

Recognizing Signs of Stress and Trauma

Supporting displaced researchers means recognizing when they are struggling beneath the surface. Many of these individuals have endured conflict, loss, and upheaval – experiences that take a heavy emotional toll. Research shows that *at least one in three* refugees or asylum seekers meets the diagnostic criteria for depression, anxiety or post-traumatic stress disorder. In other words, a significant number of the researchers you assist could be carrying unseen trauma. Recognizing and responding to their psychological distress isn't just compassionate – it's essential for their well-being and successful integration into new roles. By spotting the signs of stress early, EURAXESS staff can offer timely support, prevent miscommunications, and foster a more understanding work environment. In this section, we will explore common emotional and behavioral signs of stress and trauma, how they might subtly appear in professional interactions, and why looking beyond the “*tip of the iceberg*” is so important.

Common Emotional and Behavioral Signs

Displaced researchers may not always voice their struggles openly. Instead, stress and trauma often manifest through behaviors and emotional cues. As support staff, being attuned to these signals – even when they are subtle – can help you respond in a trauma-informed way. Below are some common signs to look for, along with examples of how they might appear in emails, meetings, or requests:

- **Withdrawal or Isolation:** One of the clearest signs of distress is a researcher pulling back from others. They may become unusually quiet or reclusive, skipping meetings, keeping their camera off, or offering only brief one-word replies in emails. In person, they might avoid eye contact or sit apart from the group. This kind of social withdrawal is often a coping mechanism; trauma survivors frequently avoid reminders of their experiences and can become “*isolated and withdrawn*,” giving up activities and interactions they used to enjoy. In daily work, this might look like a normally collaborative colleague suddenly working entirely alone, declining offers to help, or being hard to reach.
- **Irritability and Anger:** Trauma can put someone's nerves on edge, making them irritable or prone to anger over minor issues. You might notice a displaced researcher sounding short or frustrated in emails – for example, an overreaction to a schedule change or a curt tone in written replies. In meetings, they might have sudden outbursts of irritation or get defensive when given simple feedback. Remember that such anger is often a symptom of being stuck in “fight-or-flight” mode. In fact, feeling chronically “*on edge*” (hyperarousal) often leads to irritability and even angry outbursts in trauma survivors. So, that terse email or tense meeting moment may actually be the visible tip of intense anxiety or fear underneath. Rather than viewing it as rudeness, a trauma-informed perspective will ask: *What added stress might be fueling this reaction?*
- **Over-Compliance or People-Pleasing:** Sometimes distress drives individuals to go in the opposite direction of anger – towards excessive compliance. A displaced researcher might become overly agreeable, hurriedly saying “yes” to every request or insisting everything is “fine” when it isn't. They may be reluctant to assert any needs or boundaries, even working longer hours or taking on unrealistic tasks without protest. Emails from such a colleague might include a lot of apologetic language and quick agreement to all suggestions. This “*fawn*” response to trauma is an unconscious attempt to stay safe by pleasing others and avoiding conflict. For example, a researcher who survived a threatening situation might cope by *appeasing authority figures* – constantly praising a supervisor or accepting extra work in hope of preventing any criticism. While their cooperation might initially appear positive, it can actually signal that they are fearful of disagreement due to underlying trauma. Keep an eye out for when “being easy” crosses into over-compliance, and gently reassure them that their needs and limits will be respected.
- **Disorganization and Forgetfulness:** Stress and trauma can significantly impair concentration and memory, which often shows up as disorganization in a professional setting. You might observe a normally meticulous researcher missing deadlines, forgetting appointments, or sending incoherent or error-filled emails. They may seem scattered – frequently losing track of details or struggling

to prioritize tasks. This isn't laziness or incompetence; it's a known effect of chronic stress on the brain. Trauma often affects cognitive abilities, leading to *memory issues, difficulty focusing on tasks, or indecisiveness*. For instance, a displaced researcher dealing with insomnia and flashbacks might genuinely have trouble keeping their projects straight or adhering to a schedule. In meetings, they could appear inattentive or confused when in fact their mind is fatigued by trauma. Recognizing disorganization as a sign of overload allows you to respond with patience – perhaps by offering written summaries, setting up reminders, or breaking tasks into smaller steps – rather than showing frustration.

- Shutdown or “Numbing” (Emotional Detachment): Another common trauma response is emotional shutdown – a state of numbness or detachment when stress becomes overwhelming. In practice, this might look like a researcher who suddenly goes quiet and unresponsive during a discussion, or who appears to “check out” in the middle of a meeting. They may speak in a flat, monotone voice or have a blank expression even when discussing important topics. In written communication, an individual in shutdown mode might simply not reply to emails for long periods, or reply with extremely minimal responses that convey little emotion. Psychologically, this corresponds to the freeze response: the person copes by disconnecting from the moment. They might *hide their emotions and mentally “check out” from situations that feel painful or stressful*. Such numbness is actually a protective mechanism – by shutting down feelings, they avoid being flooded by them. If you notice a colleague who seems emotionally absent or “on autopilot,” understand that this too can be a sign of trauma. Approach them gently; sometimes a quiet offer like, “I’m here if you need a moment or want to talk,” can create an opening, whereas pressing them might make them withdraw further.

Each of these behaviors – withdrawing, lashing out, over-complying, disorganizing, or shutting down – is essentially a signal or cry for help, even if it doesn't come packaged that way. It's important to emphasize that these signs can be very subtle. A traumatized researcher often won't explicitly say “I'm having a hard time,” but their behavior will communicate it. As one trauma-informed guide puts it, *all behavior is a form of communication*, and what looks like “bad” or perplexing behavior may in fact be a person's best effort to cope with extreme stress. For EURAXESS staff, the key is to notice changes or patterns: Has this person's demeanor shifted over time? Are they interacting differently than expected? By paying attention to these cues in emails, meetings, or everyday requests, you can pick up on distress that might otherwise go unnoticed.

