

# GBV AoR Helpdesk

## TIP SHEET: Collective Care

Joanne Creighton | February 2024



### What is collective care?

Collective care refers to groups having a communal responsibility for every individual member of that group.<sup>1</sup> A group could be of any kind - for example, work colleagues, activist and advocacy colleagues, friend groups, etc. The key to collective care is that everyone in the group supports strategies for the health and well-being of individuals in the group, rather than individuals managing that responsibility alone.

Collective care can take a variety of forms according to the needs and preferences of the groups who agree to support each other. It can be formalized or informal, enduring or temporary, lasting until it meets the needs of the group and the individuals within the group. Importantly, collective care is a process as well as practice, one that should be considered iterative - that is, a source of ongoing learning and adaptation.

“Self-and collective care 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.” [...] “Determining which strategies are relevant and meaningful will depend on personal preference, organizational culture, and the broader context.”

(Source: USAID, 2022: 4)

In the words of FRIDA, an activist fund for young feminists, collective care is a “feminist, political strategy” that not only supports personal resilience, but also supports the sustainability of feminist movement building (FRIDA, 2016). Collective care can be a radical departure from hierarchical, male-dominated ways of working.

Collective may be particularly relevant to program specialists, activists, researchers and others working on gender-based violence (GBV) in emergencies. This tip sheet explains the potential value of collective care for those working on GBV in humanitarian crises around the world, and offers some recommendations for supporting collective care approaches.

### Why is a focus on collective care important?

There are many potential adverse physical and psychological risks and impacts of working on GBV in emergencies. GBV specialists not only bear witness to violence and human rights violations, but they are also exposed to risks based on the work they do, and, for those GBV specialists who are female, impacted by prevailing gender discriminatory norms and practices. GBV specialists may also be survivors.

In addition, working in emergencies often means working in a pressurized environment. War, poverty, systemic oppressions, diminishing civic space, rising fundamentalisms are key stressors which often feature within humanitarian contexts and are indicated by research and evidence to be harmful to health and wellbeing (Billing, L. et. al, 2021).

<sup>1</sup> From [ActBuildChange](#)

It can be challenging for GBV specialists to access support in humanitarian systems, as the systems themselves are informed by and can reflect rigid patriarchal values (Okun T., n.d.). Humanitarian structures and ways of working do not yet routinely or inherently support individual or collective care processes. The result is not only individual stress for GBV actors, but collective stress for all those working in the field of GBV in emergencies.<sup>2</sup>

“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.”

(Source: USAID, 2022: 4).

Given these challenges, it is relatively easy to see how a commitment to working on GBV in emergencies can make it hard for GBV specialists to attend to even their basic needs. Lack of emphasis on caring for activists and GBV responders’ safety and wellbeing in humanitarian emergencies has led to calls for concerted action, such that self- and collective care are standardized as central strategies for addressing GBV, “rather than [being] a secondary or complementary effort” (USAID, 2022: 5).

### **A focus on collective care has many potential benefits:**

✓ To prevent or reduce secondary trauma impacts and burnout. There is a growing body of research which has identified secondary trauma, vicarious trauma, burnout, and other

deteriorations in mental health as being prevalent among GBV specialists, with a disproportionate impact on female GBV specialists.<sup>3</sup>

✓ To support a culture of solidarity and facilitate building relationships of respect and dignity amongst all those working to prevent and respond to GBV.

✓ To assist GBV specialists to continue to meet the needs of survivors, because GBV responders’ focus and energy can be with survivors.

✓ To challenge the patriarchal norms and systems that promote and sustain GBV by prioritizing all women leading efforts to end violence and abuse.

✓ To shift from a focus on individuals to the collective, with the objective of better outcomes for all.

✓ To assist organizations to meet their responsibilities for supporting their staff (duty of care), by improving workplace safety and accountability through the provision of (mandatory) support structures in the event staff experience a traumatic, stressful or critical incident. This requires organizational leadership commitment and resourcing.

“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 Horn

Source: Horn J. (2019) Zine 03: Self and Collective Care. GBV Prevention Network. p.4. <https://preventgbvafrica.org/resources/publications/other-resources/zines/129-self-and-collective-care/file>

<sup>2</sup> Collective stress is a concept which was developed by Allen Barton and involves people dealing with the same stressor. See SVRI (2019) Dare to Care Module 2: What is stress?

<sup>3</sup> See for example, Chen CW, Gorski PC. Burnout in Social Justice and Human Rights Activists: Symptoms, Causes and Implications. Journal of Human Rights Practice. 2015 Sep 26;7(3):366–90; Pérez Tarrés A, Cantera Espinosa LM, Pereira da Silva J. Health and

self-care of professionals working against gender-based violence: an analysis based on the grounded theory. Salud mental. 2018 Oct 25;41(5):213–22; Ager A, Pasha E, Yu G, Duke T, Eriksson C, Cardozo BL. Stress, Mental Health, and Burnout in National Humanitarian Aid Workers in Gulu, Northern Uganda. Journal of Traumatic Stress. 2012 Dec;25(6):713–20. Available from: <https://pubmed.ncbi.nlm.nih.gov/23225036/>.

