

SUMMARY

FROM A “CULTURE OF UNWELLNESS” TO SUSTAINABLE ADVOCACY: ORGANIZATIONAL RESPONSES TO MENTAL HEALTH RISKS IN THE HUMAN RIGHTS FIELD

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Human rights advocacy can be a tremendous source of fulfillment, meaning, strength, and joy for activists.¹ Yet it also involves exposure to significant stressors and harms of myriad forms. Advocates working to advance justice frequently interview survivors of horrific abuse, document the harms that perpetrators have inflicted, seek out and analyze evidence of systematic violations, unearth policies that trap marginalized communities in extreme poverty, and conduct advocacy by telling and re-telling their own or others' accounts of suffering. Some forms of stress exposure seem inherent to human rights work, such as exposure to direct and vicarious trauma. Other harms are attributable to institutional stressors arising from the practices of human rights organizations. There are also field-wide, systemic harms and obstacles to well-being that are linked to deeply entrenched human rights cultures or to the socio-economic and political structures in which the human rights field is embedded.

These conditions can combine to place intense pressure on the well-being and mental health of human rights advocates. While advocates around the world face many different types and levels of harm and stress, recent research suggests that, as a group, human rights advocates likely experience elevated levels of post-traumatic stress disorder (PTSD), depression, and burnout. Building on earlier studies, which focused largely on individual-level responses and experiences, this study sought to fill a gap in the knowledge base concerning *organizational* responses. The research for this study aimed to map what human rights organizations all over the world are—and are not—doing to support the mental health and well-being needs, broadly understood, of human rights advocates.

Over two years, we conducted 110 interviews, encompassing advocates at 70 human rights organizations from 35 countries in every region of the world, and more than three dozen experts. We also conducted surveys of

¹ The Human Rights Resilience Project (<https://www.hrresilience.org/>) seeks to promote resilience and improve mental health and well-being among human rights advocates. The members of the project conduct research into mental health, promote awareness of well-being issues in the human rights, offer trainings and mentoring, and work to support the development of a global community of practice engaged in collective learning about resilience. This is a summary of a journal article which appears in 48 SOUTHERN CALIFORNIA REVIEW OF LAW AND SOCIAL JUSTICE (2019) 443-554, and can be accessed at: https://www.hrresilience.org/uploads/1/1/6/2/116243539/from_a_culture_of_unwellness_to_sustainable_advocacy_organizational_responses_to_mental_health_risks_in_the_human_rights_field.pdf.

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NGO policies and practices, and combined this with desk research concerning mental health, as well as the experiences of several of the coauthors working as human rights advocates.

In brief, data collected for this study suggests that the human rights field generally has responded poorly to the well-being risks involved in human rights advocacy. Recently, attention to mental health and well-being in the field has improved, and growing numbers of organizations are initiating an important process of awareness-raising and education about well-being. However, advocates reported that many organizations are not doing enough to respond to risks. When steps are taken, they are often one-off trainings or events, or individualized “self-care” measures, instead of structural changes in the way work is done, deeper shifts in human rights culture, or in how organizations or the field itself are organized and constituted. There are some leading organizations, particularly among feminist movements, however, that have taken measures to counter the harmful effects of human rights work or embraced well-being as a crucial part of their efforts to advance human rights. These organizations provide examples that other groups can learn from as they work to ensure the resilience of advocates and the sustainability of the human rights field.

