such as Renee Linklater, who advocate for the use of narrative storytelling, both in the provision of services and in her own research methodology. The research diary allowed me to describe not only examples of trauma-informed practices I witnessed at the event, which is discussed later, but also my own thoughts and feelings. Through the research diary, I embedded myself in the context of the research itself, allowing me to reflect on not only

the lived realities of service beneficiaries and volunteers in Greece, but also my own experiences with the process of conducting the fieldwork, and the complex emotions that accompanied it. While not a major point of data collection in itself, the thoughts and experiences recorded in the research diary influenced the way in which I conducted the analysis process. This continuous reflection allowed me space to adapt my methodology as needs changed and challenges arose, informing the creation of the final thesis.

Ethics and Limitations

Ethical clearance for the interviews was obtained from the University of Ottawa's Research Ethics Board. All efforts were taken to ensure that each participant was informed of the potential risks of the study, and that consent was freely given prior to each interview. Steps were taken by me, as the researcher, to ensure that the privacy, confidentiality and dignity of each participant were ensured throughout the entirety of the research. Participants were encouraged to guide the interview process, and were able to refuse to answer and questions or withdraw from the study at any time.

A limitation of the textual analysis was that I only analyzed publicly available documents, as I did not have access to internal documents such as training and workshop material. Because of this, it is difficult to truly ascertain the extent to which staff and volunteers are trained in trauma-informed practices. However, internal documents should reflect the values, goals, and principles of the organization that are communicated to the public. The interviews provided valuable context for these training processes.

Following in this thread, I could only analyze the information provided by an organization. In some cases, organizations had only a few pages of information available, with only vague descriptions of programs and services, making it challenging to determine whether a program is trauma-informed. Additionally, while some organizations often provided additional information in Greek, only English-language documents were analyzed.

A limitation of the interviews is the small sample size, which is due to the lack of responses from organizations, the limited availability of participants, and the tight timeline of the fieldwork. However, these interviews provide valuable insight into the broader aid community, as they are diverse in their experience, nationalities, roles and responsibilities, and geographic contexts.

Analysis

Utilization of Terminology Aligned with Trauma-Informed Values and Principles

The following analysis will assess the most common terms used in organizations' publicly accessible materials, among which include "compassion," "care," "dignity," "respect," and "empowerment," to demonstrate how their language is aligned with a trauma-informed care model.

Care, Compassion, and Empathy

Nearly all of the organizations repeatedly mention "care," "compassion," or "empathy" throughout their publicly accessible materials, signalling that they are identified as core values for the organization, although this does not necessarily mean that the organization upholds these values. However, the term "care" is used far more often than "compassion" or "empathy." Northern Lights Aid specifically mentions "radical care" as an important value, and the use of this language signifies that they take a more critical and holistic approach in their services (n.p.). Three interview responses specifically mentioned "care," with one specifically identifying care as a core value of their organization. Interviewees linked "care" with other concepts, such as collaboration with service beneficiaries, human rights and dignity, and providing safe and welcoming spaces. The organizations that do not mention these terms, such as Fenix tend to specialize in advocacy or legal aid, and have perhaps less direct contact with refugee populations. Almost all of the organizations use these terms in relation to "caring for" service beneficiary populations. However, KMOP specifically mentions "empathy" in relation to

education programs for youth, which aim to increase their empathetic and emotional literacy (n.p).

Care Labour

"Care labour" is a relevant term given that the primary objective of these organizations is to, simply put, care for specific populations, and that this labour is often performed by unpaid volunteers and members of the beneficiary community. However, while "care labour" was coded, it was not directly mentioned by any of the organizations. There is an implicit reference to the term in Euro Relief's annual report, as they recognize the "invisible work" of their volunteers Euro Relief, 2023, p. 11). Additionally, Attika Human Support indirectly references mutual aid, as they encourage service beneficiaries to support each other (n.p). However, neither of these references truly acknowledge the nature of the physical and emotional labour that is being performed and not compensated.

Interestingly, one interviewee, an international volunteer who has been going to Lesvos twice a year for ten years, mentioned "care labour"—specifically the inherently feminine nature of care work. They mentioned that in general, there are more female volunteers than male, and men do more physical labour tasks such as building houses or teaching, whereas women perform "care" tasks such as socializing and caring for children. The interviewee understood their own capacity to care for others as a kind of responsibility, stating that there are very few years in a woman's life when you do not have to care for children or elderly parents, and therefore these years should be used to care for others, while you have the opportunity to do so. This points to

the existence of a moral duty, particularly for women, to care for others in a volunteer capacity, which is instrumentalized by these organizations; however it is almost entirely unacknowledged.

Safe and Welcoming Environment

Almost all of the organizations refer to the importance of creating a safe and welcoming environment, with 20 organizations directly using the terms, often in multiple instances throughout their materials, and five making implicit references. “Safety” is used far more often than “welcoming,” and is sometimes limited to the concept of ensuring physical security. However, oganizations such as MetaDrasi and InterEuropean Human Aid use “safety” in conjunction with “community building” and “inclusivity,” denoting a desire to promote the mental and emotional safety of service beneficiaries. In many cases, organizations intend to create safe and welcoming spaces for particular sub-populations within their beneficiaries, primarily women or children. There are a few organizations that do not mention “safe” and “welcoming” at all; however, these are mostly advocacy and legal aid NGOs that do not operate community centres.

Two interviewees specifically mentioned that their organizations promote safe and welcoming spaces for service beneficiaries, particularly through creating female-friendly spaces. One interviewee acknowledged that there is an inherent link between “care” and the terms “safe” and “welcoming:” to care is to provide more than assistance, but to ensure that someone feels comfortable enough to access the assistance. The interviewee, a short-term international volunteer, encouraged beneficiaries to take ownership over the shared spaces by, for example,

letting them pick the music that was played in the room, and acknowledged that the goal is to provide a space for community, not merely a place of service provision.

Empowerment

"Empowerment" is a popular buzzword for many refugee aid organizations, and is used by 18 of the organizations. Of these organizations, some use this term repeatedly and enthusiastically—Solidarity Now has at least 15 mentions of "empowerment" on their website (n.p.). However, some NGOs stay away from it entirely as "empowerment" can have a potentially negative connotation, implying that refugee populations— particularly women and children—lack the capability to exercise agency on their own without first being "empowered" by the organization. Although they do not speak directly of the notion of empowerment, this patronizing of refugees is criticized by organizations like Second Tree, instead preferring terms like "self-reliance," "self-confidence," and "independence," which focus on the autonomy of the individual (n.p.). There is merit to acknowledging the structural barriers that can prevent refugees, particularly women, from exercising legal rights and accessing education and employment. However, the association of "empowerment" with promoting skill-building and economic opportunities for women and youth has the potential to focus too much on the economic aspect and ignore the emotional and cultural aspects of this term.

Strength and Resilience

"Strength" and "resilience" are mentioned by over 16 organizations, although there is some diversity in how the organizations use these terms. Some organizations, such as Khora

Collective, ActionAid, IRC, and Solidarity Now, emphasize collective and community resilience, while others focus on individual strength and resilience. In particular, the Greek Council for Refugees and Lighthouse Relief focus on increasing the capacity of individuals to respond to trauma, and use the terms "mental resilience" and "building resilience to trauma," respectively Greek Council for Refugees, n.p.; Lighthouse Relief, n.p.). All4Aid centres their understanding of resilience on individuals as well, but focuses specifically on female refugees. Interestingly, Euro Relief, Northern Lights Aid, and KMOP speak of the resilience of their organizations and volunteers, in the context of hostile political environments. Some organizations imply that refugee communities are already strong or resilient, such as All4Aid or Khora Collective, while others—Lighthouse Relief, ActionAid, KMOP, IRC, and Solidarity Now—reference "resilience" as something that needs to be built, created, or increased by NGOs. Adding to this nuanced discussion, Second Tree challenges the oppositional ideas that refugees are inherently resilient or inherently weak and in need of saving, and speaks to the dangers of framing a diverse population with this binary. In particular, they seek to promote "the reality that refugees are just people" (n.p.).

Dignity

Twenty-three of the organizations use the term "dignity," with 11 using the term repeatedly throughout their materials. It is often mentioned as a core value, and in conjunction with "hope," "respect," "honour," and "justice." While it is often used in the context of serving the refugee beneficiary population, it is also used in codes of conduct to emphasize that all staff and volunteers should treat every person with respect and dignity, including both beneficiaries and other volunteers. Samos Volunteers states in its Code of Conduct that "all service users should be

treated with dignity, respect and fairness" (Samos Volunteers, 2025, p.6), while HIAS asks its staff to "always treat all people with respect and dignity" (HIAS, 2024, p.3).

The term "dignity" denotes that all people have a fundamental right to be safe and respected, and its connection to care and human rights is something that came up in the interviews as well. One interviewee said that their organization was founded on the principle of protecting human rights and dignity, and that their primary goal is to take care of the dignity of a person when it is hurt.

Encouraging Collaboration

Twenty-six organizations reference "collaboration" or a partnership between various stakeholders, with only three organizations making no reference. Many organizations refer to collaborations with other NGOs in Greece or international partners. One interviewee mentioned the value of collaborating with other community-based NGOs on various projects, and noted that they often offer capacity-building training for other organizations. Euro Relief and the International Rescue Committee both specifically reference how they work closely with the Greek government, particularly the Ministry for Migration. Various NGOs refer to their collaboration with local communities, although they often do not specify what this entails. Euro Relief, All4Aid, Home for All, and Attika Human Support all mention that they employ refugees. Some organizations, such as Lighthouse Relief, ActionAid, and Jesuit Refugee Service, specifically refer to beneficiaries as part of the solution to the European Crisis and therefore consider them to be collaborators on various programs. One international volunteer mentioned that they work with refugees as engaged colleagues.

A few NGOs also emphasize “collaboration” within their organizations. HIAS and Solidarity Now, for example, mention holistic approaches which include collaboration between services within the organization, and this was also mentioned in two interviews.

Relationality

Relationality is a fundamental principle of the critical and feminist theories which underpin trauma-informed care, as how we care for others is influenced by our relationships with ourselves, others, and society. Only three organizations directly use the term “relationality:” Euro Relief uses the term when they mention growth in “relational and community development” in their annual report, All4Aid states that they use a relational approach within their non-food item distribution (n.p.), and Faros utilizes a relational approach in their provision of shelter to unaccompanied minors. Relationality is a broad concept and is often not spoken about directly by organizations, however, it is embedded in the values of many of the organizations. In particular, it necessitates an awareness of how we act in our relationships and how our actions affect others. Many organizations—including Euro Relief, Northern Lights Aid, InterEuropean Human Aid, Greek Council for Refugees, Wave Thessaloniki, ANKAA, KMOP, Second Tree, Hope Project, and HIAS—emphasize the power of relationships, partnership, and collaboration.

Euro Relief stresses the importance of spiritual faith for building and maintaining relationships (n.p.). Northern Lights Aid uses the language of mutual accountability (n.p.). In its Code of Conduct, InterEuropean Human Aid recognizes power dynamics between staff and service-users, and places a responsibility on its staff to not abuse this power (2025, p.4). Several interviewees also recognized these power dynamics and the trap of the white saviour complex.