The “Stress Iceberg” Metaphor

To truly support someone in distress, we must look *below the surface*. A useful way to visualize this is the “stress iceberg”. Much like an iceberg in the ocean, only a small portion of a person's stress is visible to us in daily interactions – the rest remains hidden beneath the waterline. Often, trauma is described as an iceberg, where the outward signs we observe are just the tip of that iceberg. For example, when a displaced researcher seems irritable or disengaged, we're seeing only the protruding tip – perhaps an angry email or a silent stare. Beneath that tip lies a huge mass of underlying emotions and experiences: fear, grief, exhaustion, confusion, loss of control, etc., which we as colleagues do not immediately see.

Imagine a scenario: a researcher abruptly declines a team presentation. Above the surface, it appears as withdrawal – maybe you see them as uncooperative or aloof. But beneath the surface, the iceberg might contain layers of anxiety (e.g. fear of public speaking heightened by low self-esteem after displacement), or painful memories (perhaps presenting reminds them of the colleagues and stability they lost). Another scenario: a normally polite researcher snaps at a trivial request. The tip of the iceberg is that irritability – a sharp tone about something minor. Below the surface might be swirling stress hormones, a sleepless night of worry about family back home, or a pervasive sense of injustice or helplessness. In both cases, the visible behavior is just a *symptom*, and the true cause is submerged out of plain sight.

This metaphor reminds us not to take behaviors at face value. If we only address the tip (say, chastising someone for being disorganized or withdrawn), we miss the larger issue driving it. By contrast, when we

look under the water, we practice empathy and seek to understand the *why* behind the *what*. In practical terms, keeping the “stress iceberg” in mind means pausing before reacting to a difficult behavior. Instead of thinking “*Why is she being difficult?*” reframe it to “*What pressures or pain might be underlying this?*”

Building Trust and Psychological Safety

Trust is the foundation of any supportive relationship, especially when working with researchers who have been displaced from their home countries and institutions. These individuals may have endured trauma, upheaval, and loss of control. Rebuilding their sense of security starts with the tiniest interactions. We often talk about *big* ways to build trust, but in reality “every interaction builds or erodes trust”. This idea of micro-trust means that each email, each conversation, even each smile at the office, contributes to or detracts from the trust we share. Over time, these micro-moments add up. Trust isn’t formed overnight, but it can dissolve in an instant if we’re not careful.

Psychological safety means they believe they can speak up, ask questions, or share concerns without fear of judgment or repercussion. How do we achieve that? By being intentional in those everyday interactions. Tonight, we’ll focus on four key elements of micro-trust that will help us build psychological safety: predictability, kindness, offering choices, and patience. Each of these may seem simple, but together they form the backbone of a trauma-informed, supportive approach.

Let’s explore each element with practical examples and see how small actions create a big impact in trust-building.

Predictability – Consistency for Security

One of the quickest ways to build trust (or to lose it) is through our consistency. For someone who has experienced chaos or trauma, *predictability* is a soothing balm – it reduces anxiety by providing a sense of stability. Being predictable means doing what you say you will do, being transparent, and avoiding surprises. In practice, this could mean keeping appointments on time, following up when promised, and clearly explaining what will happen next in a process.

Imagine a displaced researcher who is unsure about the next steps in renewing her visa. If you tell her, “I will email you the document instructions by Thursday,” make sure you do it. Every kept promise – even small ones like sending an email when you said you would – strengthens trust. On the flip side, broken commitments (even minor ones) can create instability and erode trust. In fact, inconsistent or unreliable support can leave people feeling abandoned or insecure. To a researcher who has lost so much stability in life, your reliability becomes a lifeline.

Practical ways to foster predictability:

- Be transparent and set expectations: Explain processes or next steps so they know what to expect. For example, you might say, *“To give you a sense of what comes next, first we will complete your funding application, then it typically takes 2 weeks to hear back. I’ll check in with you midway so you’re not left wondering.”* This clarity helps them feel safe by removing the fear of the unknown.
- Keep your word: If you promise to do something (no matter how small), follow through. *“I’ll call you on Monday afternoon to see how your housing search is going,”* only builds trust if that Monday call indeed happens. Each follow-up is a micro-trust deposit in the relationship.
- Maintain consistency in tone and behavior: Try to be a steady presence. Greet them warmly each time, respond in a calm and professional manner consistently. Over time, they learn that you are dependable and steady, which allows them to let their guard down. As trauma-informed communication guidelines advise, use a calm, consistent manner and *“always do what you say you are going to do”* – this signals that you are safe and can be trusted.

By being predictable and reliable, you create a stable environment. No matter how small the interaction, consistency builds a sense of security. When people know they can count on you to show up and keep your word, they feel safer engaging with you. Predictability lays the groundwork upon which kindness, choice, and patience can flourish.

Transition to next point: Of course, predictability alone isn't enough. How we interact in those moments is just as crucial. This is where genuine warmth and compassion come in. Let's look at the next key element: kindness.

Kindness – Showing Genuine Care in Every Interaction

Kindness is the human touch that infuses our support with warmth. For someone who may feel alone or stressed, small acts of kindness and empathy send a powerful message: *"You matter, and you're not alone."* In a professional setting, kindness means approaching each interaction with empathy, respect, and a caring tone. It's not about being overly sentimental; it's about being human and compassionate in our professionalism. Research has shown that when people feel cared about, they are more likely to trust you. In other words, *kindness builds trust faster* by showing the person that you truly care about their well-being.

Consider a real-life example: a researcher arrives late to a meeting looking distressed. Instead of a stern comment about timing, a kind response might be, *"I'm glad you're here. It seems like it's been a tough morning – would you like a few minutes to settle in or perhaps a glass of water?"* Such a small gesture can immediately put them at ease. It shows understanding rather than judgment. In that moment, you've signaled empathy (you noticed they are having a tough time) and offered help. This micro-interaction can greatly increase their trust in you. They see that you view them as a person, not just a case or task.

Another scenario: a displaced scholar is anxious about a stalled project. A kind approach could be validating and reassuring: *"I can imagine how stressful this situation is. It's completely understandable to feel this way. Please know that you're not alone – we will figure this out together."* By saying *"you're not alone,"* you directly counter the isolation they may feel. You position yourself as an ally by their side. Kind words like these cost nothing but have enormous impact in building psychological safety.