## What is the difference between self and collective care?

Simply put, self-care focuses on the individual and is the responsibility of the individual to undertake. Collective care relates to strategies and actions undertaken by members of a group that can sustain and support individuals in the group, as well as the entire group.

Some feminist activists and scholars challenge this differentiation between self- and collective care as a false split. In reality, self-care can incorporate collective and interpersonal connections (Billing, L. 2021: 25). At minimum, the two processes are complementary and can be interlinked, with each process having potential to support the well-being of members of a group—in this case, GBV programmers, activists, researchers and other GBV-focused humanitarians.

## What are the basic elements of collective care?

It can be helpful to think of collective care as an amalgam of processes and steps. These steps and processes may emerge organically, such as when feminist activists and GBV specialists come together to figure out what their shared needs are and how they want to support each other to meet those needs.

Collective care strategies and approaches will also be shaped by the experiences, skills and resources of the group. Processes and steps are therefore unlikely to be linear; they are more likely to be fluid and happen simultaneously. Nevertheless, collective care can generally be characterized by the following elements:

- **Forum collectivization.** This entails coming together and identifying as a group:
  - What your support needs and priorities are;
  - What approaches you want to use to support each other, e.g., smaller group discussions, activity-based support, (art, crafting, sports, tech-based support), and 1-2-1 feminist friends support;
  - How you want to communicate with each other;
  - Any other aspects of a group agreement, if the group wants to

formalize its approach to collective care, although there should be no pressure to do so.

The group may meet in-person, or, it may be an online support forum, depending on preference and availability of a safe support community where the group is located. As part of this collectivization process, there may also be a process of realization—that is, when members of the group recognize the challenges both individual and collective that are being experienced and the limits the group may face. For those working on GBV, “Finding our community”, as Jessica Horn (2019) puts it, is an important step in the collective care journey.

- **Resource mobilization / resource sharing.** This describes the process of identifying resources needed to support the collective and how these resources (financial and otherwise) will be generated. This involves taking account of skills of the collective members, in-kind support, sharing and exchange as well as seeking financial support from donors (as applicable).
- **Implementation of collective care practices.** This is the action(s) of providing care and support to one another. This can be done in a myriad of ways (see practical examples section of this tip sheet for ideas).
- **Reflection and Learning.** As with all GBV-related learning, it can be valuable when time, focus and resources are dedicated to capturing and documenting the rich learning and reflection that invariably emerges from collective care practices. This might include, for example, indicating what has been beneficial and how, what resonated most, and what emerged from the care and healing space or initiative. Sharing this forward can contribute to practice-based learning and can potentially support further advocacy and resource mobilization for collective care. It may also be useful to consider formalized research to study the impacts and effects, as long as the research

process is aligned with the principles integral to collective care.<sup>4</sup>

## What types of issues may come up as part of collective care?

When groups come together to discuss their collective care needs and to consider how to address these a range of issues may emerge as part of this process. These may include, but are not limited to:

- Energy for the work / burnout
- Challenges of balancing work / life and other responsibilities
- Types of conflict – interpersonal, communal
- Expectations – of self and from the community (e.g. perfectionism, dedication, 'always on')
- Reactions to social injustice, inequality and violence (e.g. anger, grief, compassion fatigue)
- Coping mechanisms (including self-care) and in some instances recognition that a break may be required from the work to preserve health and wellbeing
- Creativity and reanimation about GBV activism, response and prevention engagement, visioning and strategizing for a more positive future
- Connectedness, solidarity and community

## What are some practical examples of collective care?

There is no one right way to practice collective care for GBV specialists; strategies and approaches will depend on variables of the group and the settings. Even so, checking in, seeking consensus, and being accountable to each other is core to ensuring benefit from collective care. Three golden "rules" to collective care practices for women that are highlighted in the literature are: 1) leadership buy-in and demonstrably 'walking the walk'; 2) co-designing with women (and girls as applicable) 3) ensuring consistency

of support and practice (Billing, L. et. al. 2021: 26). Specific examples of collective care include, but are not limited to:<sup>5</sup>



Respect when fellow GBV specialists tell you they need to be offline / disconnect and practice small acts of kindness among each other (Raising Voices, 2020: 1).



Engage in social, healing/therapeutic, creative activities together. Examples include dancing, drumming, song, art, story-telling and much more. These types of activity have been linked to supporting women activists to connect, reflect, resolve conflict, and increase creativity and understanding. Social activities may also be an opportunity or cause for celebration, reward, and recognition of the efforts of GBV specialists.



