

# We Care: Evidence Review

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Exploring research into how wellness and care can be institutionalised in the violence against women field in low- and middle-income countries

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## The *We Care* Project

The Sexual Violence Research Initiative's (SVRI) We Care project aims to strengthen and advance the work on wellness, resilience and care for those of us working on violence against women (VAW). The project involves the development of an open access, high-quality, evidence-based online course and building evidence and momentum through a knowledge exchange and case study series. The series will build upon the SVRI's existing work on care and well-being for the field and provide meaningful support to researchers, practitioners and service providers, activists, policy makers and donors working on VAW.

### **Purpose of the evidence review**

The findings from this evidence review will inform the development of the key planned deliverables for the We Care project – including the development of the self-paced, online course module, online learning events, and the knowledge exchange and case study series. The review was guided by the following question: **What is the current state of research into how wellness/well-being, resilience, self and collective care can be institutionalised in the VAW field in low-middle income countries (LMICs)?**

Other key research questions included:

- What are the wellness, resilience, self- and collective care needs and challenges faced by staff and institutions in the VAW fields?
- How has the COVID-19 pandemic changed these challenges and needs?
- What are existing models, strategies or approaches for institutionalising staff wellness, resilience, self- and collective care in the VAW field?
- How do these models, strategies or approaches incorporate trauma-informed/survivor-centred approaches?
- What evidence and learning has been generated on these models?
- How are these models sustainably resourced?
- How are these strategies, models or approaches locally contextualised?
- How are these strategies, models or approaches tailored to meet the needs of different groups, including those experiencing intersectional inequalities?
- What strategies are being employed to cultivate enabling organisational/institutional cultures in which self and collective care, staff wellbeing and resilience can flourish?
- What are creative and effective methods to build capacity and promote uptake of institutionalised self- and collective care to promote and support staff wellbeing and resilience in the VAW field?

### **Research methods**

Academic articles were found via online databases (i.e., Google Scholar and PubMed). A degree of flexibility was applied to the searches, allowing for modifications of search terms to adapt to different databases. Non-academic literature and grey literature were found online. Hand-searching organisational websites (including NGO and international NGO websites) helped to identify important practitioner-based knowledge from LMICs. A list of search terms can be found in Annex A.

### **Inclusion criteria**

- Research studies, literature reviews, systematic reviews
- Toolkits, practice guides, organisational reports and well-being/collective care policies, including those from women's rights organisations and organisations supporting women's human rights defenders
- Published between 2011-2021
- Research conducted in low and/or middle-income countries (LMICs)
- Publications in English

### **Exclusion criteria**

- Published before 2011
- Books
- Research from high-income countries (unless they relate to indigenous approaches to care and well-being)

### **Limitations of the findings**

This was not a systematic review of the literature – meaning the findings are not exhaustive. There were regional gaps in the articles found – for example, the review did not surface much research from Asia or the Asia Pacific region. Efforts should be made to address these gaps at later stages in the We Care project. The research was restricted to documents in English, though some abstracts in French and Spanish were assessed for relevance.

Much of the literature that was specific to care practices in the VAW field related to the work of researchers in LMICs, rather than those who might be engaged in frontline service delivery. The bulk of practice-based knowledge came from or was targeted to women's rights organisations who work on a variety of issues – including, but not limited to VAW. Rich findings were sourced from research with women human rights defenders – again, whose work included but was not limited to working on VAW.

## **Key concepts and definitions**

The review findings highlight the ways in which self-care is a broad concept with many different contextually specific dimensions which are discussed here.

### ***Political Act***

Most of the literature, practical guidance and toolkits developed by women's rights practitioners and organisations framed self-care as a politically ethical stance that is not additive to social justice work, but part and parcel of it (Chigudu and Chigudu, 2015; Women's International Peace Centre, 2020a). As Rudo Chigudo puts it: "Self-neglect depoliticises activists' work." (Women's International Peace Centre, 2020a, p15). The 'personal is political' is also a central pillar of IM-Defensoras' approach to self-care – the sense that "We do for ourselves what we want for others," (Cardenas and Mendez, 2017, p173). Michaeli (2017) worked with AWID members internationally to explore self and collective care. She reminds us that notions of 'the self' are not an abstract entity – the self is grounded in particular

histories of violence, social relations and vulnerabilities and this is part of what makes the practice of self-care a political act.

Self-care is also seen as a political activist strategy by many women's rights activists. A collective of women's rights organisations in Uganda identify self-care as an important strategy for building power 'within' (Women's International Peace Centre, 2020a). Self-care is also viewed as a means by which feminist movements can sustain themselves and continue their work. As Michaeli (2017, p6) puts it: "Self-care is the beginning of the movement."

### ***Cultural Context Matters***

Horn (2020) reminds us that dominant narratives in relation to care and wellbeing are predicated on a very particular, often individualised, understanding of 'the self' that does not resonate in many contexts in Africa where cultures may foreground notions of interdependence rather than autonomy. Cruz and Dordevic (2020) found that Black Brazilian feminist activists defined and practiced self-care in a relational way and that their understandings of self-care were not limited to the realm of the individual. These feminists practised self-care through their relationships with other activists. Feminists from Indigenous communities in Brazil, meanwhile, did not separate their practices of self-care from their relationships to the natural world. Self-care was something that supported women's own individual wellbeing and autonomy, but liberation from systemic oppression and abuse was achieved through *reciprocal* care work. They write:

"...self-care is seen in both autonomy and in relationships with other beings. Autonomy is also formed in reciprocity and in solidarity." (2020, p242)

### ***Spirituality and Religion***

Depending upon context, understandings of self-care may involve spiritual or religious dimensions. The Meso American Initiative of Human Rights Defenders (IM-Defensoras), a platform focused upon self-care for activists (many of whom work on issues relating to sexual and gender-based violence) in Honduras, Guatemala, El Salvador, Mexico and Nicaragua have developed programmes which pay attention to spirituality and explorations of the meaning of life (Cardenas and Mendez, 2017). The Brazilian activists interviewed by Cruz and Dordevic (2020) also saw the collective practice of spirituality as foundational to their approaches to self-care. One said:

"In the *terreiro* [religious setting] we have that thing of nurturing, receiving and caring. It really is [a place] for listening to each other, the *terreiro* nurtures, the *terreiro* listens, the *terreiro* gives guidance, the *terreiro* sets you straight. So, we are used to living like this, it's our way [...] So this thing of caring, of self-care, of caring for each other, is from the *terreiro*." (2020, p240)

Some articles highlight the ways in which integration of religion as part of self-care for those working on women's rights can be contentious, given the role religious fundamentalisms may play in restricting women's rights in many countries (Norwood, 2013; Satterthwaite et al., 2019).

### ***Security and Safety for Self, Kin and Community***

Many articles highlighted the ways in which notions of security and safety were integral to understandings of self-care. The [Association for Women in Development's](#) (AWID) work with its members operating in contexts where the threat of gender backlash and closing civic space is heightened led them to conclude that "Self-care is intrinsically linked to security and safety, because stress and exhaustion increase vulnerability" (2014, p15). Safety was viewed by women's rights organisations in holistic terms beyond the level of the individual: it not only encompassed workplace safety, but also employees' safety within their families and communities. (AWID, 2014).