Practical examples of kindness in communication:

- Warm greetings and acknowledgment: Simply smiling (when in person or on video), using their name, and asking how they are can start an interaction on a positive note. *"Hi Dr. Ivanov, it's good to see you. How have you been holding up this week?"* This shows genuine interest in them as a person.
- Active listening and validation: Let them share their concerns fully, without interruption. Nod or give verbal cues to show you're listening. Then validate their feelings: *"I hear you – that sounds very overwhelming, and anyone would feel anxious in your situation."* This kind of response tells them it's okay to feel what they feel. Listening without judgment is one of the kindest things you can do.
- Reassuring, empathetic phrases: Keep a repertoire of gentle, supportive phrases. For example: *"Take your time, I'm here for you," "Would it help if I looked into that for you?," "I'm really sorry you're going through this."* Statements like these, said sincerely, convey empathy. Even a simple *"You're doing your best, and that's enough for today,"* can relieve pressure and show you care about them beyond just paperwork or outputs.

Kindness means treating the person with the same dignity and patience you would offer a friend in need, while still maintaining professional boundaries. Little courtesies – like offering to grab a coffee before a difficult conversation, or sending a quick encouraging email (*"Just checking in to see how you are, no*

need to reply”) – can brighten their day and build trust. Every act of kindness is a signal: *“I see you. I care.”* Those signals accumulate into a strong relational safety net.

Transition: With a foundation of consistency and a spirit of kindness, the next element is about empowering the researcher. One effective way to show respect and build trust is by giving the person a sense of control in their situation. That brings us to offering choices.

Offering Choices – Empowerment through Options and Consent

Displaced researchers often feel a loss of control over their lives – decisions were made for them by circumstances or authorities. To rebuild trust, it’s important to give back as much choice and autonomy as possible. When we offer choices, we send the message: *“Your preferences matter. You are an active partner in this process, not a passive subject.”* This boosts their confidence and trust in you, because they feel respected and heard.

Offering choices can be done in small ways throughout your interactions. For example, rather than saying “You need to fill out these forms now,” you could say, *“We do have to get these forms done. Would you prefer to go through them together, or would it help if I emailed them for you to review first and then we can discuss?”* In this phrasing, you’re providing options: do it together now, or review first then talk. You’re also checking what would *help them* – a subtle but important shift from telling to collaborating. Phrasing like *“Would it help if...”* invites them to consider what they need, instead of you assuming. It’s a gentle way to offer assistance while still giving them control. For instance, *“Would it help if I spoke to the department on your behalf, or do you prefer to handle it directly and I’ll back you up?”* empowers them to choose how they want to proceed.

Another example is giving choices about meeting logistics or support methods: *“Do you feel up to meeting in person, or would you rather have a video call?” “Would you like me to be present in your next meeting with the funding body, or just on standby if you need me?”* Even these simple options can make a researcher feel more at ease. When people are anxious or overwhelmed, having a choice (even between two small things) can restore a sense of control.

Crucially, always ask for consent before diving in with help or information. Some may want detailed guidance; others may just want you to listen. You might say, *“Would you like my thoughts on this situation, or would you prefer I just listen right now?”* This question honors their needs in the moment. It prevents well-intentioned help from becoming overbearing. By checking in, you show respect for their autonomy.

Real-life communication example: Suppose a researcher you support hasn’t been attending group meetings. Rather than immediately insisting they join, you approach them privately. You learn they feel out of place in those meetings. Instead of directing them, you offer a choice: *“We could try a smaller meet-up first, just you and a couple of supportive colleagues, or if you prefer, we can find another way for you to get the info from those meetings. What would you find most comfortable?”* Now the researcher doesn’t feel cornered; they feel collaborated with. You’ve shown you’re flexible and that their comfort is a priority – fertile ground for trust.

Helpful phrases for offering choices:

- *“Would it help if...?”* – e.g., “Would it help if I accompanied you to the meeting, or would you rather I be available by phone?” This phrase shows willingness to help on their terms.
- *“Here are a couple of options we can consider...”* – Laying out options explicitly reinforces that there is more than one way, and they have a say. *“You have a few options for your next steps: we can either apply for the grant now or wait until you settle in a bit more. I can support you either way – what do you think?”*

- *“It’s up to you – we will go at your pace.”* – Explicitly hand the decision-making back to them for non-critical choices. *“We can talk about personal challenges only if you’re comfortable. It’s completely up to you – I’m here to support you at your pace.”* Remember to actually honor their choice once given. If they choose to wait or to handle something themselves, respect that (with appropriate safety considerations).

By offering choices, you transform the dynamic from *power imbalance* to collaboration. You’re not just a service provider telling them what to do; you’re a partner working *with* them. This empowers the researcher and builds trust because they see you genuinely respect their agency. In trauma-informed practice, providing choices and a sense of control is key to restoring a person’s autonomy and trust. Every time you say *“Would you prefer...?”* or *“It’s your decision”*, you give a little bit of power back to someone who may have felt powerless. That is a profound trust-building act.

Transition: Now, even when we are consistent, kind, and offer choices, there is another ingredient that needs to weave through all of these interactions: patience. Trust grows over time, and often at the pace the person is ready for. Let’s discuss the importance of patience in creating psychological safety.

Patience – Respecting Their Pace and Being Present

Building trust is a gradual process, especially with individuals who have been through trauma or significant stress. Patience is the art of meeting the person where they are, without rushing or pressuring them. In our role, patience means giving the researcher time – time to process information, time to make decisions, time to heal. It also means managing our own expectations and being prepared to explain things multiple times or to pause when they feel overwhelmed. By being patient, we communicate *“I’m with you for the long haul, and I won’t rush you.”* This steadfast calm can greatly enhance psychological safety, because the person senses that they won’t be judged or abandoned if they need a slower pace.

In practice, patience looks like this: You’re helping a researcher navigate a complex grant application. Halfway through, you notice they seem lost or fatigued. Patience is stopping and saying, *“It’s a lot to take in, I know. Take your time – there’s no rush. Would you like to pause here and continue tomorrow?”* This kind of reassurance (*“take your time, there’s no rush”*) can release a huge burden. It tells the person that their comfort and understanding are more important than sticking rigidly to a schedule. Maybe they worry that they’re inconveniencing you by slowing down – your patient offer to pause shows them that you truly prioritize their needs. It builds trust because you prove that you won’t push them beyond what they can handle.

