Mediating role of self-compassion on the relationship between early maladaptive schema domains and secondary traumatic stress of refugee aid workers

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SUMMARY

Objective: Refugees are often exposed to various traumatic experiences before, during, and after migration. Refugee aid workers may also be indirectly affected by these traumatic experiences. The present study aims to examine the mediating role of self-compassion in the relationship between early maladaptive schema domains and secondary traumatic stress in refugee aid workers.

Method: This correlational study included 116 participants from different institutions in Turkey, who participated voluntarily. The sample included 83 (71.6%) female and 33 (28.4%) male participants. Their age range was between 23 and 64 (M = 29.6, SD = 5.5). Data were collected using the Turkish versions of the Young Schema Questionnaire-Short Form Version 3 (YSQ-SF3), the Secondary Traumatic Stress Scale (STSS), and the Self-Compassion Scale (SCS).

Results: The findings showed that self-compassion significantly mediated the relationship between disconnection and rejection [(b =.133, 95% BCA CI (.0605,.2199)], impaired autonomy and performance [(b =.087, 95% BCA CI (.0221,.1672)], other-directedness [(b =.247, 95% BCA CI (.1117,.3997)], and unrelenting standards schema domain [(b =.246, 95% BCA CI (.1031,.3830)] with secondary traumatic stress (STS). Self-compassion had a medium to large effect size on the relationship between each schema domain, except for Impaired Limits, and secondary traumatic stress in refugee aid workers.

Discussion: These findings offer preventative insights into secondary traumatic stress, a common psychological issue among refugee aid workers. The results suggest that in-service training and interventions focused on self-compassion can help prevent secondary traumatic stress in these workers. Additionally, schema therapy may be an effective intervention for aid workers struggling with secondary traumatic stress.

Key Words: Secondary traumatic stress, schema domains, self-compassion

INTRODUCTION

Both directly experiencing a traumatic event and learning about a significant other's traumatic experience leave scars in people's lives, which may lead to natural emotional and behavioral responses. This indirect experience is called secondary traumatic stress (STS) (1). Stress in secondary trauma arises from caring for a traumatized person who needs help (2). Exposure to others' traumatic experiences may result in emotional exhaustion and burnout. Therefore, Figley (1) mentioned that this exhaustion and burnout could lead to secondary traumatic stress disorder.

Social workers are particularly vulnerable to STS due to frequent exposure to traumatized individuals (3). They often assist vulnerable groups, including survivors of childhood abuse, natural disasters, and war (3). Working with such groups may lead to compassion fatigue, characterized by re-experiencing traumatic events, avoidance, and heightened arousal (4). Lee et al. (5) demonstrated that clinical workers exposed to trauma frequently experience these symptoms, negatively impacting their physical and mental wellbeing. For these reasons, STS among social workers is a critical issue that warrants attention.

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Many personal factors affect the likelihood of experiencing secondary traumatic stress. Although studies on STS show varying results regarding sociodemographic variables, gender (6, 7), age (8), education (8, 9), experience level (8, 10), frequency of exposure (8, 11), receiving training or supervision (12), and sense of competence (13) appear to play a role in experiencing STS.

Since self-compassion is shown to improve psychological well-being (14–16), it may be argued that self-compassion may buffer negative effects of STS. Self-compassion, rooted in Eastern philosophy but more recently explored in Western psychology, enables individuals to address their pain with kindness (17). Neff (17) conceptualized self-compassion as comprising three elements: self-kindness, a sense of common humanity, and mindfulness. These elements interact to foster resilience. For example, mindfulness reduces self-criticism and promotes selfunderstanding (18), while also cultivating a balanced perspective, reducing feelings of isolation, and strengthening interconnectedness (19, 20).

Numerous studies have examined the relationship between self-compassion and wellbeing. Self-compassion is negatively associated with anxiety, depression, and stress (21). MacBeth and Gumley (14) reported strong correlations between self-compassion and reduced psychopathology. Wu et al. (22) highlighted its protective effects against depression stemming from childhood maltreatment. High levels of self-compassion are also linked to happiness and psychological strengths (21, 23–26). Collectively, these findings suggest that self-compassion plays a vital role in well-being.