Europe Cares use the language of collective care, which implies a relational responsibility to care for others, something that was also discussed by an interviewee. Lighthouse Relief uses the language of "honesty," "transparency," and "trust" (n.p.). Intersos implies that there is a duty to care for those in need. Khora Collective speaks of collective agency and non-hierarchical decision making. NGO Zaatar invites its staff and volunteers to critically analyze how we interact with each other. ActionAid does not necessarily use the language of relationality, but they do stress that they operate within feminist principles, which underpin concepts of care and relationships (n.d., p.2). Fenix speaks to the need for intersectionality and structural change, recognizing how people are affected by social power structures (n.p.). Jesuit Refugee Service uses the language of common humanity, recognizing the collective need to care, and is the only organization to reference the importance of reconciliation (n.p.). While each organization uses its own vernacular, they are essentially describing the same tenets of relationality.

Ten organizations—including Europe Cares, Faros, Bridges Humanitarian Initiative, Fenix, Refugee Support Aegean, Solidarity Now, and HIAS—repeatedly refer to the use of holistic approaches. Holistic approaches were a common theme throughout the interviews as well, with one interviewee emphasizing the importance of collaborating with refugees in the design and delivery of services, and not separating the person who is providing aid and the person who is receiving aid. One interviewee, a paid psychologist, identified holistic approaches as a core value of their organization. Another interviewee, also a psychologist, spoke of the importance of integrating services to address all of a person's needs, particularly through combining lived experience and cultural awareness with mainstream approaches to psychology.

Cultural Sensitivity

Seventeen organizations directly recognize the need for cultural sensitivity, something that is particularly important given the context of daily interactions between local Greeks, refugee populations, and international volunteers. Cultural sensitivity necessitates an ongoing awareness of how our cultural socialization informs our understandings of the world and relationships with others. Some organizations implicitly refer to this concept when referring to partnership or collaboration with other populations or service beneficiaries, however they do not specifically articulate the importance of having an awareness of cultural differences within interactions and program design. Some organizations, such as MetaDrasi, All4Aid, and KMOP, refer to cultural sensitivity within a specific aspect of program implementation, such as education for children or projects for refugee women.

Others, such as Khora Collective, ANKAA, NGO Zaatar, Solidarity Now, and Intersos refer to the concept repeatedly throughout their material, although they might use the language of cultural awareness, or mutual understanding. In particular, NGO Zaatar uses the phrase "crossing perspectives" (n.p.). Two organizations, Samos Volunteers and ActionAid, specifically mention cultural sensitivity repeatedly in their Codes of Conduct, signalling that not only is the concept a significant value within the organization, but that it should inform how staff and volunteers interact not only with service beneficiaries, but also with other volunteers (Samos Volunteers, 2025, p.7; ActionAid, n.d., p.3). HIAS specifically mentions that their programs are informed by cultural practices of healing, an excellent example of how cultural sensitivity can be operationalized within a trauma-sensitive model which pays attention to the needs of beneficiaries. Within the interviews, participants showed a level of cultural sensitivity, and an awareness of the potentially extractive nature of volunteerism and the white saviour complex. In

particular, they reported that they are often cautious of the words they use and how their actions may be received when interacting with beneficiaries.

Several organizations, including MetaDrasi, Lighthouse Relief, Faros, and Refugee Support Aegean refer to the use of inter-cultural mediation. Cultural mediators, who can also act as translators, can provide context for the specificities of a particular culture, which may impact how services are provided to or received by a specific population. One psychologist spoke of the importance of using cultural mediators for psychosocial appointments with beneficiaries, as they are aware of how mental health may be perceived in another culture, and the specific language that should be used around depression and mental wellbeing. Conversely, another psychologist, while acknowledging the importance of translation and cultural sensitivity, prefers not to use cultural mediation in psychosocial sessions, in favour of asking questions to the beneficiary directly. It is important to remember that while a translator or cultural mediator may be from a specific cultural background, cultures are not homogeneous and perspectives may vary vastly within cultures based on a variety of factors.

Vulnerability

As previously discussed, “vulnerability” is a divisive concept that can either harm or help refugee populations, depending on the context in which it is used. Nonetheless, it is a commonplace descriptor in the aid industry, used by almost every organization in the study, although they each have their own way of defining vulnerable populations. Only Attika Human Support and Hope Project make no reference to vulnerability, although others such as NGO

Zaatar, Khora Collective, Europe Cares, and Home For All refer to it implicitly without using the language of "vulnerability."

One perspective is that all refugees are vulnerable. This can be seen in Euro Relief, Bridges Humanitarian Initiative, Wave Thessaloniki, ANKAA, ActionAid, International Rescue Committee, Solidarity Now, and Jesuit Refugee Service. For example, Bridges Humanitarian Initiative refers to all people fleeing their country as "vulnerable individuals and families" (n.p.). These organizations may acknowledge specific vulnerabilities of certain sub-populations, however the sentiment is that all refugees, migrants, and asylum seekers are in need of protection.

The general consensus among the majority of the organizations is that women and children are the most vulnerable refugee sub-populations. All4Aid, Northern Lights Aid, MetaDrasi, KMOP, and Refugee Support Aegean all specify that the most vulnerable include single women, female-headed households, and pregnant women. Lighthouse Relief, Jesuit Refugee Service, and HIAS include women and children more broadly. Most of the organizations make these categorizations without providing any justification. However, International Rescue Committee explains that women and children face specific violence and economic exclusion, while Solidarity Now acknowledges that children are particularly susceptible to trauma and its impacts on emotional, social, and educational development, and are therefore vulnerable. In particular, Home For All, MetaDrasi, Greek Council for Refugees, and Refugee Support Aegean offer programs to support and protect unaccompanied minors.

Other organizations recognize that women and children are special groups that require specific programming and protections, but do not use the language of "vulnerability." Euro Relief, InterEuropean Aid, Intersos, and ActionAid all refer to women and children as a "special

group," and may offer programs specifically for these populations, while Samos Volunteers, Khora Collective, NGO Zaatar, and Hope Project focus specifically on women. Additionally, some organizations—Euro Relief, MetaDrasi, Greek Council for Refugees, KMOP, Fenix and Solidarity Now—identify survivors of gender-based violence and trafficking as particularly vulnerable and offer specific programs. While this is not necessarily articulated as vulnerability based on gender, survivors of domestic violence and human trafficking are overwhelmingly women.

Additionally, Samos Volunteers, Khora Collective, NGO Zaatar, KMOP, and Fenix all recognize the LGBTQ+ community as a sub-population that is particularly at risk, and often faces cultural and legal persecution. A few organizations identify people with medical conditions and disabilities as particularly vulnerable, and Fenix also includes people facing mental health challenges. Victims of torture are also recognized as a vulnerable population by five organizations, however this is often an invisible vulnerability; MetaDrasi operates a program to identify victims of torture in an effort to get them legal protections.

Some organizations avoid the language of vulnerability entirely. Caritas Athens, Faros, Attika Human Support and Europe Cares do not use the term in any of their informational material. NGO Zaatar specifically focuses on empowerment instead of vulnerabilities. Additionally, Second Tree prefers the term "marginalization" for newcomers over "vulnerability," and challenges the arbitrary categorization of refugees into the archetypes of "weak victims" or "strong heroes" (n.p.). Following in this thread, while HIAS does articulate categories of vulnerability, they also specify that they use a survivor-centered approach, avoiding the language of "victim" (n.p.). Khora Collective recognizes both the individual and collective nature of forced migration, and while vulnerability categories can be useful to organizations with

regard to recognizing the structural inequalities that impact specific sub-groups, it is also important to acknowledge the heterogeneity of the migration experience. Furthermore, as one interviewee pointed out, vulnerabilities are intersectional, and a person may belong to more than one of the categories listed by the organizations. Additionally, as mentioned in an interview, someone may fall under the category of a "vulnerable" person, but they may have the tools to cope, while another person may need extra support.

Vulnerability is further exacerbated by the social and political context of the "refugee crisis" in Greece, a recurring theme in the interviews. Vulnerabilities can be created in a context where undocumented refugees do not have legal protections and face social and economic exclusion, or existing vulnerabilities can be amplified as the nature of the camps limits access to medical care and social services. One interviewee, a paid psychologist, explained that the use of vulnerability categories is, in a way, the organization admitting that they cannot help everyone, so they will choose sub-groups of who they deem are the most in need. It is important to note in conversations of vulnerability that the majority of the studied organizations do not view their beneficiaries as simply "vulnerable," and engage with them as staff, volunteers, and collaborators. Organizations such as Samos Volunteers, ANKAA, NGO Zaatar, ActionAid, Second Tree, and Hope Project conduct advocacy work aimed at challenging public perceptions and stereotypes of refugees, and instead promote them as engaged and productive members of the community.

Agency and Autonomy

Trauma-informed care models actively encourage the promotion of agency and autonomy of service beneficiaries, such as through a choice-based model for the delivery of services or collaboration and involvement of beneficiaries in program design. Only five organizations—All4Aid, Northern Lights Aid, InterEuropean Human Aid, Bridges Humanitarian Initiative and Khora Collective—directly mention utilizing a choice-based model to promote autonomy. Many organizations, such MetaDrasi, InterEuropean Human Aid, Greek Council for Refugees, Lighthouse Relief, Caritas, Attika Human Support, KMOP, Fenix, and Second Tree do not use the language of "agency" or "autonomy," in favour of terms such as "independence" and "self-reliance."

Khora Collective specifically encourages individual and collective agency, and includes repeated mentions of "autonomy" on their website (n.p.). Wave Thessaloniki also encourages collective agency, with particular regards to "shared ownership" over collective spaces such as the community centre (n.p.). This sentiment was echoed in one of the interviews, as the interviewee encourages beneficiaries to treat the community centre as their own, and encourages them to pick the music, for example. Solidarity Now refers to refugees as autonomous agents of change, and HIAS indirectly encourages agency by supporting refugees to advocate for themselves within the legal system. Additionally, the Jesuit Refugee Service includes the term "agency" in their definition of dignity, signalling a close relationship between the two concepts (n.p.).

The majority of these organizations emphasize that agency and self-reliance should be sought by encouraging integration into the labour market, by offering educational, skill-building, and language classes. Some organizations like the ANKAA Project, NGO Zaatar, and Home For

All employ refugees within their programs to encourage entry into the labour force. In particular, a number of these programs are targeted toward skill-building and employment accessibility for refugee women, recognizing that they often face barriers within the labour market. Several interviewees mentioned that their organizations host language and educational classes for refugees, and provide employment opportunities for women.

Interestingly, at least three organizations specifically mention the importance of the autonomy and agency of the organization itself. Northern Lights Aid stresses that volunteers are autonomous and able to make decisions, while Samos Volunteers that their organization is free from government and international pressures. Additionally, one interviewee emphasized that their organization was financially autonomous as it does not rely on any major international donors, and that this is a core value of the organization.

