

Update on Seafarers' Welfare: 2012 Report on Psychological Impact of Piracy on Seafarers

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In 2007, the Seamen's Church Institute (SCI) urged the maritime stakeholders to devote attention through a number of initiatives to seafarers attacked and held hostage by Somali pirates. This included the creation of a piracy survivors resource center where seafarers, their families, shipowners, and seafarers' assistance organizations find help for dealing with the effects of piracy on seafarers and their families; study the psychological effects of piracy on seafarers; and create guidelines on caring for seafarers and their families affected by piracy.

The SCI took up a part of its challenge by initiating in 2009, a clinical study of the effects of piracy on seafarers' mental health. The clinical study, designed by SCI's lead investigator Dr. Michael S. Garfinkle, was approved by the Institutional Review Board of the Mount Sinai School of Medicine in New York City for human subjects' research. The clinical study was complicated by several factors including: scant scientific literature on seafarers' lives and work; the absence of any reasonable baseline of normal stress among seafarers; seafarers' self-reliant culture which tends to stigmatize - rather than sympathize with - mental illness, making it less likely that affected individuals would disclose feeling mentally unwell, and fears that disclosures of psychological symptoms could be a threat to reemployment.

Because of these factors, SCI interviewed seafarers from the "normal" group (those not directly affected by or displaying symptoms) to develop a baseline of normal stress expected in seafaring. This baseline was needed to examine whether the effects of piracy on seafarers represented a deviation from that norm. Dr. Garfinkle and his assistant, Dr. Janaka Saratchandra, conducted semi-structured interviews in person at SCI's International Seafarers' Center and on board ships in Port Newark, as well as by

telephone, Skype and Internet. The interviews collected seafarers' personal history, employment history, spiritual and cultural beliefs, and finally (if not discussed at an earlier stage of the interview) experience with piracy. The interviews were designed to generate the greatest amount of spontaneous information and to gather as much context as possible of the seafarer's personal circumstances. Clinical researchers made every effort to guarantee the anonymity of participants and protect their privacy by conducting interviews in a secluded space and by anonymizing the data following the interview.

The researchers interviewed 154 seafarers (150 men and four women) aged between 18 and 63 who had between one and 38 years seagoing experience. From those interviewed, 11 had been held hostage by pirates and 14 others had been on vessels attacked by pirates. The Philippines were heavily represented in the sample with 99 participants along with 15 from elsewhere in Southeast Asia, 17 from Eastern Europe, six from Northern Europe, 6 from the United States, 4 from North Africa and 7 from South America.

While the formal report of the clinical study is still under peer review with an expected publication in autumn 2013, several general impressions emerged from the interviews.¹ Generally, the seafarers interviewed in the study did not consider their occupation unduly stressful under normal conditions; however there was an increase in overt concern about piracy with anticipatory stress about transiting piracy zones from 2009 to 2011. The notion of having armed guards aboard their vessels to protect them from pirates was met with near unanimous approval, but when asked what would most improve daily life aboard ship, many seafarers suggested Internet or telephone access that would allow them to stay better in touch with relatives at home.

Of the 25 seafarers who had been attacked or held hostage by pirates, most experienced some clinically significant symptoms afterwards, including concern about returning to work (20), sleep disturbances (12), diminished energy (10), increased use of alcohol (7), loss of pleasure in formerly pleasurable activities (6), deterioration of significant relationships (5), irritability (5) and thoughts of suicide (3). Within the group, less than one-third felt they had received adequate follow-up care. Generally, seafarers from the Western hemisphere received more post-event care than those from the Eastern hemisphere. Of those who received any care, most seemed unclear as to what to expect

from contact with a mental health specialist. Two of the seven who felt they received adequate care felt they benefited from it, as in the case of a captain of a pirated vessel who was “very surprised that just talking to someone over a few months restored his confidence to work.”

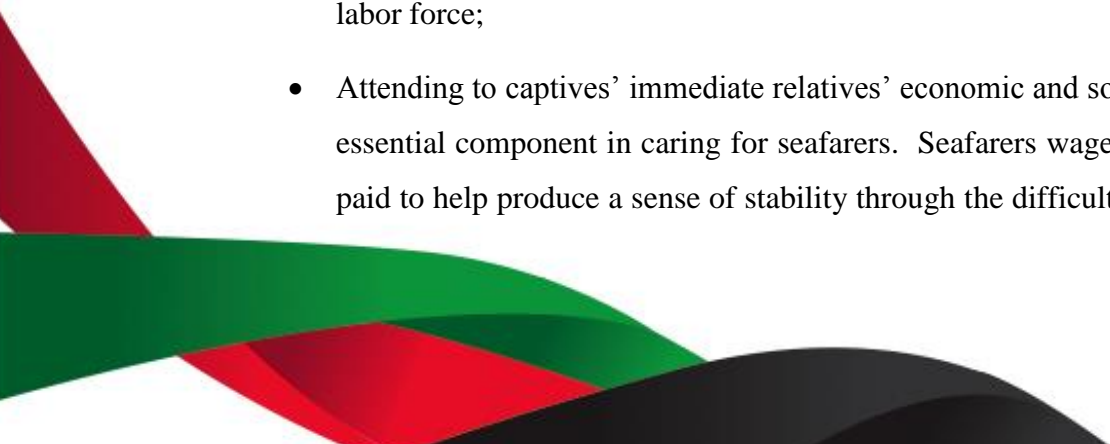
Within this sample, rank, age, and years of experience showed no correlation to subjective descriptions of stress, suggesting that all seafarers are equally vulnerable to the effects of piracy. However, the length of captivity appeared to be directly related to the quantity and intensity of symptom complaints. In other words, it appears that the longer seafarers are held captive the more likely they are to exhibit symptoms, and that those symptoms will be more severe. Notably, seafarers with a history of personal trauma that predated captivity experienced greater distress, emphasizing the importance of accounting for seafarers’ prior experience with trauma as a relevant factor in planning interventions.