Another example: a researcher is struggling to open up about a personal challenge affecting their work. You might sense they’re not ready to talk, so you simply let them know you’re available whenever they are ready. *“I understand you might not be ready to discuss this now. Take your time, and if or when you want to talk about it – even if it’s weeks from now – I’m here to listen.”* By saying this, you remove any pressure. You’re being patient with their healing process. This patience is a form of respect. In response, the researcher is more likely to eventually confide in you because they’ve seen that you won’t force the issue. You’ve created a safe space that they can step into at their own pace.

Patience in communication can be shown by:

- Allowing silence and processing time: After asking a question or sharing information, *resist the urge to fill every pause*. Displaced researchers may need extra moments to gather their thoughts or overcome language barriers. If there’s a silence, you can calmly say, *“It’s okay, take your time – I’m here when you’re ready.”* This assures them that silence is not a problem and they don’t have to rush an answer.
- Breaking things into small steps: Patience is also about pacing the work. Rather than overwhelming them with too many tasks at once, break tasks into manageable pieces and

celebrate small progress. *“Why don’t we focus on this one section today. We can tackle the rest tomorrow. There’s no deadline today – what matters is that you feel comfortable with each step.”* This approach prevents frustration and burnout, showing you’re mindful of their limits.

- Staying composed and supportive when challenges arise: If the researcher has a setback or makes a mistake, respond with calm understanding instead of irritation. For example, if they miss an appointment, you might say in a caring tone, *“I was worried when you didn’t show up, but I’m glad you’re okay. Let’s reschedule – no problem at all. Is there a time that works better for you?”* This response is patient and non-judgmental, focusing on moving forward. It shows them that you won’t give up on them for hitting a bump in the road.

Patience truly tests our commitment to support. There will be times when progress is slow or communication is difficult. But remember, every time you choose patience over frustration, you reinforce trust. You prove that your support is unconditional – not just there when things are easy or fast. This greatly enhances psychological safety: the researcher learns that they can be honest about needing more time or help, without fear of disappointing you. As one set of guidelines notes, *“demonstrating patience and continuing to support [someone], even during challenging times,”* is crucial to a trusting, healing relationship. Your steady patience can be a calming anchor for someone whose life has been stormy.

Transition to conclusion: We’ve now discussed four key ingredients – predictability, kindness, offering choices, and patience. These might seem like small, everyday behaviors, but they truly are game-changers in building trust. Let’s reflect on how these come together and what that means for our work.

In supporting displaced researchers, there are no “small” interactions. Every phone call, every meeting, every email is an opportunity to either build trust or to chip away at it. The good news is that by being mindful of the four elements we discussed, you can make each interaction a positive one that accumulates into a strong, trustful relationship.

Think about what we achieve when we practice these principles consistently:

- With predictability, we give the researchers a stable base and reduce their anxiety. They know they can rely on us, and that consistency becomes a source of comfort.
- With kindness, we humanize the relationship. We show care and empathy, reminding them that they are not alone and that their feelings matter. This emotional safety net encourages them to open up and engage without fear.
- By offering choices, we hand back control and respect. We empower them to steer their journey and make decisions about their own lives, restoring their confidence and dignity. They trust us more because we trust *them* to know what’s best for themselves.
- Through patience, we prove our commitment. We’re saying, *“I’m here with you for as long as it takes. I won’t rush you or abandon you if things are slow or difficult.”* This persistence and understanding build a deep sense of security – the heart of psychological safety.

Each of these alone is helpful, but together they create a trauma-informed, supportive atmosphere where a displaced researcher can truly breathe, feel safe, and start to rebuild. The end result is that the researcher feels psychologically safe – they can ask questions, admit uncertainties, and fully participate in opportunities without fear. That sense of safety unlocks their ability to focus on their work and growth, which is ultimately what we want for them.

Before we close, I invite you to reflect on your own daily work. *What are the “micro-trust” moments you can leverage?* Perhaps it’s as simple as sending a reassuring message at the start of a busy week, or actively listening for five extra minutes instead of watching the clock. Maybe it’s giving someone the choice to communicate by email if they’re not ready to talk in person. Or it could be patiently explaining a procedure for the third time because you sense they’re still confused, and saying *“It’s okay, I’m happy to go over this again.”* These small acts, done consistently, are what build an unshakeable trust over time.

In conclusion, *building trust and psychological safety is not one grand gesture – it's the sum of many little moments*. Micro-trust is about being mindful that everything we do in our interactions sends a message. Let's make sure our messages consistently say: *"You are safe here with me. I care about you. We are partners in this, and I will support you at your pace."* When we approach our work with predictability, kindness, choices, and patience, we create a ripple effect of trust. We make it possible for these researchers to not only recover from displacement, but to truly thrive in their new environments.

Responding to Signs of Distress (Without Overstepping)

Recognizing and responding to that psychological and emotional suffering isn't just kind – it also improves well-being and aids in their integration and productivity. In fact, studies indicate that *at least one in three* refugees or asylum-seekers experience issues like depression, anxiety, or PTSD. Distress after displacement is often a natural reaction to abnormal events, not a personal weakness. With a trauma-informed approach and cultural humility, we can support these researchers effectively while respecting our professional roles. So, how and when to gently acknowledge stress, examples of supportive responses (what to say and what *not* to say), and how to spot red flags that mean it's time to involve a professional.

Recognizing Stress in Displaced Researchers

First, we need to recognize the signs of distress. Displaced researchers may not always explicitly say “I’m struggling,” so it’s important to notice *changes in behavior or mood*. Signs can be emotional, physical, or behavioral. For example: persistent sadness or anxiety (emotional), chronic fatigue or frequent headaches (physical), or withdrawal and loss of motivation (behavioral). You might observe a formerly active researcher becoming very quiet and detached, or someone often appearing exhausted and distracted. Perhaps they mention trouble sleeping or seem unusually irritable. These are signals of stress that shouldn’t be ignored.