Adaptability and Flexibility

Fourteen organizations refer to the importance of adaptability and flexibility within the organization. This is mostly in reaction to operating an NGO in such a volatile context, where the political situation in Greece and the EU, and the realities of refugee populations, are always changing. A number of organizations also refer to external funding as a primary factor for eliminating or shifting various programs, something that was constantly reiterated in the interviews. In some ways, programs have expanded as organizations have professionalized and increased their scope as a response to the protracted nature of the "Refugee Crisis," while in other ways, programs have declined due to limited funding or political pushback. Several organizations—All4Aid, Home For All, Northern Lights Aid, InterEuropean Human Aid, and

Solidarity Now—also recognize that programs should be flexible based on the needs of the beneficiaries, something that aligns closely with the trauma-informed care model. In particular, InterEuropean Human Aid recognizes flexibility as one of its core values (n.p.). Home For All and KMOP both stress that flexibility is a necessary trait in their volunteers, something that was reiterated by one of the interviewees, as volunteer duties may change on a daily basis due to shifting organizational priorities.

Non-Hierarchical and Consensus-Based Decision Making

The overwhelming majority of organizations—24 out of 29—utilize a traditional NGO power structure, with a board, managers, supervisors, and staff and volunteers. However, trauma-informed care models have theoretical underpinnings which criticize top-down power dynamics and encourage active collaboration. Only five of the studied NGOs mention non-hierarchical and consensus-based decision making. Northern Lights Aid mentions on their website that they transferred the decision-making power from their board of directors to the field team, and that the board functions with a non-hierarchical structure on the basis of mutual accountability (2024, p.12). Lighthouse Relief's Code of Conduct states that hierarchy should be avoided within team dynamics. Khora Collective specifically describes their decision-making structure as non-hierarchical, anti-capitalist, and collective (n.p.). Wave Thessaloniki emphasizes consensus-based decision-making. And while not specifically referencing decision-making power, Fenix takes a non-traditional approach to legal aid and emphasizes the need for structural change (n.p.). The interviews do not specifically mention hierarchy or power structures within their organization, however one interviewee mentioned that they have the freedom to have discussions and that input from the staff is respected. Three interviewees mentioned that they feel it is

important to have supervision within the organization, particularly for staff working in mental health and counselling.

Practical Implementation of Trauma-Informed Practices

The following section will provide an understanding of how the studied NGOs implement the trauma-informed practices previously outlined. This is based on the assumption that NGOs operationalize everything that is laid out in their websites and annual reports, however, the on-the-ground reality may not reflect the idealized version that is presented to the public. It is important to note that some of these practices, such as utilizing a choice-based model or offering psychological services, will not be applicable for every organization given their objectives and priorities. However, they can serve as indicators for whether an NGO is aligned with a model of trauma-informed care.

Utilization of a Choice-based Model

While utilizing a choice-based model is a central tenet of trauma-informed care, it is only mentioned by five organizations. All4Aid includes several mentions of the concept with regard to its food and clothing distributions, and directly connects it to restoring the dignity and autonomy of its beneficiaries. In particular, All4Aid specifies that their non-food item distribution is “designed to feel like a real shop—organised, friendly, and dignified” (n.p.). Northern Lights Aid, InterEuropean Human Aid, Bridges Humanitarian Initiative, and Khora Collective mention having a choice-based model, but do not necessarily articulate why it is used. Some of the organizations that do not use the model do not do basic aid distribution, and focus

on legal and psychological aid or activism, but many of the organizations have at least some element of food, clothing, or housing provision, however they utilize more traditional forms of NGO aid distribution. None of the interviewees mentioned a choice-based model.

Provision of Basic Means of Survival

Seventeen organizations mention that they provide basic means of survival to refugee populations. This includes food, clothing and basic goods distribution, the provision of laundry and shower services, and emergency housing. Providing easy access to basic necessities is critical for reducing the mental load of refugee populations, as it can diminish the stress of having to find work to provide for the family, allowing a person to focus on other things and process trauma. All4Aid particularly states that their provision of laundry services and showers are meant to promote the dignity and empowerment of refugee women (n.p.). However, none of the organizations frame the provision of basic services in this trauma-informed way.

Access to Services in the Preferred Language

Allowing beneficiaries to access services in the language of their choice is important for maintaining agency, avoiding miscommunication, and reducing the mental stress of navigating a new language. Some organizations, such as All4Aid, recognize that not speaking Greek or English is a barrier to integration, something that was also echoed in the interview responses (n.p.). However, instead of advocating for adequate translation, they stress the importance of local language classes. Several NGOs, including Northern Lights Aid, Refugee Support Aegean, and MetaDrasi are critical of the lack of acceptable translation services within the asylum

service, which can prevent asylum seekers from receiving a fair legal process. In particular, one of the core missions of MetaDrasi is to provide interpretation for other NGOs, and offers interpreter training certificates in more than 43 dialects (n.p.).

Eighteen of the organizations do not directly state that they use translation within their publicly available material. However, as is evident from the interviews, most organizations use some degree of translation even if this is not specifically described, given the nature of working in a multi-cultural context. This begs an examination of who is the intended audience of the NGO websites. If the material is mostly for international volunteers and donors, then it is less likely to mention the specificities of how translation is used. However, if the material is for the beneficiaries and local population, then the information should be provided in languages that are accessible to these populations. Some organizations specify the languages in which they offer translation or their volunteers speak:

> Lighthouse Relief (Arabic, Farsi, French, English, Greek); Bridges Humanitarian Initiative (Arabic, Kurdish, Farsi); NGO Zaatar (Arabic, Farsi, English, French); International Rescue Committee (Arabic, English, French, Spanish); and Refugee Support Aegean (Farsi translation for hospitals).

Some organizations offer written resources available in multiple languages. Khora Collective has information about their projects and how to access the community centre on its website in English, French and Farsi. NGO Zaatar has texts available in English, Arabic, Farsi, French, Russian and Turkish. And the International Rescue Committee has resources available in English, French, Arabic, Farsi, Ukrainian, Urdu, and Somali. The NGOs that are the least accessible for service beneficiaries have annual reports or entire websites written only in Greek.

The more professionalized organizations that offer psychosocial support or legal aid tend to have translators on staff, or collaborate with other NGOs for interpretation, whereas grassroots organizations that offer basic services and community centres tend to rely on the language skills of volunteers or even beneficiaries. According to one interviewee, a short-term international volunteer, they will sometimes use a translation app, but most of the time they will look for a nearby beneficiary who is able to speak English to translate for them. This invites a discussion into how undervalued labour is distributed, as previously discussed, as beneficiaries are in this case performing labour for the organization in the form of translation.

Provision of Mental Health Services

Nineteen of the NGOs state that they provide mental health support in some way. However, this can range from professionalized psychotherapy appointments to informal counselling or community building programs.

Several organizations provide psychosocial support for certain sub-groups, particularly women and youth. Northern Lights Aid, ActionAid, and International Rescue Committee all have programs particularly targeting the psychological well-being of women, and Solidarity Now focuses on victims of trafficking, which are predominantly women. The International Rescue Committee and Lighthouse Relief both have psychological support for youth, while Second Tree provides education programs for children that involve socio-emotional learning methodologies. Solidarity Now provides specific trauma-informed psychosocial support for youth (n.p.).

Samos Volunteers, Lighthouse Relief, and Second Tree offer more informal programs for well-being, such as creative activities, group counselling and informal sessions. Refugee Support Aegean does not offer services themselves, but say that they support psychological well-being through offering referrals and collaborating with MSF (n.p.). A number of organizations—including Lighthouse Relief, KMOP, International Rescue Committee, Fenix, Solidarity Now, and HIAS—repeatedly use the language of well-being and healing, even if they do not specifically offer psychosocial programs. Further, KMOP, Fenix, Jesuit Refugee Service and HIAS describe the importance of holistic approaches to psychological well-being that are integrated across all programs. These programs are aligned with the critical approach to well-being previously outlined, and there is immense value to non-traditional programs which emphasize personal and collective well-being within cultural understandings of trauma and healing.

Sixteen organizations offer targeted psychotherapy programs which are aligned with a more traditional Western understandings of mental health, which are conducted by trained psychiatrists and social workers. ActionAid, Northern Lights Aid, Solidarity Now, International Rescue Committee, EuroRelief, and KMOP all offer such programs for refugees and asylum seekers. In particular, the Greek Council for Refugees describes their approach to psychotherapy as “trauma-informed” (n.p.). Additionally, three interviewees mentioned that they provide psychosocial appointments for refugee clients, and are trained as psychologists.

Encouraging Creative Expression

Eighteen organizations offer some level of creative activity within their programming. For many, this is embedded within their community centres or social hubs, which may offer community socialization, cultural activities, creative spaces for women, and education and games for children. Some NGOs place specific creative activities at the center of their programs. MetaDrasi and the Greek Council for Refugees both offer theatre classes as part of their children's education programs. Organizations like All4Aid, Europe Cares, the Greek Council for Refugees, ActionAid, Hope Project, and Jesuit Refugee Service offer a wide range of art projects, including sewing, music classes, jewellery-making sessions, and a barber shop. Europe Cares and NGO Zaatar both utilize collective cooking as a way to share culture and build community. The ANKAA Project provides one of the clearest examples of art for social inclusion, as it provides opportunities for refugees to learn skills in sewing and fashion development. In particular, refugee women have the opportunity to share their stories and culture through ANKAA's fashion projects (n.p.). Several interviewees mentioned that their organizations provide creative outlets including clown and art workshops and an upcycling project, and stress that creating informal social spaces is more important for building trust and community than formalized programming.

A number of organizations—including MetaDrasi, Samos Volunteers, InterEuropean Human Aid, Lighthouse Relief, Faros, KMOP, and Second Tree—offer sports programs for youth and adults. They focus on collective sports such as football and often include refugees and asylum seekers, local Greek youth, and international staff and volunteers, in an effort to foster community integration.

While most organizations do not offer a rationale for these programs, some do articulate the connection between creative activities and well-being. Lighthouse Relief utilizes creative

activities to promote social inclusion, in addition to well-being and healing (n.p.). The Greek Council for Refugees designs programs to specifically promote self-confidence, emotional expression, and teamwork for youth (n.p.). ActionAid's programs for teens emphasize creative employment through innovative programs in the fields of design, programming, and construction, bridging creativity and practical skill development (n.p.). Additionally, KMOP offers sports programs for youth with the intention of increasing integration and empowerment (n.p.).

Trauma-Related Indicators of Trauma-Informed Care

Secondary Trauma

Twenty-three of the organizations do not make any reference to the occurrence of secondary trauma in aid workers. The six organizations that do address the concept often do so indirectly, alluding to staff well-being rather than trauma. Euro Relief specifically mentions the well-being of volunteers, and has a Member Care team which is dedicated to training and debriefing volunteers (2023, p.13). Samos Volunteers makes reference to the emotionally challenging nature of the work (2025, p.6), but does not use the language of "secondary trauma." The Greek Council for Refugees specifically mentions volunteer well-being and burnout (n.p.). KMOP offers training for women in the workplace with regards to mental well-being, work/life balance, and burnout, however this is targeted towards service beneficiaries, rather than their own staff and volunteers. Fenix includes one mention of staff training in secondary trauma on its website (n.p.). Only InterEuropean Human Aid uses the term directly and repeatedly (n.p.).