KEY FINDINGS

- 1. Advocates reported myriad sources of stress and harm, and cautioned against narrowly focusing on “trauma.”** Advocates are frequently exposed to direct and indirect trauma and human rights abuses. Advocates also reported numerous human rights organizational, cultural, and field-wide sources of harm and stress. These include experiencing discrimination and bias within NGOs, the human rights field, and in society more broadly; being overworked, often attributed to organizational dysfunction, the pressures of funders, NGO competition, and activists’ beliefs about how much they should work and sacrifice to advance justice; activists’ beliefs about the ineffectiveness of their work; precarious and poor working conditions, explained not only by the broader economic system but also by human rights philanthropy, global inequalities between NGOs in the Global North and the Global South, and internal NGO decisions about how to distribute their funds; and poor NGO management.
- 2. Advocates described wide-ranging mental health effects from exposure to stress and harm.** These effects include psychological, interpersonal, and professional impacts. Advocates described concerns about: anxiety, depression, and suicide; physical ailments, substance abuse, and sleep disturbance; PTSD symptoms; demotivation, compassion fatigue, and burnout; conflict with colleagues; family life impacts; and isolation and withdrawal. While these mental health issues are concerns in themselves, the issue of advocacy sustainability also arose: poor well-being harms the sustainability and efficacy of human rights movements, since advocates who are burned out or experiencing depression and anxiety are likely to be less effective in their individual and collective work.
- 3. Advocates believe mental health is overlooked and NGOs are not doing enough to promote well-being.** Most advocates interviewed for this study stated that mental health is a serious challenge in the human rights field. Advocates reported that while some organizations and movements have long had serious

“This work requires strength. We hear, we hear, and every day we take the stress of others and hold it, and so eventually it comes on us. You can see the manifestations of this in staff—fatigue, stress, insomnia. We accumulate what others tell us.”

— *Lucie Boalo Hayali, Gender Based Violence Specialist, President of the Technical Commission of Projects, Association des Femmes Juristes de Centrafrique (Association of Women Lawyers of the Central African Republic)*

“I think it is more common than not for there to be a culture of unwellness.”

— *Richael Faithful, Folk Healer*

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discussions about and taken measures to promote well-being, inadequate attention has been paid across the field generally to well-being; advocates' needs are under-addressed; and that far more should be done by organizations. Many also noted that more advocates and organizations have, in recent years, deepened discussion and action to understand and improve mental health. These observations suggest that the field generally appears to be in a period of transition toward improved organizational attention to well-being and mental health, but that organizational policies and practice lag behind.

4. **Advocates face numerous challenges to improving well-being.** Those interviewed for this study explained that numerous types of challenges can inhibit or prevent individuals and organizations from accepting, recognizing, and responding to the mental health and well-being impacts of their work. Challenges include:

- a. **Individual Beliefs and Human Rights Culture:**

Martyr Culture, Savior Mentality, and Mental Health Stigma. Advocates frequently discussed a set of overlapping beliefs—held by individual advocates and seen as part of a dominant “human rights culture”—which contribute to poor well-being and impede the steps that could be taken to improve mental health. Advocates described interlinked cultures of *martyrdom*, in which the human rights field fosters a view among advocates that they should sacrifice themselves for others and the work, a *savior or hero mentality*, in which advocates view themselves as capable of and duty-bound to “save” others, and a *cowboy attitude*, where “toughness” and risk-taking are celebrated.

- b. **Workload, “Productivity” Pressure, and the Marketplace of Human Rights:** Many advocates reported that the sheer volume of human rights abuses, advocates' significant workloads, and organizational and funder pressures to “produce” resulted in harms to well-being and left little time to focus on improving well-being. Advocates stressed that the tendency for human rights funders to seek big impacts for small grants, and to fund projects but not core costs have a very real toll on the mental health of advocates.

- c. **Organizational Reliance on Individual Mental Health and “Self-Care” Initiatives:** Some advocates noted that organizational well-being efforts that overly focused on steps that individuals can take for their own self-care—rather than viewing well-being holistically, relationally, culturally, and organizationally—could function to inhibit more structural and deeper responses.

“[T]here is a guilt around experiencing trauma—how dare we, we are privileged human rights workers—how can I feel badly?”

— *Human rights expert based in Europe*

“People think, and we also think, that we are special people, that we can handle everything, and we believe ourselves to be Messiahs or saviors...”

— *Verónica Cruz Sánchez, Director, Las Libres*

“You’ll get emails from a manager saying ‘take your vacation’ but then the email also contains a list of urgent things the researcher needs to do. We have to be careful about people just paying lip service.”