### ***Collective Care – Ritualising Wellness***

The body of evidence reviewed highlights that self and collective care are interlinked concepts. Chamberlain, in her research of collective care practices in global human rights organisations says: "Collective care is self-care institutionalised," (2020, p218). Cardenas and Mendez (2017) point to the need for institutions to provide the foundations for self-care and to generate policies, processes and procedures that cultivate a culture where care can take root and flourish. Michaeli (2017) critiques framings of self-care that individualise and privatise responsibility for self-care. Her work with women's rights organisations points to the important role institutions play in creating enabling environments where care is collectivised and where positive self-care practises are welcomed. Chamberlain (2020), meanwhile, highlights the symbiotic relationship that exists between self and collective care and cautions that there must be a balance between the practice of self-care and its impact on the organisation more broadly. She gives the example of people taking time off work to recuperate, and other employees having to pick up the slack on top of their existing responsibilities. She explains how this can create divisions within organisations, as some people are perceived to be allowed to practise self-care, while others are not afforded a similar benefit.

The members making up [Urgent Action Fund Africa's](#) regional wellbeing and collective care platform for women human rights defenders, the [Feminist Republik](#), stress that collective care must challenge the root causes of trauma and distress, rather than only addressing their symptoms. The Republik stresses that *collective* approaches are essential for combating *collective* distress and that using individualised approaches to address the types of distress caused by ongoing and persistent forms of exclusion and structural violence will not be effective.

### ***Well-being and Wellness***

Satterthwaite et al. (2019) researched how human rights activists in 35 countries perceived their well-being and mental health. Their findings suggest that notions of well-being should not be limited to a narrow focus on trauma or confined to a medicalised model of mental health. Instead, activists advocated for more holistic, expansive definitions of well-being. In

their organisational development guide, [Strategies for building an organisation with a soul](#), Hope and Rudo Chigudu suggest:

“Well-being is a state where an individual or group feels balanced and at peace in body, mind and soul. Well-being is realised when we are able to acknowledge the conditions of our lives, including aspects that may be unfair, and yet also nurture dreams and take decisions to change or improve these conditions without harbouring anger.” (2015, p7)

Their work underscores the idea that well-being cannot be conceived of outside of the realm of power relations – power can be wielded in ways that are either harmful or affirming to one’s well-being. The [Women’s International Peace Centre](#) in Uganda worked with other women’s rights organisations across the country on a programme that aimed to explore how wellness and care could be institutionalised. They collectively defined wellness as a process, rather than an end point: “Wellness is an active process of becoming aware of and making choices towards a healthy and fulfilling life.” (2020a, p10).

### **Resilience**

Wakefield and Zimmerman (2020) encourage us to take a more expansive view of resilience and remind us how collective resilience practices have been used in countries like South Africa during truth and reconciliation processes to enable people not only to deal with difficult emotions and pain, but also to be able to generate positive visions of the future. Linking resilience to the capacity to dream and move forward with positive intent can also be found in the work of Staci Haines, who describes it as:

“Our ability to bounce back – like moss after we’ve stepped on it, or to find our intactness again. It is our ability to ‘come back’ to ourselves, physiologically and psychologically, from traumatic hyperalert states to calmed, cohesive states. It is the ability to regain a sense of hope and imagine a positive future. Resilience allows for safety, belonging and dignity to be re-established.” (2019, p195)

The language of resilience was often used in the literature in relation to human rights defenders working in extremely hostile contexts, or in locations where civic space is shrinking. Pereda (2017) describes resilience as “a form of protection that consists of preparing us to overcome threats and trauma”. Chamberlain (2020) suggests that practising self-care is a route towards building resilience both at the individual and the institutional level. She explores how self-care practices can head off burnout and enhance the ability of an organisation to retain its staff over the longer-term.

In its [Feminist Organisational Capacity Strengthening Guide](#), the International Women’s Development Association (2020, p7) make the links between resilience and an ability to exercise personal agency: “[Resilience is] ...a sense of personal control: stress-resilient people... believe in their own capacity (and limitations) to influence the course of their lives. They are... active instead of passive during challenging times.”

While some feminist scholars<sup>1</sup> encourage us to take a more critical view of resilience, this critique is largely absent from the literature. It is important to acknowledge that resilience itself is a fraught concept. Promoting resilience – especially at the individual level – may stray towards victim blaming (ie: if an individual is not ‘bouncing back’ it is their own fault) and distracts us from identifying institutional and systemic harms and seeking structural solutions. It may create additional pressure on individuals, especially those most affected by trauma and stress to ‘bounce-back’. It can be mobilised in harmful ways in contexts marked by deep inequalities, requiring people to withstand ever-increasing hardships and make do with less (Gill and Orgad, 2018). When we consider that in many contexts, women have little control over their own lives and are facing extraordinary challenges and traumas the concept of resilience needs to be addressed cautiously. Moreover, we cannot ignore that in some contexts it may be risky for women to actively try to control their lives or take on active roles in dealing with various types of challenges. For example, a woman whose family is reliant on her salary is unlikely to feel she can challenge her manager’s problematic behaviour or work-related trauma if she’s worried that speaking up will jeopardise her job.

### ***Healing Justice***

Some of the literature described how ‘healing justice’ was being used as an approach for wellness and care in some human rights organisations – including those that work to address VAW (Satterthwaite et al., 2019; Astraea Foundation, 2019). This approach recognises how structural forms of oppression and violence can cause widespread and intergenerational harm not only the communities affected by them, but also those working to dismantle them – and that healing from this trauma requires inclusive and transformational practices. It is an approach that requires us to address the historical and intergenerational forms of trauma that might be experienced and challenges predominantly Western concepts of trauma as being linked to one-off events, because in many communities, the impacts of trauma are intergenerational and ongoing. The healing justice approach ties collective efforts towards justice and liberation with forms of healing. It is worth noting, however, that Satterthwaite et al. (2019) spoke to disability activists who found the framing of ‘healing’ as inherently ableist. Horn’s (2020) work also reminds us to be cautious about using the language of ‘healing’. She points out the difficulty of being able to achieve *true* healing and resilience for those working to address VAW who are also living in contexts where they are surrounded by structural violence, protracted crises and poverty.

Many of the Astraea Foundation’s grantees who work to promote LGBTQ<sup>2</sup> rights both in the US and globally, have been using a [healing justice frame](#) to support the wellbeing of their movements and to strengthen their collective power. Their experience suggests that organisations are using the frame in multiple, contextually rooted ways and may not even use the language of ‘healing justice’ to describe the types of spiritual, cultural and transformative approaches they are trying to integrate into their work to address trauma and violence (Astraea Foundation, 2019).

### ***Vicarious Trauma***

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<sup>1</sup> See [this 2019 symposium on Feminist Resilience](#) which took place at Northeastern University

<sup>2</sup> Many grantees work to address violence against LGBTQ communities

Vicarious trauma is the result of being exposed and empathically listening to stories of trauma, suffering and violence, caused by humans to other humans. The trauma response may worsen with repeated exposure to traumatic material (Pearlman and Saakvitne, 1995). Working with and listening to traumatic accounts of violence can take a considerable emotional toll (Coles et al. 2014) and can have a range of effects on professionals – many of which are familiar to those experienced by trauma survivors (SVRI, 2015).

## Key drivers and risk factors of distress, burnout, compassion fatigue and (vicarious) trauma

We understand that working on issues of VAW brings with it inherent stressors. Sources for potential harm are built into the subject of the work itself. The literature review highlighted additional factors driving distress, burnout and (vicarious) trauma, as well as risk factors operating at different levels. We have used an adapted version of the socio-ecological model for VAW to help group these risk factors and drivers at the individual, organisational and structural and normative levels.