The concept of schema, which is central to the current investigation, is defined as a pattern that mediates perception, guides reactions to experiences, and affects how one perceives reality. It consists of "an abstract representation" of different features (27). A schema can be adaptive or maladaptive. Early Maladaptive Schemas (EMS) is defined as a "broad, pervasive pattern that consists of memories, emotions, cognition, and bodily sensations" (27). This pattern develops during childhood or adolescence and can be shaped and detailed by experiences throughout life. EMS is seen as "self-defeating emotional and cognitive patterns" (23). Young theorizes maladaptive behaviors are responses developed due to schemas, but they are not a part of schemas themselves (27).

The 18 schemas are divided into five schema domains categorized by unfulfilled emotional needs (27). The disconnection and rejection domain is explained by the inability to establish secure bonds with others and experience satisfying relationships. The impaired autonomy and performance domain is summarized as difficulties in differentiating themselves from their parent figures or important others and behaving independently (27). Impaired limitsdomain means having difficulties in creating internal limits adequately for reciprocity or selfdiscipline. The other-directedness domain is explained as people overestimating others' needs to gain approval. Over vigilance and inhibition domain is explained as repressing natural feelings and impulses. People with schemas from this domain have unchangeable internalized rules about their actions (27).

Aid workers supporting refugees and asylum-seekers face a heightened risk of STS due to exposure to trauma (28). Considering positive effects of self-compassion on psychological health (14, 15, 21), it is plausible that self-compassion may also be protective against STS. Additionally, EMS are linked to mental health issues like depression and anxiety (29–32). Studies suggest self-compassion mediates the relationship between maladaptive schemas and psychological distress (33–35, 37, 38).

The current study aims to examine the mediating role of self-compassion in the relationship between EMS domains and STS of refugee aid workers. The proposed model of this study is represented in Figure 1. This research addresses a critical gap in understanding the psychological mechanisms underlying STS in this high-risk group and highlights potential interventions, such as schema therapy and self-compassion practices, to improve their wellbeing. Findings could inform programs aimed at reducing STS prevalence among refugee aid-workers.

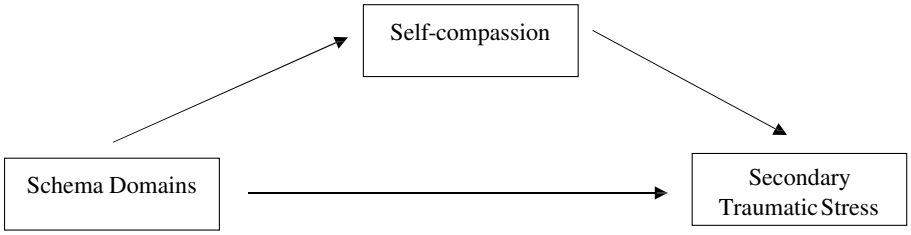

Figure 1. The mediation role of self-compassion on the relationship between early maladaptive schema domains and secondary traumatic stress.

This study also explores the relationship between early maladaptive schema domains, self-compassion, and secondary traumatic stress. Additionally, it examines whether secondary traumatic stress varies based on demographic variables. It was hypothesized that there is a significant negative relationship between early maladaptive schema domains and self- compassion, and that secondary traumatic stress is significantly and negatively correlated with self-compassion. In other words, it was anticipated that experts with higher levels of self-compassion would be better equipped to cope with the challenges of working with traumatized populations.

Furthermore, it was expected that there is a significant positive relationship between early maladaptive schema domains and the secondary traumatic stress experienced by refugee aid workers. Lastly, the significance of the proposed model was tested. It was hypothesized that secondary traumatic stress is predicted by early maladaptive schema domains, with self- compassion serving as a mediator. In other words, early maladaptive schema domains were thought to increase secondary traumatic stress by reducing self-compassion.