— *Human rights advocate at international organization*

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- d. **Poor Management and Leadership:** Human rights advocates reported that management attitudes and practices could have a significant effect on whether or how organizations respond to well-being needs. Dismissive or non-responsive attitudes by leaders to mental health concerns make it challenging for advocates to shift organizational practices and culture and access resources. Managers and senior staff also play important roles in setting the tone for an organization and modeling good—or perpetuating poor—well-being practices. Yet, too often, advocates reported that well-being is not a real part of the manager’s role and portfolio.
- e. **Lack of Mental Health Education, Awareness, and Research:** Advocates reported that the lack of awareness and training about mental health—including among activists, managers, human resources personnel—is a significant barrier to reform. The lack of awareness of how adverse effects, such as burnout, can develop, can also lead advocates to fail to take preventive steps. Some advocates noted that even where there was training, it was often insufficient and seen as a “check-the-box” experience.
- f. **Funding Structures, Limited Funding, and Economic Disadvantage:** In addition to limited funding and economic inequities harming mental health, they also have direct impacts on other economic and social rights. Scarcity appears to limit organizational responses, and where staff are also often paid very little, their ability to implement well-being strategies, adopt different lifestyle choices, and weather challenges can be impeded. The funding model for much human rights work is critical: some advocates reported that donors do not make adequate resources available for things like fair pay, leave and sabbatical time, physical and mental health services, and well-being programs.
- g. **Lack of Access to Psychological or Psychosocial Support or Tailored Mental Health Programming:** Human rights organizations face numerous obstacles when seeking psychological or psychosocial support for their staff. Funding is a pervasive obstacle, and shortages particularly affect small, local-level, and Global South NGOs. Beyond economic inaccessibility, psychological services are sometimes hard to find due to country conditions. Sometimes counseling is available but it is not sufficiently tailored for human rights advocates.
5. **Human rights organizations are using a variety of tactics in an effort to improve well-being for advocates.** While advocates interviewed for this study generally noted that the field’s response has been highly inadequate overall, they shared organizational practices that they view as important for supporting well-being and building more resilient advocates and organizations:

“Unless you are paying your staff in line with what is a decent salary in line with the cost of living—that has an awful impact on the well-being of staff... Funders still have not changed their model of funding—they still say a very small percentage needs to go to staff salaries.”

— Sharon Cox, Health and Support Services Manager, Triangle Project

“We try to think about collective care over self-care. It’s not just an individualized thing, like one person going to yoga or a therapist. Rather it needs to be an organizational approach to work.”

— Lisa Chamberlain, Acting Director, Center for Applied Legal Studies, University of the Witwatersrand

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- a. **Organizational Commitment and Management Leadership:** Advocates emphasized the importance of an organization-level response and commitment to well-being, and of leadership on these issues from management and senior staff. Management and the organization itself need to prioritize well-being, model behavior, and work toward structures and organizational plans for well-being.
- b. **Viewing Well-being as Political:** Some advocates explained that an important approach to improving well-being has been to see and pursue well-being as political, rather than to adopt an individualized, medicalized model of mental health.
- c. **Education, Training, and Resources:** Forms of training included induction trainings, periodic or one-off workshops, incorporating mental health education into existing staff meetings or retreats, or providing written guides or tips to advocates.
- d. **Staff Working Groups and Feedback to Management:** Some organizations have created systems for staff to provide feedback to management about well-being issues, to promote organizational accountability, and to improve organizational responses. These included: creating working groups of staff to lead well-being conversations; surveys so that staff could provide feedback to the organization and promote internal learning; and hiring external researchers to conduct focus group discussions with the staff and report their findings to management.
- e. **Mainstreaming Attention to Well-being into Individual, Team, and Organizational Meetings, Proactive Check-ins, and Debriefs:** Some organizations proactively include discussions of wellness in regular staff or team meetings, or create check-in processes, or debriefs after distressing work. Discussion of well-being in regular staff meetings can open space to vent harms and stress, and encourage well-being practices. This approach normalizes concerns about mental health and well-being, and allows staff to share good practices with each other. Some organizations have also mainstreamed attention to well-being in personnel processes, such as staff evaluations and job descriptions.
- f. **Counseling and Psychological Support:** Many advocates reported organizational practices of providing or facilitating access to therapy or counseling. Services varied widely—some NGOs had individual and/or group therapy, and many had voluntary access to services, while some had mandatory services. Some organizations made counselors available at the office; others provided healthcare plans or financial resources for staff to access mental health services independently.
- g. **Peer Support and Socializing:** One of the most common measures mentioned by interviewees was the use of peer support mechanisms. Advocates described efforts to foster peer-to-peer

