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USAID'S COLLECTIVE ACTION TO REDUCE GENDER-BASED VIOLENCE (CARE-GBV)

How to Embed Self- and Collective Care in Organizations Addressing Gender-Based Violence

NOTE NO. 5 IN A SERIES
APRIL 2022

Analytical Services IV Indefinite Delivery Indefinite Quantity (IDIQ)

Contract No. 7200AA19/D00006/7200AA20F00011

This activity material is made possible by the United States Agency for International Development and the generous support of the American people. The contents are the responsibility of Development Professionals, Inc.—Making Cents International, LLC through the Analytical Services IV IDIQ Task Order Collective Action to Reduce Gender-Based Violence (CARE-GBV) AID Contract #7200AA19D00006/7200AA20F00011. This material does not necessarily reflect the views of USAID or the United States Government.

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Overview

Individuals working on gender-based violence (GBV) may experience highly stressful situations, including witnessing incidents of violence and their devastating consequences. For staff and activists from marginalized groups, structural inequalities such as stigma and discrimination in their own lives may intersect with and exacerbate these challenges. Moreover, many come to this work as survivors themselves. Trauma symptoms, poor mental health, and burnout are far too common in the GBV field.

Feminist and other social justice movements have long recognized the importance of care and healing to sustain their work. The need to embed self-care and collective care within organizations addressing GBV is clear — both as an ethical imperative and a core component of quality programming. The COVID-19 pandemic has caused a surge in GBV globally, and it has intensified gendered and other social inequalities. These conditions mean that there is a new urgency to prioritize such practices.

This how-to note aims to support USAID and implementing partners in deepening their understanding of self- and collective care and why both are critical for GBV work. The document includes definitions of self- and collective care, describes three pillars for systematically embedding self- and collective care at different organizational levels, reflects on the roles funders can play to create an enabling environment for incorporating self- and collective care in GBV work, and concludes

Key Points

- GBV organizations have an ethical obligation to prioritize practices so that staff are cared for, able to proactively advance their own care, and are motivated to care for one another.
- Prioritizing self- and collective care strategies:
 - Aligns with the core mandate of ending GBV
 - Acknowledges that GBV work is often traumatizing — and that many staff are undergoing their own healing processes
 - Reflects the responsibility for organizations to do no harm and proactively mitigate risks to psychological well-being and physical safety
- Putting self- and collective care into practice requires courage, intentionality, resources, and a willingness to imagine a different kind of organization. Funders can play a critical role in validating and supporting this process.

with practical suggestions to support staff^a in putting these ideas and strategies into action.

^a Throughout this how-to note, the term “staff” refers to all hiring categories (e.g., paid contractors and temporary workers), as well as activists, interns, and volunteers who are part of the organization.

Table 1. Key definitions

Burnout	A state of physical, emotional, and/or mental exhaustion that can include an array of symptoms, such as feeling helpless, hopeless, disillusioned, detached, uninspired, and overwhelmed.
Collective trauma	Refers to trauma that is shared and/or jointly experienced by a group of people, such as groups experiencing systemic racism, human rights violations, economic marginalization, or environmental disasters. Collective trauma can be passed down through generations, which is referred to as inter-generational trauma.
Do no harm principle	The do no harm principle, when applied to GBV programming, seeks to ensure that programming objectives, actions, and interventions do not compromise the physical and emotional safety of staff, program participants, or community members. It means that every intervention must be assessed for the potential to create or exacerbate mental or psychosocial distress, or to introduce any other risks to safety.
Resilience	The ability to effectively navigate moments of adversity and return to a state of balance. Resilience requires internal resources as well as external support (such as family and friends, community, and necessary services).
Self- and collective care	Self- and collective care involves attending to and nurturing well-being for one's self and community, including physical, emotional, spiritual, and relational aspects.
Trauma	Trauma refers to any difficult experience that provokes a feeling of being powerless, overwhelmed, or deeply distressed.
Vicarious and secondary trauma	Terms used interchangeably to describe the trauma experienced from listening to, learning about, and/or witnessing traumatic events affecting others.
Vicarious resilience	Describes the capacity to be uplifted, feel inspired, and experience positive growth when listening to, learning about, and/or witnessing resilience demonstrated by others.
Well-being	The state of feeling healthy, safe, and content. It is a subjective experience based on how an individual evaluates their life overall, which may include physical health, emotional stability, social connections, and a sense of purpose.