METHOD

Sample and Procedure

Refugee aid workers were randomly contacted, and their participation was entirely voluntary. There were some challenges in reaching participants, which likely impacted the total number of respondents. For instance, temporary lockdowns during the COVID-19 pandemic hindered face-to-face data collection and limited access to potential participants. Approximately 5% of the participants were recruited through face-to-face interactions at refugee aid organizations. The remaining participants were invited to take part via an online survey using Qualtrics. The survey link was shared only with those who expressed a willingness to participate, ensuring both randomness and ethical compliance in recruitment.

It was also noted that refugee aid workers were hesitant to participate in research due to institutional policies. A total of 116 refugee aid workers, engaged either in fieldwork or office- based tasks with traumatized individuals, took part in the study. Purposive sampling was employed to select participants. All participants were informed about the purpose of the study. No diagnostic criteria were applied to participants in this study. All participants had at least a bachelor's degree. The sample consisted of 83 females (71.6%) and 33 males (28.4%), with ages ranging from 23 to 64 years (M = 29.6, SD = 5.5).

Regarding occupational distribution, 28.44% of

Table 1. Demographics of the Participants

		N	%
Sex	Male	33	28,4
	Female	83	71,6
Age	22-30	86	74,1
	31-40	26	22,4
	41-above	4	3,4
Educational Status	Undergraduate	76	65,5
	Postgraduate	33	28,4
	Doctorate	7	6
Workplace	Non-Governmental Organization	99	85,3
	Governmental Organization	17	14,7
Working Environment	Office	84	72,4
	Field	32	27,6
Work Experience	Less than 1 year	45	38,8
	1-3 Years	42	36,2
	More than 3 years	29	25
Exposure time (Weekly)	Less than 10 hours	25	21,6
	11-20 hours	15	12,9
	More than 21 hours	76	65,5
Inservice-Training	Yes	84	72,4
	No	32	27,6
Perceived Competence	Completely Incompetent	0	0
	Incompetent	8	6,9
	Average	33	28,4
	Competent	58	50
	Completely Competent	17	14,7

participants were psychologists (33 individuals), 18.10% were social workers (21 individuals), 12% were teachers (14 individuals), 10.34% were administrative personnel (12 individuals), and 0.8% were experts such as support personnel. Detailed demographic information is presented in Table 1.

All procedures performed in this study followed the ethical standards of the Baskent University Social and Humanities and Arts Research Committee (19296 & 2019. 05.23) and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. The questionnaire consisted of 133 items. Data was collected using either an online or paper- pencil method, with the online part administered via Qualtrics. All participants completed the survey anonymously. Data was collected in the years between 2019 and 2020. IBM SPSS Statistics 24.0 package software and Process Macro for SPSS (Process v3.5) were used for data analysis.

Measurements

Demographic questionnaire: The demographic questionnaire included items on gender, age, education level, department of graduation, type of institution (e.g., non-governmental organization or governmental institution), professional role, work environment, duration of experience with traumatic groups (measured in months), daily and weekly exposure (measured in hours), in- service training, and perceived self-competence.

Self-compassion Scale (SCS): The Self-Compassion Scale (SCS) was developed by Neff (37). This scale consists of six subdimensions: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Scores are calculated for each subdimension as well as an overall score. Total scores range from 1 to 5, with scores between 1 and 2.5 indicating lower self-compassion and scores between 3.5 and 5 indicating higher self-compassion. Higher scores in each subscale reflect greater alignment with the respective characteristic. The Turkish adaptation of the SCS was conducted by Akın et al. (2007), with internal consistency coefficients ranging from .72 to .80. In the current study, Cronbach's alpha values for the subdimensions were .84, .85, .73, .72, .78, and .74, respectively. The Cronbach's alpha for the total scale was calculated as .94.

