

*“Who in their right mind
wants to put up with this?”*

Resilience Strategies
for a Sustainable
Human Rights
Movement

The World Organisation Against Torture (OMCT) works with around 200 member organisations which constitute its SOS-Torture Network, to end torture, fight impunity and protect human rights defenders worldwide.

Together, we are the largest global group actively standing up to torture in more than 90 countries. Helping local voices be heard, we support our vital partners in the field and provide direct assistance to victims.

Our international secretariat is based in Geneva, with offices in Brussels and Tunis.

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The information and views expressed in this publication do not claim to be exhaustive nor necessarily to reflect the comprehensive views of each participant.

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Methodology



i. Research objectives

We recognise that some of our colleagues, local partners and members of our network have experienced extreme levels of stress, with impacts on their mental and physical health, as a result not only of the risks they face in conducting their work, but also the abuses that they witness, directly or indirectly. Yet, despite their exposure to trauma, these colleagues have shown incredible resilience and developed innovative strategies to maintain their wellbeing.

This report aims to provide insight into their experience of working in hostile environments and the resilience strategies they deploy, in order to benefit other human rights defenders whose psychological integrity is under threat and to promote greater resilience within the wider human rights movement.

ii. Approach and methods

This Guide draws on the experience and specific expertise existing within our network to identify effective tools, approaches and strategies for resilience, and develop best practices for psychosocial support of human rights defenders and their communities.

To produce it, we conducted primary research, consisting of:

- a. Two consecutive online workshops that were held in March 2021 in the framework of the OMCT's Global Action Week Against Torture. Over these two sessions, the OMCT engaged with 17 human rights defenders and experts on psychological support. The first session provided an opportunity for participants to exchange and better understand the short and long-term psychological impacts of the systematic harassment faced by human rights defenders working in protracted situations of threats and pressures. The discussion focused on the forms of harassment used against defenders and their organisations, on the psychosocial impacts of witnessing human rights violations and accompanying those who suffer them, as well as on the implications of mental health issues of defenders on the sustainability of the human rights movement. During the second session, participants built upon the needs and challenges identified during the session of the previous day to collectively identify best practices and strategies in supporting greater resilience of local civil society activists and empowering them to continue operating in threatening environments. Participants notably shared their self-care strategies to ensure the wellbeing of defenders in their respective organisations.
- b. Twelve in-depth online interviews with human rights defenders carried out between June and December 2021 as a follow-up to the two workshops by a psychologist with experience working with human rights defenders.
- c. A short survey sent to workshop participants/interviewees in advance of the face-to-face research, to understand the extent to which harassment impacts the work of human rights defenders and their organisations and to assess their interest in learning about best practices for psychosocial support for human rights defenders.

This Guide does not aim to be exhaustive, but rather to shed light on and share tools and strategies that have proved efficient in practice and deemed illustrative and replicable to enhance the psychological well-being of human rights defenders as an essential component of the sustainability of the human rights movement, while taking into consideration the specificity of each organisation and individual contexts.

Introduction

Human rights defenders around the world are operating **in an increasingly hostile environment** and under immense pressure. In all regions, defenders pay a very high price for their legitimate and essential work, with a rising number of them facing violence, attacks and intimidation in full impunity, and many others suffering from constant harassment and baseless legal persecution. Defenders are also increasingly stigmatised as criminals, enemies, foreign agents or even terrorists. All these strategies, aimed at delegitimizing and silencing civil society, are combined with particularly difficult working conditions, characterised by constant strain, urgency and violence. This in turn not only creates an adverse environment for the defence and promotion of human rights, but also **seriously impacts, both individually and collectively, the psychological integrity and well-being of human rights defenders.**

It is therefore understandable that the women and men who defend our rights in the most repressive countries are particularly vulnerable to depression, trauma, burnout and other mental health disorders. In turn, the fact that human rights defenders often suffer from exhaustion or face psychosocial problems, leading to frequent departures from key positions in non-governmental organisations (NGOs), has a negative impact on the sustainability of organisations and needs to be addressed appropriately. **Building the resilience of defenders is indeed essential to the sustainability of the human rights movement as a whole.**

The notion of resilience, a controversial concept

Resilience refers to the capacity of a person or a group to develop positively, to continue to project themselves into the future despite destabilising events, difficult living conditions and severe trauma. However, this notion seems to be increasingly criticised¹, especially because it has been used by political leaders and the world of finance to justify new constraints by the adaptability of individuals and the collective 'to the detriment of the questioning of the conditions of their suffering'².

1. Evelyne Pieiller, « Résilience partout, résistance nulle part », Le Monde diplomatique, May 2021.

2. Thierry Ribault, Contre la résilience. A Fukushima et ailleurs, L'Échappée, Paris, 2021 [Our translation].

It is therefore worth clarifying that the aim of this report is not to ignore human rights violations that are at the root of defenders' struggles, and to place the burden on them to find ways to cope as best as they can so they can continue their work at all costs. On the contrary, this document aims at reflecting the growing recognition of the need to provide integrated and holistic support to most at-risk human rights defenders in order to contribute to a better protected and more sustainable human rights movement.

As part of these efforts, the OMCT started a pilot work on good practices in building the resilience of defenders through the development of initiatives promoting access to better personal care, psychosocial support and rehabilitation so they are able to sustain their work amidst such adverse and dangerous environments. This work has shown that there is a major interest within the OMCT network and other local partners to advance this agenda, even more at a time when the Covid-19 crisis has highly contributed to enhancing and normalising exchanges about psycho-social matters within the human rights community and beyond.

The present Guide is a collection of best practices developed by our partners, other organisations and psychologists who accompany them. We view this Guide as a practical tool that can be used by civil society and other relevant actors worldwide to see how psychosocial support can be better integrated into the holistic protection of human rights defenders as a way to strengthen the resilience of the human rights community. The practices collected in the Guide do not aim to be exhaustive, but rather to draw on some of the efforts and strategies that have led to concrete psychosocial support to defenders. We look forward to receiving further practices to nurture our exchanges and continue building on shared experiences.

What is psychosocial support?

The psychosocial perspective is based on the analysis of the individual-society relationship. It works not only on the consequences (impact on mental health) but also on the causes and tries to transform the historical and political reality. This approach refers to a view that a person is a product of his or her social relations and the historical and political contexts in which they develop. Similarly, harm and trauma can only be understood in this historical and social dimension.

It aims to raise awareness on the social subject to recover as an active entity in the transformation of the oppressive conditions in which it lives. It emphasises the development of people's strengths and capacities, rather than their weaknesses and shortcomings. It is in this way that the psychosocial perspective is connected to the notion of resilience, with a meaning contrary to that put forward by its detractors. In this report, we will refer primarily to «psychosocial support», emphasising that this process does not belong to defenders alone, but requires a strong support system to which we are trying to contribute.

I. Acknowledging structural challenges to the wellbeing of human rights defenders

i. The psychosocial impact of harassment experienced by human rights defenders

Working in a climate of mounting hostility, human rights defenders are increasingly becoming the targets of violent **smear campaigns** and **attempts to portray them as traitors, enemies or even terrorists**. This harassment adds to pressure on access to funding, physical attacks, arrest campaigns, the criminalisation of their work and other repressive action by State and non-State actors against human rights defenders. It not only negatively affects their human rights work but can also have a serious impact on their physical integrity and psychological wellbeing.

For instance, human rights defenders in Venezuela are routinely portrayed as 'internal enemies'. Representatives from our partner organisation, the Committee of Relatives of the Victims of the Events of February-March 1989 (*Comité de Familiares de Víctimas de los Sucesos de Febrero-Marzo de 1989* - COFAVIC), stress that these campaigns may reflect an **underlying strategy of the State** to create division: 'We are persecuted on that basis. Stigmatisation has become a State policy': *'It has been a progressive experience; we have seen how the issue has evolved to the point where we have become the internal enemy.'*

This practice, which is not confined to Venezuela, **fuels a climate of fear** in which all human rights defenders are at risk of directly or indirectly suffering attacks and in which they have limited ability to protect themselves, their families or their colleagues. Labelling defenders as 'traitors' **erodes their core identity** as people who put their own lives on the line to protect others. According to Claudia Samayoa, Coordinator of the Unit for the Protection of Human Rights Defenders in Guatemala (*Unidad de Protección de Defensoras y Defensores de Derechos Humanos en Guatemala* - UDEFEGUA): *'The invention of the internal enemy concept has been used to justify the existence of intelligence apparatuses that provide the information to commit aberrant human rights violations. At present, the defenders of rights are seen as the new enemies [...]. The aggressor looks for ways to find your personal weak point in order to break you [...]. Persecution is an invisible process, but it leaves deep scars on an individual and collective level.'*



The 'snowball effect' of smear campaigns

Our contributors emphasised the detrimental, spiralling impact of defamation and smear campaigns, which aim to negatively influence public opinion about human rights defenders and their work, with the aim of discrediting them. These campaigns generate polarised opinions among the public about the work of human rights defenders, which directly impact their identity and can lead to their stigmatisation and social isolation.