When should you acknowledge these signs? As soon as you notice a pattern or a significant change. Don’t wait until a minor issue becomes a crisis. Of course, use discretion – a single off day isn’t cause to intervene, but *ongoing* signs (over days or weeks) are. Also, choose an appropriate moment: private, safe, and relatively calm. For instance, not in the middle of a group meeting or when either of you is rushing to another task. Finding a quiet moment (“Could we grab a coffee and chat?”) or a private video call is often best. Timing matters – ideally, reach out when you can both have a few minutes without interruption, ensuring the person doesn’t feel spotlighted or defensive.

How to Gently Acknowledge Distress

Approaching someone about their distress can be delicate. The key is to be gentle, non-judgmental, and sincere. A good strategy is to describe what you’ve observed and express concern, without making assumptions. For example, you might say in a caring tone: “*I’ve noticed you don’t seem quite yourself lately, and I just wanted to check in. How are you doing?*” This kind of statement is compassionate and direct, yet not intrusive or accusatory. It focuses on the behavior (“don’t seem yourself”) rather than labeling the person or demanding an explanation.

If you feel unsure how to start, here’s an approach recommended by psychological first aid experts: “*I couldn’t help but notice you seem distressed (or not quite yourself) today.*” Then pause and listen to their response. This simple acknowledgement can open the door for them. They may confirm they’re struggling or they may downplay it – either way, you’ve shown that you care. Follow their lead: if they begin to talk about it, continue the conversation; if they brush it off, you can gently add, “*Alright. Just know I’m here if you ever want to talk. I’m a good listener.*” This lets them know the offer for support is there without pushing them. The goal is to make them feel seen and safe, not forced to disclose anything before they’re ready.

A few tips for that initial approach:

- Be empathetic and calm: Your tone and body language should convey empathy, not alarm or impatience. *Remaining calm and keeping a reassuring presence* helps the person feel safer

opening up. If you're anxious or in a hurry, they may shut down. Take a slow breath, and approach them with a calm demeanor.

- Use "I" statements and observations: Saying *"I noticed you've been very quiet in our meetings and I'm concerned"* is gentler than *"You seem depressed"* or *"What's wrong with you lately?"*. Stick to specific observations (e.g. "I noticed you've been leaving early" or "I noticed you haven't been as responsive on the group chat") and express that you care. This avoids sounding like blame or gossip.
- Ensure privacy and trust: Acknowledge in a one-on-one setting. If it's an online interaction, perhaps message them privately to ask for a chat, rather than calling it out in a group video call. Make it clear that you'll keep what they share confidential (within professional limits). For example, "We can talk privately – and I will keep this between us. I just want to support you if I can." Trust is a cornerstone of trauma-informed communication.

By gently bringing up what you've noticed and offering your support, you send the message that they are not alone and that it's okay to not be okay. Sometimes, that simple acknowledgement is a huge relief to someone in distress.

Active Listening and Supportive Responses

Once you've opened the door and the person starts to share, listening becomes your most important tool. Active listening means truly focusing on what the person is saying (and not saying), and responding in a way that shows understanding and empathy. Here are key components of active listening and supportive response, especially relevant in a trauma-informed context:

- Listen without interruption. Let them set the pace of the conversation. Encourage them to talk by nodding or with brief verbal cues ("Mm-hmm," "I see," "Take your time"). Resist the urge to jump in with solutions or your own stories. *Do listen and encourage them to share; don't interrupt* unless it's absolutely necessary for clarity or safety. If there's silence, give them space – sometimes a pause helps them gather their thoughts. Avoid finishing their sentences or cutting them off, as that can make them feel hurried or unheard.
- Show empathy and validate feelings. Use phrases that acknowledge their feelings in a genuine way. For example: *"That sounds really difficult."* *"I'm so sorry you're going through this."* *"It's understandable that you're feeling overwhelmed – you've been through a lot."* These responses demonstrate that you *hear* them and that their feelings are valid. Even if you haven't experienced what they have, you can empathize with the emotions. Avoid phrases that invalidate or downplay what they feel – we'll cover those in the "what not to say" section soon.
- Use open-ended questions (sparingly). To gently deepen the conversation, you can ask open-ended questions like "How have you been coping with all these changes?" or "What has been stressing you the most lately?" Open questions (that can't be answered with just "yes" or "no") invite them to elaborate. However, be careful not to probe too forcefully, especially about traumatic details. This is not an interrogation; it's okay if they don't want to answer something. Follow their comfort level. Sometimes just *"Would you like to tell me more about that?"* is enough of an invitation. If they seem hesitant or say they're not ready to talk about something, respect that and don't push.
- Reflect and paraphrase. Repeat back or paraphrase what they've said to ensure you understand and to show that you're listening. For instance, *"It sounds like you're feeling very uncertain about the future and that's causing a lot of stress, is that right?"* or *"What I'm hearing is that you miss the community you had back home, and you feel quite alone here."* Reflections like these can help them feel heard and can also clarify things. They might respond, "Exactly," or they might clarify, "Actually, it's not so much loneliness as it is fear of failing in my work..." – either way, you get a better understanding. This technique, a staple of active listening, conveys empathy and can sometimes help the person articulate their feelings more clearly.
- Avoid jumping straight to problem-solving. For many of us, it's instinctive to try to "fix" the problem once someone shares their difficulties ("Have you tried X? Maybe you should do Y."). But in moments of distress, being heard often matters more than immediate advice. As the

Psychology Today article on PFA notes, usually the person “simply wants to vent... They don’t expect you to resolve the issue”. So, first focus on listening and empathizing. Once you’ve thoroughly heard them out and acknowledged their feelings, you can *collaboratively* explore next steps (if appropriate). You might ask, “*What do you think might help you feel a bit better or more supported right now?*” This empowers them to think of solutions with you, rather than you prescribing something.