### *Individual-level risk factors*

The review generated some insights regarding how certain individuals or groups could be at greater risk of burnout or stress, or how people's locations in intersecting systems of power might make them vulnerable to (vicarious) trauma. The available evidence is mostly from research with feminist activists, human rights activists – including those working on VAW – as well as studies with researchers working on sexual violence (Nah, 2020; Nguyen et al. 2021; Norman, 2013; Satterthwaite et al. 2019). Risk factors for individuals included:

- Belonging to the same ethnic group and or/community as the one being supported through the work
- Personal experience of interpersonal violence or trauma
- Female workers
- Having children within one's care
- Being economically disadvantaged or living in conditions of poverty
- Having weak community networks or social support networks
- Being a new employee who may be eager to prove their worth, worried about keeping their jobs, unaccustomed to dealing with stress, and have little power in the organisation
- Middle managers who may face pressure from senior management for results and demands from junior staff for support and supervision as well as feeling isolated at work without peer support
- Having a high level of empathy and emotional intelligence (which is necessary for the work, but also creates vulnerability)
- Being unable to exercise any agency to support those who are experiencing distress (for example, people whose role includes transcribing research notes from interviews with survivors of sexual violence)

### *Organisational level factors*

The literature highlights how the causes of stress for many people working in women's rights organisations and non-profits in the VAW and human rights fields were linked to low salaries, temporary contracts and uncertainty about whether these contracts would be renewed (Satterthwaite et al., 2019; Cardenas and Mendez, 2020). Nguyen et al. (2021) interviewed frontline researchers working on VAW, sex work and HIV and AIDS in Eswatini. They found many workers were on temporary contracts and had no medical insurance, social security support or pensions from their employers. Some were paying for work-related security provisions out of their own pockets. These employment conditions caused considerable stress.

Working practices that valued output delivery more than wellbeing were commonplace (Satterthwaite et al. 2019; Nguyen et al. 2021). Hierarchical working arrangements and organisational structure – also found to be common – perpetuate unequal power dynamics in the workplace which undermine wellbeing (Urgent Action Fund Latin America and Caribbean, 2015) especially for those people on temporary contracts, who may report that their labour is less valued than other members of staff and who feel they are not given the same respect as permanently contracted employees. (Nguyen et al, 2021).

Organisations are a microcosm of the societies in which they are situated – what exists outside the institutions is often replicated within them. Nah's (2020) research with 407 feminist activists, NGO workers, lawyer advocates and community workers (including those working on GBV) in Columbia, Kenya, Indonesia, Mexico and Egypt found evidence that machismo cultures, rigid gender roles and working in very patriarchal environments were inimical to organisational well-being. Much VAW work recognises the harm of these systems and specifically aims to dismantle and transform them. Transformational work must begin within organisations and those who work in them; it is essential that organisations embody the values, principles, and aspirations that we promote in the VAW prevention and response work (Michau et al. 2015; Gevers et al. 2018).

A lack of funding and the imposition of restrictive donor regulations can also create conditions where workloads are incredibly high and staff are held to tight and rigid deadlines as well as an inability to integrate or prioritise care and wellness structures and resources (Nguyen et al. 2021). Managers and leadership may not be aware of the importance of well-being and care in the workplace or may conform to the types of powerful norms that drive stress and burnout (see below).

### ***Structural and normative factors***

The [African Institute for Integrated Responses to Violence Against Women and HIV/AIDS](#) (AIR) uses African feminist practice to understand how patriarchal power, economic power and other oppressive forces fuel the root causes of distress and mental health problems among VAW workers in the first place. They urge us to use a political lens to understand why burnout and (vicarious) trauma can be so prevalent among those working in the VAW and HIV/AIDS fields, and not to forget about how trauma itself is inherently political. Hope Chigudu, a member of AIR, writes:

“At the centre of trauma are issues of power. Power as it is exercised over us as women; the power that we have or don’t have; power as defined by our context, our culture, our traditions. We need to take a feminist approach so as to be able to understand all these different elements that are connected with trauma” (AIR, 2015 – video footage)

An understanding that unequal power relations underpin and perpetuate individual and collective distress and trauma runs counter to dominant understandings of trauma in Western psychology as an individual issue (Horn, 2020). This structural understanding invites us to consider different remedies beyond focusing upon individual-level interventions if transformation is to occur.

The role of war, poverty, systemic oppressions, closing civic space, rising fundamentalisms are key stressors identified in the literature (Astraea Foundation, 2019; AWID, 2014; Horn, 2020.). For example, Cruz and Dordevic’s (2020) research with Black Brazilian feminist activists found that systemic racism *within and outside* of the feminist movements and organisations was a cause of trauma and stress and undermined institutional care practices.

In her study with feminist activists and NGO workers, Nah (2020) identified the presence of strong social and cultural norms stigmatising mental health issues, as well as common perceptions that mental health and ‘burnout’ were ‘western’ phenomena that were irrelevant to local contexts. She found evidence of ‘spill-over stigma’ among those who worked on ‘taboo’ topics or with acutely marginalised and stigmatised groups of people; meaning workers faced sanctions and disapproval from their families and communities for the type of work that they did. The work of Nah (2020) and AWID (2014) demonstrate how ‘spill over-stigma’ can have strong gender dimensions to it – women workers sometimes faced compounding disapproval from their families or communities for violating gender norms.

Chamberlain (2020) and Satterthwaite et al. (2019) found evidence of powerful norms relating to martyrdom and the expectation for self-sacrifice in the advocates they interviewed, which led people to view the idea of self or collective care as a ‘luxury’. Norwood’s (2013) work with feminist activists in Palestine and Myanmar found that sacrifice-related norms were highly gendered – with women expected to bear a heavier burden for the sake of the wider group. Organisational norms that encouraged overwork were common and could also be gendered and racialised, depending upon the context (Satterthwaite et al. 2019).

Nah’s research (2020) also identified leadership norms related to bravery, and stoicism which limited the extent to which they felt able to express vulnerability, because to do so was to be associated with weakness. Leaders also felt pressure to reassure others that the work could be done without negative impacts and did not want to discourage others from coming forward and doing difficult work.

## Personal self-care strategies

Nguyen et al. (2021) point to the dearth of evidence relating to how frontline staff working on sensitive issues including sexual violence, sex work and HIV and AIDS cope with their own

mental health and wellbeing issues. However, the existing literature drawn from research with human rights activists suggests that most workers - regardless of geographical location - tend to rely on private coping strategies rather than organisational support. Knuckey's et al.'s (2018) research on trauma, depression and burnout among activists in the human rights field found that the majority of participants interviewed had access to little or no counselling from their organisation and reported receiving little to no mental health support from their employers.

The key strategies used by activists and staff working on VAW and/or women's rights more broadly are described below. In addition, the coping strategies recommended in a variety of wellbeing and self-care guides, manuals and toolkits targeting people working in the women's rights field are also described.

### ***Spiritual practice***

Cruz and Dordevic's (2020) work with Brazilian feminist activists and Satterthwaite et al.'s (2019) global research with human rights activists found that many relied upon religious and spiritual practices, including silence and prayer. Some of the feminist activists Nah (2020) spoke to mentioned the value of spiritual practice in order to replenish. Wakefield and Zimmerman (2020) make the linkages between spirituality and resilience-building for people working on women's rights, and remind us that in many contexts, spiritual practice is collective; it reminds us of our interconnectedness with others and the natural earth. The spiritual practices described by activists were contextually rooted in the cultures and locations where people were based.