Every person interviewed mentioned regularly feeling negative emotions, including sadness, anxiety, and heaviness because of the work. The international volunteers who were interviewed did not express feelings of burnout, likely because the work is not as integrated into their daily lives as they spend most of their time living in another country. However, the three paid staff who were interviewed all expressed feeling burnt out from the work. One interviewee, who is a psychologist, explained that there is a lot of violence within the job, but that it took them years to understand that they were exposing themselves to violence. They also said that they have seen themselves at burnout, and it does not make them a good psychologist. Another individual said that it is human nature to be affected by the stories they hear, and that this can be very hard on the psychologist. However, they also noted that a lot of the stress and burnout is not from working with traumatic experiences, but from working in the humanitarian aid industry in a context that is full of social and political barriers. One interviewee also said that they realized they could not talk about their work with their friends, not because of confidentiality reasons, but because their friends could not understand the complexity of the context and the emotions, which was very isolating.

Secondary trauma can have a major impact on the well-being of aid workers; however, all of the interviewees had ways of coping with these negative emotions. For example, an interviewee explained that at the beginning of their work, they did not allow themselves to go swimming on the island, because it felt like a privilege when so many people around them were suffering. Now, they realize that it is important to have moments of joy for yourself, to keep yourself healthy when trying to help others. Three interviewees recognized the value of having regular check-ins with supervisors, particularly for psychologists and mental health staff. They

said that they feel comfortable to go to their colleagues or supervisors for emotional support and that these conversations are had within the organizations.

Several interviewees mentioned time and experience as one of the most important factors for coping with negative emotions. One individual who has volunteered in the field for more than ten years spoke of feeling overwhelmed in the first few years by the suffering and trauma they witnessed, but through the years they found a way to balance empathy with professional distance. This was reiterated by a story shared in another interview:

> *When she started in the field, she was working in the camps as a psychologist and a female-friendly space facilitator. She would spend eight hours a day in the camp, and would see people there more often than her parents and sister and friends. She would run workshops and was a very active member of the community, and became close with the people in the camp. Even though she was young, one kid started calling her "grandmother," and his mother was calling her "mother," and they would ask her to spend the night in the camp and have a sleepover. She didn't do this, because it would not be professional, but it meant to her that this family felt comfortable and close with her. Shortly after, she got married, and was due to take three weeks of marital leave, but felt like she could not be away from the camp for so long. So, she told her supervisor that she would visit the camp some days during her leave, which of course was denied. It was at this point that she realized that she was promising a personal relationship with people that she could not support. The people in the camp had friends, they had a sister, but what they needed was a psychologist. She says that getting this clarity about what her role was in the lives of the people in the camp has created a better balance between her personal life and professional life.*

Both of these examples acknowledge that setting healthy boundaries for yourself and others comes from having these experiences working in the field and figuring out what works best for you, often with the help of a supportive supervisor. This underscores that it is vital for organizations to recognize the impacts of secondary trauma on their staff and volunteers, and encourage regular check-ins and the development of healthy coping mechanisms.

Staff Training in Trauma Awareness

Few organizations articulate their training processes in their public documents, and even fewer refer to trauma-specific training. Some organizations specify that they employ qualified and specialized staff and volunteers who work with particular "vulnerable" populations. Euro Relief, MetaDrasi, Faros, and Bridges Humanitarian Initiative employ teams of social workers, special educators, psychiatrists, lawyers, nurses, and cultural mediators in programs that target survivors of gender-based violence and victims of torture, unaccompanied minors, and families. These organizations do not explain how their staff are qualified for these positions, and as many of these jobs, such as social workers, psychiatrists, and lawyers, require external experience and certification, it is possible that the organization does not provide any training themselves. It is also important to note that these specialized staff members are not necessarily trained in trauma-awareness, and only KMOP and Solidarity Now specify that they provide trauma-sensitive training for staff working with victims of trafficking and working with unaccompanied minors and youth, respectively.

Ten organizations make indirect reference to trauma-awareness and avoiding harm in their Codes of Conduct. Northern Lights Aid states that staff and volunteers should be conscious

of beneficiaries' and their own emotional and psychological well-being through their actions, and specifies that volunteers should not ask questions regarding past experiences (2025, p.2). Samos Volunteers acknowledges that improperly trained volunteers can cause harm to service beneficiaries. They direct volunteers to maintain professional boundaries and avoid taking on the role of "therapist," also specifying that they should not ask questions about a service beneficiary's personal history (2025, p.11). ActionAid similarly encourages staff to respect the safety, health and well-being of others, and to be mindful about perception and appearance in their language, actions, and relationships (n.d., p.4). Furthermore, InterEuropean Human Aid, Caritas, and Khora Collective recognize a responsibility to avoid exposing beneficiaries to further harm as a result of the actions of staff, and acknowledge power imbalances inherent in the aid relationship. Other organizations, including Europe Cares, Intersos, Solidarity Now, and HIAS have specific safeguarding policies that must be upheld by all staff and volunteers.

Only Wave Thessaloniki provides any detail into how they train their volunteers. Their goal is "to not reproduce harm in the communities [they] support," and they expect their volunteers to respect their Code of Conduct and safeguarding policies (n.p.). They have a team of experienced staff who are trained in conflict resolution and volunteer management that provides training to volunteers. They specify that volunteers are given pre-arrival training which includes Wave's key mission, vision, Code of Conduct, and safeguarding policies (n.p.). Volunteer check-ins with a supervisor are facilitated on a monthly basis. However, despite this detail about the training process, there is no mention of trauma-awareness.

Seven organizations mention trauma-specific training for staff and volunteers. The Greek Council for Refugees enhances the skills and knowledge of its staff through targeted training and participation in conferences and workshops relating to working with vulnerable populations and

preventing burnout (n.p.). Lighthouse Relief provides training in trauma-sensitivity for its social workers and intercultural mediators (n.p.). NGO Zaatar organizes workshops for aid workers on LGBTQIA+ issues, addressing biases, and preventing harm, but does not talk specifically about trauma. KMOP trains its staff working with victims of trafficking in trauma-sensitivity (n.p.). Fenix employs trauma-informed service provision and provides training on safeguarding, the asylum procedure, and service provision to at-risk groups. Second Tree does not use the language of trauma-awareness, but offers trainings on bias, stereotyping, and interactions with refugees (n.p.). Solidarity Now produced a Trauma-Informed Youth Work Toolkit, and provides training and clinical supervision for professionals working with unaccompanied minors (2024). Additionally, HIAS runs workshops to recognize emotional distress as a result of emergency and respond with empathy and respect.

The interview responses suggest that staff and volunteer training is vastly different across organizations. Three interviewees mentioned ongoing capacity-building training offered by their organization, which could include topics such as working with vulnerable populations, defining refugees, gender-based violence, and safeguarding. One interviewee, a paid psychologist, mentioned that trauma was spoken about as an aspect of many of these capacity-building sessions, but they could not recall a training specific to trauma-informed care and was not aware that trauma-informed care was used by their organization, which is particularly interesting given that the organization itself defines certain projects as trauma-informed. Another individual referred to trauma-informed trainings for the mental health professionals, but was unsure about whether other staff in the organization, such as the legal team, also received training in trauma-informed care. Several interviewees noted that their personal understanding of trauma-informed care came from previous knowledge and experience, rather than trainings offered by their

organization. However, one interviewee stated that all of the staff of their organization were trained in trauma-informed care, and noted that the organization provides capacity-building training for other organizations.

In general, volunteers receive less training than staff of professionalized organizations. In some cases, volunteers receive no formal training, whereas others received very limited pre-arrival training with some situational training on-site. The international volunteers who were interviewed did not receive any training in trauma-informed care from their organization. This trend was also noticed by one interviewee who is a paid staff member of an organization that specializes in mental health support, who stated that the gap in trauma-informed capacity-building in the field is identified in some grassroots organizations, which utilize short-term volunteers. Although these organizations may provide limited training, three interviewees noted that their organization has a careful screening process, in which they look for volunteers who have cultural awareness or previous experience.

Trauma-Informed Approach

The term “trauma,” used in any context, has only 40 mentions across the more than 400 pages of material that were analyzed (this count excludes the 100-page report from Solidarity Now on trauma-informed support for youth, which mentions trauma 77 times). Additionally, it is only used by 12 out of the 29 organizations in the study. It is important to note that just because the term trauma is used, this does not necessarily indicate that the organization uses a trauma-informed approach.

Euro Relief and All4Aid each include one mention of a trauma-informed approach to children’s education, however All4Aid ended this program at the onset of Covid-19 (n.p.).

MetaDrasi also includes one mention of trauma, with reference to victims of torture (n.p.). Attika Human Support mentions trauma twice, specifically with regards to the re-traumatization that can occur in the context of hostile government policies. KMOP also mentions trauma twice, when referring to trauma-sensitivity training for those working with victims of torture, and this is in the annual report, not the website (2024). The term trauma is used three times by Samos Volunteers, as they mention the risk of re-traumatization of refugees, and the Code of Conduct acknowledges that refugees experiences significant trauma which informs staff interactions (2025). International Rescue Committee has two mentions of trauma in its website, which recognizes past trauma, particularly of women and children and risk of re-traumatization from the asylum system, and one mention of trauma in the annual report, specifically about children (2024).

InterEuropean Human Aid mentions trauma four times, all in the same blog post titled "Erasmus+ Project: A Resilient Life – Deepening Our Understanding of Trauma, Secondary Traumatic Stress, and Resilience" (n.p.). Fenix also has four mentions, specifically describing their service provision as trauma-informed, and using a holistic approach to services that recognizes intersectionality and trauma. Lighthouse Relief mentions trauma five times, in both the website and annual report, and repeatedly mentions healing and resiliency. It also specifically mentions trauma-sensitivity in reference to their children's education program and also the social centre (n.p.). Solidarity Now and Greek Council for Refugees use the term the most, both mentioning trauma seven times. Solidarity Now uses the term trauma-informed, but only in relation to youth, and all of its mentions of trauma come from the same project description, which emphasizes games and activities designed to help children and adolescents understand trauma, build coping skills, and take proactive steps in managing stress and overcoming difficult

experiences (n.p.). Additionally, the Greek Council for Refugees is collaborating on a project titled “Caring to Include: Trauma-informed Support for Refugees and Migrants in Europe,” which supports the social inclusion of refugees and migrants by addressing the impacts of trauma and other stressors, while enhancing the mental resilience of staff and volunteers working daily with vulnerable groups, preventing burnout (n.p.).