Claudia Samayoa (UDEFEQUA, Guatemala) has been the target of a long-running defamation campaign on social media that began in 2011, as part of which she has been accused of being the head conspirator in communist activities in Guatemala. She recounts her personal experience:

'My children started losing friends and jobs, and failing assignments and classes in university. I eventually became burnt out, overly sensitive and reactive to any kind of attack, and ultimately had to retreat from public space, which I believe was the primary goal of the people perpetrating these continuous acts of harassment.'

Others shared similar testimonies, highlighting the climate of isolation created by these campaigns which, due to fear of reprisals, tend to create distance - even between human rights defenders and their peers or colleagues - leaving them isolated and at further risk. Horia Mosadiq, Executive Director of the Safety and Risk Mitigation Organization (SRMO) (Afghanistan), describes these abuses as a form of psychological torture. Claudia Samayoa agrees, highlighting that this is often the consequence of a specific State strategy intended to break down human rights defenders through the use of psychological violence.



This same 'enemy' logic is reflected in the judicial harassment experienced by human rights defenders. **Their treatment as criminals acts as a form of social exclusion**, which negatively impacts the wellbeing of the individuals targeted, since feeling of 'belonging' in society is a fundamental aspect of psychological integrity.

In countries such as Turkey, Egypt, India, the Philippines and Belarus, human rights defenders are routinely **victims of arbitrary attacks, criminalisation, and detention**, sometimes based on accusations they belong to or support terrorist organisations. They also face quasi-systematic abuses during detention, which can lead them to experience psychological consequences of this treatment well beyond the court proceedings or period of detention. Some human rights defenders are **highly traumatised by their detention**, and experience high levels of stress and prolonged anxiety about the possibility of it happening again.

Detention-related trauma is particularly common when detainees are subjected to **solitary confinement**. This is the case in Zimbabwe, where human rights defenders have reported migraines, seizures and post-traumatic stress disorder (PTSD) following their release from detention, with long-term impacts on their mental health, which are exacerbated by continued close surveillance and intentional delays in ongoing legal proceedings concerning them, intended to make them stop their activities thanks to the climate of fear they are creating.

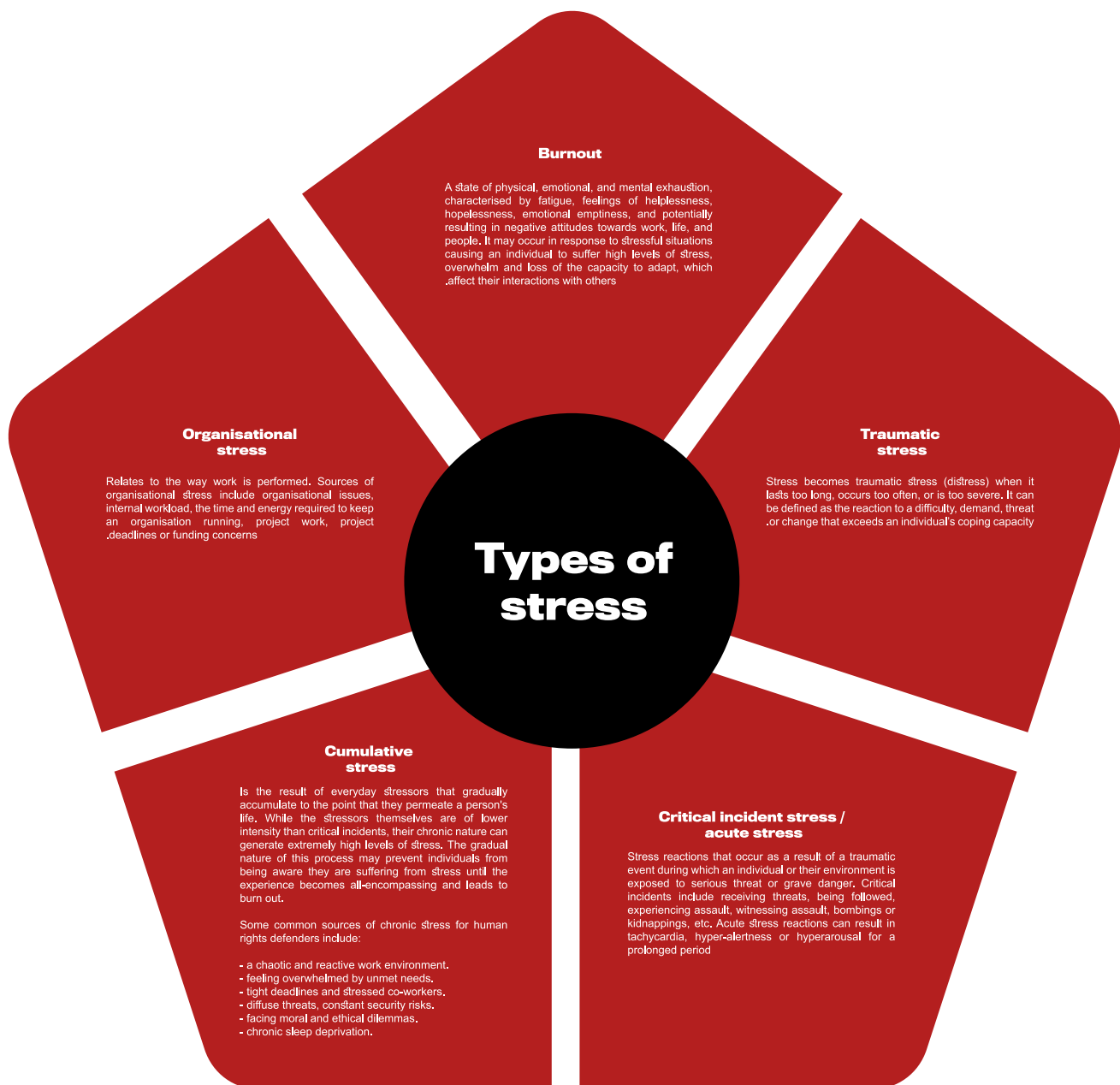
Other **consequences of legal action** - such as intentional delays in legal proceedings, restrictions on freedom of movement, bans on making public statements, etc. - can prevent human rights defenders from carrying on their activities and can have financial implications that significantly **affect the private and family life of the victims** of harassment. Aida Seif Al-Dawla, Director of the El Nadeem Centre Against Violence and Torture (El Nadeem Centre), in Egypt, explains: *'They often impose a travel ban and then our movement is totally restricted. It's impossible to go on advocacy tours and it's impossible to escape'*.

= Most frequently detected reactions in defenders who are victims of attacks

The psychosocial impacts of working in a hostile environment include **stress, trauma and other reactions and symptoms** that negatively affect the psychological and physical wellbeing of human rights defenders. In addition to the pressures of working in contexts of political violence, the situation of defenders might be further complicated by other conditions, such as economic instability, family tensions, unmanageable workloads, etc. These factors tend to combine and interact, affecting human rights defenders in different areas of their lives, with the potential to lead to despair, hopelessness, psychosomatic reactions or unhelpful coping mechanisms, among other responses.

Stress

According to our contributors, stress is the most common impact of working in hostile environments, under continuous pressure. Stress is a normal response to a physical or emotional challenge, which occurs when demands or circumstances exceed an individual's capacity or available resources to deal with it: *'When individuals are subjected to great emotional pressures or burdens, various defence mechanisms come into play, which may have somatic and emotional manifestations.'*, explains Claudia Samayoa (UDEFEQUA).



Trauma

Given the nature of human rights advocacy work and the contexts in which it is carried out, it is common for human rights defenders to experience trauma at some point in their career. Trauma is defined³ as:

1. An experience that poses a threat to a person's physical or psychological integrity. It is often associated with experiences of chaos and confusion during the event, fragmentation of memory, absurdity, horror, ambivalence, or bewilderment.
2. Of a nature that:
 - a. is unspeakable, uncountable.
 - b. is incomprehensible to others.
 - c. breaks with one or more of the basic assumptions that constitute a person's referents of security, especially beliefs of invulnerability, security and control over one's own life; trust in others and in their goodness and their predisposition to empathy; trust in the controllability and predictability of the world.
 - d. self-representations and self-world representations.

Responses to traumatic situations may include feelings of isolation; emotional and affective withdrawal, feeling the need to reconstruct events, searching for meaning or a new ending; questioning oneself and one's position in the world; feelings of accountability or guilt, humiliation or shame; questioning basic assumptions about human decency, the predictable nature of the world, one's ability to control one's own life.