Table 2. Turkish Adaptation of Early Maladaptive Schemas by Soyg t et al. (41)

Schema Domains	Early Maladaptive Schemas
Disconnection and Rejection	Emotional Deprivation
	Emotional Inhibition
	Social Isolation/ Mistrust
	Defectiveness
Impaired Autonomy and Performance	Enmeshment/ Dependency
	Abandonment
	Failure
	Pessimism
	Vulnerability to Harm
Impaired Limits	Insufficient Self-Control/ Self-Discipline
Other-Directedness	Self-Sacrifice
	Punitiveness
Unrelenting Standards	Unrelenting Standards
	Approval-Seeking

Secondary Traumatic Stress Scale (STSS): The STSS was originally developed by Bride et al. (39) to measure secondary traumatic stress (STS). It comprises three subdimensions: intrusion, avoidance, and arousal, with higher scores indicating greater STS severity. The Turkish adaptation was performed by Kahil and Palabıyıkoğlu (40), who reported a one-dimensional structure for the scale in the Turkish context. The internal consistency coefficient for the entire scale in their study was .94. In the current study, Cronbach's alpha coefficient for the STSS was calculated as .93.

Young Schema Questionnaire- Short Form Version 3 (YSQ-SF3): The Young Schema Questionnaire (YSQ) was originally developed by Young in 1990 to assess early maladaptive schemas. This study utilized the third short form (YSQ-SF3). Soygüt et al. (41) conducted the Turkish adaptation, which identified five schema domains and 14 schema dimensions adapted to Turkish culture (Table 2). Although the number of items remained unchanged, their distribution differed from the original version. Internal consistency coefficients for the schema dimensions ranged from .67 to .81, while those for the schema domains ranged from .70 to .90. In the current study, Cronbach's alpha values for schema dimensions ranged from .74 to .93, schema domains from .74 to .94, and the total scale from .97.

Table 3. Descriptive Statistics

Variable	*M*	*SD*	Min	Max	Skewness	Kurtosis
SCS Total Score	3.5	.63	2.01	4.96	-.33	-.45
STSS Total Score	37.09	12.48	17	78	.62	.09
YSQ-SF3 Disconnection and rejection	49.56	19.18	23	113	1.04	.80
YSQ-SF3 Impaired autonomy and performance	61.43	22.42	30	123	.82	.03
YSQ-SF3 Impaired limits	23.60	6.56	7	42	.03	.08
YSQ-SF3 Other-directedness	35.61	9.37	11	61	-.13	-.10
YSQ-SF3 Unrelenting standards	27.79	8.56	9	53	.47	.11

Statistical Analysis

Prior to conducting statistical analyses, assumptions were tested, including independence of residuals, absence of multicollinearity, homoscedasticity, normality, linearity, and detection of outliers. After verifying these assumptions, analyses were conducted using independent sample t-tests and correlation analysis. Additionally, a mediation model was tested.

RESULTS

Descriptive Statistics

Descriptive statistics related to the study variables are represented in Table 3.

Inter-correlations among Variables

The Pearson Correlation Analysis was conducted to examine the relationships between the main variables of this study: early maladaptive schema domains, self-compassion, secondary traumatic stress, gender, and work experience. The results of the correlation analysis are presented in Table 4.

Comparison of Secondary Traumatic Stress in Terms of Demographic Variables

Independent sample t-tests were performed to determine whether there were significant differences in STS based on gender, age, receiving in-service training, education level, sense of competence, and work experience. The results showed that there was no significant difference in STS based on gender ($t(114)= 1.86$, $p> .05$), age ($t(114)= -1.74$, $p> .05$), education level ($t(114)= -.511$, $p> .61$), sense of competence ($t(114)= 1.21$, $p> .05$), and work experience ($t(114)= -1.58$, $p> .05$). On the other hand, there was a significant difference ($t(114)= -3.19$, $p<.05$) between participants who had received in-service training ($M=34.89$, $SD=11.79$) and those who had not ($M=42.84$, $SD=12.57$). Refugee aid workers who received in-service training had significantly lower scores on the secondary traumatic stress scale than those who did not. Results of the independent sample t-test analysis are presented in Table 5.

Mediation Analysis

In the current study, the main aim was to examine whether self-compassion mediated the relationship between early maladaptive schema domains and secondary traumatic stress. In tested model, independent variables were EMS domains (Disconnection and Rejection, Impaired Autonomy and Performance, Impaired Limits, Other-Directedness, and Unrelenting Standards), the dependent variable was STS, and the mediation variable was self-compassion. Therefore, five different mediation models would be designed to test all EMS domains.