What Are Self- and Collective Care?

Self-and collective care^b involve attending to and nurturing **well-being**, including physical, emotional, spiritual, and relational aspects. This goes beyond fulfilling basic needs, extending to experiencing joy and pleasure, respecting one's own limits, taking rest, finding connection with others, and building **resilience** to navigate life's challenges. While self-care typically focuses on individual practices, the inclusion of collective care appreciates the tremendous influence of our external environment, such that caring for self and caring for community are interdependent. As a group or community — whether virtual, professional, geographic, social, or identity-based — we have a collective responsibility for the well-being of others. There are many creative approaches to self- and collective care. Determining which strategies are relevant and meaningful will depend on personal preference, organizational culture, and the broader context.

This how-to note is based on an intersectional feminist framework^c of self- and collective care, which acknowledges that prioritizing well-being is itself a political act and form of resistance (see Box 1). This is particularly true for women, girls, and members of marginalized groups who experience systemic oppression within their communities, movements, and organizations.

Why Should Organizations Embed Self- and Collective Care in GBV Work?

“We, as women activists working to dismantle patriarchal structures and stop violence against women and girls (VAWG), are steeped in work that requires an incredible amount of our strength, energy and time [...] Although caring for ourselves and others can often feel like an extra burden — an extra cost or a luxury — we aim to encourage well-being as a collective strategy for preserving the movement itself, where the well-being of one becomes the responsibility of all.”

— Jessica Horn³

Self- and collective care are important strategies for well-being and healing across all sectors and walks of life. Given the unique nature of work to prevent and respond to violence, these practices are especially critical for GBV-focused organizations. The rationale to embed self- and collective care in GBV work includes: (1) alignment with the core mandate of ending GBV, (2) acknowledgment that GBV work can be traumatizing, and (3) a commitment to the ethical responsibility to do no harm and mitigate risks to psychological well-being and physical safety.

Box 1. Feminist approaches to self- and collective care

“Self-care, from a feminist perspective, is a practice to help us reclaim our lives, bodies, hearts and minds from the systems of oppression that devalue, dehumanize, deplete and destroy us. It is an individual and collective commitment to our liberation, well-being and endurance as activists. It is the foundation of resilience we need to lead resistance and transformation in our communities.” — JASS¹

“We believe in self-care and wellbeing as a right, and as a feminist issue, considering that stress management is not given its due among women and other communities marginalised due to their gender, sexual identity, profession, class, caste or disability status.” — TARSHI²

^b Bolded terms are defined in Table 1.

^c The concept of intersectionality was first articulated by Kimberlé Crenshaw. An intersectional feminist approach recognizes that people's social identities overlap, compounding experiences of oppression or privilege. As such, people experience different types and degrees of disadvantage under patriarchal systems. In addition, social groups — especially those defined by race or ethnicity, gender, religion, socio-economic status, and sexuality — often have unequal access to power, privilege, and other material resources.

1. Aligns with Core Mandate of Ending GBV

“[GBV] is rooted in structural gender inequalities, patriarchy, and power imbalances [...]. Women and girls across the life course are most at-risk and disproportionately affected.”

— *United States Agency for International Development and United States Department of State*⁴

Preventing violence requires dismantling patriarchy and related systems of oppression, such as racism, homophobia, wealth inequality, and religious discrimination. Prioritizing care for the women, girls, and marginalized groups who often lead this work is a direct challenge to patriarchal norms. As such, focusing on self- and collective care is a central strategy for addressing GBV rather than a secondary or complementary effort.