Three organizations are essentially trauma-informed but do not specifically use the language of trauma. HIAS emphasizes healing and recovery, and holds trainings on recognizing emotional distress as a result of crisis and how to respond with empathy and respect, but does not mention trauma. Similarly, Jesuit Refugee Service recognizes the impact of experiences of trauma and the daily stressors of displacement on mental health, and offers holistic and compassionate mental health support. Rather than focus on trauma, they emphasize healing, well-being and reconciliation (n.p.). Northern Lights Aid supports the psychological well-being of staff, volunteers and beneficiaries in the Code of Conduct (2024) , although none of their programming is necessarily trauma-informed. 14 organizations do not mention trauma or trauma-informed approaches, either directly or indirectly.

The interview responses show that staff and volunteers generally have trauma-consciousness, regardless of whether the organization itself uses the term. Interviewees mentioned that they are careful about how they present themselves and the words they use when interacting with service beneficiaries, and recognize social power dynamics and the white saviour complex. In particular, one individual also noted that the existence of trauma can explain the behaviour and emotional responses of beneficiaries, something that needs to be taken into account within all service provision, not just mental health departments. Three interviewees responded that they take a trauma-informed approach within their duties as a psychologist, even

if they are unsure about how their organization uses trauma-informed care models. Only one individual could fully articulate how their organization has adopted trauma-informed care across all of their programs. Additionally, one interviewee stated that their awareness of the potential existence of trauma does not necessarily inform how they interact with beneficiaries.

The "Violence on Top": Responding to the Political Context

As part of their advocacy initiatives, many NGOs are often critical of the Greek political context and the aid regime in which they operate. Several organizations mention the hostility of European states towards refugees. Europe Cares acknowledges the "human rights abuses on European external borders" (n.p.). Wave Thessaloniki refers to what they call "Fortress Europe," which includes "inaccessible asylum systems, a lack of safe routes to seeking protection, and ramped-up state repression" (n.p.). Greek Council for Refugees collects data on the practice of systematic illegal pushbacks by state authorities, which was described previously. International Rescue Committee acknowledges that hostile asylum procedures, which often include waits up to two years for legal protection, directly affect the health, well-being, and dignity of refugees. Additionally, Attika Human Support and Lighthouse Relief refer to the fact that a Greek policy to transfer refugees from the congested Aegean islands to the mainland has left many vulnerable to homelessness, with little support from the government (n.p.).

Others focus on the unsafe conditions in refugee camps across the country. All4Aid explains that food is often distributed unequally, with little attention paid to the number of members within a family or their age. Additionally, they point out that camps can be particularly dangerous for women, given the overcrowding, lack of sanitation, and lack of security (n.p.). Organizations like Northern Lights Aid and MetaDrasi point to the lack of trained interpreters in

the asylum service and in the camps as a major barrier to accessing basic services. Northern Lights Aid also acknowledges that camp residents face high travel costs for medical and asylum appointments, low quality food, and a lack of medical and legal services. Samos Volunteers describes the camp on Samos as "prison-like,' characterized by "extreme securitization, limited healthcare access, poor sanitation, and systemic delays in asylum procedures" (n.p.).

In the context of this hostile political climate, NGOs have been forced to fill the gaps in government assistance. Khora Collective criticizes the current system in which NGOs are expected to offset decreases in government services, and yet these organizations receive no funding from the EU, state governments, and other border regimes, making it impossible for them to operate effectively (n.p.). Notably, Khora is the only NGO to directly criticize capitalism, neoliberalism, and colonialism, making the political statement "Free Palestine and the end of all colonial projects" directly on its website (n.p.). Attika Human Support explains that the displacement of asylum seekers to the mainland has created a situation in which asylum seekers have limited access to food, shelter, and hygiene supplies, and thus NGOs in Athens have had to develop emergency response teams to address this homeless crisis. They directly state that this mass transfer "demonstrates a lack of preparedness and an appropriate response [by the government] to mitigate deepening trauma of those who have had to risk their lives to arrive in Greece" (n.p.). Similarly, in the 2024 annual report, Northern Lights Aid describes a shift to covering the costs of prescriptions, treatments, and medical exams that were no longer accessible to asylum seekers (p.8). While NGOs are often advocates for improvement and policy change, it is important to recognize that they are often careful to not to be too critical, and often emphasize the importance of collaboration with local communities and Greek authorities, as ultimately, they need to be authorized to work in these spaces.

Interviewees shared that one of the most challenging aspects of the work is navigating this hostile political environment. One individual referred to what they described as the “violence on top.” There is a certain violence in the asylum service already, as these organizations have alluded to, but what shocked this interviewee even more were the stories of exceptionally cruel and degrading treatment within the camps, carried out by people within the asylum regime for no logical reason at all. Another interviewee explained that while psychological counselling is vital for improving the livelihoods of refugees, there is always an awareness that there is a limit as to how much you can truly help a person while society is full of social, legal, and political barriers. Another interviewee explained that there is an utter lack of trauma-awareness within the asylum service, which is a fundamental flaw in the system, as asylum workers may mistake trauma responses for untruthfulness, and therefore wrongly deny asylum claims. They also noted that the isolated camps are designed in a way which actively creates barriers to integration and the accessibility of services, and therefore the system is set up in a way where asylum seekers are forced to be dependent on aid, and the support of NGOs, just to simply access services.

Discussion

Interpreting the Results

Are Greek NGOs Trauma-Informed?

In many ways, the smallest grassroots organizations are the ones that most embody principles and values associated with trauma-informed care. These include organizations like Khora Collective, NGO Zaatar, Second Tree, Samos Volunteers, Europe Cares, Bridges Humanitarian Initiative, and Faros. They are the ones acknowledging power dynamics, embracing collective creation, making services accessible to newcomers, challenging narratives of vulnerability, and recognizing the importance of education, socialization, and creativity for overall well-being. However, these organizations tend to rely on short-term international volunteers, and it was identified in multiple interviews that these organizations provide limited or no trauma-informed training. Additionally, they do not use the language of "trauma" or "trauma-informed care." In fact, the overall usage of the term "trauma" was shockingly low: only 40 mentions across of the documents, which came from only 12 out of the 29 organizations included in the study.

Even the organizations that I would consider to be the most trauma-informed do not use the terminology. Jesuit Refugee Service is one of the most significant examples of trauma-informed care in policy and practice. They emphasize reconciliation, relationality, individual lived experiences, and principles of compassion and community building. In particular, they acknowledge that mental health services permeate all aspects of service delivery; and yet, they do not use the term "trauma-informed care." Samos Volunteers and InterEuropean Human Aid are the most direct in acknowledging the potential trauma of service beneficiaries, the potential for re-traumatization by volunteers, and present guidelines for how volunteers should act to

avoid causing harm to beneficiaries, but do not use the term "trauma-informed care." KMOP and HIAS are also essentially guided by trauma-awareness and offer comprehensive mental health support, but again, completely avoid this terminology. It is difficult to determine whether this omittance of the language of "trauma" is deliberate, but it is possible that organizations prefer the language of "healing" and "wellbeing" which has more positive connotations in order to attract volunteers, donors, and appear more approachable to beneficiaries.

Interestingly, organizations that do specifically use the language of "trauma-informed"—including All4Aid, Euro Relief, Solidarity Now, and Greek Council for Refugees—use it only in relation to a specific project; in particular, they use the term in relation to working with children and youth. Every NGO studied includes some, if not many, of the values and practices outlined in this thesis. However, no NGO, even if they would be considered to be trauma-informed, utilizes all of the practices and principles. It is important to keep in mind that trauma-informed care, like the values it espouses, is itself dynamic and adaptable, and implementation may look different various contexts and identified needs. Despite this, no organization presents a model of trauma-informed care that informs every aspect of service provision, and none include "trauma-informed" as a significant value or principle of the organization. Perhaps the language of "trauma-informed care" is too focused on the term "trauma" and the perception of vulnerability, and it is possible that another term such as "radical care model" or "holistic care model" may be more appropriate in this context.

Despite the fact that few organizations demonstrated comprehensive trauma-informed training policies, it is important not to discount the knowledge and experience of staff and volunteers in the field. Of course, as examined in the literature review and mentioned by some organizations, untrained and inexperienced international volunteers have the potential to do more

harm than good. However, it is clear from the interview responses that the majority of aid workers are passionate about the work, are aware of the context, and are conscious about how they interact with other staff and beneficiaries. Additionally, many staff and volunteers were once migrants or refugees themselves, and it is critical that this lived experience is valued and respected. That being said, even volunteers with an awareness about the existence and impacts of trauma may not have the skills to incorporate this knowledge into the provision of services. Additionally, it is potentially harmful to assume that all international volunteers have the same understanding of these concepts. Thus, it is the responsibility of organizations to provide trauma-informed institutional policy to guide program implementation.

Gender and Trauma-Informed Care

The inherent link between feminist theories and trauma-informed care is a common theme across organizations. Women are consistently exceptionalized as a sub-group; sometimes, they are referred to as a vulnerable population, while in other cases they are referred to a "special group." Many organizations have programs specifically targeting women, including female-friendly spaces, social programs, educational and skill-building projects, childcare, and housing. There is a general acknowledgement that women face unique challenges in camps, including gender-based violence, lack of access to hygiene and health care, and family duties. Outside of the camp, organizations point to the fact that women face structural barriers in accessing aid, education, and employment. There is also an acknowledgement that women are more likely to experience traumatic events including sexual and gender-based violence, female genital mutilation, and trafficking. Additionally, at least two organizations specifically state that they are

informed by feminist or gender-informed approaches, which again underlines the inherent connection between feminist ethics of care and trauma-informed approaches.

Limitations of the Study

While this study has provided valuable insight into the utilization of trauma-informed care models in Greek refugee aid NGOs, it is limited in scope due to the fact that it is a time-constrained master's thesis. In particular, the study is limited to simply whether or not these models are being implemented by organizations, and is not meant to evaluate the effectiveness of trauma-informed care models in this context. This relies on the assumption that organizations carry out programs and operations exactly as they say they do in their annual reports and websites. The study is primarily concerned with organizational policy and practice and therefore only staff and volunteers of organizations were interviewed; service beneficiaries and other community members were not involved due to the limited scope of the project. Additionally, only five interviews were conducted due to the availability and willingness of participants during the duration of the fieldwork. Although these interviews were conducted across Greece in multiple locations, and participants were both volunteers and paid staff who held a variety of positions, the small sample size creates the potential for bias within the data. The fact that these staff and volunteers were willing to talk to a researcher is a certain bias in that it implies that they are particularly passionate and interested in talking about their work, and are therefore more likely than others to think critically about their interactions and the context of the work.

A major limitation to the study is that only publicly available documents were included in the content analysis. And while this is able to provide valuable insight into the way organizations

present themselves and their values to the public, there is a lack of information available regarding how organizations train their staff and volunteers and how they talk about trauma-informed care internally.