### ***Grounding rituals and self-nurturance***

The work of Chigudu and Chigudu (2015) and the Women's International Peace Centre (2020a and 2020b) point to the importance of grounding rituals<sup>3</sup> as a self-care tool. These organisational guides for well-being speak about the importance of re-connecting with the parts of one's body that have long been neglected, as well as linking the body to the physical world as a route to nourishment, building inner power and finding balance and calm. This can be achieved through connecting with nature or through practices like breath work. Self-nurturance rituals are also recommended – these include making space to practise self-compassion, meditation, self-massage and yoga.

### ***Peer and family support***

Peer and family support was identified as a critical source of support. Many activists speak about finding informal spaces to vent and debrief when formal debriefing spaces did not exist inside their organisations (Satterthwaite et al. 2019). Others mentioned the benefits they got from making time for socialising and having fun with colleagues in order to help build relationships of trust and create a sense of release. Satterthwaite et al. (2019) found examples of some activists building relationships with more experienced advocates and mentors as coping strategies. Feminist activists have also used the practice of 'solidarity' as an important

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<sup>3</sup> Enjoyable sessions to promote connection between all team members and guests through a combination of physical practice (e.g., dance, sharing a meal) and a reflective, learning discussion about a topic of interest.

support mechanism which helped them cope with the stress of their work and generate feelings of safety – some even mentioned the role that international supporters (of their organisations) played in sustaining their wellbeing (AWID, 2014; Nah, 2021).

### ***Artistic expression***

The literature suggests strong links between creative expression – through music, song, art, dance, poetry, local crafting practices - and people’s ability to heal. Urgent Action Fund’s (2017) research with its grantee partners across the world who were struggling with increased gender backlash and closing civic space found that *all* grantees viewed art and creativity as an important tool for healing. Creativity was sometimes expressed in collective ways – for example, through singing together in choirs or collective dancing sessions. Horn (2020, p92) explains the importance of creative outlets for frontline workers in the GBV field: “...liberation requires visions of a better cultural order,” she says.

### ***Vicarious resilience and activism as well-being***

Nah (2020), Horn (2020) and Satterthwaite et al. (2019) remind us not to assume that interactions with survivors of violence or doing sensitive and traumatic work will *automatically* lead to (vicarious) trauma. Some activists, practitioners and researchers share how working - despite the difficulties of dealing with the subject matter of the work - is a vital form of resistance that gives them strength and inner power. Some researchers perceive the work *itself* as a means to strengthen their individual and collective wellbeing (Nah, 2020). Work may give people a sense of purpose and meaning, which can strengthen feelings of hope, fulfilment and well-being.

The literature also highlights how interaction with survivors of violence can be a source of inspiration and strength and can enable practitioners to apply new learning to their own problems. The concept of ‘vicarious resilience’ helps us to understand the positive impact that comes from working closely with survivors and listening to their stories (Hernandez et al., 2007). Horn quotes Mpumi Zondi, a member of the [AIR network](#), who says of her work with survivors of violence in South Africa:

“There are two [things] that I’ve learned from my clients. The first one is the resilience of the human spirit. Sometimes when I have been with my clients and I’m at home, I ask myself would I be able to survive this? The other thing I have learned has been the power of ... I often call it standing naked in front of another’ and allowing them to just take your hand and walk with you, even if you don’t know where they are taking you. Clients do that. They come in and they are vulnerable, and they have to trust this person... Therefore, when I have my doubts in life, I often think of how our clients were able to trust me – a stranger to them.” (Horn, 2020, p95)

Similar to the inspiration and strength from working with survivors, those who work on VAW prevention through various transformational programmes may draw hope from seeing impacts of reductions in violence, improvements in couple and family relationships, as well as positive impacts on other drivers and risk factors.

### ***Reflexive practice***

Many of the practitioner guides, toolkits and manuals identified through this evidence review are grounded in reflexive practice techniques, which allow people space to critically reflect on some of the harmful norms and oppressive practices we may have internalised as individuals, process emotions, practise self-compassion and start to chart a new way forward. There are some examples in the academic literature that point to the importance of reflexive practice as an important strategy to cultivate greater wellbeing and to contribute to the sustainability of the work (Horn, 2020; Nah, 2020; Norman, 2013).

However, reflexive practice may not be effective, or may look different in different contexts. Reddy et al. (2019) explored how reflexive practice could support the emotional wellbeing of gender-based violence researchers in South Sudan. They found that, unlike the international team members, national researchers did not surface any emotional challenges during reflexive spaces or debriefs – preferring to focus instead on technical and logistical challenges. South Sudanese researchers reported that it was not ‘useful’ or relevant to speak about the emotional impact of their research work, because they were so accustomed to the types of stories they were hearing from survivors of violence. Instead, these researchers criticised the international researchers for expressing emotion during the research process, saying this type of behaviour was not ‘professional’. For this group of national researchers, ‘professionalism’ was an important coping strategy. ‘Doing a good job’ was their priority and they gained a sense of satisfaction and strength as a result of feeling that they had performed their duties to the highest professional standards. Reflexive practice for them was not a space for emotional work; rather a useful space to reflect upon their technical work and capabilities.

### ***Queering approaches to self-care***

Michaeli (2017) points out the importance of queer theories when it comes to how self-care strategies are developed and expressed. She explores how queer theory pushes us to think beyond self-care as a set of personal calming strategies and positive coping mechanisms and suggests that self-care can involve a whole range of emotions and coping strategies, not all of them ‘positive’ or predictable. She says:

“Queering self-care also involves a suggestion to go beyond binaries of healthy/unhealthy, positive/negative ways of coping, thereby opening radical possibilities of what being well can mean for you, in this time and place.” (2017, p8).

Her work is a reminder not to forget how intersectional positioning and contexts may affect people’s attitudes to and articulations of individual coping strategies and that judgements about what are ‘healthy’ or ‘unhealthy’ self-care tactics can be unhelpful.

### **Institutional-level care and wellbeing strategies**

Organisations and institutions play a critical role in creating the foundations and an enabling environment for self and collective care and wellbeing (Chigudu and Chigudu, 2015; International Women’s Development Association, 2021; Women’s International Peace Centre, 2020b). The importance of contextual sensitivity and co-creation of collective care strategies with employees was clear throughout the literature. Please note that not all of

these tactics have been empirically assessed for their positive effects – some have been studied outside of the VAW field, in fields such as psychology (Satterthwaite et al. 2019).