2. Acknowledges that GBV Work is Often Traumatizing — and that Many of those Engaged are also Undergoing Their Own Healing Process

Addressing GBV carries a risk of traumatization and other forms of distress. Many staff come to this work as survivors themselves and/or have experienced marginalization based on the same oppressive systems that underlie GBV. Without clear intention and action, organizations may reproduce the same power hierarchies and structural inequalities they are seeking to address in communities. Thus, engaging in this sector can give rise to individual and **collective trauma**.

Further, it is important to acknowledge the risks to physical safety that staff may experience in the course of their work. For example, supporting survivors may place staff at risk of retaliatory violence, or prevention approaches seeking to

transform harmful gender norms may prompt backlash. Psychological risks are also present. Numerous research studies have found that **vicarious and secondary trauma, burnout**, and other symptoms of poor mental health are widely prevalent among GBV staff.⁵ The unequal workload and access to benefits in many organizations can place women, people of color, and individuals of diverse sexual orientations, gender identities and expressions, and sex characteristics at higher risk of burnout.⁶ For example, one study from Uganda found higher symptoms of vicarious trauma and burnout among female employees (compared to male staff) at an organization that provided GBV prevention and response services.⁷

3. Reflects an Ethical Responsibility to Do No Harm and Mitigate Risks to Psychological Well-Being and Physical Safety

A **do-no-harm** approach requires that organizations create a safe environment for all categories of staff and develop mandatory support structures in the event of a traumatic incident or highly stressful event. While the evidence base remains limited, an increasing number of studies are exploring the ways in which organizational care strategies can be effective for reducing stress and other trauma-related symptoms among staff.⁸

Even for staff who do not currently exhibit signs of distress, self- and collective care nurture resilience and can strengthen organizations in the longer-term, for instance, by boosting morale, enhancing teamwork, reducing turnover, and, more broadly, helping organizations fulfill their missions. While individual initiatives are important, ad hoc activities alone are not sufficient or sustainable. Effective approaches to self- and collective care must be embedded at the organizational level.

How to Embed Practices for Self- and Collective Care

“It’s important to remember that we don’t have to always show our ‘strong’ selves [...] This is extremely important when it comes to activism, because we are much stronger as a community if we allow this full range in one another. If we deny our feelings, or hold them in until they explode out in unhealthy ways, we are more likely to burn out, or to bring other people down in the process.”

— Occupy Mental Health Project⁹

Embedding self- and collective care creates a foundation for safe and positive work environments. However, there is no formula or checklist for “achieving” self- and collective care. Strategies depend on context and culture, and care practices can be deepened and honed over many years. Prioritizing self- and collective care may require structural change, as well as the cultivation of new funder relationships, as typical funding structures often create barriers. Below we discuss three pillars to help guide organizations toward embedding self- and collective care (see Figure 1). When organizations work to embed care practices across these pillars, they establish a foundation for healing and connection, power and resilience, and safety and sustainability. In other words, they facilitate the conditions for ethical and impactful GBV programming.

Figure 1. Three pillars to guide organizations toward embedding self- and collective care



Pillar 1. Values, Organizational Culture, and Leadership

The aspiration: Values, culture, and leadership mutually reinforce an environment where staff feel safe, cared for, able to advocate for (and practice) their own self-care, and are compelled to extend this same commitment to their colleagues.

- **Values** are explicit, creating a shared organizational understanding of self- and collective care and a platform for accountability.
- **Organizational culture** shapes how these values come to life, as staff take actions that collectively support rest, healing, and mutual care.
- **Leaders** take responsibility for their unique role in embedding organizational practice based on what they emphasize and elevate.¹⁰ By modeling self- and collective care within their own work (and teams), leaders exert a unique influence on the shift from rhetoric to practice.

While Pillar 1 will be expressed differently within each organization, potential ideas are summarized in Box 2.

