

**THE PSYCHOSOCIAL
APPROACH
APPLIED TO THE PROTECTION
OF HUMAN RIGHTS DEFENDERS**



A large illustration on the left side of the page shows several hands of different skin tones (purple, orange, brown, red, blue, pink) stacked together in a supportive gesture. The hands are rendered in a flat, stylized manner with simple outlines.

Introduction

Human rights defenders (HRDs) carry out their work in contexts where multiple types of violence occur.

The sense of risk or threat, and the fear or stress that this can generate, inevitably affects human rights defenders emotionally, both individually and collectively.

Interventions with HRDs must ensure individual and collective psychosocial care. This means, among other things, keeping the principle of “do no harm” very much in mind during our interventions.

It is essential that the facilitators of these processes are prepared to identify symptoms of personal and collective emotional distress, and that they have psychosocial accompaniment skills in order to be able to provide an adequate response to this type of situation.

In this booklet, we briefly explain what we mean by a psychosocial approach, its main elements and its main implications for protection work with human rights defenders.



1. What is the psychosocial approach?



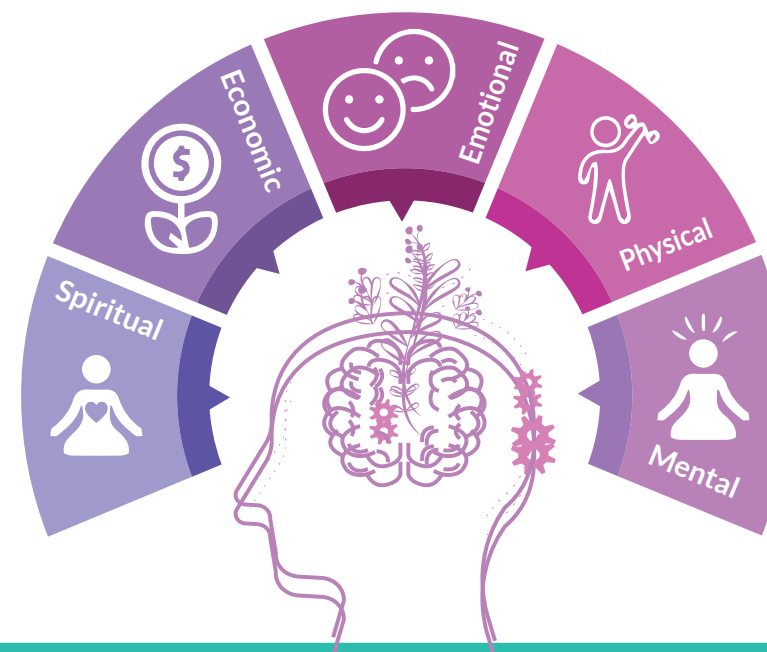
Using Ignacio Martin Baró as a reference, we understand the psychosocial approach as a lens through which we pay attention to the impact of social and political contexts on people's emotional well-being. Instead of diagnosing and pathologising reactions that are specific to a traumatic situation, these reactions are contextualised and considered to be part of the social and political context in which they occur.



The psychosocial approach proposed here is based on:

- Denormalising violence and depathologising responses to it, which take on a social and political meaning.
- Emphasizing the need to claim better conditions and guarantee human rights in order to create a context that allows for a good state of mental health.
- Comprehensively addressing the different dimensions that enable a good state of mental health, such as emotional, physical, mental, spiritual, economic and social conditions.

Dimensions of a good state of mental health



Rather than promoting an individualistic approach, which is solely based on personal well-being and self-care, we need to also focus on the collective and situational context. We conceive the psychosocial approach to be a lens through which we:

- Identify, analyse and address the various impacts of socio-political violence on a person and the community.
- Understand people's unique forms of coping and resilience, focusing on rehabilitation and autonomy, rather than focusing on the presence of an illness or revictimising the person or community.



2. Basic principles and criteria for psychosocial accompaniment

Ethical “do no harm” approach: We prevent and minimise potential harm in all our interventions.

The importance of context: We analyse reactions and impacts based on context.

Reliance on “resilient response”: We give people time to assimilate traumatic situations and bring their own coping mechanisms to the surface.

Ethical non-neutrality: We derive a committed and ethical position from the analysis of the context, and we support the person to claim their rights rather than looking exclusively into their inner world for explanations of their suffering.