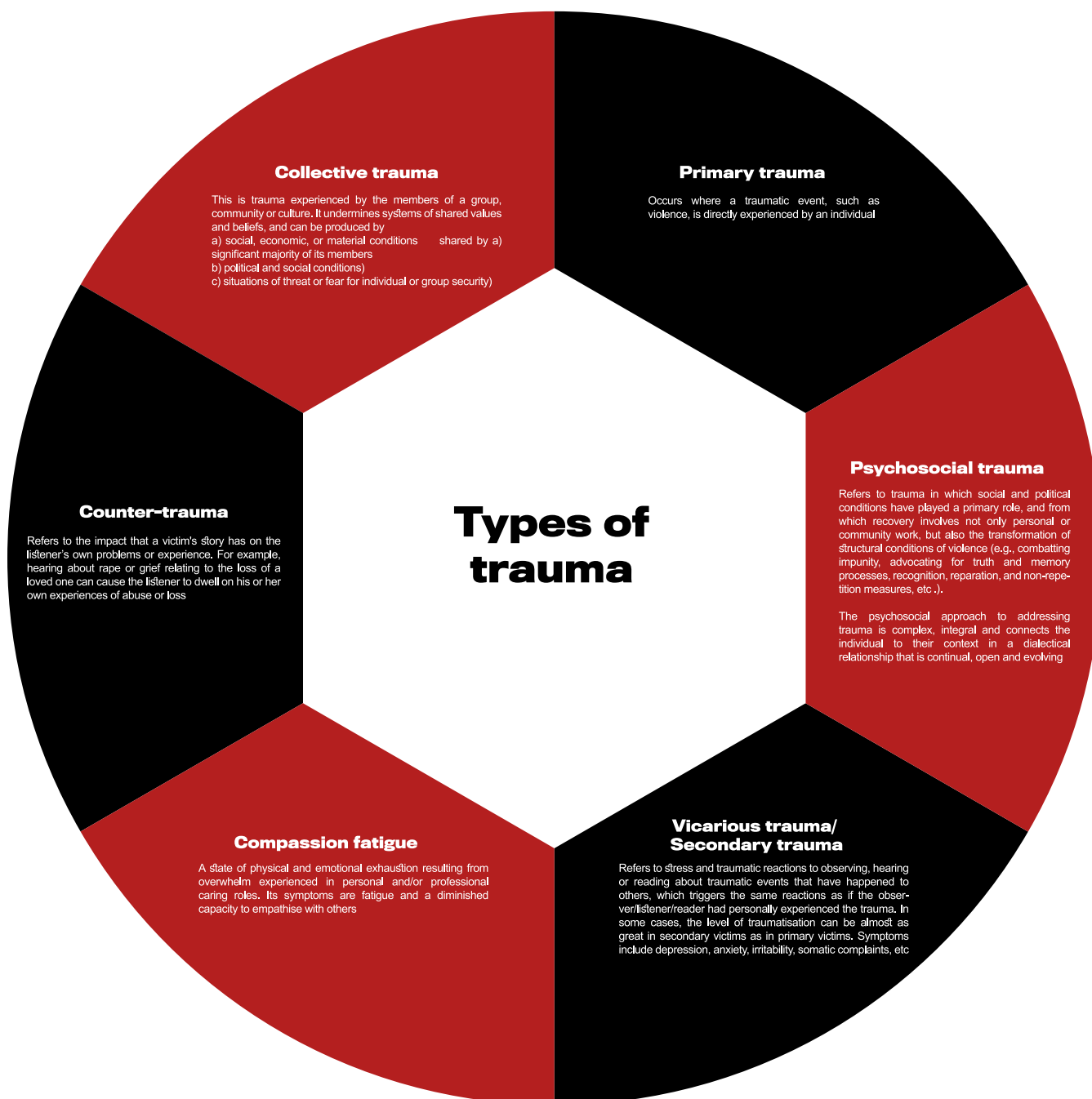
Post-Traumatic Stress Disorder (PTSD)

PTSD is defined as a psychiatric disorder that can occur in individuals who have experienced, witnessed or been threatened with traumatic events, including death, sexual violence or serious injury. It can result in intense, disturbing thoughts and feelings about the event or experience that continue long after the traumatic event has ended and may include flashbacks or nightmares, emotions like sadness, fear or anger, and feelings of isolation, avoidance, alterations in mood and cognition, arousal and reactive symptoms.

While PTSD usually **stems from the exposure to an upsetting traumatic event, it can also be induced by indirect rather than first hand exposure**, as may be the case for human rights defenders learning about the violent death of a close colleague. It can also occur as a result of repeated exposure to details of traumatic events, for example, to psychologists working with victims of human rights abuses. PTSD is often accompanied by conditions such as depression, substance use, memory problems and other mental health problems.

The **physical symptoms** induced by inadequate attention to the above-mentioned psychological reactions to stress and trauma are also of great concern for the health of human rights defenders. Regarding the **long-term consequences of unprocessed trauma and PTSD**, a study conducted by The Mesoamerican Initiative of Women Human Rights Defenders (IM-Defensoras) revealed **patterns of chronic illness** such as diabetes, cancer and hypertension among women, all of which were related to ongoing stress.

3. Pérez Sales, P (2006). Trauma, Culpa y duelo: hacia una psicoterapia integradora. Desclee de Brouwer, Bilbao. [Our translation].







ii. Secondary trauma from supporting victims of human rights abuses

In addition to facing threats to their own physical integrity, human rights defenders often **witness human rights violations** and spend a large amount of their time in direct contact with victims of human rights abuses, such as torture survivors, **listening to their traumatic experiences**: *'The lawyers are collecting information, testimonies about terrible violations: it's very traumatic, toxic material, and a violent, toxic environment.'* reports the Public Committee Against Torture in Israel (PCATI)'s team.

It is essential to recognise the detrimental psychosocial impact that working with victims of human rights abuses and torture can have on human rights defenders, who can themselves be **traumatised through exposure to these harrowing experiences**: *'In the cases that we attend, we see people that have been severely injured, [...] We see mangled bodies, gruesome autopsies.'* highlight representatives from the Independent Medico Legal Unit (IMLU), Kenya.

However, human rights defenders' commitment to their work can sometimes lead them to **deprioritise their own wellbeing**, leaving them disconnected from their internal state and vulnerable to burnout. There is a tendency to **downplay the psychosocial impact** of human rights work and, rather than recognising their own need for support, human rights defenders may **minimise their own experience** by comparing it to that of torture victims, which can result in feelings of shame or guilt. Yet, without space to address secondary trauma, defenders are at serious risk of developing mental health issues.

Svetlana Iablonskaia, Psychologist at Public Verdict Foundation (Russia), notes how secondary trauma can also result in a variety of **unhelpful coping mechanisms**, including excessive consumption of alcohol, difficulties maintaining a work/rest balance or even addictions, as part of an attempt to control stressful situations.



iii. The challenging nature of human rights defenders' working conditions

In addition to facing targeted attacks because of their human rights work, the very nature of human rights protection work often dictates that **human rights defenders work under continual pressure in situations of great urgency**. They encounter expectations of constant availability, unmanageable workloads, feelings of powerlessness and helplessness and unreasonable demands stemming from donor expectations that are at odds with reality on the ground. The organisations they work for operate in challenging political circumstances, where tense relations with the international community or State authorities can lead to **registration problems and obstacles in accessing foreign funding**, placing additional barriers and restrictions on human rights defenders work:



'We are not registered officially. If you are not contributing to the government strategy, you cannot be officially registered as organisation. And you are illegal.'

Aida Seif Al-Dawla, El Nadeem Centre

Working in emergency situations has a destabilising effect on teams, which come under prolonged, extreme pressure: **'Emergencies happen at any time, so we are always on call to attend to them.'**, explain IMLU's members. This creates a **self-imposed 24/7 work culture**: *'The nature of the work we do doesn't allow us to have free time [...] Whenever a traumatised person needs us, we have to be available.'* (Aida Seif Al-Dawla, El-Nadeem Centre). It can also force teams to neglect their own needs, e.g., setting aside their own grief for the sake of their work: *'During the Covid-19 outbreak [...] friends, members of family and colleagues have passed away, but we must continue our work in the middle of all these losses.'*, adds Esther Nabwire, Head of Programs at the African Center for Treatment and Rehabilitation of Torture Victims (ACTV, Uganda).

Not only does witnessing human rights abuses have a profoundly detrimental impact on staff, **meeting the needs of victims and their relatives** also presents challenges: *'Meeting people who have suffered violations first-hand, such as prisoners who were tortured and abused is stressful. As is dealing with the victim's family members who've had their houses raided and been interrogated.'* The inability of organisations to meet all of victims needs or expectations can leave their staff **feeling disempowered**: *'It's impossible to meet all their needs. [...] you feel impotent because you can't do more.'* (member of IMLU).