- Offer practical support or options (with permission). After listening, depending on the situation, it may be helpful to offer help – but frame it as options, not directives. For example: “*Would it help if I assisted with finding a local language class or support group? There are some resources available.*” or “*If you’d like, I can adjust some of your workload deadlines while you settle in – would that be helpful?*” Offering concrete help (like flexibility at work, information about counseling services, or help navigating bureaucracy) shows you’re willing to act, not just talk. However, always ask rather than assume what they need. Everyone’s needs are different; as PFA guidelines say, *don’t act on preconceived notions of what they need – ask them directly*. This respects their autonomy and fosters trust. For instance, you can ask, “*How can I help?*” or “*Is there anything you need from me or the team that could make things easier right now?*” They might say, “I’m not sure,” or they might have a specific request. If they decline help or say “I’m fine for now,” accept that gracefully: “*Okay, no problem. If anything changes, or if you think of something I can do, let me know – I’m here for you.*”
- Be patient and follow up. Supporting someone is often not a one-and-done conversation. They may not open up fully the first time, or they may feel embarrassed after sharing. End the conversation by reassuring them of your support: “*I’m really glad we talked. Let’s check in again soon.*” And do follow up after a day or two or the next week: “*Hey, I just wanted to see how you’re doing since we last spoke.*” This consistency shows that your concern was genuine and ongoing. It helps build a sense of trust and safety. Even if they seemed okay in the moment, stress can be ongoing, so that second check-in can make a big difference. Just be careful to do this in a non-nagging way (you don’t want them to feel micromanaged emotionally) – a light, caring touch is enough.

Throughout these supportive interactions, keep your tone and language professional yet warm. You are not their therapist, but you are a compassionate colleague. It’s a balance: you want to avoid clinical jargon or prying questions, but also maintain appropriate professional boundaries (for example, you’re not going to hug them in a work context, but you might express empathy verbally). Trauma-informed communication means you assume the person might have a trauma history and you act in ways that promote feelings of safety, choice, and empowerment. This might mean allowing them to control how much they share, acknowledging their strengths and resilience (e.g. “It’s incredible how you managed to handle relocating and still continue your research – that shows a lot of resilience.”), and being very transparent about what you can and cannot do to help. For instance, if you plan to suggest a certain resource or need to talk to a supervisor about adjusting their duties, explain it and get their consent instead of doing it behind their back. This collaborative, respectful approach aligns with trauma-informed principles and helps avoid unintentionally re-traumatizing or disempowering the person.

What to Say vs. What *Not* to Say

It’s helpful to get specific about language. Sometimes even well-intentioned people say things that end up hurting or alienating someone in distress. Let’s go through some clear examples of supportive phrases (“what to say”) versus things to avoid (“what not to say”) when responding to a displaced researcher’s distress. Think of these as our Do’s and Don’ts of compassionate communication:

☒ What to Say (Supportive, Helpful Responses):

- “I’m here to listen if you want to talk.” – A simple, powerful offer. It signals availability and willingness to hear them out, without pressure. It gives the person control over whether to talk and how much to share.

- “It sounds like you’ve been going through a lot. That must be really tough.” – This *validates* their experience. You’re acknowledging the difficulty of their situation. Phrases like “*that must be hard*” or “*I can’t imagine how stressful that is*” show empathy. You’re not trying to cheer them up or fix it; you’re recognizing their reality.
- “Thank you for sharing this with me.” – If the person does open up about their feelings or experiences, thanking them shows that you appreciate their trust. It reinforces that talking about it was okay and welcome. It also subtly conveys that you see their sharing as valuable, not a burden.
- “What do you think might help you feel better or more supported?” – This question empowers the person to identify their needs and preferences. It avoids the trap of *us* telling *them* what they need. Maybe they need a day off, maybe they just need someone to vent to, maybe they don’t know – but asking gives them an opening to reflect or to voice a need if they have one. (If they say “I don’t know,” that’s fine – you can gently propose a small suggestion or just move on with listening.)
- “Would it be okay if I [do X to help]?” – Offering a specific form of help *with their permission* shows respect. For example: “*Would it be okay if I connected you with our counseling service? I think they have some resources that might be useful.*” By phrasing it as a question, you’re not imposing. You’re checking their comfort level. They might say yes, or they might prefer something else.
- “I understand this is really overwhelming. It makes sense that you feel stressed.” – This kind of statement normalizes their feelings given the circumstances. For a displaced researcher, so much has changed in their life; feeling overwhelmed is a very natural response. Telling them “*it makes sense*” can reduce any shame or self-blame they might have about not coping “perfectly.” It aligns with a trauma-informed view that their reactions are normal reactions to abnormal events.
- “You’re not alone in this – we (or I) care about you.” – Feeling isolated is common in distress, especially for someone far from home. Reminding them that they’re not alone – that you care, and perhaps the organization cares about their well-being – can be reassuring. Only say this if it’s true, of course. If appropriate, you might add “*Many others here want to support you too, we’re a team*” (if you know that to be the case). Knowing they have a support network, even a small one, can ease a lot of anxiety.
- “It’s okay to feel what you’re feeling. There’s nothing wrong with needing some help.” – Often people in distress, particularly high-achieving academics, may feel guilt or embarrassment about struggling. Reinforce that it’s okay to have these feelings and to seek or accept help. A phrase we like to use is “*asking for help is a strength, not a weakness,*” because it shows self-awareness and courage. In fact, reaching out is often the first step toward getting better.

✕ What *Not* to Say (Avoid These Phrases):

- “At least ____.” – Avoid any sentence starting with “At least...” when responding to someone’s problems. “*At least you survived,*” “*At least you have a job here,*” “*At least it’s not as bad as [someone else’s situation]*” – these kinds of remarks, while meant to find a silver lining, minimize the person’s feelings. It comes off as telling them “your problem isn’t that bad,” which can feel dismissive. As a rule, *don’t minimize their concerns or try to cheer them up by comparison* (“*well, at least...*”). They are entitled to their full feelings about their own situation.
- “I know exactly how you feel.” – Even if you also moved countries or have had a somewhat similar stress, you don’t know exactly what they feel. Everyone’s experience is personal. Claiming you know can seem dismissive or make them feel their situation is being co-opted. Instead, you can say “I can’t imagine how hard this is, but I want to help” – acknowledging the uniqueness of their experience. The only slight exception is if *you too are a displaced person with very similar experiences*, sharing a bit of your perspective can build camaraderie – but do so carefully and only if it truly serves to help them (and after you’ve heard them out). Even then, you wouldn’t say “exactly how you feel,” but rather “*I went through something similar and I remember it was really hard*”, and then refocus on them.
- “You should just ____.” – Giving unsolicited advice or quick fixes is generally unhelpful. “*You just need to exercise more, you’ll feel better,*” “*You should focus on the positive,*” “*Just get over it and concentrate on your research,*” etc., are likely to make the person feel misunderstood or even criticized. If solutions were that simple, they’d probably have tried them already. Telling

someone in distress what they “should” do can sound condescending and may shut them down. Remember, our role is to support and perhaps guide to resources, not to boss them around or play amateur psychologist.