Participate in 'retreats', such as [The Flourish Retreat](#), which aims to guide collective and individual rest and reflection and cultivate emotional and practical resilience.



Share lunch or some of the lunch break time together.



Discuss how GBV work makes "us think and feel" with "people who get it" (Shulz, P. et. al. 2023: 1471).



Provide trigger warnings in relation to topics that might be sensitive for colleagues.



Spend time checking in with your group/colleagues at the start of meetings and gatherings to understand how they are and to create to share about work or personal issues for which they might like support and solidarity.



Establish limits for out-of-hours working and contacting colleagues outside of their working hours, except in emergencies. This will help to limit "always-on" mindsets and give space for decompression.

<sup>4</sup> For information about research studies and evidence, see the articles and reports section of the GBV AoR Helpdesk Annotated Bibliography on Collective Care Processes and Practices (GBV AoR Helpdesk, 2024).

<sup>5</sup> Unless otherwise noted, this information is adapted from FRIDA (2016) [Practicing Individual and Collective Self-care at FRIDA](#) and Cardenas, A. and Mendez N. (2017) [Self-care as a Political Strategy](#)



Process requests for annual leave, sickness, and compassionate leave promptly.



Adopt institutional policies that help create a culture that is conducive to the wellbeing of all staff, such as respecting work hours and days, establishing periods of rest, and having conflict resolution mechanisms in place.<sup>6</sup> Policies should also seek to address inequalities in how duty of care is extended and applied to international versus local aid workers, with the aim of ensuring standard care for all. Finally, provide good remuneration packages and longer-term contracts – recognize the talent, skills, and experience of your staff this is also a tangible way in which employees can feel supported and also give them some means with which to invest in their self-care.

## When should collective care be practiced?

Collective care can be thought of as a source from which GBV activism and programming flourishes and, given this, engaging in collective care practices routinely is necessary to improve safety and well-being of GBV specialists working in humanitarian settings.

“When we are given spaces to share our experiences, we can shed light on the ways in which our individual experiences align with others. It’s through these connections that we can better understand these shared experiences, what they mean to us, and where we have power and agency”.

Source: Khan, A. (2015) [Activist Burnout is Real – And you probably need to read these 4 ways to manage it.](#)

## What about inclusion and collective care?

Intersecting axes of exclusion and marginalization impact self- and collective care capacity. Women and girls of color, for example, experience the compounding oppression of racism as well as sexism. Older and younger activists experience ageism, and lesbian, bisexual and queer women experience discrimination based on their sexual orientation. These overlapping oppressions can occur both outside of and within feminist movements (Billing, L. et. al, 2021).

Audre Lorde reminds us that, for many groups who were not part of the ‘mainstream’, collective care has *always* been an integral part of self-care:

‘In queer feminist and anti-racist work, self-care is about the creation of a community... assembled out of the experiences of being shattered’.

Quoted from <https://www.svri.org/blog/me-we-reclaiming-need-collective-care>

Mainstream dominant framings and approaches to resilience, “wellness” and self and collective care tend to be rooted in Western approaches and models that promote expectations about springing back and recovering fast. These approaches do not always recognize and address the fact of women’s ongoing and intersecting experiences of discrimination.

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

Source: Chigudu H. (n.d.) [Healing Through Rituals A Guide for Sustaining Wellbeing and Activism.](#) Women’s International Peace Centre.

There is limited information about what an

spend time together. See Ilyas, M. and Velásquez, T. (2017). [Collective Care in Human Rights Funding: A Political Stand.](#) Open Democracy.

<sup>6</sup> One example of establishing formalized rest comes from the Urgent Action Fund (donor organization) which has formalized two ‘Getting Nothing Done Days’ per year when staff can rest from work and

intersectional approach to collective care looks like. One example from desk review for this tip sheet was a 'self-love camp' event organized by the [Women's International Peace Centre in Uganda](#), who worked with lesbian and women's disability organizations for the event. Further exploratory learning is necessary.

## What practices should organizations avoid when supporting collective care?

There are some practices that groups and organizations best avoid when seeking to set-up and embed collective care practices. These include:

- Valorizing savior / martyr mentalities within humanitarian work.
- Stigmatizing or dismissing well-being concerns when these are raised.
- Wellness/Wellbeing washing, i.e. when an employer presents an image or appearance of caring for the wellbeing of their staff more than putting this into practice.
- Using collective care in "instrumental ways to prepare individuals for increased productivity and the capacity to absorb even higher workloads" (Billing, L. et. al. 2021: 18).
- Avoiding recognition and transformation of harmful power dynamics at institutional levels, to ensure that the responsibility for collective care does not fall to those groups with the least power and agency within an organization (Billing, L. et. al. 2021: 18).