Feelings of guilt are prevalent among the human rights defenders we spoke to. These manifest in various forms, including **survivor's guilt and guilt relating to the limited scope of their interventions**: *'You feel guilty all the time for being safe while so many other people are at risk; guilt for not being able to help enough, because you can help one or two, but there are so many people who urgently need help because their lives are at risk.'* Members also experience **pre-emptive guilt** about the potential for loved ones to be harmed as a result of their work: *'Concern, guilt and responsibility for the safety of the people around them because: what need do they have to be facing this, for the work that I do?'*, adds Claudia Samayoa, UDEFEGUA.

Lack of progress or worsening human rights conditions can cause feelings of hopelessness and impotence among human rights defenders: *'[You experience a] crisis of hope and meaning about what you are doing. Nothing is changing, there is no potential for change.'* (Tal Steiner, PCATI). **Precarious working conditions** can also erode teams' morale and their ability to work effectively: *'These conditions are translating into a loss of meaning and of hope for a better future, with negative impacts on relations in the teams and the link with the users or services provided.'* (Claudia Samayoa, UDEFEGUA).

Reconciling workload with a lack of resources on the ground poses an enormous challenge for almost all organisations: *'There is no limit in the number of people we have to attend to. We're working with no resources and with huge responsibilities.'* (IMLU). **Chronic understaffing** takes a toll on team members: *'Everyone in the organisation is under a lot of pressure and prone to becoming mentally and physically overwhelmed.'*, deplore members of Addameer Prisoner Support and Human Rights Association (Addameer, Palestine).

The challenge of meeting donors' expectations within budget and project constraints are a source of great pressure: *'There is a gap between the budget and the expectations of donors, between our annual planning and the logic of the programmes in the field.'*, deplores PCATI's Executive Director. This is accentuated by **smear campaigns that can result in donors withdrawing their funding**: *'They don't continue supporting you financially if you have been banned.'*, recalls Esther Nabwire (ACTV). Combined with the criminalisation and deregistration of human rights organisations, this is leaving some organisations without the resources to sustain their work. According to members of El-Nadeem Centre: *'As we are not registered, we cannot receive funds from donors. Lack of funding implies no money for medicines, to pay salaries or for the day-to-day work. We need a lot of support from volunteers.'*

Finally, **the lack of specific funding for psychosocial support makes it hard for many organisations to offer these resources**: *'It's difficult to find funding for staff care because it does not have a logic that donors like - with specific timings and indicators - as these kinds of resources have to be available for when the person needs them, but that cannot be foreseen or measured.'* (Claudia Samayoa, UDEFEGUA).

iv. Collective impact of mental health issues on the human rights movement

Most of our contributors highlighted the broader impact that the harassment of human rights defenders has on their organisations, in particular the multidimensional individual and collective dynamics it creates. While practices that aim to *'make an example'* of individuals have a particularly **discouraging effect on their victims, who are often scared to resume their activities**, they also influence other defenders, who may self-censor for fear of being subjected to the same treatment, reducing the number of dissenting voices and creating a knock-on impact on the wider human rights movement. Yet, beyond this, these practices **symbolise an attack on the aims and identity of the human rights movement**. This generates a collective impact by **disrupting the morale of human rights defenders**, ultimately affecting the sustainability of the human rights movement as a whole.

Attacks on individuals also **impact the mental health of the collective** by generating high, widespread levels of stress and fear. The resulting **deterioration in human rights defender's mental health affects their working capacity** of teams: *'When the staff are in a lot of fear and anguish, their productivity is incredibly low, because it's exceedingly difficult to concentrate or to be able to work like this.'* It is also **responsible for a high staff turnover**: *'As a manager, I always have the fear that people will want to quit. Who in their right mind wants to put up with this?'* asks Horia Mosadiq, SRMO.

The psychological impacts of harassment can also have **a negative effect on relationships within teams and organisations**: *'Distrust and disconnections are created. The violence of the context leaks into the dynamics of the organisations and intoxicates them. It generates conflicts, which add to old, unresolved conflicts [...] the pain is overwhelming.'*, says Claudia Samayoa, UDEFEGUA.

Ultimately, the impact of deteriorating mental health among human rights defenders can **jeopardise the operations of their organisations, directly affecting their sustainability** with clear implications for the movement as a whole: *'You cannot continue providing services if the staff are not well; they cannot provide support.'* (Esther Nabwire, ACVT)

II. Identifying best practices for the psychosocial support of human rights defenders

i. Overcoming 'superhero syndrome'

Within the **culture of activism** where human rights defenders operate, a high value is placed on deep commitment and sacrifice. As a result, defenders are often inclined to prioritise others 'needs over their own wellbeing and self-care may be associated with feelings of guilt. This can prevent human rights defenders' seeking support and poses one of the main obstacles to their resilience. Furthermore, many defenders are concerned about speaking about their mental health, especially since they are already stigmatised for their activism.

Defenders' own self-image is among the factors that prevent the recognition of their need for support: *'They are people who identify with their work and vulnerability is difficult for them to assume. It is difficult for them to tell you how they feel, they do not connect with fear, impotence or sadness; they hide behind an I-can-do-it attitude, which is a very heavy burden and weakens them. The super-hero cape is a problem.'*, according to Yesica Sánchez, Director of the Consortium for Parliamentary Dialogue and Equity Oaxaca (*Consortio para el Diálogo Parlamentario y la Equidad Oaxaca* - Consortio Oaxaca, Mexico).

There can be strong **resistance among human rights defenders to identifying as victims**. Many report that they are feeling the need to set aside their own needs in order to work effectively: *'Sometimes I feel like I must disregard my personal feelings to get the job done. As lawyers, we are the first to hear about the torture, but we deny that we need support.'*, explains a member of Addameer.

The **fear of mental health-related stigma** acts as a powerful inhibitor when it comes to defenders seeking support: *'Looking for psychosocial support is associated with having a mental health problem. There is a big fear of stigmatisation: people will think that I'm crazy.'* (Esther Nabwire, ACTV)

In addition, the **normalisation of violence** is common among human rights defenders operating in climates of conflict and persecution: *'When you live under constant war and attack, you normalise the violence. And you don't think you should treat yourself in a special way.'* (Milena Ansari, Addameer)

Whereas human rights organisations themselves can be responsible for **institutionalising a culture of sacrifice** among their staff, for example, through the systematic denial of health care and labour rights to activists. This **collective internalisation of the sacrifice narrative** further normalises this culture among human rights organisations which, in turn, project unreasonable expectations on their employees.

Yesica Sánchez of Consortio Oaxaca stresses **the need to change narratives within the human rights community to acknowledge human rights defenders as people who suffer and have weaknesses**, without this meaning they are any less professional or skilled. This is echoed by the team of the Community Studies and Psychosocial Care Team (*Equipo de Estudios Comunitarios y Atención Psicosocial* - ECAP, Guatemala), who suggests **reframing the need for self-care**: *'When you say that we must take care of ourselves to do better human rights advocacy and work better, it opens more the possibility of talking about self-care. But if it is treated as an individual issue, there is a lot of resistance.'*

ii. Creating spaces for dialogue

All participants highlighted the **importance of fostering discussion as a key means of supporting human rights defenders' resilience**. They agree that creating safe spaces, where activists come together and speak freely about the experiences and the challenges they face, is a go-to resilience strategy to which time, resources and commitment should be dedicated. This strategy is closely linked to that of **peer support**, which they also stressed as being of paramount importance.

Collective approaches to psychosocial support

Spaces for dialogue can take the form of **informal forums**, where team members can socialise and share difficulties with one another. This can work to reinforce a sense of commitment and mutual support among teams: *'The staff usually speak to each other about the effects all the stories and reports have on them mentally; it is understood that there is huge impact on their mental health. It also creates a sense of family in the office between the staff, which helps people cope with everything much better.'*, shares Sahar Francis, Addameer.

Another option is supervised **group counselling sessions**, where staff members discuss issues and events from their work-life that cause them distress and anxiety, with the support of an expert. According to COFAVIC's team: *'Some team meetings were supervised by external psychologists. This was highly valued by the team members. In them we could express how we felt, how we were experiencing the changes, what fears we felt. There was always space to talk about things that were affecting us at that moment that was so decisive.'*

This kind of **collective approach** can be powerful both in identifying problems and managing solutions: *'We detect the problems [together] and the solution may also come from the group. People have been dealing with the problems alone, so we need to create a collective response. We need to work against the individual approach, and for the group to deal with strategic decision making, working with the group as a group'*, explains psychologist Kim Yuval.



PCATI's strategy for dealing with vicarious trauma

PCATI is an Israeli organisation that works documenting and denouncing torture in Israeli prisons.

Among the most pressing difficulties they face, PCATI's team highlight **vicarious trauma** and other impacts of working with torture victims, in addition to the impact of harassment for carrying out their human rights activities. The team report that the culture of deep engagement that exists in the human rights movement also acts a barrier to the teams' psychosocial well-being.