- “Don’t worry about it” or “Just stay positive.” – While positivity has its place, these phrases *oversimplify* the situation. If someone is anxious or depressed, being told “don’t worry” is not going to magically switch off those feelings. It might even add pressure, as if they’re doing something wrong by worrying. It’s far better to acknowledge their worries and perhaps help brainstorm ways to manage them, rather than telling them not to have them. Similarly, “cheer up” or “think positive” can come across as *policing their emotions*. It unintentionally signals that their current feelings are not valid or acceptable, which is not the message we want to send.
- “It could be worse” or “Others have it worse than you.” – This is another form of minimizing comparison. The fact that suffering is relative doesn’t actually comfort someone in the moment – it often induces guilt or frustration. A displaced researcher likely *knows* others have it bad too; that doesn’t make their pain disappear. We should allow them to focus on what *they* are feeling without invoking a comparison. Empathy is not a zero-sum game; validating one person’s struggle doesn’t diminish anyone else’s.
- Any critical or blaming remarks. For example, “Why did you do that?”, “You’re overreacting,” or “Is this because you didn’t plan well?” – Such comments are judgmental and will almost certainly shut down communication. The moment someone feels judged or blamed, they’ll retreat. Even if you’re trying to understand the situation, phrase questions in a non-accusatory way. Instead of “*Why did you miss the deadline? Is it because you were upset?*” (which can sound blaming), you could say “*I noticed you missed the deadline; I’m guessing things have been overwhelming recently?*” – which is softer and more understanding. But generally, avoid focusing on mistakes or what they “should have” done. The priority right now is their well-being, not assigning fault for any performance issues.
- “Calm down” or “Don’t be so upset.” – Telling someone to calm down has almost never calmed anyone down. It usually has the opposite effect, making the person feel their emotions are being dismissed. If someone is visibly upset or anxious, a better approach is to say, “*I see this is really upsetting – let’s take a moment,*” and perhaps lead a short grounding exercise *with* them if appropriate (for instance, take a deep breath together, or suggest stepping outside for some air). But a direct “calm down” can sound like you’re annoyed at their reaction rather than caring about the cause.
- Promises you can’t keep. This is more of a general rule than a specific phrase. Don’t tell them “*Everything will be fine*” or “*I won’t tell anyone*” (if actually you might need to), or “*I’ll fix this for you*” if it’s beyond your power. It’s important to be honest and realistic. You *can* say “We will do our best to support you” – because that is within your control as a team. But avoid false reassurance like “I promise this will all be resolved soon.” Overpromising can break trust if things don’t pan out. Similarly, about confidentiality: usually you should keep things private, but if someone confides they are in danger or a danger to themselves, you *must* get professional help involved even if it means breaching privacy. It’s better to be upfront: “*I will keep this private between us. The only exception is if I’m worried you might hurt yourself or someone else – then I would need to get additional help, because your safety is the priority.*” Such honesty ensures no broken trust later.

In summary, speak in a way that validates and supports, not in a way that dismisses or judges. When in doubt, imagine how you’d comfort a good friend in pain – you’d likely use kindness, patience, and understanding. The same applies here, with the added layer of maintaining professional respect. If you catch yourself about to say something that starts with “At least...”, “You should...”, or “Don’t...”, pause and reframe. Often you can turn a “don’t” into a “do” by focusing on what you *can* offer. For example, instead of “Don’t think about that,” you could ask, “What’s been helping you cope when things feel overwhelming?” – encouraging positive action without negating their feelings.

Red Flags: Knowing When to Refer to a Professional

While providing empathetic support is part of our role, it’s crucial to know our limits. We are not mental health professionals (unless someone has that training), and even if we were, in this context our primary

role is workplace support, not therapy. Sometimes a researcher's level of distress may go beyond what we can or should handle alone. Recognizing red flags will tell us when it's time to gently suggest professional help or involve additional resources.

Here are some key red flags that indicate a need for professional referral or emergency action:

- Talk of self-harm or hopelessness. If a person expresses feelings of hopelessness like *"I can't go on," "What's the point anymore,"* or explicitly mentions suicidal thoughts or self-harm, take it very seriously. This is a bright-line indicator for immediate professional intervention. It might feel awkward, but it's important to ask directly if you suspect someone is considering self-harm. Research shows that asking about suicidal intent does *not* plant the idea or make it worse – instead, it can be a relief for the person to be able to talk about it. For example, *"It sounds like you're feeling really desperate. Sometimes when people feel like that, they think about hurting themselves – have you had any thoughts like that?"* If they say yes (or anything close to it), do not leave them alone and do not promise secrecy. This is the point to get professional help immediately – such as contacting a mental health crisis line, a counselor, or emergency services, depending on the severity. As one set of guidelines notes, *don't hesitate to ask about thoughts of self-harm or harm to others; and if they are present, help the person get immediate professional care.* Your role then becomes keeping the person safe and getting them to the appropriate professionals. *(In a EURAXESS context, you should also be aware of your institution's protocol: for instance, informing a supervisor or calling a campus crisis team if one exists.)*
- Prolonged or worsening symptoms. We all have bad days, even bad weeks. But if you notice that the researcher has been in a continuous slump for more than two weeks, with no improvement or getting worse, that's a sign that this is not a transient phase. For example, they've been gloomy or anxious every single day for weeks, or their sleep and appetite have been off for a long time, or they consistently look exhausted and mention nightmares. Mental health professionals often use a two-week mark as a criterion (for instance, clinical depression is typically diagnosed when depressive symptoms persist at least two weeks). So if things haven't improved over time, encourage them to seek extra support. You might say, *"I'm concerned that you've been feeling this low for a while. It might be a good idea to talk to a counselor who is trained to help with this kind of thing."* Emphasize that needing help beyond just friends or colleagues is nothing to be ashamed of.
- Inability to function in daily life. Another red flag is if the person's distress is significantly impairing their ability to function day-to-day. Are they unable to concentrate or work at all? Have they stopped showing up to labs or meetings entirely? Are they neglecting basic self-care (e.g., not eating, not getting out of bed, not attending to personal hygiene) because of their emotional state? When stress or trauma begins to paralyze someone's normal activities, professional intervention is likely needed. We can support them by adjusting expectations in the short term (like giving leave or lighter duties), but that goes hand-in-hand with guiding them to professional help so they can recover. You might frame it like, *"It seems this is really affecting your day-to-day. I think it might help to talk with a professional who can give you tools to start feeling better and functioning better. I can help you find someone to talk to."*
- Extreme behaviors or reactions. Pay attention to any extreme or erratic behavior that is out of character. For instance, if a typically calm person has angry outbursts or panic attacks, or if someone starts using alcohol/drugs heavily to cope (substance abuse), these are warning signs. Also, emotional numbness or withdrawal to an extreme degree – like they're *completely* shut down, not responding to anyone – is a concern. These could be manifestations of severe depression or PTSD. While you should continue to be supportive, these scenarios usually call for a mental health professional's assessment.
- Your own feeling of being out of depth. Trust your instincts. If during a conversation you find yourself thinking, *"This is more than I know how to handle,"* or *"I don't know what to say or do anymore to help this person,"* that's a sign that the situation may require professional help. There is absolutely nothing wrong with reaching that point – in fact, recognizing our own limits is a responsible thing to do. We can still be there for the person as a supportive colleague/friend, but we shouldn't try to play therapist or savior. As psychological first aid experts remind us, PFA (or basic emotional support) is not a substitute for professional care. Encourage the person to seek counseling or other resources, and offer to assist in that process.

How to refer or encourage professional help without overstepping? This can be tricky, because you don't want to make the person feel like you're dumping them onto someone else or treating them as "ill." One way is to frame it positively: *"Talking with [counselor/psychologist/support service] might really help you sort through this – they have experience helping people in situations like yours."* Emphasize that getting help is normal and in fact a sign of strength. If you know of specific resources (perhaps EURAXESS or partner organizations have counseling, or local NGOs offer support for displaced people), have that information ready. You could say, *"If you're open to it, I can connect you with XYZ – they're experts in helping people dealing with what you're going through. We can even call or email them together, if that helps."* Sometimes actually helping make the appointment or introduction can lower the barrier for the person. Be careful, again, to get their consent: you might offer, *"Would you like me to call someone for you, or do you prefer to do it yourself? I can sit with you while you call if you want."* This way they don't feel pushed beyond their comfort.

Importantly, if the person *refuses* and you still strongly believe they need professional help, you might consult with your team or a supervisor (without violating confidentiality, you can speak in general terms or ask for hypothetical guidance). If it's a crisis (like suicidal intent), you must act – even if that means involving emergency services against the person's initial wishes, because safety comes first. In less urgent cases, you may need to gently revisit the suggestion later. Sometimes people need a bit of time to come around to the idea of seeking help.

Always remember: you are not "solving" their deeper problems personally, and you shouldn't try to. Your role is to be a bridge to help, a supportive peer, and an advocate. Think of it like this: if the researcher had a severe physical injury, you wouldn't try to perform surgery; you'd administer basic first aid and then take them to a doctor. The same applies to psychological injuries. You provide first-line support (listening, comforting, helping with small practical things) and then guide them to the specialists for further healing. This team approach – you, the individual, and the professionals – is the safest and most effective.

As EURAXESS staff working with displaced researchers, you have a unique and meaningful opportunity to make a positive difference in someone's life during a very challenging time. By responding to signs of distress with compassion and appropriate care, you help create a safe environment where the researcher can begin to heal and thrive. Let's recap the core takeaways:

- Notice and acknowledge distress early: Pay attention to changes in mood or behavior. If you see someone struggling, reach out in a gentle, private way. A simple *"I've noticed you seem down lately, and I care about how you're doing"* can open the door.
- Use trauma-informed communication: Be sensitive to their past experiences. Build trust by being honest, calm, and respectful, and by giving them choices in what, when, and how they share. Avoid anything that could re-traumatize (like pressuring them to recount painful events). Your goal is to help them feel heard, safe, and in control of their story.
- Listen more than you talk: When they do open up, listen actively and empathetically. Let them express themselves fully. Acknowledge their feelings (*"I hear you, and I'm sorry you're going through this"*). Sometimes just being there and listening is the best help you can give in that moment.
- Support without overstepping: You're a supportive colleague, not a therapist. Provide encouragement, understanding, and practical help within your role. Offer to connect them with resources or to accommodate their needs at work as much as possible. But also know when to step back and involve professionals. You're part of a support network – you don't have to carry it all on your shoulders.
- Mind your words: Small phrases can have a big impact. Say things that validate and care; avoid things that dismiss or judge. If you're unsure about something you plan to say, ask yourself, *"Would this make me feel supported if I were in their shoes?"* If not, reconsider.
- Watch for red flags: If the person's distress is severe – talk of self-harm, inability to function, prolonged depression/anxiety, or any gut feeling that this is beyond normal stress – encourage

professional help. In emergencies, act promptly to get them assistance. It's always better to be safe when it comes to someone's well-being.

- Follow up and encourage hope: Check in on them later, showing that your support wasn't a one-time box to tick. Encourage them that things can improve with time and help. Sometimes, you might be the one to remind them that seeking help is a sign of strength and that they're not alone as they work through their challenges.

Lastly, maintain your own boundaries and well-being. Supporting others can be emotionally taxing, so use your team, supervisors, or even debrief with a counselor yourself if needed (without breaching confidences). We can't pour from an empty cup – staying compassionate includes self-compassion for us as supporters.

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