### ***Managers and leadership***

Fostering workplaces where self and collective care can flourish relies on having strong buy-in at board, senior leadership and manager levels. The literature points to the need for wellbeing and responsibility for cultivating caring cultures to be part of manager job descriptions and work portfolios to strengthen accountability. The role of managers/supervisors in trauma management should be made explicit. (Chamberlain, 2020; Nah, 2020; Norman, 2013; Satterthwaite et al., 2019; SVRI 2015). Satterthwaite et al. (2019), in their research across 35 countries worldwide, point out that there is a strong evidence base to show that role modelling of self and collective care behaviours by leaders and managers can have a positive impact on the wellbeing and mental health of employees. Leaders can cultivate environments where open discussions about well-being are normalised. Provision of supportive line management from managers is very important for employees to feel able to raise concerns or to feel that they can debrief openly with people who are more senior to them in the organisation. Nah's (2020) research found that leaders often felt inhibited about sharing their own vulnerabilities with employees and that employees would welcome more open sharing about well-being challenges by senior staff as way to help them deal with their own stress. Norwood's work with women's rights activists in Palestine and Myanmar, meanwhile, found that there were generational dynamics at play that affected people's ability to engage with senior leaders on issues relating to self-care:

“The contentious issue of elder leaders judging younger women for their lack of commitment to the cause and younger women not wanting to replicate the burnout they see among their role models was named in both the Burma and the Palestinian contexts as a limiting factor to healthy movements.” (Norwood, 2013, p43)

Some of the literature points to the relevance of feminist leadership approaches, which tend to centre principles of self and collective care as an integral part of the work and make the links between feminist leadership and increased resilience and sustainability (International Women's Development Agency, 2021; Wakefield and Zimmerman, 2020; Women's International Peace Centre, 2020a;). Feminist leadership's ultimate purpose of making the practice of power more democratic, transparent and accountable can go some way towards creating organisational cultures and structures where practices of care and wellbeing can flourish (Batliwala, 2011). Furthermore, feminist leadership as conceived by the likes of Batliwala encourages us to work on harmful expressions of power at both the personal as well as at the systemic level, in order to address structural root causes of inequality. As we have read, African feminists like Horn (2020), those involved in the [AIR network](#) and the [Feminist Republik](#) urge us to focus on the structural root causes of mental distress, rather than on just its visible symptoms.

### ***Workflow and workload management***

The role of the manager in helping to regulate employee workloads should not be underestimated, given that problems of overwork seem to be so prevalent within the VAW

field. Workload allocations may be gendered, racialised or affected by other forms of power relations and this needs to be considered when supporting people to manage their workloads in ways that support enhanced well-being (Coles et al., 2014; Nah, 2020; Satterthwaite, 2019). Power and organisational dynamics can also affect people's ability to discuss their workloads in the first place – open organisational cultures can enable people to name who is being allocated more or less work (Chamberlain, 2020).

The literature not only suggests cutting workloads and ensuring that employees have flexibility in their schedules to deal with last-minute requests or unanticipated work streams as well as personal needs, but also that work can be structured in ways that are more 'trauma-aware' (Nguyen et al., 2021; SVRI, 2015). For example, employees can be supported to map out which workstreams they find more draining and which ones are fulfilling together with their line managers. Coles et al. (2014) focus on how researchers can be better supported throughout the research cycle, suggesting that breaks at key stages – fieldwork, analysing data, report writing – are essential to reduce exposure to traumatic content. Duties could also be rotated to offer employees a balance – for example, splitting between time spent in the office vs time spent doing direct face-to-face research.

Ensuring employees have a level of autonomy and agency over certain aspects of their work is crucial – for example, where possible, allowing them to step away if they have personal experience of a particular issue and are finding it hard to undertake their duties. Coles et al (2014) highlight the importance of preparatory work in workload management – for example, making sure researchers are equipped with information leaflets they can give to their interviewees to help mitigate feelings of being unable to do anything further to help alleviate their distress. The ability of researchers of sexual violence to be able to 'make a difference', however small, to research participants through their work can be a strategy for researchers to reduce the risk of exposure to vicarious trauma (SVRI, 2015)

### **Guidance for researchers on managing vicarious trauma**

- Plan your workload, allowing space and time in between exposure to traumatic materials
- Learn about the topic of your research; your attitudes towards victims and perpetrators and reflect on your own personal experiences with the topic
- Engage with and inculcate humour and fun into your work
- Know that this work will affect you and learn how to identify early warning signs of vicarious trauma and emotional distress
- Know that this is a normal reaction to doing work on traumatic material
- Develop and employ self-care strategies

(SVRI, 2010)

### ***Addressing structural workplace inequalities***

The importance of decent pay, timely payments, paid sick leave, provision of medical care, job security and support for employees to feel safe going about their work cannot be overstated in helping to contribute to people's wellbeing. Nguyen et al.'s (2021) research highlights the need for organisations not to underbudget for staff salaries and staff support costs as part of funding bids, even if it risks making funding proposals less competitive.

### ***Transforming harmful expressions of organisational power***

Steep organisational hierarchies, dysfunctional leadership and oppressive practices within organisations themselves can all undermine organisational care and wellbeing (Cardenas and Mendez, 2020; Chigudu and Chigudu, 2015; Coles et al. 2014; Nguyen et al. 2021; Urgent Action Fund Latin America and the Caribbean, 2015). Processes that can help organisations to surface harmful expressions of power and work collaboratively to transform them can be helpful. Wakefield and Zimmerman (2020) share how the organisation Gender at Work uses different versions of the [Capacitar](#) methodology to encourage personal and collective reflection (using principles similar to reflexive practice), surface oppressive forms of power and model alternative forms of power in a culturally sensitive way. Part of this work may include starting to address some of the powerful norms relating to sacrifice or martyrdom that permeate much of the work.

Urgent Action Fund Latin America and the Caribbean have worked with their grantees to explore enabling factors for collective care at organisational levels (2015). Their work suggests that collective care requires new articulations and understandings of power, and that collective care without alternative forms of collective accountability, decision-making and shared power cannot be successful. Hobart and Kneese concur (2020) and suggest that without tackling harmful power dynamics at institutional levels, there is a risk that the responsibility for collective care falls into the laps of those groups who are the least powerful and with the least agency in an organisation. They also caution against instrumental uses of collective care, which may be used as a way to prepare individuals for increased productivity and the capacity to absorb even higher workloads.

Chigudu and Chigudu (2015), meanwhile, speak about the importance of using rituals to nourish an organisation's 'soul' as a way to start to transform unhealthy power dynamics and practices and to create a sense of shared purpose and community among employees.

### ***Institutionalising policies and procedures***

Chamberlain (2020) suggests that written collective care policies, in which care provisions are co-created with staff can be helpful, as can mainstreaming a focus on wellbeing into other types of policies and procedures – such as security and HR policies - at the organisational level to signal intent and commitment (AWID, 2014). Employees should be made aware of their entitlements to care and wellbeing as part of induction processes. Astraea Foundation (2019) suggests the importance of including a focus on care and wellbeing into conflict and grievance policies, given that deficits of care and wellbeing among employees can lead to increased cases of conflict (see below for more information). Consorcio Oaxaca, a Mexican feminist organization that is part of the IM-Defensoras platform allocates 10% of its organisational budget for care activities, including implementation of care plans and policies. They integrate budget lines for care into proposals to funders (Satterthwaite et al., 2019).

### ***Feedback mechanisms***

Regular well-being pulse checks in the form of anonymised staff surveys can be useful for organisations that are larger in size. Engaging in collective work that starts to support

employees to feel safe sharing their concerns can also be an important part of institutionalising care (Chigudu and Chigudu, 2015). Other strategies used include external facilitators conducting focus groups with employees and establishing working groups or steering committees made up of a diverse range of staff across the organisation to champion wellbeing. However, there is limited available research into how effective these mechanisms are in terms of prompting meaningful change at organisational levels.