In response to these issues, PCATI began collaborating with Kim Yuval, a psychologist and trauma expert, specialising in the support of human rights defenders working in hostile environments. Together, they have developed a **psychosocial strategy** comprising multiple types of intervention based on a collective approach, including:



Tal Steiner, PCATI

- = **A forum** where field workers, human rights defenders and managers meet to address secondary trauma and make professional connections to build resilience within the network.
- = **Two workshops** that introduced the notion of secondary trauma and burnout to staff, and made it possible to identify the most effective method for increasing staff wellbeing and resilience.
- = **Online group-counselling sessions** held twice-weekly and facilitated by trauma expert, Kim Yuval. In the sessions, which take place in small groups to foster intimacy, staff discuss work-life issues and events causing them distress and anxiety, are offered support, and taught self-care skills.
- = **Non-violent communication workshops** comprising five online sessions, attended by all staff, to improve communication and strengthen the team's resilience and well-being.
- = **Face-to-face staff counselling sessions** with a trauma expert, focusing on issues raised by the team, including burn-out, loss of hope, reduced personal capacity to support victims and the impact of repeated work with traumatised victims.
- = **Individual therapy sessions** made available to individuals requiring personalised, one-to-one support, with the option for the individual to select the therapist with whom they feel most comfortable.

Kim Yuval emphasises that when designing a strategy for supporting human rights organisations, it is essential to understand the nature of each organisation, its core motivations, priorities and challenges: *'Each organisation is a different universe, and there is no 'one-size-fits-all' solution.'*

What can we learn from the rehabilitation of torture survivors to support human rights defenders?

The experts we consulted recommended adopting an **integrated approach to rehabilitating people who have suffered trauma**, which combines different tools and types of support such as psychotherapy, self-care groups, and supervision, particularly during critical periods (e.g., times of widespread societal violence and killings). According to COFAVIC's Psychosocial Assistance to Victims Unit, incorporating an integrated psychosocial perspective in psychological interventions is extremely helpful: *'It has been a complex but beautiful process of building interventions with the victims. We understand that [this kind of approach] is an essential commitment to support victims.'*

They also underlined the need for **care and support group programmes**, such as Room to Heal, a therapeutic community for survivors of torture in London. It promotes self-care and provides a safe space for survivors to collectively share their traumatic experiences. Mark Fish, who supervises the group, describes a session he supervised for male torture survivors, during which one victim started crying, provoking a wave of crying around him: *'One of the group members was surprised and asked if the goal of these sessions was to cry. A young man who had been in the group for a long time answered that on Thursdays, they often ended up crying together, but that on Fridays, they all were going to the community garden to build a fire, sit, cook and tell stories and have a really good laugh together.'*

Sharing and recognising the symptoms of trauma is a long process, and these groups enable individuals' experiences being mirrored by others and provide recognition that they are having normal responses to very abnormal situations.

Important considerations for professionals when working with groups

Psychotherapist Kim Yuval recommends keeping groups small to **promote a sense of intimacy**. Whereas the organisation IMLU separates employees according to their work area, to help them to feel more at ease expressing difficulties and emotions: *'We have already seen that it does not work to mix all team members and ask them to share feelings because there are different hierarchies, roles and alliances. So, we divide them into groups according to the nature of the work. And at the end, we bring the groups together to share what has been discussed and learned, and to create a community spirit.'*

Our contributors acknowledge that there can be **reluctance among human rights defenders to accept psychological support**, which sometimes extends to collective approaches: *'Some members think that the talking therapy is not good for them, they need other kind of support. So, they don't want to participate in the group sessions.'* (Tal Steiner, PCATI) However, others have found that group processes can help to address resistance: *'I can't tell you how hard it has been for them to want to accept a psychologist [...] but I think you have to understand that they are social processes, they are group processes. So, if someone says to someone else: "look, it worked for me," it creates a contagion of experience.'* (Claudia Samayoa, UDEFEGUA).

Nonetheless, Svetlana Iablonskaia, psychologist at Public Verdict, stresses the importance of **hiring professionals who are human rights defenders** or at least aware and engaged with the symbolic universe of defenders.



'The standard kind of psychologist, with a clinical approach, does not work for human rights defenders. Psychologists who do not understand the defenders' world, the challenges and or their motivations and cannot effectively support them. Psychologists working with groups must: 'speak the same language, have the same values, understand the threats.'

Svetlana Iablonskaia, Public Verdict

TOOLBOX: Steps for designing a psychosocial support strategy for human rights organisations

Below is an example of the steps a **group intervention strategy** might follow. Our experts underline that **there is no one-size-fits-all approach**: both the intervention and its content must be carefully adapted to the needs of the specific context and organisation:

1. Preliminary work

Identify the main difficulties by:

- ≡ Visiting the workplace in person, to see the space, how things are organised and meet the staff.
- ≡ Talking to the management, listening to their concerns, and managing expectations.
- ≡ Talking to one person from each team to get a feel for the group dynamics.

2. Intervention

When designing the intervention strategy, identify the methods and techniques to be used in the intervention process, which must be context specific and specially tailored to the individual/team/organisation.

Conduct the intervention, e.g., a series of workshops with the following objectives:

- ≡ Psychoeducation.
- ≡ Getting to know each other.
- ≡ Reflecting on the current situation and dynamics.
- ≡ Working on stress and burnout, through lectures and sessions to identify the main stressors for each team member (e.g., workload, nature of the work, physical working conditions).

When working with groups, aim to:

- ≡ **build trust:** Trust is an essential component of support and must be developed before deeper work can begin. It is especially important when working with human rights defenders because trust is a matter of survival: sensitive information cannot be shared with everybody, as it can compromise security.
- ≡ **work on values:** Explore and understand the values of the individual, as their care must support those values and enable them to live accordingly. This means that interventions with a political perspective are a prerequisite for working in a human rights context.

- = clearly **define the group's goal** from the beginning, based on the needs identified by participants.
- = use tools that enable **positive collective dynamics**.
- = **address severe cases separately** – refer serious cases for treatment outside of the group to prevent tensions arising within the group.
- = take a **collective approach to identifying problems and managing solutions** and address resistance to collective work, which can be imposed by trauma.
- = **offer support in implementing changes:** This part of the process is complex and can generate high levels of resistance and disturbance among teams, so ongoing supervision and support is essential.

3. Formal assessment

This should include:

- = information from interviews with department managers.
- = tools to assess secondary trauma, such as questionnaires.

4. Follow-up sessions

Following up is essential for ensuring the continuity and closure of the intervention process.



iii. Promoting self-care

Efforts to care for human rights defenders are taking root in different regions, with varying degrees of success. Latin American organisations are taking the lead in developing care initiatives at the political level, as a means of improving the community's resilience. Feminist organisations are acting as pioneers in this respect: while women defenders are equally, if not more, affected than their male counterparts by a culture of commitment and sacrifice that deprioritises wellbeing, they seem to better understand the need to integrate wellbeing into their work to ensure that it can be sustained. They promote an integrated, holistic approach to self-care that combines different tools, and is respectful of all cultures and beliefs.

Self-care as a political strategy

Whereas the term 'self-care' tends to imply making individuals responsible for their own physical and mental health, this overlooks the context in which defenders operate. According to IM-Defensoras, **self-care should be considered a political strategy** that promotes an ethical vision of the work carried out in the defence of human rights: *'We need to validate that care is important to us: we have abandoned ourselves to care for others. Self-care is a political proposal that transgresses the mandate for women to be there for others imposed by the patriarchy, which is often reproduced in the dynamics of our organisations and movements, generating situations of discrimination and attrition in our own spaces of struggle.'* (Yésica Sánchez Maya, Consorcio Oaxaca and IM-Defensoras).

Adopting a holistic approach to self-care means not only addressing the symptoms of stress and trauma, but also acknowledging their systemic causes and working to improve them. For IM-Defensoras, this involves **identifying specific needs and challenges of women human rights defenders**, to provide them with a full protection from a feminist perspective which *'includes a personal and collective level, a physical, psychological, mental, energetic and spiritual dimension.'*



Sach- und Rechtsattest

Ich, der Unterzeichnete, bestätige hiermit, dass ich mich am 28. November 2015 in der Bundesrepublik Deutschland aufgehalten habe und dass ich mich am 28. November 2015 in der Bundesrepublik Deutschland aufgehalten habe und dass ich mich am 28. November 2015 in der Bundesrepublik Deutschland aufgehalten habe.

Der Sachverständigenrat des Bundesrates hat am 28. November 2015 in der Bundesrepublik Deutschland eine Sachverständigenratung durchgeführt, die sich mit der Sachverständigenratung des Bundesrates am 28. November 2015 in der Bundesrepublik Deutschland durchgeführt hat.

Es wird hiermit bestätigt, dass die Sachverständigenratung des Bundesrates am 28. November 2015 in der Bundesrepublik Deutschland durchgeführt wurde und dass die Sachverständigenratung des Bundesrates am 28. November 2015 in der Bundesrepublik Deutschland durchgeführt wurde.