“I also see that activism is the healing of many people. Activism not only makes us sick, it heals us... solidarity received in the movements and commitment within the struggle... creates bonds of trust, recognition, etc... When we are part of movements we feel empowered. [This] is curative.”

— *Guacira Cesar de Oliveira, Founder, Centro Feminista de Estudos e Assessoria (Center for Feminist Studies and Advisory Services)*

“[T]here is an environment within [our organization] where everyone is encouraged to discuss how they feel without any shame and when those feelings are expressed, people realize that [these feelings] are not unique to them.”

— *Gasser Abdel-Razek, Executive Director, Egyptian Initiative for Personal Rights*

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mental health support, as well as more general efforts to create opportunities for socializing and building inter-staff trust and bonds.

- h. **Making Meaning, and Recognizing Achievements and Successes:** Some advocates discussed the importance of discussing or highlighting human rights impacts and achievements among staff.
- i. **Shifting Topic or Type of Work:** Shifting the topic or type of work, including taking a break from direct work with witnesses and survivors, can help prevent or respond to burnout or secondary trauma.
- j. **Trauma-Aware Workflows:** Organizations can adopt workflow practices to mitigate harm, including recommendations that advocates not process graphic material at night or alone, break up exposure into discrete time periods, block out parts of a graphic image, and ensure that the advocate is prepared to review the material.
- k. **Breaks and Leave:** Many advocates discussed the importance of breaks, and numerous organizations had various formal or informal break and leave practices and policies focused on enhancing well-being.
- l. **Remote Working and Flexible Hours:** These can aid advocates in managing their workloads and personal responsibilities, and facilitate working in varied or less-stressful environments.
- m. **Offering Individual Well-being Practices:** Some organizations offer or facilitate practices such as yoga, mindfulness, or exercise.
- n. **Art, Spiritual, and Religiously Rooted Healing Practices:** Advocates identified artistic, spiritual or religiously rooted practices that aimed at individual or collective care and healing, tailored to the specific cultures of the community.

NEXT STEPS

This study concludes by identifying next steps that can support the human rights field to enhance the well-being and resilience of advocates. Research is needed to evaluate interventions and programming to advance well-being, and more attention is needed to the vicarious resilience that human rights advocacy fosters. Support should be provided to enable more knowledge-sharing across organizations and advocates, and tailored educational materials and trainings should be created and offered. Action to improve psychosocial health should be designed broadly, by acknowledging the limitations of some terms and frameworks, and working to promote inclusive, diverse, and culturally-informed responses. Funders play a critical role, and can support organizations to make structural changes and introduce well-being interventions. Ultimately, change is needed at all levels of the human rights field: from the individual and interpersonal to the organizational, cultural, and the structure of the field as a whole. With concerted attention, human rights organizations can not only reduce harm, stress and trauma, they can advance resilience and protect the joys of purpose-driven work for social justice.

“The collective practice of sitting together to talk about care, to move towards practices of caring for each other, that hasn’t happened yet. Even though we’ve talked about it. We can’t do it, because our reality is a constant hurricane, and we’re in the eye of it the whole time. There is no space in the schedule of our everyday life to reflect on this, amid all the chaos that needs to be resolved.”

- *Raúll Santiago, Human Rights Defender, Coletivo Papo Reto, Brazil*