### ***Leave and holidays***

Chamberlain (2020) shares how some human rights organisations have instituted ‘pillow days’ or mental health days in which employees can take a day off without having to justify it to anyone. She points to the importance of ‘pillow days’ in settings where workers may be suffering from the ongoing effects of intergenerational trauma and where they may not have a ‘visible’ excuse for why their mental health may be suffering. Flexible working and allowing employees to take sabbaticals can be helpful for good mental health, though Chamberlain (2020) reminds us that sabbaticals should be carefully organised, so they don’t increase the workload of others. Given that employees may be sometimes reluctant to take leave, some of the activists Satterthwaite et al. (2019) spoke to stress the importance of entire organisations taking organisational pauses. Managers can also play a role in ‘nudging’ or encouraging employees to take the leave that is owed to them.

The researchers interviewed by Ngyuen et al. (2021) suggested that retreats would help their health and wellbeing. IM-Defensoras has established Casa La Serena – a house and retreat centre where women’s rights activists can stay for up to ten days. While there, they receive medical services, psychotherapy, nutritional care, creative activities and are supported to develop an individual self-care support plan. When they return home, self-care support groups are set up to support them to stay committed to their self-care goals (Satterthwaite et al., 2019). Women’s International Peace Centre in Uganda organised a Feminist Leadership and Self-Love camp (2020a), inviting women’s rights organisations from around the country to explore the links between feminist leadership and self and collective care. The camp aimed to enable women leaders to reflect on their own emotional and physical wellbeing and to identify wellbeing practices that they could take back and use to transform and sustain their movements. Women came to the camp from across Uganda and included women with disabilities, young women, and lesbian and bisexual women. Ugandan women leaders left the camp with their own wellness plans and commitments to champion wellness in their organisations. The African Women’s Development Fund, meanwhile, has held Flourish Retreats<sup>4</sup> for their grantees, which have offered a week of guided rest and reflection grounded in African healing philosophies.

### ***Conflict resolution mechanisms***

Some reports suggest there are links between poor employee well-being and increased interpersonal conflict in the workplace, which may result in an inability to collaborate effectively (Satterthwaite et al. 2019; Wakefield and Zimmerman, 2020). The literature recommends that conflict resolution mechanisms be part of packages of organisational care

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<sup>4</sup> <https://awdf.org/a-flourish-state-of-mind/>

– helping to frame conflict as ‘generative’ rather than automatically negative and supporting participants to surface conflict safely and engage in ‘respectful confrontation’.

### ***Debriefs and check-ins***

Debriefs and regular check-ins between staff and managers as well as during team meetings can be very beneficial in helping employees to process difficult emotions. These can be scheduled regularly as well as on an ad hoc basis after distressing pieces of work. Satterthwaite et al. (2019) highlight the importance of using debriefing with great care – drawing on evidence to show that if it is too short, done at the wrong time or is not private/confidential enough then symptoms of distress can be exacerbated. They give the example of some women’s rights organisations using ‘sister circles’ as spaces where employees can share personal and political life issues, as well as professional troubles.

However, care must also be taken to ensure debriefs do not interfere with employee’s home lives or safety. Reddy et al. (2019) instituted a process of reflexive debrief spaces for national VAW researchers in South Sudan – many complained that instead they wanted to return home to their families or that if they stayed late, they would not get home safely before sundown.

### ***Counselling and therapy***

Nah (2020) and Coles et al. (2014) make the point that debriefs and check-ins may not always work – the distress experienced by an employee may be extreme and staff may not have the kind of strong relationships with their managers or colleagues that permits safe sharing of experiences. The literature points to the importance of providing contextually sensitive support for counselling or different types of therapy (psychotherapy, psychosocial therapy) but also raises some cautions (Chamberlain, 2020; Satterthwaite et al. 2019). Appropriate services may not be available or desired by those affected. Counselling may not be tailored to the specific needs of the employees and the nature of the work they do. Furthermore, counsellors may themselves have biases that affect the quality of the treatment they are able to give certain individuals. There may also be a risk of opening wounds that cannot be addressed within the scope of the interventions available. AWID’s (2014) work with women human rights defenders stress that any psychosocial support must take gender relations into account – women receiving treatment may be perceived as ‘bad mothers’ for working with marginalised groups or be accused of neglecting their children for their work. Any counselling or therapy must be sensitive to how individuals experience different, intersecting forms of social relations.

### ***Celebrations, rewards and recognition***

Creating spaces in and outside of work to celebrate achievements and to provide credit to those doing difficult work can be affirming for practitioners and activists and contribute to their wellbeing (Chigudu and Chigudu, 2015; Horn, 2020; WIPC, 2020b). These celebrations can prompt employees to reconnect with the ultimate purpose behind the work they do, which sometimes gets lost in the day-to-day operational work. Chigudu and Chigudu (2015) give an example of an organisation that designated Friday afternoons purely towards fun and

celebration – employees could celebrate their own achievements, inspiring events they may have attended or the work of others. Having dispersed or socially distancing employee groups should not be an impediment to this – Satterthwaite et al. (2019) give an example of an organisation that holds virtual award ceremonies for staff achievements.

### ***Trainings and awareness raising***

Creating spaces – formal and informal - where staff can learn more about wellbeing and seek to reflect on their own individual and collective practice is often very useful. The literature is clear that short, ad-hoc, one-off trainings or events do not work well, and that sometimes trainings risk being non-transformational for staff (Chigudu and Chigudu, 2015; Satterthwaite et al. 2019). Retreats are being used by many feminist activists and funders as a space for intensive support to those who are at risk of burnout (see the examples of the African Women’s Development Fund’s Flourish Retreat and Casa La Serena). Activists tend to leave these retreats with a clear care plan and a system in place to encourage them to stay accountable to it.

There was little evidence on what specific types of training strategies – beyond the incorporation of reflexive practice – work better than others. What is often recommended in the literature is to integrate awareness raising or training on wellbeing into other routinised events such as staff away days, or security trainings (which are more common for organisations working in fragile or conflict-affected settings). Astraea Foundation (2019), Wakefield and Zimmerman (2020) and Satterthwaite et al. (2019) all point to the need to build staff capacity to deal with conflict respectfully and non-violently as part and parcel of care work. It was also important to ensure that the training messages are non-judgemental by not suggesting that staff are inadequate if they fail to prioritise self-care. (Chamberlain, 2020; Michaeli, 2017).

Finally, it is relevant that Satterthwaite et al. (2019) found that a big challenge for offering online learning for staff in relation to well-being and self-care is making sure that staff found time to do it consistently and stayed committed to it. The International Rescue Committee has developed an app to support the learning needs of frontline staff working on GBV responses<sup>5</sup>. The Remote Offered Skill Building (ROSA) app includes a module focusing on self-care – it would be interesting to further explore the learnings generated since ROSA launched.

### ***Laying the foundations for self and collective care – framing matters***

Satterthwaite et al.’s (2019) global research with human rights activists, as well as the work of Cardenas and Mendez (2017) suggests that how we frame the issue of care in organisations makes a difference to how well it will be taken up. Depoliticised and medicalised notions of care that individualise responsibility may be ineffective. Expressing care as part and parcel of the work we do, rather than as something separated from it, and as something that will build our capacity to achieve justice can be useful in stimulating sustained uptake and helping to tackle some of the stigma attached to notions of care in many contexts. Michaeli (2017), drawing on her work with AWID’s member organisations, suggests that linking self-care to

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<sup>5</sup> <https://gbvresponders.org/rosa-skill-building-application/>

the goals of movement building can be very powerful for those working to promote women's rights.