Aus dem Folgenden ist ersichtlich, dass die Sachverständigenratung des Bundesrates am 28. November 2015 in der Bundesrepublik Deutschland durchgeführt wurde und dass die Sachverständigenratung des Bundesrates am 28. November 2015 in der Bundesrepublik Deutschland durchgeführt wurde.

Schließlich ist zu betonen, dass die Sachverständigenratung des Bundesrates am 28. November 2015 in der Bundesrepublik Deutschland durchgeführt wurde und dass die Sachverständigenratung des Bundesrates am 28. November 2015 in der Bundesrepublik Deutschland durchgeführt wurde.

Am 10. März 2015 hat der Bundesrat gegenüber der Gesamtheit des Volkes die Sachverständigenratung des Bundesrates am 28. November 2015 in der Bundesrepublik Deutschland durchgeführt und dass die Sachverständigenratung des Bundesrates am 28. November 2015 in der Bundesrepublik Deutschland durchgeführt wurde.

Für die Protokolle:



Stellen Sie sich, und Datum:



IM-Defensoras' holistic feminist approach to self-care



Yésica Sanchez Maya is Consorcio Oaxaca's Executive Director. The organisation, which was founded in 2003, performs legislative advocacy and fosters the creation of women's networks, training for women in recognising and vindicating their rights.

She is also part of the Mesoamerican Initiative, which has been involved in the **implementation of different strategies for promoting self-care** among women human rights defenders' organisations. These include:

A virtual forum

This initiative⁴, brought together thirty women human rights defenders from different Latin American countries. The Forum's conclusions were synthesised in a publication entitled: What does self-care mean for women human rights defenders?

Regional workshops

Between 2012 and 2013, a series of face-to-face workshops were held in Guatemala, El Salvador and Honduras, Mexico and Nicaragua, with the goal of learning about the different conditions and self-care practices in each country. The workshops covered topics including the dreams, expectations and limits of women human rights defenders, self-care and the barriers and opportunities for practising it, as well as personal and collective commitments to self-care. The workshops resulted in the publication of Journeys for Thinking and Acting: Experiences of Self-Care of Women Human Rights Defenders in Mesoamerica, a report that contributes to the discussion on self-care practices.

Self-care fund

In 2012, IM-Defensoras launched a Self-Care Fund⁵ for women human rights defenders in Honduras, Nicaragua, El Salvador, Guatemala and Mexico. The fund aims to improve self-care for individual human rights defenders and the collectives or organisations to which they belong. It offers preventive and emergency care and has also developed tools for individual diagnosis, collective diagnosis and a methodological proposal for workshops.

4. Initiative promoted by IM-Defensoras, Consorcio Oaxaca and Just Associates (JASS), through its Alquimia: Feminist Popular Education School.

5. <https://im-defensoras.org/proteccion-integral/>

Organisational diagnosis

This involves completing a physical and mental health diagnosis for the entire team. As part of this process, the psychologist shares information with the management to enable them to make decisions to improve team care within the organisation. They explain: *'Specific actions of aggression against one person have an impact on the whole organisation. As a strategy, collective listening is particularly important. If it is not spoken about, fear has an impact and this weakens the cohesion of the team.'*

Security

They have implemented a process for jointly identifying security problems: *'We now do security incident mapping in team meetings. [...] It is important to recognise that you are vulnerable.'* They also complete a risk analysis that takes into account individuals' personal/emotional conditions, and have an Emergency Exit Mechanism in the event of risk to women human rights defenders and their families: *'When the risk situation requires it, help is given to manage the person's exit to an out-of-risk setting.'*

Other psychosocial care strategies they have developed include:

- A voucher scheme that allows users to select and access one therapy or self-care session each month, e.g., massage, ritual cleansing, yoga, swimming, etc.
- Gynaecological care, to help manage stress-related hormonals that can be generated by climates of political repression.
- Dental care, as bruxism (involuntary habitual grinding of the teeth, typically during sleep) is a common stress response.
- A mental health questionnaire, to identify alterations in human rights defenders' mental state.
- An app for breathing exercises, called Serena-T.
- A stress management video.



Referral networks of professionals

In Guatemala, the Community Studies and Psychosocial Care Team (ECAP) has designed a strategy that includes a referral network for human rights defenders, which provides **a wide range of tools and support strategies**: *'In Guatemala we have an extensive network of organisations that can help in case the support is needed, and provide different types of attention: psychosocial, yoga, spiritual.'* Relaxation techniques and **spiritual and cultural activities** such as yoga have become important parts of the **self-care toolkit**.

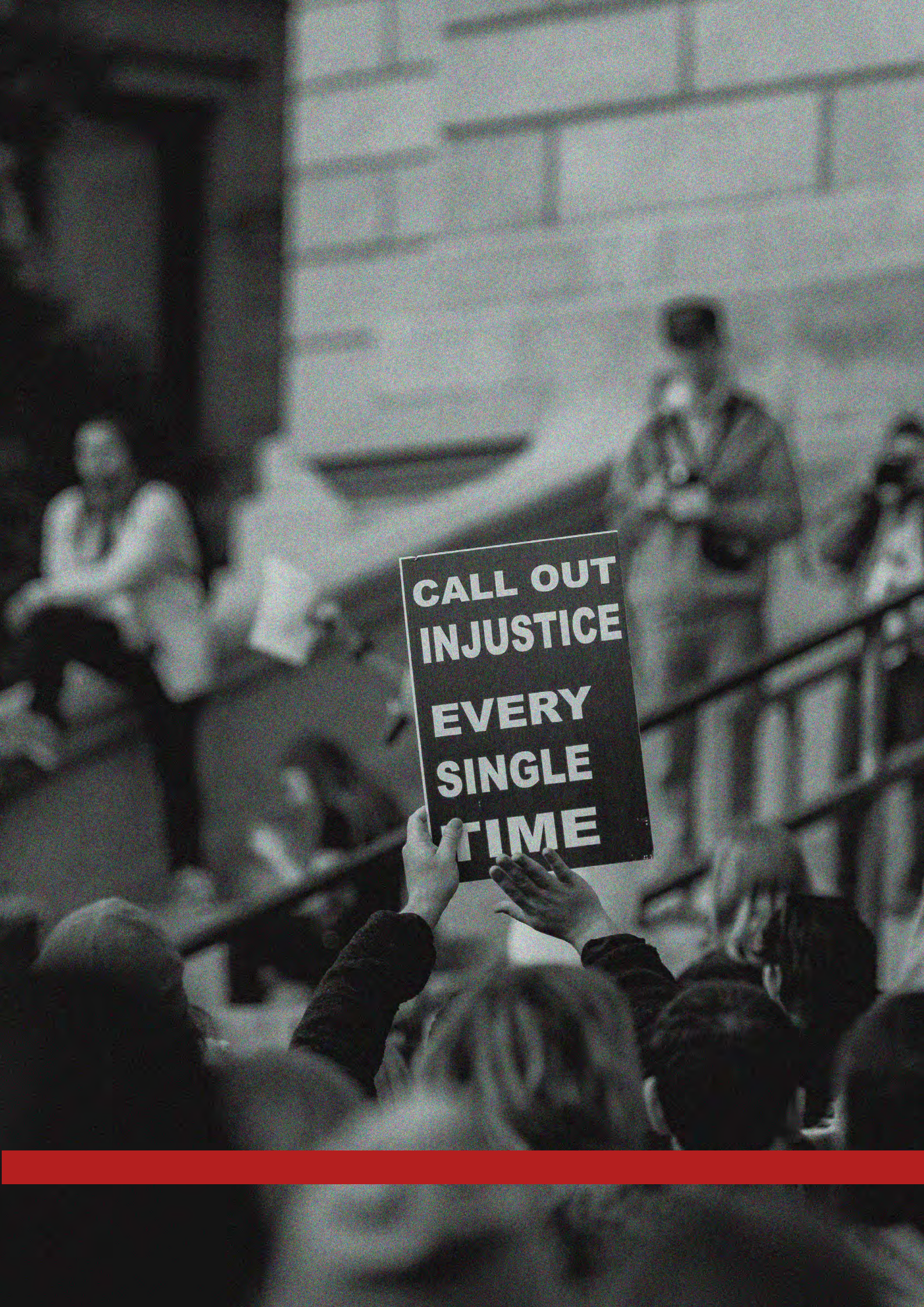
For self-care processes **to be truly effective, it is essential that they are sustained over time**. ECAP members stress that standalone sessions do not work: *'Organisations often ask us for self-care workshops, but they want a single workshop where they pretend that everything is taken care of and solved.'* These processes **should also address the specific stressors** - whether cultural, social or psychological - experienced by the human rights defenders who they are intended to support. For this purpose, ECAP works with a group of female psychologists and healers, who: *'work either from indigenous spirituality or employ diverse guidance strategies for promoting the self-healing processes.'*

Building a healthy routine

Our experts recommend encouraging defenders to build the following activities into their daily routine, to protect their physical and mental wellbeing:

- = social activities
- = learning
- = exercise
- = sufficient sleep
- = balanced diet
- = reading something unrelated to work before bed
- = avoiding reading or viewing traumatic content before sleeping
- = listening to music
- = days off to recover when emotionally overloaded

Yet again, while personal involvement is needed, it is also the responsibility of the organisation to support this process by ensuring that there is sufficient space in human rights defenders personal lives to actually implement these good practices. Organisations also have a role to play in helping their team members identify what helps them cope with the difficult nature of their work and showing that this is an important issue, for example by providing books and journals on wellbeing, mandating time off or covering the costs of health care or alternative methods such as body relaxation.