Mediation models were tested with Model 4 by

Table 4. Inter-correlations among Variables

Variables	*M*	*SD*	1	2	3	4	5	6	7	8
1. *Working Experience*	26.82	26.83	-							
2. *Disconnection and rejection*	49.56	19.18	.01	-						
3. *Impaired autonomy and performance*	61.43	22.42	.07	.80**	-					
4. *Impaired limits*	23.60	6.56	.00	.39**	.35**	-				
5. *Other-directedness*	35.61	9.37	.18*	.47**	.60**	.44**	-			
6. *Unrelenting standards*	27.79	8.56	.01	.56**	.65**	.49**	.64**	-		
7. *STSS Total Score*	37.09	12.48	.18*	.36**	.49**	.14	.35**	.41**	-	
8. *SCS Total Score*	3.50	.63	-.04	-.57**	-.63**	-.19*	-.48**	-.52**	-.47**	-

Note. SCS: Self-compassion Scale, STSS: Secondary traumatic stress scale, N = 116 *p< .05, **p< .01

Table 5. Results of Demographic Variable Differences on STS Using Independent Sample T-test

Variable	Groups	*n*	*M*	*SD*	*t*	*p*
Secondary Traumatic Stress	Female	83	38.43	12.60	1.86	.065
	Male	33	33.70	11.68		
Secondary Traumatic Stress	Younger	59	35.12	10.90	-1.74	.084
	Older	57	39.12	13.72		
Secondary Traumatic Stress	In-service training	84	34.89	11.79	-3.19	.002
	No training	32	42.84	12.57		
Secondary Traumatic Stress	Undergraduate	76	36.62	11.22	-.511	.61
	Post-graduate	40	37.98	14.69		
Secondary Traumatic Stress	Less competent	41	38.98	13.33	1.208	.229
	More competent	75	36.05	11.95		
Secondary Traumatic Stress	Less experienced	72	35.67	11.55	-1.58	.117
	More experienced	44	39.41	13.69		

using SPSS Process macro version 3.5, developed by Hayes (42). Each of them was tested via regression analysis based on the bootstrap method. It is argued that the bootstrap method is more reliable than Baron and Kenny's traditional method and the Sobel Test (43, 44, 45, 46). In the current analyses, the bootstrap method with 5000 re-samplings were chosen and 95% confidence interval (CI) was used (47). The effect size of mediation models was interpreted following K^2 values. K^2 is calculated at approximately .01, .09, or .25 means small, medium, or high (48).

After statistically controlling covariates (gender and working experience), all models were tested. In Model 1, it was discovered that self-compassion significantly mediated the relationship between disconnection and rejection schema domain and STS as expected [(b =.133, 95%BCA CI (.0605, .2199)]. It was also found that the total model is significant [F (3,112) = 7.21, p < .001], and it explains 19% of secondary traumatic stress (R^2=.19).

In Model 2, as it is expected, self-compassion significantly mediated the relationship between impaired autonomy and performance domain and STS [(b = .087, 95%BCA CI (.0221, .1672)]. It was also found that the total model is significant [F (3,112) = 10.74, p < .001], and it explains 28% of STS (R^2=.28).

In Model 3, it was found that the relationship between impaired limits and STS was not mediated by self-compassion [b=.148, 95%BCA CI (-.0294, .3519)]. The total model was found significant [F (3,112) = 3.08, p < .05], and it explains 8% of STS (R^2=.08).

In Model 4, it was discovered that the relationship between the other-directedness domain and STS was mediated by self-compassion supposedly [(b = .247, 95%BCA CI (.1117, .3997)]. The total model was found significant [F (3,112) = 5.57, p < .01], and it explains 15% of STS (R^2=.15).

Finally, in Model 5, it was found that there was a mediating role of self-compassion in the relationship between unrelenting standards schema domain and STS expectedly [(b = .246, 95%BCA CI (.1031, .3830)]. The total model was significant [F (3,112) = 7.44, p < .001], and it explains 21% of STS (R^2 = .21). In addition to all findings reported in the result section, coefficients and confidence intervals related to all mediation models are presented in Table 6.