Potential barriers: The cultural context in activist or mission-driven organizations can be in tension with self- and collective care,¹¹ particularly when characterized by:

- Competition rather than collaboration among staff, which may be particularly apparent in underprivileged organizations where perceptions and realities of scarcity are prevalent
- Expectations related to long hours and/or norms that exalt around-the-clock engagement as a sign of personal dedication (This tendency may be exacerbated when the majority of staff are women; many women have been socialized to deprioritize their own care and may experience shame or guilt when it comes to setting reasonable boundaries and allocating time for themselves.)
- Staff hierarchies that grant some categories of staff more opportunities to practice self-care than others
- Double standards, where self-care practices such as the importance of time off are promoted, yet criteria for receiving advancement opportunities penalize staff who adhere to such practices

Box 2. Embracing care through values, culture, and leadership

Indications that an organization has embraced self- and collective care through its values, culture, and leadership may include:

- Organizational values are co-created, including commitments to well-being and action steps toward anti-oppression, diversity and inclusion, and gender equity at all levels, with staff, partners, and communities.
- Individual staff are recognized and valued beyond their “productive” capacity, for instance, by validating the need for rest and time off, investing in interpersonal relationships, celebrating life events outside of work, and extending support for personal hardships and challenges.
- Space is set aside for learning and talking openly about trauma, stress, burnout, and negotiating one’s personal needs in relation to work. This helps avoid environments where staff feel unable to share genuine challenges and concerns.
- Warnings are provided before circulating sensitive and possibly distressing content, and staff are trained and supported in responding to emotional overwhelm and signs of distress.
- Leaders engage in their own self-care and uphold organizational values through actions, including hiring and advancement opportunities, decision-making, and conflict resolution.

Note: Specific activities must be developed and/or facilitated by those participating, and may vary substantially by local context and preferences.

- Failing to address the ways that systemic privileges and inequalities show up within organizations and interpersonally between staff, partners, and community members

External factors can also create barriers for organizations that attempt to prioritize self- and collective care. For instance, project-based funding streams focused on measurable outputs and targets can lead to narrow definitions of “productivity” and a devaluation of less tangible outputs (e.g., strong relationships, positive staff morale, and emotional labor). Subsequently, care practices may be designated to “nonproductive” times only — weekends, lunch breaks, evenings — limiting the extent to which an organizational culture of care can be meaningfully embedded.

Required resources: Time, dedication, and commitment are critical resources across all the pillars. In terms of nurturing a culture of care, organizations can allocate time for individual meetings with staff to ensure staff feel respected and well cared for, personally and professionally; team building; celebrating personal milestones; and sharing gratitude. Formal processes (such as workshops, trainings, or retreats) are useful to co-create organizational values and determine how they can be put into practice.

Pillar 2. Policies and Structures

The aspiration: Policies and structures help organizations prioritize self- and collective care, ensuring inclusivity and accountability (see Box 3). This does not imply a “top-down” approach where predefined activities or practices are forced on staff or program participants. Rather, this is an opportunity to ensure that policies and structures are congruent with the broader values and organizational culture described in Pillar 1.

Staff who are overworked, underpaid, disconnected, and physically and emotionally exhausted will not be able to invest in self- and collective well-being.

For organizations that provide direct services for survivors, formalized mechanisms are essential to prioritizing self- and collective care and fulfilling do-no-harm requirements, including:

- Mechanisms to enhance *psychological well-being*, such as maximum client-to-staff ratios, regular opportunities for debriefing and psychosocial

Box 3. Policy considerations for self- and collective care^d

Policy considerations to institutionalize self- and collective care include:

- A policy or communication summarizing the organization’s approach to self- and collective care, linked to a staff wellness fund where possible
- A policy or communication explaining pay scales, hiring, and advancement opportunities, as well as salaries sufficient to ensure a decent standard of living and periodic salary assessments to reflect changes in living costs
- A policy or communication to clarify how work plans will be developed to achieve realistic and sustainable workflows, such as including breaks, varying the intensity of the activities to be conducted, and building in time for contingencies
- Comprehensive safeguarding policies to address workplace harassment, discrimination, and violence and provide appropriate support mechanisms for staff who experience harm
- Comprehensive leave policies and flexible work arrangements, including mental health needs, family caregiving, parental leaves, and sabbatical plans for long-term staff

support through technical supervision, specific trauma-informed protocols for staff exposed to critical incidents, and referrals to specialized mental health services