A black and white photograph capturing a moment at a protest or public demonstration. In the center, a person's hands hold up a black sign with white, bold, sans-serif text that reads "CALL OUT INJUSTICE EVERY SINGLE TIME". The sign is held high, and other hands are visible reaching towards it from the crowd below. The background is filled with a blurred crowd of people, some standing and others sitting, in front of a building with large windows. The overall atmosphere is one of collective action and social commentary.

**CALL OUT
INJUSTICE
EVERY
SINGLE
TIME**

Some recommended intervention models for working with human rights defenders

In addition to the care models presented in our case studies, our contributors have found the **following interventions** to be effective in addressing the psychological challenges faced by human rights defenders and improving their **overall wellbeing and resilience**.

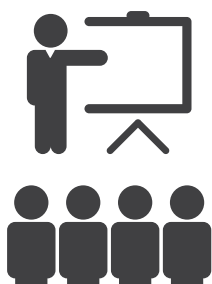
Psychosocial supervision



This is ‘an internationally recognised counselling model that is oriented to building the resilience of people, groups, teams and organisations, and to addressing and preventing emotional exhaustion in work environments’. It is favoured in work contexts dominated by social and political violence because it can offer ‘a protected space in which defenders have the possibility to talk to other colleagues about the ongoing threats, fear and distress that these conditions provoke’. It can take the form of a) individual supervision b) team supervision c) supervision of a group of professionals from different institutions / with different professional backgrounds.

Crisis care through debriefing

This kind of intervention is recommended following a potentially traumatic event, to prevent normal reactions from developing into post-traumatic stress and to allow for the early detection of disorders that require special assistance. Debriefings offer a space for human rights defenders to process their experience, to separate the facts from their emotions, and to integrate their experience into an orderly account that enables them to understand that they are having a ‘normal response’ to the stress caused by extreme situations. Debriefings can be carried individually or in groups.

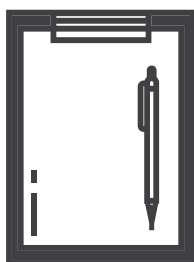


Training sessions

Specific training or workshops can be commissioned or designed to meet needs identified by the team and provide them with new tools, strategies and techniques. For example, PCATI held workshops to train staff on trauma and its impact on human rights defenders, and for staff supporting victims of sexual torture, to help build their capacity to approach victims and create an environment enabling them to share information and pursue legal processes.

Online courses

Certain types of interventions can also take the form of online training, e.g., COFAVIC's Protection and Self-Care Strategies for Human Rights Defenders in Venezuela course, which trained human rights defenders in Venezuela on the main national and international protection standards and mechanisms, as well as providing them with psychosocial self-care strategies, including coping strategies in case of threats and risks.



Organisational care plans

These can be developed following an organisational diagnosis, which evaluates how the organisation and its teams are functioning. They should include measures that benefit the whole organisation, such as operating manuals, safety plans and regulations that relate to all staff, as well as monitoring and evaluation systems that make it possible to visualise achievements, difficulties and necessary adjustments.

Team care plans

These should be designed to focus on creating minimum conditions of safety at work (especially when operating in high-risk contexts), implementing management styles that are open to participation and sensitive to the needs of staff, and adopting special measures to address work-related stress which identify the specific needs of staff.



Specific approaches for working with trauma

- Eye Movement Desensitisation and Reprocessing (EMDR) techniques (this treatment is effective in treating old trauma it is not suitable in the event of acute trauma)
- Somatic experiencing
- Cognitive behavioural therapy (CBT)
- Body and breathing therapy techniques
- Narrative therapy techniques
- Art therapy techniques (these are especially suitable for children and adolescents but are not for everyone and are not effective in cases of acute trauma).
- Logotherapy techniques, as per those introduced by Viktor Frankl.

Conclusion: towards an integrated approach to protection for human rights defenders

This Guide highlights the collective impact of attacks on human rights defenders and in turn demonstrates the major need to provide integrated and holistic support to most at-risk human rights defenders and to support local organisations to reinforce their resilience in the face of opposition and repression so that they are in turn able to continue and sustain their essential human rights work.

Good practices identified in this Guide notably show the importance to approach care and well-being of human rights defenders in work contexts with **a systemic vision** that incorporates the individual (self-care), the group (team care) and the organisation as a whole. Our contributors recommend taking an **integrated, multidisciplinary approach** to interventions, where dialogue and teamwork is maintained between a variety of psychosocial, legal and other professionals, who are committed to the same objective.

Holistic security and a focus on wellbeing are essential to the safety and sustainability of human rights defenders and their work.

Adopting an integrated approach also means incorporating safety and security into an effective care plan, as well as incorporating wellbeing and care in security strategies as an essential component of the resilience and sustainability of the human rights movement as a whole.

- In contexts where risk to defenders is an ongoing concern, it is recommended to adopt a comprehensive approach that includes human rights defenders' safety and security because trauma recovery and support to cope with fear is particularly difficult when the individual's safety is at risk. The approach should include a risk analysis, which is regularly updated, consensual protection measures and adoption of internal security protocols (including an alert system) and psychosocial support measures adapted to the level of risk situation.
- When developing a security strategy for a human rights defender or an organisation, psychosocial support and self-care should also be central. This is particularly the case when it comes to temporary relocation of human rights defenders in another region or country to flee from imminent risk to their physical or psychological integrity. Organisations accompanying human rights defenders in temporary relocation programmes understand well that security and care should go hand in hand and are pioneer in advocating for those providing a shelter to human rights defenders to dedicate time and resources to rehabilitation processes at the physical and psychological level.

To implement such a holistic approach to protection, it is also essential **to change the narratives** within the human rights community to acknowledge defenders as people who may suffer and have weaknesses while this does not make them less professional or less skilled.

Moreover, our contributors highlighted the **supportive role of international NGOs** such as the OMCT in contributing to this change of narrative by fostering further exchanges of experiences among human rights defenders and organisations; supporting the development of initiatives promoting access to better personal care and psychosocial support of defenders; as well as by raising awareness about the need to prioritise psycho-social support as a strategic aspect for our movement. Such exchanges shall adopt an intersectional approach to take into account the particular and additional needs faced by women human rights defenders in terms of psycho-social support.

It is further essential that **donors adopt a holistic approach** when supporting local human rights organisations facing pressure and threats to ensure that such psychological support to defenders can be sustainable. This in turn will help building organisational and movement cultures that value psychological well-being and security of defenders as a key component of a better protected, more resilient and sustainable human rights movement.



‘We learned that we had to identify the warning signs, which would allow us to say «well, we need to refer to care».’

Claudia Samayoa, UDEFEGUA

Recommendations

Some of the good practices presented in this Guide have proved to be particularly efficient to support greater resilience of human rights defenders working in protracted situations of threats and pressure. The most relevant are synthesized below.

None of the good practices identified in this Guide can work without the commitment of management teams to create an organisational culture that promotes care and provides the space and tools to implement them. Therefore, most of our recommendations are directed at human rights organisations themselves, for them to draw inspiration from their colleagues in other organisations.

However, we understand that, very often, the day-to-day management comes down to the head of the organisation, who is most exposed to attacks and is therefore not always well equipped to provide support, needing advice and support themselves in this regard. This is why it seems critically important to sensitise other management bodies such as the board of directors of local organisations, which may be in a better position to make this a priority.

Donors also have a crucial role to play in this regard, as sufficient time and funding are essential to establish this holistic approach as a priority, and to convey the message that taking time for self-care is essential for activities to continue to be implemented.

Recommendations to human rights organisations:

Help human rights defenders feel supported, valued, competent, and connected at work, by:

- Providing an adequate salary and time off for all staff.
- Ensuring that staff's suggestions and feedback relating to their jobs and the organisation are heard and valued.
- Offering guidance, professional training, and management supervision for staff to feel competent and supported in their jobs.
- Implementing staff safety plans, including security training and briefing on security protocols.
- Providing medical and mental health support services, including:
 - Health insurance.
 - Information/training about the psychological and spiritual hazards of the work and effective self-care.
 - Confidential counselling or psychological support.
- Offering additional support for families, e.g., for childcare, relocation or in the event of separation.