Cultural and economic concerns seem to be the highest considerations when discussing challenges in seeking post-trauma care. When asked what barriers inhibited their care, many seafarers cited privacy concerns about disclosing medical records that could result in their not being employable. Most seafarers also expressed vague concerns about psychological complaints as described above; many felt the “thing men do” is to “be brave.” When researchers asked seafarers how they handle emotional concerns, a significant minority of seafarers cited spiritual belief as helpful for coping with worries, turning to prayer or meditation for relief. Others suggested that fellow crewmates could function as sources of support under certain circumstances.

Stress levels were significantly higher in 2012 compared with 2009, and when seafarers were asked if they felt they received adequate “mental preparation” for transiting pirate zones, almost all of them said they did not.

The clinical study interviews and clinical experience suggest a number of recommendations for responding to seafarers’ mental health needs, including:

- Initial clinical assessment after captivity remains a major concern with little consistency or agreement on best practice. Premature attempts at debriefing, including Critical Incident Stress Debriefing (CISD), may present problems;

- After receiving complete physical examinations by medical practitioners, seafarers must have practical material needs addressed, such as new clothes, haircuts, shaving and showers. In the first days after release, this appears sufficient. A proper medical examination can record preliminary observations of a seafarer's mental state. Observers should translate reports into the seafarer's native language, subsequently sending them to those responsible for care upon repatriation. Once home, professionals should conduct proper psychological assessments at baseline and then at 3-6 month intervals in the first year (with shorter intervals for those identified as high risk) to monitor for the emergence of symptoms;
 - Caregivers should initiate treatment only when symptoms are present and not as a general precaution;
 - Post-traumatic stress disorder (PTSD) research may be useful in drawing attention to potential post-piracy problems, but PTSD assessments are too restrictive. If analysts assess seafarers only for PTSD, other clinically relevant symptoms such as major depression, acute bereavement, and psychotic disorders may go untreated. Further, emphasizing illness ignores resiliency factors in individual seafarers, which, if bolstered, may improve recovery and possibly thwart development of symptoms later;
 - Seafarers' mental health care must be kept confidential (except where there is a likely risk of self-harm or harm of others) to encourage seafarers to disclose symptoms and receive appropriate treatment without fear of losing employment;
 - Developing industry-wide protocols for resilience training (preparation designed to minimize the likelihood of traumatic consequences due to contact with piracy) could lower risks of psychological consequences and resulting disruptions in the labor force;
 - Attending to captives' immediate relatives' economic and social needs remains an essential component in caring for seafarers. Seafarers wages must continue to be paid to help produce a sense of stability through the difficult time of captivity and
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- families must be provided access to mental health specialists to improve coping. Because social support becomes an integral part of a seafarer's recovery, family members need help to deal with the burden of assisting in that recovery;
- Stigmas associated with mental health care deter seafarers from taking advantage of effective therapy. Many seafarers experience symptoms that commonly follow post-traumatic events. Extremely effective therapies are available to treat such symptoms.²

SCI's clinical study highlighted the need for more research on seafarers' mental health as well as the need for maritime industry stakeholders to develop best practices for safeguarding seafarers' mental health through preventative resilience training, appropriate assessments, and quality care mechanisms. Confronting the stigma of mental health care that deters many seafarers from taking advantage of effective therapy remains the biggest challenge. Programs designed to provide mental health therapy for seafarers offer little benefit if seafarers do not take advantage of them because they fear losing their jobs or not being rehired.

Endnotes

¹ A preliminary study report is available at: http://seamenschurch.org/sites/default/files/sci-piracy-study-report-web_1.pdf

² The Seamen's Church Institute of New York and New Jersey, *Guidelines: Post-Piracy Care for Seafarers* <http://seamenschurch.org/law-advocacy/piracy-trauma-study> contains an appendix listing common symptoms experienced by persons who have experienced a traumatic event. Seafarers, their families and shipmates can use the list to assess the advisability of seeking therapy should the symptoms become problematic in terms of magnitude or duration.

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