DISCUSSION

The present study aimed to examine whether self-compassion mediates the relationship between early maladaptive schema domains and secondary traumatic stress (STS) in refugee aid workers. The

Table 6. Related Values for Mediating Role of Self-compassion on the Relationship between Early Maladaptive Schema Domains and Secondary Traumatic Stress

Mediation Models	Coefficients		%95 BCA Confidence Interval	
	B	SE	Low	High
Disconnection and Rejection >> Self-compassion >> Secondary Traumatic Stress	.13*	.04	.0049	.2199
Impaired Autonomy and Performance >> Self-compassion >> Secondary Traumatic Stress	.09*	.04	.0221	.1672
Impaired Limit >> Self-compassion >> Secondary Traumatic Stress	.15	.10	-.0294	.3519
Other-directedness >> Self-compassion >> Secondary Traumatic Stress	.25*	.07	.1117	.3997
Unrelenting Standards >> Self-compassion >> Secondary Traumatic Stress	.25*	.07	.1031	.3830

Note. B= Non-standardized beta coefficient, SE= Standard error, BCA= Bias corrected and accelerated, *= Mediation effect is significant

results showed that participants with higher levels of EMS domains tended to have lower levels of self-compassion. Early adverse experiences, which are argued to be the source of EMS (26, 27), pose a threat to the existence of self-compassion. Therefore, the findings of the present study are consistent with the existing literature regarding EMS and self- compassion relationship (33, 34, 35).

Although several studies have examined the relationship between EMS or its domains and symptoms of psychopathology (34), well-being (49), psychological distress (33), and depression (50), the topic of STS has not been examined in terms of EMS or schema domains. Some studies have explored the effectiveness of schema therapy on PTSD. For example, Cockram et al. (51) investigated whether EMS was beneficial for understanding and treating PTSD, reporting that veterans with PTSD exhibited significantly higher levels of vulnerability to harm and emotional inhibition schemas. Veterans treated with schema therapy showed more improvement in PTSD and anxiety symptoms than those treated with manualized cognitive- behavioral therapy. Given the similarities between PTSD and STS, it can be stated that the relationship between EMS and STS is supported by other studies as well.

The findings also indicated that as self-compassion increases, STS decreases. This can be explained by the role self-compassion plays in moderating reactions to adverse events. Neff and Costigan (21) suggested that individuals with higher self-compassion experience fewer extreme reactions to negative events. Additionally, self-compassion decreases negative emotions and increases the ability to accept thoughts and reflect on problems (52).

Analyses of demographic variables on STS revealed that receiving in-service training while working with traumatized groups was found to be effective in reducing participants' STS levels. This finding is consistent with the prior research (12, 53). This highlights the importance of targeted interventions and training programs to equip individuals with the skills to manage STS, emphasizing the role of preparedness in mitigating its effects.

Five mediation models were constructed for each schema domain, and findings were interpreted separately. The results revealed that the relationship between the Disconnection and Rejection Schema Domain and STS was mediated by self-compassion. This domain involves a lack of stability, safety, love, nurturance, and belonging. People with this schema believe that their needs for empathic relationships, sharing of feelings, acceptance, and respect will not be predictably met (27). Considering the characteristics of this domain, it can be inferred that people who did not learn empathy, compassion, and acceptance from their parents during childhood may struggle with self-compassion. Therefore, the Disconnection and Rejection Schema Domain may predict a low level of self-compassion.

The Impaired Autonomy and Performance Schema Domain's relationship with STS was also mediated by self-compassion. This domain is associated with difficulties differentiating oneself from significant others and behaving independently. People in this domain may have been overprotected or neglected during childhood (27). These individuals may have difficulty separating themselves from their clients' traumatic experiences, which can increase the likelihood of suffering from STS.

However, the mediating role of self-compassion in the relationship between Impaired Limits and STS was insignificant. People with schemas from this domain were exposed to highly permissive and indulgent parents when they were children. Their characteristic features are stated difficulties in creating adequate internal limits for reciprocity and respecting the rights of others. Selfishness, pertness, and narcissism are commonly seen in this domain (27). Because of these features, it may not be found to predict self-compassion and STS significantly.