Understand the psychological and spiritual impact of human rights work:

- Be alert to how the cumulative exposure to stressful and traumatic situations may be affecting staff and train them to see the early warning signs.
- Regularly check in with staff about how they are coping, rather than waiting for individuals to approach managers with a problem.
- Support staff in seeking counselling or coaching if and when needed.
- Avoid saying or doing things that would stigmatise staff who are struggling with vicarious trauma or other stress or trauma-related issues.
- Design a work schedule with clearly defined boundaries and a concrete timetable, to ensure there are limits on the amount of time worked and that the teams' personal commitments remain sustainable.

Provide spaces for socialising difficulties:

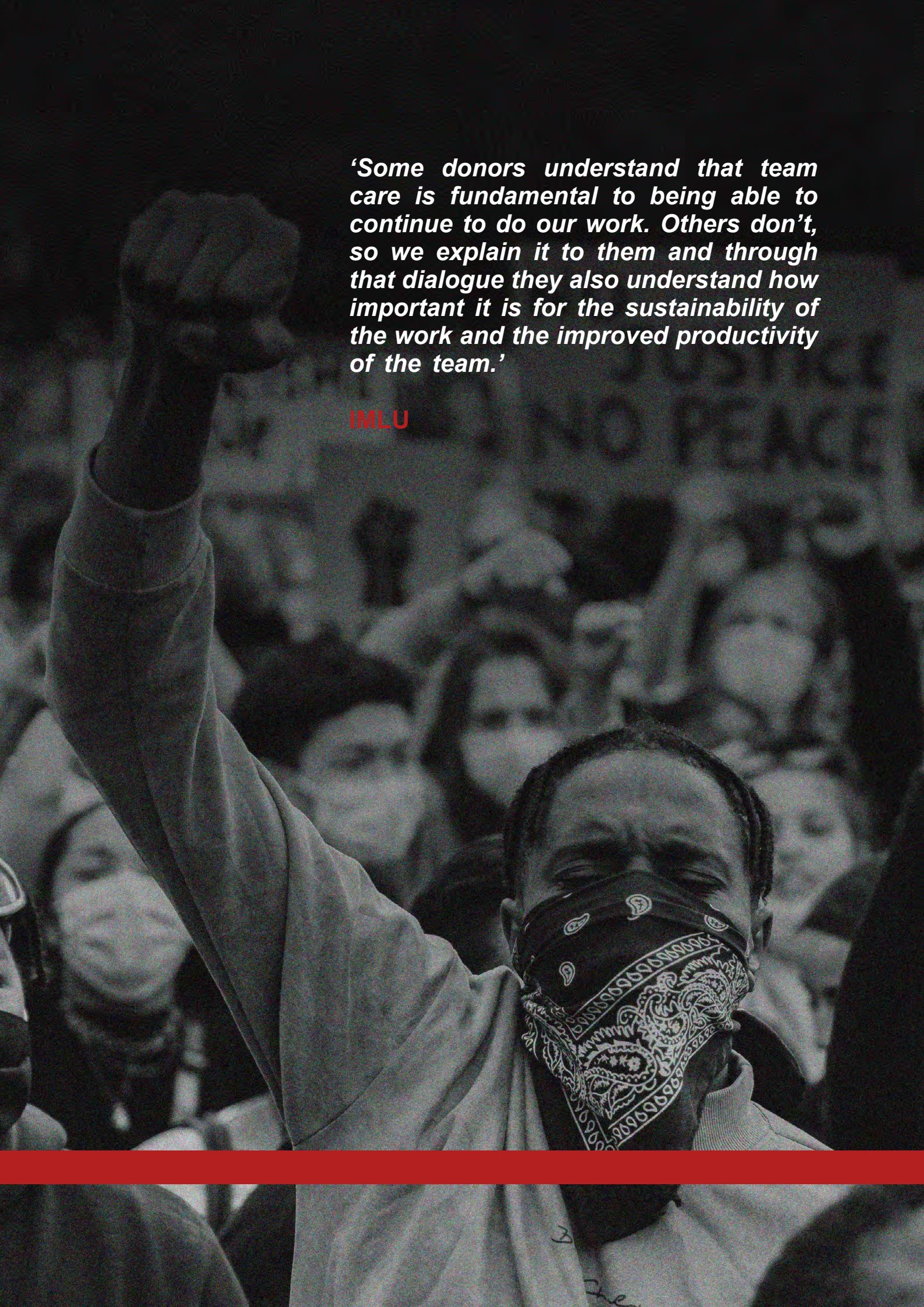
- == Develop listening skills within the organisation and channels of communication where everything can be said.
- == Create opportunities for staff to enter into dialogue with each other and where teams can share the difficulties they are experiencing relating to their work.
- == Focus on facilitating fluid communication between team members to help them voice and share their experiences, especially in the event of exposure to new complex or difficult situations.
- == Raise awareness among staff that sharing can be liberating, and can help promote empathy and insight.
- == Use technology, e.g., video conferencing platforms, to support and facilitate dialogue and interventions where necessary.
- == Promote peer learning - help teams to create their own forms of mutual knowledge, including on their strengths, level of empowerment, and conflict management.
- == Focus on networking, maintaining links with other similar organisations, as both a coping and a protection mechanism.

Promote and prioritise staff care and support strategies:

- == Create an organisational culture of care that legitimises the need to support human rights defenders.
- == Promote a discourse that values self-care and recognises that human rights defenders must take care of themselves to enable them to be more effective in their human rights work.
- == Have a detection and referral process in place for defenders who are experiencing difficulty.
- == Priority should be given to preventive interventions that promote stress management and health before stress becomes occupational stress or burnout syndrome.
- == Recommended interventions for the early detection of psychosocial risks and burnout symptoms in staff and teams include continuous group supervision processes, therapeutic processes for at-risk personnel, training and measures to strengthen teams and management.
- == Ensure there is sufficient funding in place to secure relevant staff care and well-being, by always including a percentage for staff care in programme budgets and openly discussing the need for this type of spending with donors.
- == Anticipate how spending on psychosocial support will be managed, particularly in situations of crisis where need is concentrated and spending will be high.
- == Re-evaluate and redefine support strategies on a regular basis, understanding that care is an ongoing process that requires time, trying different strategies and learning from feedback.
- == Promote solidarity and support networks beyond the organisation itself, maintaining ongoing support and protection exchange mechanisms.

Recommendations to donors:

- == Allocate more funding or include a budget line dedicated to staff care and well-being to build organizational and movement cultures that value well-being and security.
- == Ensure the balance between human resources and project implementation is realistic and sustainable for the organisation.
- == Take the context into consideration when agreeing on budgets so that crisis components are integrated into logical frameworks and unexpected work does not add to an already packed workplan.



'Some donors understand that team care is fundamental to being able to continue to do our work. Others don't, so we explain it to them and through that dialogue they also understand how important it is for the sustainability of the work and the improved productivity of the team.'

IMLU

Resources

Analytical articles on human rights defenders' well-being

What's the Point of Revolution if We Can't Dance, Jane Barry and Jelena Dordevic, Urgent Action Fund for Women's Human Rights (2007)

Insiste, Persiste, Resiste, Existe: Women Human Rights Defenders' Security Strategies, Jane Barry and Vahida Nainar, Urgent Action Fund for Women's Human Rights, Kvinna till Kvinna Foundation, Front Line International Foundation for the Protection of Human Rights Defenders (2008)

Self-care as a Political Strategy, Ana María Hernández Cárdenas and Nallely Guadalupe Tello Méndez, SUR International Journal on Human Rights, 26 (2017)

Mental Health Status of Human Rights Workers, Kosovo, June 2000, Timothy Holtz, Peter Salama, Barbara Cardozo, and Carol Gotway, Journal of Traumatic Stress (2000)

Sarah Knuckey, Margaret Satterthwaite & Adam Brown, Trauma, Depression, and Burnout in the Human Rights Field: Identifying Barriers to Resilient Advocacy, July 2018, Columbia Human Rights Law Review 49(3):267

From a "Culture of Unwellness" to Sustainable Advocacy: Organizational Responses to Mental Health Risks in the Human Rights Field, Margaret Satterthwaite, Sarah Knuckey, Ria Singh Sawhney, Katie Wightman, Rohini Bagrodia, Adam Brown, Southern California Review of Law and Social Justice (2019)

Saakvitne, K. W., & Pearlman, L. A. Transforming the pain: A workbook on vicarious traumatization for helping professionals who work with traumatized clients. New York: W. W. Norton & Company (1996).

Peña, A., Meier, L., & Nah, A. Exhaustion, Adversity, and Repression: Emotional Attrition in High-Risk Activism. Perspectives on Politics, 1-16. (2021).

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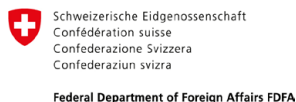
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