- Mandatory structures for *physical safety*, including safety risk assessments; standard operating procedures; and ensuring that staff meet core competencies during recruitment, training, and supervision

^d USAID is committed to achieving and maintaining a diverse and representative workforce and a workplace free of discrimination and abuse. See USAID’s hortatory nondiscrimination policy for workplaces of contracts and recipients [here](#) and USAID’s Action Alliance for Preventing Sexual Misconduct Partners Toolkit [here](#).

Potential barriers: The main barriers to establishing effective policies for self- and collective care are a failure to conceptualize these policies and structures as primary organizational responsibilities and to allocate budgets accordingly. When organizational policies and structures fail to prioritize self- and collective care, it puts the burden of responsibility on individuals, which is not effective, equitable, or sustainable. Some issues to consider include the following:

- Organizations may believe that self- and collective care are outside of their core mandate or that they might be unable to secure funding and time to develop, review, approve, and share relevant policies.
- To fill shorter-term roles, organizations may hire contractors or temporary staff, who frequently lack access to basic security, psychosocial support, and other critical opportunities for self- and collective care.
- Organizations staffed primarily by young people may overwork junior colleagues, making it hard for them to take advantage of leave policies or other benefits; conversely, organizations may rely on a small number of experienced colleagues for the most stressful decision-making responsibilities.
- Unfair pay scales that prioritize nationality above prior experience, knowledge, and skills may result in, for example, expatriate staff receiving higher salaries, longer leave, and more benefits than national staff.

Resource allocation: All relevant policies must be adequately resourced and included in annual budgets. Work plans must be developed with careful attention to staffing (e.g., reasonable expectations for each team member and coverage for caregiving, parental, or medical leave). Note that the financial resource needs for Pillar 2 can be substantial — and it is important to earmark funds toward these policies

Box 4. Illustrative activities for self- and collective care

The types of activities that constitute self- and collective care include:

- **Physical:** Allocating organizational time to embodiment practices, such as dancing, walking, yoga, aerobic activities, or sports. Funding could also be contributed for staff to participate in activities outside of work.
- **Emotional:** Stress mitigation and grounding exercises (e.g., art, music, breathing practices to promote relaxation,^{12,13} debriefing, journaling, and limiting channels of work communication), creating a safe environment for emotions to “show up” in the workplace, establishing collective healing rituals, and disconnecting fully when on leave.
- **Spiritual:** Respect for diverse religious practices, holding meetings in natural settings, and supporting access to retreats and places of sanctuary.
- **Relational:** Sharing affirming emails and social media messages, spending time getting to know staff beyond their technical roles, dedicating space to gather, sharing meals, and providing opportunities to try different approaches to teambuilding and play.

Note: Specific activities must be developed and/or facilitated by those participating and may vary substantially by local context and preferences.

and practices. To manage expectations and maintain organizational integrity around commitments to self- and collective care, organizations may want to take a staggered approach, adding additional structural support (as prioritized by staff) each year.

Pillar 3. Contextualized Practices

The aspiration: Staff have an opportunity to identify and carry out meaningful practices for self- and collective care across physical, emotional, spiritual, and relational domains (see Box 4). This requires a physical work environment conducive to these practices and for leadership and staff to proactively support this process, for example, by engaging in the following:

- Providing workshops to build diverse skills such as stress management practices, offering peer support, and negotiating personal needs within the workplace
- Ensuring that physical space (e.g., a library or outdoor space) is available for personal reflection, being in nature, and group activities
- Dedicating organizational time and resources to planning for and implementing activities for self- and collective care

Potential barriers: As discussed under Pillar 1, external factors often orient organizational practices toward outputs and deliverables, making it all too easy to approach self- and collective care as a checklist of activities to be implemented. In those circumstances, self-care becomes yet another item on a never-ending to-do list. This is counterproductive and strips away the essence of self- and collective care for nourishment, revitalization, and connection.