Conclusion

Summary of Results

Given the current trajectory of the global political climate, refugees face increasing discrimination, weakening legal protection, protracted displacement, and pushbacks into unsafe environments. Trauma-informed care provides a critical model for humanitarian aid provision that pays attention to the lived experiences of refugees, and seeks to promote healing and actively mitigate the daily harm caused by a dehumanizing asylum process. However, through a content analysis of websites and documents from 29 refugee aid organizations and interviews with NGO staff and volunteers, this study has found that trauma-informed care is significantly neglected within the Greek pre-settlement context. While many organizations seem to embody the values and principles outlined within trauma-informed care models, the overwhelming majority do not use the specific terminology, and do not even mention "trauma" at all. Organizations that do refer to "trauma-informed care" do so in isolated contexts, rather than incorporating it into overarching values and mission statements. This study identified that there is a particular need for comprehensive training for staff and volunteers in trauma-awareness to protect the well-being of both themselves and beneficiaries. This study maintains that trauma will always be a significant consequence of the displacement process, particularly in a transitory environment such as Greece, and thus aid organizations must take it into account when designing and implementing programs for refugees. Therefore, there is a need to increase the awareness of trauma-informed care models, at both the organizational and staff level, in pre-settlement contexts.

Connection to the Literature

This study has addressed the identified gaps in the literature by investigating the implementation of trauma-informed approaches within the often overlooked pre-settlement context of Greece. In particular, it confirms that the understanding in the literature that refugee populations experience significant trauma, and that this trauma can be exacerbated by hostile conditions within the Greek asylum service and informal, inexperienced aid networks. This study articulates that this understanding of trauma within the Greek context necessitates closer attention paid to the adoption of trauma-informed care models within service provision. Furthermore, through a discussion of the training of volunteers in Greek refugee aid NGOs, it addresses the gap in the literature on volunteer training, in order to bridge conversations of training in trauma-informed care and secondary trauma with refugee-work training, which could lead to the creation of comprehensive and consistent training guidelines.

Future Research Directions

This thesis presents many opportunities for further research. This study is concerned with the trauma-informed practices that have already been implemented by staff and volunteers in Greece and whether a case can be made for more attention to these practices in pre-settlement relief contexts. There are opportunities for further research with regard to evaluating the effectiveness of the trauma-informed practices in this context. Future research should include the perspectives of service beneficiaries, and should pay particular attention to how they respond to the trauma-informed practices of organizations. Additionally, this study should be applied to other pre-settlement contexts outside of Greece, particularly in low- and middle-income refugee-hosting

countries—such as Colombia, Uganda, Malawi, Turkey or Bangladesh—which generally have limited access to mental health support, and integration services in general.

Additional research should be conducted in order to address the gaps identified in the data of this study. In particular, very few organizations mentioned care labour or secondary trauma in aid workers, and it would be interesting to research how these two concepts intersect, with regards to how the emotional toll of care work impacts the wellbeing of staff and volunteers. Furthermore, further exploration is needed to determine why organizations avoid the language of "trauma." It would be useful to interview policy makers and organization heads to understand if this is a conscious decision within organizations.

Practical Recommendations

This study has highlighted the importance of some organizational policies for the implementation of trauma-informed care models. Staff and volunteers should be carefully screened during the recruitment process to ensure that their personal values align with trauma-informed principles, and that they show critical self-reflection and an awareness of how their actions affect others. All staff and volunteers should be appropriately trained in trauma-awareness, cultural sensitivity, and the values and principles of the organization, and this language should be articulated clearly throughout the training. The interviewees in this study demonstrated a basic understanding of these concepts, however, it is dangerous and impractical to assume the same understanding across all international volunteers. Professional development training should be ongoing, and organizations should encourage regular check-ins with staff about these topics. Additionally, organizations should offer supervisor check-ins and counselling for staff and volunteers, to protect their own emotional well-being. Programs should always take into account the lived

experiences and particular needs of the beneficiaries, and thus the local community should be engaged in program design and implementation. Organizations should coordinate with other NGOs, local governments, and international partners to address gaps in services and standardize trauma-informed approaches to training and service delivery. Finally, organizations should prioritize implementing trauma-informed care and holistic approaches across all programs and services in order to truly promote the well-being of beneficiaries.

Appendix I: Certificate of Ethics Approval

01/07/2025

Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL

Numéro du dossier / Ethics File Number	S-05-25-11342
Titre du projet / Project Title	Trauma-Informed Care in Pre-Settlement Refugee Contexts: Assessing Training, Policy, and Implementation of Refugee Aid NGOs in Greece
Type de projet / Project Type	Thèse de maîtrise / Master's thesis
Statut du projet / Project Status	Approuvé / Approved
Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)	01/07/2025
Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)	30/06/2026

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01/07/2025

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Office of Research Ethics and Integrity

Le Comité d'éthique de la recherche (CÉR) de l'Université d'Ottawa, opérant conformément à l'*Énoncé de politique des Trois conseils* (2014) et toutes autres lois et tous règlements applicables, a examiné et approuvé la demande d'éthique du projet de recherche ci-nommé.

L'approbation est valide pour la durée indiquée plus haut et est sujette aux conditions énumérées dans la section intitulée "Conditions Spéciales ou Commentaires". Le formulaire « Renouvellement ou Fermeture de Projet » doit être complété quatre semaines avant la date d'échéance indiquée ci-haut afin de demander un renouvellement de cette approbation éthique ou afin de fermer le dossier.

Toutes modifications apportées au projet doivent être approuvées par le CÉR avant leur mise en place, sauf si le participant doit être retiré en raison d'un danger immédiat ou s'il s'agit d'un changement ayant trait à des éléments administratifs ou logistiques du projet. Les chercheurs doivent aviser le CÉR dans les plus brefs délais de tout changement pouvant augmenter le niveau de risque aux participants ou pouvant affecter considérablement le déroulement du projet, rapporter tout évènement imprévu ou indésirable et soumettre toute nouvelle information pouvant nuire à la conduite du projet ou à la sécurité des participants.

The University of Ottawa Research Ethics Board, which operates in accordance with the *Tri-Council Policy Statement* (2014) and other applicable laws and regulations, has examined and approved the ethics application for the above-named research project.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completedfour weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Riana MARCOTTE
Responsable d'éthique en recherche / Protocol Officer
Pour/For **Barbara GRAVES** Président(e) du/ Chair of the **Comité d'éthique de la recherche en sciences sociales et humanités / Social Sciences and Humanities Research Ethics Board**

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Appendix II: Selection of NGOs for the Textual Analysis

2.1: Summary of Selected NGOs

NGO Name	Location of Operation	Activities	Included in the Study?
ActionAid Hellas	Athens	Community support	YES
AIESEC Greece	International	Youth empowerment	NO (Not enough of a refugee focus)
Alkyone Day Centre	Thessaloniki	Community centre	NO (Closing on March 28, 2025)
All4Aid	Lesvos, Cyprus	Community centre for women/ showers and laundry	YES
ANKAA Project	Athens	Education and business programs for refugees	YES
ARSIS	Athens, Thessaloniki	Social support for youth	NO (Insufficient English information)
Attika Human Support	Athens	Aid distribution, search and rescue, housing	YES
CARE International	Athens, International	N/A	NO (No longer active in Greece)
Caritas Athens Refugee Centre	Athens	Basic supplies distribution, social centre	YES
Europe Cares (Parea Lesvos)	Lesvos	Community centre, laundry, clothing distribution	YES
EuroRelief	Lesvos and Samos	Provides basic services inside the camp	YES
Faros Drop-In Centre	Athens	Education and support for unaccompanied minors	YES
Fenix	Lesvos	Legal aid	YES
Greek Council for Refugees	Athens, Thessaloniki	Legal and social services	YES
Handicap Care Hellas	N/A	N/A	NO (Insufficient web information)
HIAS	Athens, Lesvos, International	Legal aid, support for youth and victims of GBV	YES
Home for All	Lesvos	Kitchen and camp distributions	YES
Hope Project	Lesvos	Aid distribution, community centre for women	YES
Humanitarian Bridges Initiative	Athens	Basic supplies distribution, counselling and legal aid	YES
Inter-European Human Aid Association	Thessaloniki, Northern Greece	Basic supplies distribution, community centre	YES
International Rescue Committee	Athens, International	Emergency response, legal aid	YES
Intersos Hellas	Athens	Food program and support for unaccompanied minors	YES

Jesuit Refugee Service	Athens, International	Community centre, integration classes	YES
Khora Collective	Athens	Community centre and supplies distribution	YES
KMOP	Athens, Thessaloniki, International	Community centre, education programs, advocacy	YES
Lighthouse Relief	Athens	Emergency relief and psychosocial support	YES
MetaDrasi	Athens, Thessaloniki	Education and integration	YES
NGO Zaatar	Athens	Social restaurant, social support	YES
Northern Lights Aid	Kavala (Northern Greece)	Community centre, clothing distribution, maternal care	YES
PASPA	N/A	N/A	NO (Insufficient information)
PRAKSIS	Athens, Thessaloniki	N/A	NO (Insufficient English information)
Refugee Support Aegean	Chios	Legal action and human rights advocacy	YES
Samos Volunteers	Samos	Community centre, education	YES
Scouts of Greece	N/A	Youth empowerment, boy scouts program	NO (Not enough of a refugee focus)
Second Tree	Ioannina (Northern Greece)	Language classes, youth support	YES
Solidarity Now	Athens, Thessaloniki	Community centre, social support	YES
WAVE Thessaloniki	Thessaloniki	Basic supplies distribution, shower and laundry services	YES
Zeuxis	Athens	N/A	NO (Insufficient information)

2.2: List of Documents Included in the Textual Analysis

NGO	General Documents	Staff and Training
ActionAid Hellas	Website	Code of Conduct
All4Aid	Website Blog Post	
ANKAA Project	Website Blog Post	
Attika Human Support	Website Blog Post	
Caritas Athens	Website	Code of Conduct
Europe Cares	Website	
EuroRelief	Website Annual Report	
Faros	Website	
Fenix	Website Annual Report	
Greek Council for Refugees	Website Annual Report	
HIAS	Website	Code of Conduct
Home for All	Website	
Hope Project	Website	
Humanitarian Bridges Initiative	Website	
Inter-European Human Aid Association	Website	Code of Conduct Safeguarding Policy
International Rescue Committee	Website Annual Report	

Intersos Hellas	Website	Code of Ethics Charter of Values
Jesuit Refugee Service	Website	
Khora Collective	Website	
KMOP	Website Annual Report Policy Report	
Lighthouse Relief	Website Annual Report	
MetaDrasi	Website Annual Report	
NGO Zaatar	Website	
Northern Lights Aid	Website Annual Report	Code of Conduct
Refugee Support Aegean	Website Annual Report	
Samos Volunteers	Website	Code of Conduct
Second Tree	Website	
Solidarity Now	Website Annual Report Policy Report	Safeguarding Policy
WAVE Thessaloniki	Website Annual Report	