### ***Organisational culture shifts***

Chamberlain (2020), Horn (2020), International Women's Peace Centre (2020), Urgent Action Fund Latin America and the Caribbean (2015) and others suggest that with care, intention and consistency small changes can lead to shifts in organisational cultures that are conducive towards staff wellbeing. In their Feminist Organisational Capacity Strengthening guide, International Women's Development Agency (IWDA) suggest:

“It can influence your overall culture when you engage in collective care activities, regularly, over time. The most important thing is that activities resonate with the group — and that leadership actively support that work.” (2021, p8)

Collective practices that can help include:

- Sharing meals at lunchtime (if in the same office or not working remotely)
- Turning off computers at lunch
- No email times
- Peer and line manager support and encouragement to leave work on time
- Staff socialising sessions during work hours
- Regular meditation meetings
- Check ins at the beginnings of meetings
- Rituals – prayers, candles, breathing exercises
- Family and friends' days in the office so family members can see the value of the work staff are doing
- Giving people space to dream and imagine a different future.

Mpumi Zondi, an AIR member, uses dream work as a key part of her support to home-based carers. She says:

“[The work involves] helping people excavate their selves, their aspirations, their talents from the morass of neglect, deprivation and judgement.” (2018, p69)

### ***Gender at work framework and building caring organisations***

The Gender at Work framework (2016) offers a useful way to conceptualise where change needs to happen within organisations to build more supportive and caring cultures. The framework, developed in 2001, has been tested in over 100 organisations, ranging from government ministries, NGOs and small women's collectives all of the world. It is the framework that underpins International Women's Development Agency's recent Feminist Organisational Capacity Strengthening guide (2021). The framework encourages us to consider change factors at the individual, as well as the systemic levels, and encourages us to focus on how organisational norms and hidden sites of power in an organisation can be

creating harmful dynamics. The diagram below, aligned to the Gender at Work framework, gives examples of the key domains in which work might need to take place at the organisational level in order to cultivate a more caring organisation.

|   |  |
|---|--|
| <p><b>Individual consciousness and capabilities</b></p> <ul style="list-style-type: none"> <li>• Supporting staff members to understand the signs of (vicarious) trauma</li> <li>• Providing regular training and spaces to discuss wellbeing and practice self-care</li> </ul>   | <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Allocate time and budgets for staff to practise self and collective care</li> </ul>   |
| <p><b>Social norms and ‘deep structures’ in the organisation</b></p> <ul style="list-style-type: none"> <li>• Build capacity to deal with interpersonal conflict respectfully</li> <li>• Board and managers place a high value on wellbeing of staff</li> <li>• Leaders’ role model in ways that subvert archetypal stereotypes of ‘sacrificial’ or ‘martyred’ non-profit worker</li> </ul> | <p><b>Policies and procedures</b></p> <ul style="list-style-type: none"> <li>• Development and implementation of an organisational wellbeing policy</li> <li>• Integrating a focus on wellbeing and collective care into other organisational policies</li> <li>• Develop and implement procedures for trauma-aware workflows</li> </ul> |

## Covid-19 and care practices

Guidance notes about supporting the mental health of VAW workers during Covid-19 acknowledge that there will be new and intensified stressors that are specific to those working in the GBV field (GBV AoR 2020a & 2020b). For example, they suggest some employees may feel distress at their inability to refer survivors to services because health or social care systems may be overwhelmed because of Covid-19. Suggestions for how employers should support VAW workers and those working on women’s rights more generally include:

### ***Signposting staff to services, resources and information***

Provide staff with relevant support service phone numbers, including providers who offer remote support. Link up employees with groups that provide self-care support and ensuring staff have access to the International Rescue Committee’s ROSA app – which provides training and coaching materials for people working to address VAW, including a module on self-care (GBV AoR Helpdesk, 2020). In some of the literature there is an acknowledgement that staff may themselves be at heightened risk of VAW and that employers should be aware of this risk and have specialist information to hand.

### ***Building cultures of enhanced care***

The existing literature suggests cultures of care can be fostered through shifting expectations around productivity; swift processing of annual and sick leave requests; allowing flexibility for employees who are home-schooling and giving workers more decision-making power over how their employer can best support them during the pandemic. Building cultures of care also includes allowing enhanced time for check-ins that are outside of regular clinical supervision sessions (GBV AoR Helpdesk, 2020; WIPC 2020b). Raising Voices (2020) have been starting meetings with a few moments of collective breathing exercises. Hope Chigudu suggests leaders play a vital role in allowing employees to raise any and all issues in the workplace – she suggests AMA (Ask Me Anything) slots as part of team meetings (Women’s International Peace Centre, 2020b).

Cultures of care may include shifting office working arrangements as people emerge from lockdown – giving people the choice to return to the office space if possible and making sure employees are in the office in shifts rather than together all at once (Women’s International Peace Centre, 2020b).

Cultures of care also include recognising when an organisation and its employees need a full pause and rest. We have seen some examples of organisations<sup>6</sup> choosing to pause activities for a week or more during Covid-19, though the review did not generate any examples of GBV organisations offering frontline service providers a pause (this may need to be organised in rotational shifts in order to keep essential services available).

Ugandan VAW and VAC organisation Raising Voices makes the point that encouraging staff to centre self-care need not be time consuming, suggesting that just five minutes of caring practice can help to boost resilience. Since the pandemic began, they have been sharing locally relevant self-care tips and suggestions for staff members on a regular basis (Raising Voices, 2020).

### ***Support for managing digital overload and working from home***

A [manual](#) for women’s rights activists trying to sustain their wellbeing during Covid-19 contains guidance for individuals and organisations on how to manage digital fatigue and overload, as well as setting boundaries while for working from home (Women’s International Peace Centre, 2020b). They suggest that organisations be creative about facilitating nurturing and authentic digital connections and establish healthy norms around digital communications as an organisation; they offer individual, communication, and organisational reflections to guide this process. Raising Voices (2020) [guidance](#) suggests staff avoid media overload and filter out media sources that sensationalise the pandemic or provide misleading information.

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<sup>6</sup> <https://www.astraeafoundation.org/stories/the-power-of-pausing/> and <https://equalityfund.ca/feminists-at-work-learned/>

## Recommendations and implications

The evidence review findings generate some useful insights to inform the shape, content and pedagogical approach of the We Care project.

### ***Defining and framing self-care***

In conceptualising and framing self-care in this project, it will be important to challenge the self/collective care dichotomy or binary. Notions of self-care in many parts of the world include interpersonal and collective dimensions. Framing self-care in purely individualistic terms will not resonate in many of the cultural settings in which SVRI members are located. A more collectivist understanding of self-care can also highlight the ways in which self-care can help to lay the foundations for collective care at the level of the organisation.

The concept of safety is central to how many women's rights activists define self-care. Safety is seen in holistic terms, extending beyond the level of just the individual and beyond physical safety. Activists may feel safer when they know there is safety in their families and communities. Discussions of what is holistic safety in local contexts and how to achieve it is directly relevant to the We Care project.

The literature seems to suggest that framing self and collective care in ways that position them as integrated political strategies that are central, rather than additive to the work being done can help to embed care more successfully at the level of the self and the organisation. This framing will have implications for how we communicate the purpose of self and collective care within the We Care project, as well as how we suggest care can be practised.