Resource allocation: Once relevant practices have been defined by staff, organizations must attach budget lines to these activities. While many care practices do not require resources beyond allocating time, some may require renting appropriate space and procuring necessary materials or hiring an external consultant. A fund can also be set aside for creating an inspiring, comfortable, and safe workspace, for example, ensuring sufficient lighting, purchasing artwork and plants, and renovating communal spaces. It is important for these budgets to be transparent to all stakeholders and included in fundraising goals.

Additional Considerations for Funders

“Wellbeing demands deliberate effort; it takes time, fierce commitment, and resources to galvanize your systems, nurture joy, stability, and a great sense of humour.”

— Hope Chigudu¹⁴

There is no one-size-fits-all solution to embedding self- and collective care within organizational practices. However, one thing is clear — doing so requires adequate resourcing, including time, energy, commitment, and financial support. Funders must lead by example, embracing self- and collective care within their own institutions. This grounded experience is crucial to elevating self- and collective care within grantee relationships and the field more broadly.

Funders have a meaningful role to play in validating self- and collective care as essential components for GBV programming. For example, some funders are designing specific calls for self- and collective care, either independently or as part of broader resilience-building, healing justice, and/or mental health initiatives. For funders that are unable to create such mechanisms within their current grantmaking strategies, a starting point could be to consult with organizations about their specific care needs and require that all proposals include budget lines linked to interventions for self- and collective care. Moreover, due diligence in grant-review processes can address some of the structural impediments to organizational care practices, such as assessing the “reasonableness” of proposed scopes of work vis-à-vis available staffing and ensuring that timelines account for foundational processes (e.g., relationship building, developing policies). For their part, funders must prioritize realistic funding cycles, deliverables, and staffing mechanisms to enable practices for self- and collective care. Creating an enabling environment that prioritizes self- and collective care is likely to require power-shifting tactics such as addressing entrenched hierarchies around funding decisions, ceding power to engage implementers as true partners, and embracing the diversity of stakeholder ideas for contextualized practices for self- and collective care.

Practical Suggestions

Table 2 provides additional ideas for embedding self- and collective care within organizations. Relevant resources are included for further exploration.

Table 2. Practical suggestions for and resources on embedding self- and collective care within organizations

Core Pillar	Practical Suggestions
<p>Pillar 1. Values, culture, and leadership</p> <p>This pillar creates a shared understanding of care practices, brings them to life through an evolving culture, and acknowledges the roles of leadership in shaping organizational practice.</p>	<ul style="list-style-type: none"> • Be intentional about how values are reflected in organizational processes.^e Include commitments to gender equality, anti-oppression, and anti-violence (Box 2). • Dedicate organizational time to discussing values, with inclusive participation from all staff. Consider implementing Get Moving! (created by The GBV Prevention Network) at your organization as a structured way to critically examine organizational values and alignment between personal and professional identities. • Ensure that leadership sets the tone. Do leaders ask critical questions about proposed workflows? Are they mindful about their own hours and expectations for work-related communications? Can leaders share their own vulnerabilities with colleagues? • Periodically assess progress. TARSHI and Nazariya’s Guidance Note for Organizational Intervention, which addresses stress management and burnout, includes organizational and personal self-care assessment tools. • Explore examples of how RaisingVoices and FRIDA are living their values for self- and collective care.
<p>Pillar 2. Policies and structures</p> <p>This pillar provides a platform for institutionalizing structural mechanisms that enable and support a culture of care.</p>	<ul style="list-style-type: none"> • Review (or create) policies to address structural drivers of distress (Box 3). For more ideas, see Antares Foundation’s Principle 1: Policy in Managing Stress in Humanitarian Workers: Guidelines for Good Practice. • Establish minimum standards for psychological well-being and physical safety, including mandatory debriefing, maximum staff-to-client ratios, and safety risk assessments, for example, the Interagency Gender-Based Violence Case Management Guidelines. • Formalize goals for self- and collective care in work plans and self-assessments and celebrate each success. • Stay flexible! Respond to crises and unexpected events. Read about the courageous actions Sandy Nathan (Astraea Foundation) took in response to the COVID-19 pandemic in this Q&A, including instituting a two-week organizational “pause” for staff to prioritize personal issues. • Ensure comprehensive safeguarding policies to address workplace harassment, discrimination, and violence and provide appropriate support mechanisms for staff who experience harm.