Appendix III: Textual Analysis Codes

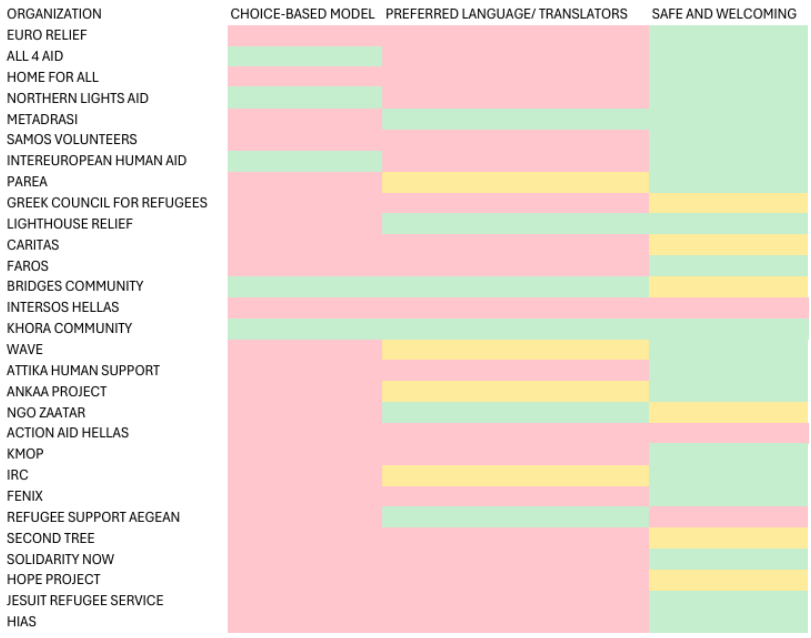
3.1: List of Textual Analysis Codes

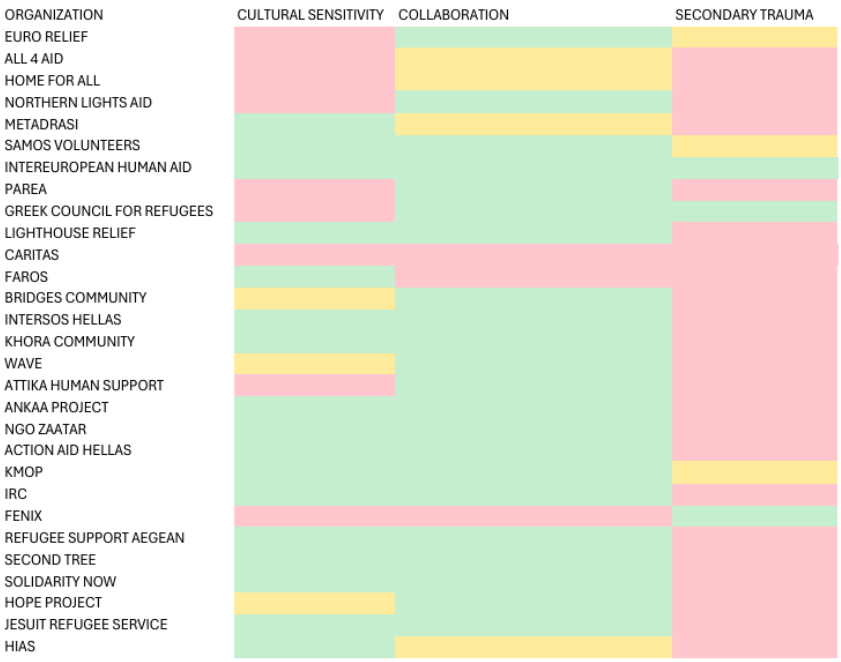
Every instance of these codes was recorded in each document studied during the textual analysis. In some cases, these codes were identified explicitly, where the organization used the specific terminology. In other cases, the codes were identified implicitly, where the organization refers to the value or concept without using the terminology directly.

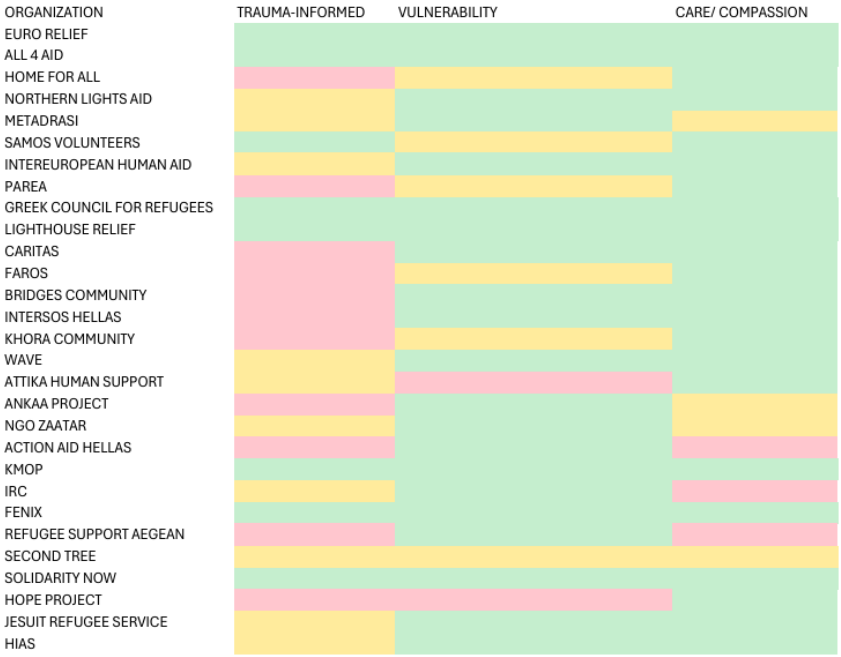
CODE	VALUE/ PRACTICE
Adaptability/ Flexibility	Value
Agency/ Autonomy	Value
Care/ Compassion/ Empathy	Value
Care Labour	Value
Choice-Based Model	Practice
Collaboration	Value
Creativity	Practice
Cultural Sensitivity	Value
Dignity	Value
Empowerment	Value
Non-Hierarchical/ Consensus-Based	Value
Provision of Basic Needs	Practice
Provision of Mental Health Services	Practice
Relationality	Value
Safe/ Welcoming	Value
Secondary Trauma	Practice
Staff Trauma-Training	Practice
Strength/ Resilience	Value
Trauma-Informed	Practice
Use of Interpreters/ Translators	Practice
Vulnerability	Value

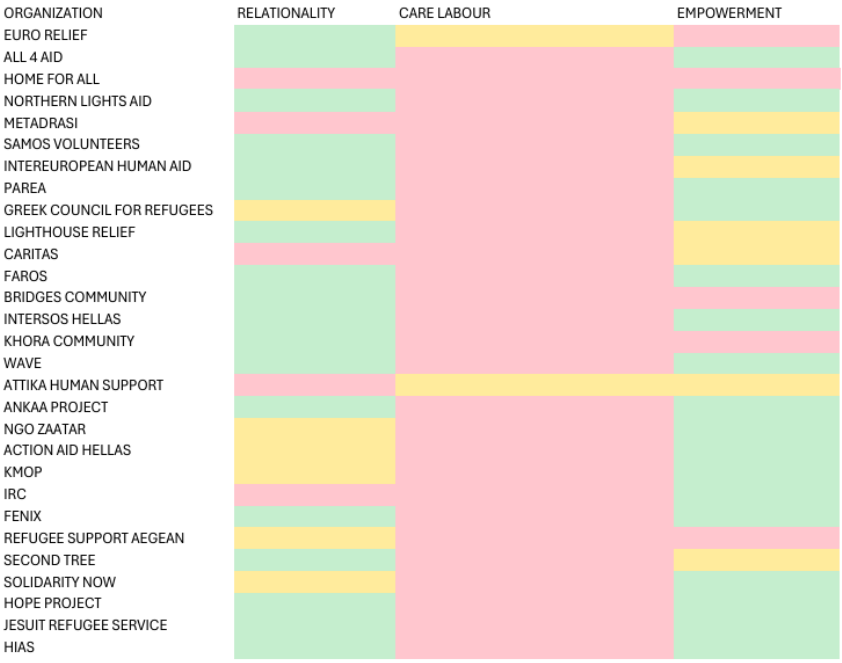
3.2: Textual Analysis Spreadsheet

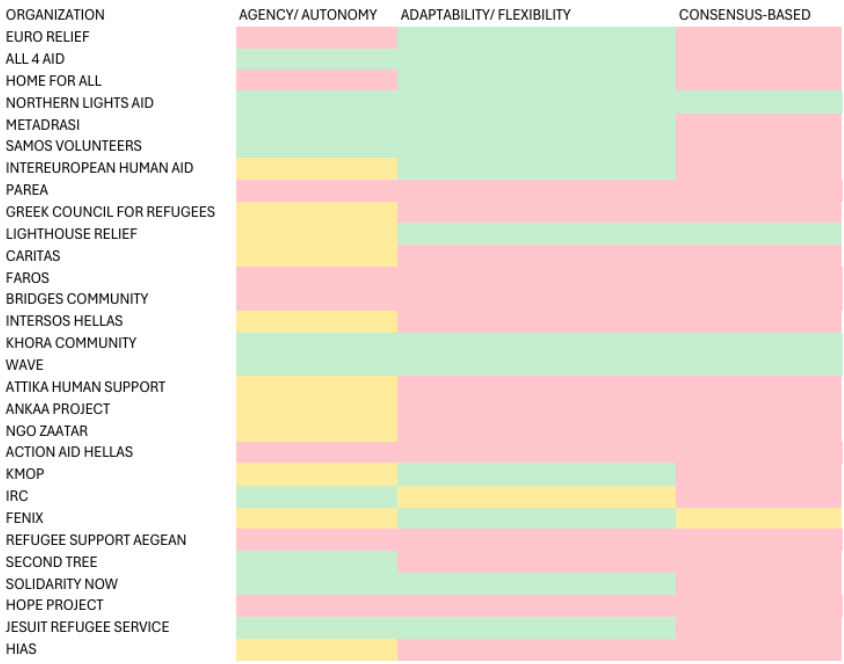
This spreadsheet analyzes which organizations did, or did not, refer to the values and practices that were coded for. Green refers to a direct mention of the term, while yellow refers to indirect mentions and red refers to no mention. This spreadsheet records only the existence of at least one mention of the term by the organization. Notes about how many times an organization used each term, and the context around how the term was used, was kept in a separate document.