### **An example of an online community – The GBV AoR Community of Practice**

This moderated virtual group serves as a platform for GBV professionals to build community by offering those working on GBV in emergency settings a forum to exchange experiences, raise questions, discuss challenges or celebrate successes. As such it offers an opportunity for remote support and potential care for those who access and engage in it. The CoP has periodically held webinars which focus on wellbeing.

[Further information about the GBV Community of Practice and joining instructions.](#)

## What are some practices organizations should undertake to promote collective care?

As noted above, the current systems, structures, and institutional ways of working in humanitarian emergencies do not support collective care as a routine, standard and accepted practice. It will take time to shift this paradigm. Strategies organizations and groups can undertake to collective care include, but are not limited to:

- **Promoting principles of feminist leadership, accountability, and praxis for the collective wellbeing of staff and activists focused on GBV.** Humanitarian leaders and agency directors and managers should be held accountable for building and sustaining care and wellbeing within the workplace. This responsibility should be built into job descriptions, portfolios, and performance objectives/reviews.
- **Organizational reviews and reflections engaging individuals working at all levels on self and collective care.** This can be done vis-à-vis duty of care requirements to ensure organizations are truly meeting their humanitarian mandates, not only in relation to their project participants, but also their workforce. Ensuring timely reform is importance, as are formal benefits packages to support self- and collective care.
- **Humanitarian donors prioritizing resourcing for collective care.** Donors should be consistently monitoring whether organizations are meeting their responsibilities to ensure staff safety, security, and wellbeing, including through the promotion of self- and collective care and provide resources for this as needed. A mechanism for donor reporting on staff collective care should be standardized.

## References

African Women's Development Fund (2018) [AWDF launches the Flourish Project with support from NoVo's Radical Hope Fund.](#)

Billing L., Gevers A. Dartnall E. (2021) [We Care Evidence Review: Exploring research into how wellness and care can be institutionalised in the violence against women field in low- and middle-income countries.](#) Sexual Violence Research Initiative (SVRI).

Cardenas, A. and Mendez N. (2017) [Self-care as a Political Strategy](#)

Creighton, J (2024) Annotated Bibliography: Collective Care Processes and Practices. (GBV AoR Helpdesk).

FRIDA (2016) [Practicing Individual and Collective Self-care at FRIDA](#)

Horn, J. (2019) [Self and Collective Care.](#) GBV Prevention Network.

Khan, A. (2015) [Activist Burnout is Real – And you probably need to read these 4 ways to manage it.](#)

Raising Voices (2020) [Guidance Note 3: How can we amplify self and collective care? Series on Preventing Violence Against Women During the COVID-19 Pandemic.](#) Raising Voices, Uganda.

Schulz, P., Kreft, A.-K., Touquet, H., & Martin, S. (2023). Self-care for gender-based violence researchers – Beyond bubble baths and chocolate pralines. *Qualitative Research*, 0(0). <https://doi.org/10.1177/14687941221087868>

Women's International Peace Centre Uganda (n.d.) [Feminist Leadership and Self-Love Camp.](#)

## Further reading and resources

Below are a few practical tools and resources that may be of primary interest to field-based actors. For a more detailed reading list please see Creighton, J (2024) Annotated Bibliography: Collective Care Processes and Practices. (GBV AoR Helpdesk).

Billing L. Ghebrebrhan N., Michau L., Gevers A. (2022) [Creating and maintaining a culture of self and collective care at Raising Voices.](#) (Raising Voices and SVRI).

Cane P.M. (2005) [Capacitar Emergency Response Toolkit](#)

CREA, Artemisa and Elige (2008) [Self-care and Self-Defense Manual for Feminist Activists.](#)

[Feminist Republik.](#) Urgent Action Fund Africa's Regional Wellbeing and Collective Care Platform for women human rights defenders

Medica Mondiale (2021) [Self-care tips for activists](#)

Ramirez P. (2022) Trauma-informed meditation exercises for those seeking to establish their own meditation practice. [Practice 1](#) and [Practice 2](#) videos. SVRI.

SVRI (2022) [Dare to Care.](#) A free online course from the We Care Project.

USAID (2022). [USAID'S Collective Action to Reduce Gender-Based Violence \(CARE-GBV\): How to Embed Self- and Collective Care in Organizations Addressing Gender-Based Violence. \[No.5 in a series\].](#) Washington (DC).

## The GBV AoR Helpdesk

You can contact the GBV AoR Helpdesk by emailing us at: [enquiries@gbviehelpdesk.org.uk](mailto:enquiries@gbviehelpdesk.org.uk)

The Helpdesk is available 09.00 to 17.30 GMT Mon – Fri. Our services are free and confidential.