^e To learn more on USAID’s Mission, Vision, and Values, [visit here](#).

Core Pillar	Practical Suggestions
<p>Pillar 3. Contextualized activities</p> <p>This pillar enables staff to identify and implement a range of practices that resonate across physical, emotional, spiritual, and relational domains.</p>	<ul style="list-style-type: none"> • Develop and fundraise for organizational budgets for self- and collective care (see the Konterra Group’s blog Staff Care Budgeting). • Consider designating a “self- and collective-care officer” to coordinate care practices (Box 4). • Take simple steps to mainstream well-being into staff processes, for example, integrating physical movement or breathing practices into any meeting, sharing a few moments of silence in solidarity during times of crisis, engaging in personal check-ins, and providing healthy snacks. • Explore or pilot evidence-based relaxation techniques to mitigate stress and anxiety, such as simple breathing practices, structured meditations, iRest Yoga Nidra, and trauma-sensitive yoga. See Warrior Pose: Building Readiness through Resilience — Yoga and Meditation for a discussion of how to promote such practices within organizations. • Join Move to End Violence’s 21 Days to a More Impactful You 21-day self-care challenge. • Visit TARSHI’s collection of resources for self- and collective care. • Try out the Women’s International Peace Center’s suggestions for healing through rituals. • Read and share resources created by the GBV Prevention Network and JASS, Occupy Mental Health, and Amnesty International. • Find inspiration in creative resources for self- and collective care — or create your own!



Final Thoughts

“[W]e need to be careful not to over-privilege a focus on trauma as a framing emotional experience of activism [...] As the concept of vicarious resilience, as well as the lived experience of many African feminist activists suggests, activism is itself also fulfilling and contributes to a personal and collective sense of agency and of joy.”

— Jessica Horn¹⁵

When supported at the organizational level, self- and collective care can provide much-needed healing and serve as transformational practices that complement and strengthen broader efforts to end GBV. This requires courage, intentionality, resources, and the willingness to imagine new ways of working and supporting each other. And while the nature of GBV work can be immensely challenging, we must not lose sight of the potential for joy, solidarity, and vicarious resilience that sustain our collective efforts. Ultimately, self- and collective care are essential, valuable strategies for quality GBV programming and social movements, fostering solidarity and activism across diverse groups engaging in GBV prevention and response.

Acknowledgments

This how-to note was written by Sophie Namy, Alyssa Bovell, and Jennifer Davis, with support from members of the CARE-GBV team, including Suzanne Fischer, Diane Gardsbane, Michele Lanham, Natasha Mack, Paula Majumdar, and Jill Vitick. Thank you to the following USAID staff who provided review and input: Aditi Gupta, Ajit Joshi, Catherine Odera, Mieka Brand Polanco, Chaitra Shenoy, and Jamie Small.

Suggested citation: CARE-GBV. How to embed self- and collective care in organizations addressing gender-based violence [No.5 in a series]. Washington (DC): USAID; 2022.

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The goal of the Collective Action to Reduce Gender-Based Violence (CARE-GBV) activity is to strengthen USAID’s collective prevention and response, or “collective action” in gender-based violence (GBV) development programming across USAID. For more information about CARE-GBV, click [here](#).

To learn more, please contact:

Chaitra Shenoy

Contracting Officer’s Representative
Gender Equality and Women’s Empowerment Hub
cshenoy@usaid.gov

Diane Gardsbane, PhD

Chief of Party
CARE-GBV
diane@makingcents.com