The relationship between the other-directedness schema domain and STS was mediated by self-compassion. In this domain, people prioritize others' needs over their own to gain approval, maintain emotional connections, or avoid retaliation. Due to this excessive focus on others' needs, they may have reduced self-awareness regarding their emotions, such as anger or personal choices. This external orientation, likely learned in childhood, may continue into adulthood, making them more susceptible to STS when working with traumatized clients.

Lastly, the Unrelenting Standards Schema Domain's relationship with STS was mediated by self-compassion. People who have high scores in this schema domain strive to meet internalized, often unattainable, standards to avoid experiencing disapproval or feeling shame. They seek external validation rather than developing a secure sense of self (27). These professionals may be more prone to experience STS and lack self-compassion due to the unrealistic standards they impose on themselves.

When reviewing these results, it is evident that individuals with high scores in schema domains experience more severe STS. As Young et al. (27) emphasized, early maladaptive schemas develop in childhood and evolve throughout life. It can be inferred that continued exposure to others' traumatic experiences for occupational reasons may contribute to the reinforcement of these schema domains.

Self-compassion mediated the relationship between all schema domains except for the Impaired Limits Schema Domain and STS. In schema therapy, focusing on childhood experiences is crucial, as low levels of self-compassion and the development of EMS are related to toxic childhood experiences (29, 30, 54). Exercises aimed at developing self-compassion are employed to foster a healthy adult mode in schema therapy (55). In short, self-compassion plays a crucial role in EMS.

It is hard to find a study that examined a similar model to the current study in literature. However, there was research that partially supported our findings. Yakın (34) examined the mediating role of self-compassion with emotion regulation in the relationship between EMS domains and psychological well-being. According to this study, the relationship between Disconnection/ Rejection, Impaired Autonomy and Performance, and Other-directedness Schema Domains and psychopathological symptoms were mediated by emotion regulation and self-compassion. When considering that STS is related to psychological well-being, it may be thought that the current findings are supported by this study (34). Another study discovered that the positive dimension of self-compassion had a mediation role in the relationship between childhood traumas and the Disconnection/rejection Schema Domain in individuals who had substance addiction (35). Thimm (33) found that the relationship between EMS and psychological distress was mediated by self-compassion and mindfulness.

Although the results mainly were significant, there were some limitations such that further research needs to be considered. One of the limitations of this study is the small sample size. During the data-collecting process, it was observed that some refugee aid organizations are closed to scientific research from outside their institutions. Thus, it is assumed that there may have been difficulties in reaching more participants. Because of the small sample size, this study may not reflect the population, which might create a problem with generalizability. Second, it should be noted that the validity issues arising from the use of self-report scales in the study may limit generalizability of the findings. Several participants also reported that the length of the questionnaires in the current study was too long. Therefore, it may be suggested to use shorter scales or different measurement tools in future studies. Third, some features of the questionnaire were not convenient for professionals who work with refugees. For instance, some translators could not participate in the current study because of the language barrier. In other words, although they knew how to speak Turkish, they did not know how to read in Turkish, so they could not answer the items.

In conclusion, the findings of this study indicate that receiving in-service training is highly effective in preventing secondary traumatic stress (STS) among refugee aid workers. The levels of self-compassion, which are related to high scores in early maladaptive schema (EMS) domains, influence the STS levels in these workers. Self-compassion was found to mediate the relationship between all EMS domains, except for the Impaired Limits Schema Domain, and STS. Refugee aid workers who scored high in the Disconnection and Rejection, Impaired Autonomy and Performance, Other-Directedness, and Unrelenting Standards schema domains experienced lower STS levels when they had higher self-compassion.

These findings emphasize the importance of addressing emotional vulnerabilities in refugee aid workers and implementing targeted interventions that enhance their well-being and resilience. In par-

ticular, the development of programs based on schema therapy and self- compassion practices could help reduce the prevalence of STS in refugee aid workers. Future research should continue exploring the role of self-compassion and EMS domains in other high- risk occupational groups, focusing on larger sample sizes to increase the generalizability of the findings.

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