# Joint Discussion of the GED and GBV Working Groups

# Safety and well-being of staff working on GBV

# July 2012

**Introduction**

During July 2012 the GED and GBV working groups joined together for a discussion on safety and well-being of staff working on gender-based violence programming. Concern stems from the complexity of issues that our staff face in implementing GBV programming, particularly in complex environments where they are often at risk.  For example, the secondary trauma from their work with survivors, the potential for burn out and the lack of clear boundaries about what to take on personally.  They also live with the potential of threats of violence for intervening in what can be perceived as ‘other people’s business’.  The discussion drew on personal experiences and resources from our colleagues in Europe, East Africa, USA, and Asia.

Specific questions in relation to this important topic were:

*         What, if any, policies or practices are being used around CARE COs to inform care and safety of staff who are working on GBV?*

*         Do COs have any experience to share with establishing some guidelines or rules of thumb around what to do/not to do to support the safety and well-being of GBV project managers? (some examples might include not giving out your personal phone number, bringing in a trained psychologist for staff working with survivors).*

In all we had 8 contributions from 5 COs/Member Units. Here we provide a summary of the discussion which will also appear on the gender wiki at: [http://gender.care2share.wikispaces.net/GED+Institutional+Working+Group](http://gender.care2share.wikispaces.net/GED%2BInstitutional%2BWorking%2BGroup) and

[http://gender.care2share.wikispaces.net/The+GBV+Working+Group](http://gender.care2share.wikispaces.net/The%2BGBV%2BWorking%2BGroup).

**Summary of discussion**

This topic resonated strongly with the group, and several members shared person experiences of traumatic events in course of their work. A colleague from **CARE Pakistan** shared the personal loss of a CARE partner and pioneering women’s rights activist, who was very recently killed by militants on her way to work. Our CARE colleague said elegantly, “*Violence seems a small word when actually women lose their lives in the pursuit of work and claiming their basic human right of dignity, liberty and equity*.” In Pakistan, she explained, the men and women who work to end discrimination live with the threat of death every day.

To respond to these stresses, CARE Pakistan offers its staff the opportunity to talk to stress counselors, who are on-staff during times of heightened work-life stress. In field areas where incidents of insecurity are very real, such back-up support for CARE staff helps them recognize that there is understanding from the organization that stress requires counseling and relief, and that there is a way and place where they can voice their concerns and seek relief.

A colleague from **CARE Uganda** noted that incidence of burn-out is often high for staff, and called an organizational position relating to care of care givers. As is often the norm, care givers are often giving of themselves, emptying that strength within them without taking care of their own needs. This often results in burn-out. She connected this self-sacrifice to how gender norms play out-- where women, often the care takers, continuously give themselves, daily taking care of their families, looking after the sick, “and yet forget to nourish the fountain from where this strength comes. When this light goes out, it is often too late to re-light it given the huge effects of the burn out.” She pointed out the strong need for care of caregivers, the creation of space to talk about cases, and to strongly review the issue of wellness and well-being for staff and partners.

These stories underscore the urgent need for systematic planning for staff care, and a strong need for care of caregivers, echoed by several discussants. The Advisor for Psychosocial Programs at **CARE Austria** proposed that counseling services be integrated in a general planning towards supporting staff wellbeing. Particularly for those dealing on a regular basis with people who have suffered traumatic experiences (such as GBV program staff), it is important to provide psychological case supervision (this has nothing to do with leadership supervision, but rather is professional discussions about difficult cases). That is useful for distancing and for ongoing learning.

She emphasized that another important aspect of staff care is the need for clarity on one’s role and what is beyond one’s control. Particularly if we are confronted with desperate people, we tend to appease with all means and even invent therapeutic activities. A useful guidance for everyone on how to deal with people in desperation is “Psychological First Aid” (PFA). She recommended that all people dealing with survivors receive training in PFA. (The guide for this is available on the wiki: [http://gender.care2share.wikispaces.net/The+GBV+Working+Group](http://gender.care2share.wikispaces.net/The%2BGBV%2BWorking%2BGroup)).

A while ago, CARE Austria supported a psychosocial program in Kosovo that supported teachers to be better able to support pupils who have been affected by the war. The program gave space to the teachers to reflect how they themselves had been affected by the war and provided strategies for facing psychological burdens. Some of the strategies for facing psychological burdens from the project’s training handbook included:

*-Initially to be aware of your own psychological burdens*

*-Identify and treat problems*

*-Discuss your concerns with others*

*-Try to keep a balance*

*-Ask for professional help*

*-Always cultivate optimism*

*-Accept advice*

CARE Austria (as part of its strategic decision to work for women’s empowerment) has developed a guide for Country Offices on how to integrate a “psychosocial dimension into women’s empowerment programming”. The guide includes chapters on integrating psychosocial support for GBV survivors as well as staff into programming, and is available on the wiki: [http://gender.care2share.wikispaces.net/The+GBV+Working+Group](http://gender.care2share.wikispaces.net/The%2BGBV%2BWorking%2BGroup).

A colleague from **CARE USA** suggested some other ideas for practical support for the wellbeing of staff working on GBV:

* Clear guidance and support from managers that staff should not give out their personal phone numbers, and especially not act as a personal help hotline 24/7
* Define working hours and monitor overtime. Aim to divide workload among staff, with strong support from senior managers for taking personal time to recharge
* Put clear, well-known protocols in place to address threats to staff working on sensitive issues such as GBV – e.g., what to do if you receive threats

From “[Researching Violence against Women: A Practical Guide for Researchers and Activists](http://www.path.org/publications/detail.php?i=1524)”:

* Retain a part-time psychologist or someone with counseling skills with counseling skills, ideally training in GBV issues, who can provide timely/regular counseling to staff
* Schedule periodic (at least monthly) “decompression sessions” or debriefings for field staff to discuss how the emotional impact of their work is affecting them

A member of the Gender and Empowerment Team from **CARE USA** pointed out that psychological support/counseling could be an opportunity to partner with other organizations which specialize in providing these services. Our staff could benefit from counseling sessions (provided individually or to groups), as well as share experiences on what they see as key aspects to be addressed with survivors.

A good point! And we later heard how **CARE Burundi** is doing just that: At the organizational level, with financial support from CARE USA, CARE Burundi has a staff welfare policy that is implemented in partnerships with local NGOs that provide psychosocial support to staff. Each sub office has 2 psychosocial assistants that have been elected by staff, and these assistants play the role of listening, counseling and providing referrals.

At program level, CARE Burundi has integrated a psychosocial community support approach. Community leaders select psychosocial advisors who are in charge of listening, counseling and referring SGBV cases to the services providers. Also, these advisors support each other in case they are affected by cases. Burundi shared documents on the key roles and criteria of psychosocial advisors, and their organizational policy on psychosocial support for staff (both in French and available on the wiki: [http://gender.care2share.wikispaces.net/The+GBV+Working+Group](http://gender.care2share.wikispaces.net/The%2BGBV%2BWorking%2BGroup)).

A couple of colleagues pointed out that staff come to work each day grappling with their own individual challenges, burdens and stress, and/or experience traumatic things in the course of our work (not just GBV, but also famine, conflict, etc.), and we need to have a supportive, open climate where we can share emotions and get support and love from our colleagues.

**Conclusion**

This was the first joint discussion we’ve facilitated between different gender working groups, and we found it was an exciting opportunity to bring the groups together for collaboration and sharing on an important cross-cutting issue for CARE. If you would like more information about the discussion, please contact Allison Burden at aburden@care.org or Leigh Stefanik at lstefanik@care.org. Please feel free to continue to share your learning and resources on this topic.