ORGANIZATION
CULTURAL SENSITIVITY
COLLABORATION
SECONDARY TRAUMA
EURO RELIEF
ALL 4 AID
HOME FOR ALL
NORTHERN LIGHTS AID
METADRASI
SAMOS VOLUNTEERS
INTEREUROPEAN HUMAN AID
PAREA
GREEK COUNCIL FOR REFUGEES
LIGHTHOUSE RELIEF
CARITAS
FAROS
BRIDGES COMMUNITY
INTERSOS HELLAS
KHORA COMMUNITY
WAVE
ATTIKA HUMAN SUPPORT
ANKAA PROJECT
NGO ZAATAR
ACTION AID HELLAS
KMOP
IRC
FENIX
REFUGEE SUPPORT AEGEAN
SECOND TREE
SOLIDARITY NOW
HOPE PROJECT
JESUIT REFUGEE SERVICE
HIAS


ORGANIZATION
TRAUMA-INFORMED
VULNERABILITY
CARE/ COMPASSION
EURO RELIEF
ALL 4 AID
HOME FOR ALL
NORTHERN LIGHTS AID
METADRASI
SAMOS VOLUNTEERS
INTEREUROPEAN HUMAN AID
PAREA
GREEK COUNCIL FOR REFUGEES
LIGHTHOUSE RELIEF
CARITAS
FAROS
BRIDGES COMMUNITY
INTERSOS HELLAS
KHORA COMMUNITY
WAVE
ATTIKA HUMAN SUPPORT
ANKAA PROJECT
NGO ZAATAR
ACTION AID HELLAS
KMOP
IRC
FENIX
REFUGEE SUPPORT AEGEAN
SECOND TREE
SOLIDARITY NOW
HOPE PROJECT
JESUIT REFUGEE SERVICE
HIAS


ORGANIZATION
RELATIONALITY
CARE LABOUR
EMPOWERMENT
EURO RELIEF
ALL 4 AID
HOME FOR ALL
NORTHERN LIGHTS AID
METADRASI
SAMOS VOLUNTEERS
INTEREUROPEAN HUMAN AID
PAREA
GREEK COUNCIL FOR REFUGEES
LIGHTHOUSE RELIEF
CARITAS
FAROS
BRIDGES COMMUNITY
INTERSOS HELLAS
KHORA COMMUNITY
WAVE
ATTIKA HUMAN SUPPORT
ANKAA PROJECT
NGO ZAATAR
ACTION AID HELLAS
KMOP
IRC
FENIX
REFUGEE SUPPORT AEGEAN
SECOND TREE
SOLIDARITY NOW
HOPE PROJECT
JESUIT REFUGEE SERVICE
HIAS
ORGANIZATION
STRENGTH/ RESILIENCE
DIGNITY
CREATIVITY
EURO RELIEF
ALL 4 AID
HOME FOR ALL
NORTHERN LIGHTS AID
METADRASI
SAMOS VOLUNTEERS
INTEREUROPEAN HUMAN AID
PAREA
GREEK COUNCIL FOR REFUGEES
LIGHTHOUSE RELIEF
CARITAS
FAROS
BRIDGES COMMUNITY
INTERSOS HELLAS
KHORA COMMUNITY
WAVE
ATTIKA HUMAN SUPPORT
ANKAA PROJECT
NGO ZAATAR
ACTION AID HELLAS
KMOP
IRC
FENIX
REFUGEE SUPPORT AEGEAN
SECOND TREE
SOLIDARITY NOW
HOPE PROJECT
JESUIT REFUGEE SERVICE
HIAS


ORGANIZATION
AGENCY/ AUTONOMY
ADAPTABILITY/ FLEXIBILITY
CONSENSUS-BASED
EURO RELIEF
ALL 4 AID
HOME FOR ALL
NORTHERN LIGHTS AID
METADRASI
SAMOS VOLUNTEERS
INTEREUROPEAN HUMAN AID
PAREA
GREEK COUNCIL FOR REFUGEES
LIGHTHOUSE RELIEF
CARITAS
FAROS
BRIDGES COMMUNITY
INTERSOS HELLAS
KHORA COMMUNITY
WAVE
ATTIKA HUMAN SUPPORT
ANKAA PROJECT
NGO ZAATAR
ACTION AID HELLAS
KMOP
IRC
FENIX
REFUGEE SUPPORT AEGEAN
SECOND TREE
SOLIDARITY NOW
HOPE PROJECT
JESUIT REFUGEE SERVICE
HIAS

Appendix IV: Interview Question Guide

Questions about experience:

What is your position within the organization?

How long have you worked with this organization and how long do you intend to work for?

Have you worked with refugees in the past?

What prior knowledge or experience do you have that has helped you with your work for this organization?

What kind of work do you do for this organization? Do you work directly with the service beneficiaries?

Questions about training:

How were you trained for your current position?

Were you made aware of any ethical situations that could come up with your work?

Do you feel like you were adequately trained to be doing the work that you are doing?

Was there any mention of trauma or trauma-informed care during the training process?

How are short-term volunteers trained for their positions?

Questions about organizational practice:

Are you familiar with the term “trauma-informed care”?

How would you define “care”? What is “care work” to you? How does the concept of care impact the provision of programs within the organization?

To you, what does it mean to “be trauma-informed”?

How familiar are you with the programs of your organization? Would you say that any of your programs are guided by trauma-informed practices? (provide a definition of trauma-informed care at this point if necessary)

What are the guiding principles, goals, and mission of your organization? How do you, in the capacity of your role, work towards achieving these goals/ adhering to these principles?

How familiar are you with the programs of other NGOs working in the area? How often do you collaborate with other NGOs in the area? Do you provide any services that are also provided by other NGOs in the area? What do you provide that is not provided anywhere else?

How would you define "vulnerability"? Who is included in vulnerable populations? How does your understanding of vulnerability impact the provision of services? What sort of considerations do you take into account when interacting with vulnerable populations?

How has your organization involved the service-beneficiary population in the design and implementation of programs? Do you ever hire members of the service-beneficiary population? What sort of ethical questions do you consider when working with service-beneficiaries as collaborators?

What sort of ethical questions do you consider when working with the local population as beneficiaries of services?

Questions about personal experience with secondary trauma:

Has a service beneficiary told you about a traumatic event they experienced?

Has another volunteer or staff member told you about a traumatic event occurring?

Have you witnessed or personally experienced a traumatic event during your work with the organization?

Have you, at any time, felt like a service beneficiary or another volunteer/ staff member overstepped professional working boundaries, with you or anyone else?

Have you ever felt sad, hopeless, anxious, overwhelmed, or burnout because of the work that you are doing? How do you personally cope with these feelings?

Do you have regular check-ins with your staff?

Have you been provided a connection to a counsellor or social support during your work with the organization?

Appendix V: Excerpts from the Fieldwork Diary

Athens is a city of transit. From the tourists making their way to the Acropolis or wandering through Monastiraki, to the economic migrants and refugee families on their way to other European countries. For tourists, it is easy to ignore this other kind of transit, as it often happens away from the city centre, hidden from view. When I travelled to Athens to conduct my fieldwork, I intentionally looked for it: the Afghan man who stayed in my hostel for one night on his way to Germany; the boy with the drum begging tourists for tips; the woman with the baby sitting on the corner of the sidewalk; the neighbourhoods of diasporic communities. It was important for me to keep in mind the lived realities of the thousands of people in Athens who access the services I research in my thesis, to remind myself that these practices affect these people in very real ways.

Every day that I am in Athens, I feel a complex mix of gratitude and guilt. I feel immensely privileged that I am able to be here, doing this research. I was able to afford to travel, to take time off work, even to pursue my master's degree, something that the majority of people in this world would not be able to do. I feel guilty for walking around as a foreigner, with a nice place to stay in the city, and the ability to eat amazing food in a restaurant, when thousands of people who live in the city cannot do the same. One of my interviewees said that she felt guilty for swimming, for taking time for herself, when others were suffering, and this is something that deeply resonated with me, and I had not consciously put into words until she said it.

In Mytilini, I attended an event organized by Refugee Support Aegean, a three-day photo exhibit entitled “Lesvos 2015—10 Years Later,” a collection of photographs capturing both the hardships and resilience during the 2015 “refugee crisis” on Lesvos. The photographs were incredibly moving, offering a humane look at a very inhumane situation. The exhibit was accompanied by an event on the Saturday night, an act of solidarity and remembrance. The event was attended by over one hundred people, approximately half local Greeks and half international volunteers. The event, mostly in Greek, with English translation, was an opportunity for activists, volunteers, and refugees to share their feelings and stories, reflecting on a decade of humanitarian support on the island. Some of the stories were tinged with humor, others with sadness; all with deep emotion, showing the power of storytelling to communicate the complexity of lived experiences. The speakers repeatedly mentioned the recurring values and principles I have found throughout the textual analysis: dignity, solidarity, care, compassion, resilience. One woman said: “Every single one of us has had a traumatic experience” (paraphrased from the English translation). As I listened to the speakers, my attention was drawn around the courtyard, to the attendees standing or sitting on an eclectic collection of chairs and stools, and I felt a deep sense of connection and solidarity that spanned linguistic and cultural differences. Everyone here cared deeply about the well-being of the community and had contributed their own time and effort in some way, some for more than ten years. The event was a great opportunity to meet new people, and I had many interesting conversations with other volunteers, both about the work and our research, and our own lives. The night continued even after the speaking session concluded, as food, wine, and musicians were brought out. Soon, people were singing along to the traditional Greek music, and dancing in groups. This surprised me, and I thought about how easy it was for them to blend the work with the social, something

that is often kept separate in Canada. I found myself sitting there for a long time, listening to the music, watching the dancers, and feeling the connection, despite the fact that the evening grew cold.

Fieldwork has not gone as I expected, but what ever does? I set out with huge expectations and pressure on myself, and did not anticipate some of the practical challenges. I was not prepared for the lack of responses from organizations, and getting participants has been challenging to say the least. Even when I get a potential response, scheduling is tricky due to my tight timeline. Halfway through my time in Greece, and I had not conducted any interviews, and was feeling constant stress and anxiety. What if it doesn't happen? What if I don't get the data that I need? But I realized that I need to be flexible with my research collection, relying on other methodologies such as the textual analysis and research diary. The project may not turn out exactly how I envisioned it at the beginning, but that is ok, because the nature of the research itself has changed and should guide the process. Doing my first interview felt really significant, and gave me confidence in my project and my ability to do more. I realize that I need to be proactive, and not be afraid of the "social" part of social research. The process of conducting fieldwork has been incredibly challenging, but it has also been empowering, and I have proved to myself that I am capable of being independent and being flexible with my own expectations. Every opportunity I have, whether or not actual "fieldwork" (ex. Interviews) is being conducted, is an opportunity for learning, for experiencing, for connecting.

Today I visited the office of an NGO. The space is brightly lit, clean, and in the center of the city. The centre was a little chaotic: there were three or four staff working the reception area, and a large waiting room where about twenty people were waiting for their appointments; both men and women, but no children. A large sign on the wall explained the services offered by the centre in Greek, English, Farsi, French, and Arabic; various signs were written in multiple languages. I was greeted by multiple staff members, all of whom were friendly. Walking around the centre, I saw multiple classrooms and a welcoming space for children, which was in a private room. The offices of the psychologists, lawyers, and asylum service were at the back of the building, and ensured privacy. I was told that new clients are ensured to see a social worker the same day, who will identify their needs and refer them internally to the appropriate services. The downstairs of the building is shared with the Athens municipal solidarity centre, which provides basic needs and a pharmacy.

This was my first experience conducting interviews, and it brought up a range of emotions for me. On the one hand, as a researcher, I focused on how the interviews would contribute to my research. I often felt excited or inspired by an interesting insight, or validated when the interviewee confirmed my hypothesis. I was also aware of the power dynamics of the interview, with me asking the questions, and extracting the answers, often from people much older than me and with a decade of experience in the field. On the other hand, as a former volunteer myself, I found myself relating to my interviewees, as the experiences and emotions they were talking about felt familiar to me. I empathized with the challenges of working in the hostile bureaucratic environment, and the emotional toll it can take on aid workers. Still, I was often inspired by the continued resilience of my interviewees, who found motivation to keep working in the field for,

in some cases, more than a decade, despite these hardships, and I found this motivating for my own work.

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