### ***Structural root causes of stress and burnout***

It is important not to idealise what self-care or collective care can achieve and to be clear about the extent to which we can tackle the root causes of well-being deficits, and when we can only address their symptoms. The root causes of trauma experienced by those working in the VAW field may extend beyond the ways in which organisations or projects are run, and beyond the inherent stressors of working on issues related to VAW. African feminists remind us of the broader unequal power dynamics and structural forms of violence, as well as conditions of war and poverty, that compound stress. The review shows us that a significant source of stress for many workers includes issues such as precarious contracts, low pay, lack of employment benefits and inadequate medical care. An analysis of the contextual structural drivers of stress, (vicarious) trauma, compassion fatigue, etc. must be central to the learning approach for the We Care project, and there are important lessons for donors in the field here relating to how funding arrangements may be responsible for some of the well-being challenges people working in the VAW field are facing.

### ***Care strategies***

The available research gives us pointers as to how intersectional oppressions pose different risk factors for stress. However, the research is limited with regards to how different care strategies at personal and collective levels can effectively support groups sitting at the

intersections of different systems of oppression. What does taking an intersectional approach to self and collective care look like? Women's International Peace Centre in Uganda worked with lesbian and women's disability organisations in its recent self-love camp – it would be useful to amplify and further explore how their work on wellbeing takes an intersectional lens.

Toolkits and practitioner guides targeting those working on women's rights tend to centre reflexive learning activities, with the understanding that reflexive practice can unlock new insights and personal transformations needed to catalyse change at the level of the self and beyond. However, the research also suggests that reflexive practice will need to be contextualised so that it feels relevant and useful to staff, who may not wish to use the reflexive spaces to surface emotions and may instead prefer to focus upon reflecting on their own professional practice. Furthermore, these exercises should not feel like they are a burden or additional duty for employees. Participation in spaces such as these should not be imposed or interfere with employees' home lives or feelings of safety.

Practitioner guides also tend to centre mind-body-spirit practices to support self and collective care. Methodologies such as [Capacitar](#), which are used and adapted internationally, could offer useful insights that SVRI members may value.

A lack of self and collective care can create environments where interpersonal conflict becomes more likely. Equipping SVRI members to understand how they can start to approach the issue of team conflict in a respectful way, with care, could be useful.

The academic literature explores the concept of vicarious resilience – however this concept was only addressed in one of the practitioner guides that were explored as part of this review. There is scope to support SVRI members to reflect on this concept in more depth with a view to seeing if it can be useful as part of resilience-building work. However, we must be wary of the potential burden that notions of resilience may place on individuals.

It is encouraging that practice-based knowledge suggests that small shifts in organisational cultures can be achieved through purposeful intention and regular collective care practices. These can be low-cost and not all need be time-consuming. They require consistency, co-design by those involved, and leadership buy-in.

Exploring what trauma-aware workflows look like could be useful to SVRI members. It may also be useful to understand how more collaborative working arrangements can support enhanced wellbeing for those working on issues related to VAW.

### ***Role of managers and leaders***

The role of managers/supervisors and organisational leaders in role modelling, promoting cultures of collective care and overseeing working practices that are trauma-aware is incredibly important. Yet we know practising this type of leadership can be difficult: managers may be under pressure to achieve performance targets from their superiors; donors exert power over project timeframes, deliverables, and budget restrictions leaving managers with little room for manoeuvre. Specific content targeting managers and leaders could be very useful as little of the literature speaks directly to the challenges they currently face.

Managers and leaders themselves will be exposed to different forms of trauma as a result of their work and this may manifest in harmful ways within their leadership styles. The materials developed for the We Care project should explore this dynamic and consider not only how managers and leaders can be more self-aware and self-accountable for these dynamics, but also how can those working alongside or those more junior to them navigate these issues. In addition, it could be interesting to explore as part of the knowledge exchange how norms relating to sacrifice and martyrdom affect people working in this sector, and how that can impact upon employee well-being.

Organisational leaders also have an important role to play because of their ability to manage the distribution of power and the resources that may be allocated towards self- and collective care. Mobilising senior leaders to take ownership of care agendas helps to avoid scenarios where care work falls into the laps of those with the least power or ability to do transformative work. The literature suggests that equitable organisations, in which staff feel they have a degree of agency and autonomy to make decisions about how they manage their work can better create an enabling environment where care practices can take root. Feminist leadership approaches, which encourage power-sharing and critical reflection on one's own uses (and abuses) of power are also relevant here.

### ***Understanding organisational contexts***

The organisational context in which collective care takes place is incredibly important. Organisational hierarchies, institutional social norms, hidden power dynamics can all affect whether care practices can be effectively institutionalised. Ensuring that an organisational analysis of these specific areas and how they can impede/support collective care is vital. These contexts may also be in flux as a result of how the Covid-19 pandemic has affected working practices. Working from home/remotely or in hybrid arrangements brings different challenges and stressors that could be factored into the content development for the We Care online course, as well as the learning series.

The [Gender at Work analytical framework](#) offers a useful way of understanding how organisations can strengthen their ability to foster caring cultures. It involves analysing change pathways at the individual as well as systemic levels and is a framework that can be adapted to different contexts. Furthermore, it encourages us to surface and start to tackle the specific social norms and hidden power in organisations that can inhibit movement towards organisational wellbeing. The review generated a few examples of these harmful norms – e.g., the expectation that workers should be prepared to sacrifice for 'the cause'.

### ***Gaps in the literature***

It is unclear what works well to ensure greater accountability for collective care at organisational levels. The literature gives examples of accountability mechanisms such as feedback platforms, however there is little robust evidence as to how effective these are. It would be useful to explore this topic further – what types of governance and accountability

systems can support caring organisational cultures? How can these be adapted to different contexts?

There was a lack of rigorous evaluations of self and collective care policies and practices and the impacts they have on individuals, the organisation, and the work. What is available is some qualitative evidence of what was useful at the individual level. It may be helpful to consider documenting effects and building in evaluation processes to ongoing and new efforts on this topic.

There was a lack of evidence from South Asia and Asia and the Pacific region – it is important to try to address this imbalance.

There is a need for more in-depth examples and case studies for how well-being and care can be integrated into different organisational practices, policies, and functions, such as human resource policies and conflict and grievance policies. There is also no data to guide whether a standalone care policy is more or less effective than integrating care into other policies and functions (or whether some combination is best). The literature mentions the importance of this, but there are few documented examples of how this can be done well. However, we must also be cautious about the role that policies – while important – play in bringing about transformative change. There is always a risk that policies are not implemented and become tick-box exercises.

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## Annex A – List of search terms

The length and complexity of search strings were tested and adjusted based on volume and relevance of results (beginning with simpler combinations).

|                         | Search terms  |
|-------------------------|---|
| Location                | Global South or Developing countr* or Low* income count* or middle income countr*   |
| Violence against women  | Violence against women or sexual violence or gender-based violence or GBV   |
| Population              | Practitioners or activists or researchers or women’s human rights defenders or programmers or movements                     |
| Care and wellness terms | Self-care or collective care or mutual care or wellness or wellbeing or healing or resilience                               |
| Trauma-related terms    | Trauma or vicarious trauma or stress or burnout or compassion fatigue   |
| Interventions           | Program* or prevent* or strateg* or intervention or practice or procedure or polic* or survivor-centered or trauma-informed |



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**SVRI** sexual  
violence  
research  
initiative