Transformative purpose: Linked to the previous principle of non-neutrality, we aspire to transform reality through our commitment to defend and better guarantee human rights.

Avoid re-victimisation: The accompaniment process has to be empowering and strengthening, and must be free of narratives of irreversibility of harm or powerlessness.

Promotes integrity: We promote a multidisciplinary analysis of the situation, articulating knowledge, different perspectives and proposals from the different areas that are at stake.

It is not psychotherapy: Although psychosocial accompaniment addresses the effects and impacts of traumatic events and can potentially have healing and therapeutic effects, it is not clinical accompaniment.

Respect, ownership and control: Accompaniment should be carried out with deep respect for the autonomy of individuals and organisations, respecting their time, capacities and decisions. There should not be any kind of imposition, indoctrination or hierarchy in the relationship.



3. Psychosocial impacts of violence: what do we mean?

The psychosocial impacts of socio-political violence are an ensemble of stresses, losses, harms and changes suffered by individuals, organisations and society as a result of that violence. In the context of human rights advocacy, stress and trauma are common.



Stress

Stress is a normal response to a physical or emotional challenge and occurs when demands for a situation are out of balance compared to the resources available to cope with it.

Stress can be acute (when it is due to critical incidents, threats, aggressions) or cumulative (when it stems from everyday factors such as a bad working environment, work overload, etc.).

A common type of stress among advocates is “**compassion fatigue**”, derived from accompanying others who are suffering, resulting in emotional exhaustion.

There is also **burnout**, a response to stressful situations characterised by a state of physical, emotional and mental decline. Symptoms include tiredness, feelings of helplessness, hopelessness, emotional emptiness, or the development of negative attitudes towards work, life and people.



Trauma


Trauma is an experience that constitutes a threat to the physical or psychological integrity of the person. It is often associated with experiences of chaos and confusion during the event, fragmentation of memory, absurdity, horror, ambivalence or bewilderment.

It is possible that by listening to, reading about or observing traumatic events that have happened to other people, advocates may develop “**vicarious or secondary trauma**”. Vicarious trauma occurs when the helper is deeply affected by the experience of the victims they work with. Defenders regularly hear distressing stories, and are confronted with realities of violence, poverty and disaster. Vicarious trauma is therefore inherent to human rights work.

Linked to vicarious trauma, we use the term **counter-transference** to refer to the impact that the victim’s story has on the accompanying person’s own problems or experience. For example, hearing about rape or grief over the loss of a loved one can draw the listener into their own experiences of abuse or loss.



4. Specific risk factors for human rights defenders



Double role: HRDs work with and support other victims, but at the same time they may be victims of attacks themselves.

Overload and hyper-accountability: It is common to feel guilt for wanting to rest or for attending to your own needs, leading to the superhero or superheroine syndrome.

High sensitivity to injustice: This heightened sensitivity, amplified by the powerlessness generated by impunity, can lead to feelings of hopelessness.

Ambiguous social recognition and prestige: In some spaces HRDs are considered courageous and very committed people; in other spaces their activity is associated with subversion.

Delicate and troubled family relationships: Often the defender chooses not to involve their family members in their activities, in order to protect them, to not worry them, and to avoid putting them at risk. This leads to emotional and sometimes even physical distancing.

Power dynamics within organisations: In many cases, HRDs' organisations end up replicating harmful power dynamics that they are trying to change externally. This produces great tension, breaking down their organised structure as a safe space.



5. The impact of fear on safety and security

Distinguishing between fear and risk: life and policy decisions

Fear is a defence mechanism in the face of danger, helping us to detect the threats we face and to make better decisions about how to protect ourselves. Many people have managed to save their own lives thanks to fear.

However, fear can also isolate, paralyse and spread to all areas of a person's life. Fear is the most effective strategy of social control: it is used to demobilise and dismantle social organisation.

It is important to distinguish fear from risk

Fear implies concern about a possible aggression. Risk is the probability of that aggression occurring, and this probability depends on various elements that must be analysed together: context, actors, vulnerabilities, capacities, previous incidents, etc.



Fear can be felt without risk... and vice versa!

It is very important to understand the risks and possible protection strategies in order to acknowledge the defender's fears in relation to their specific situation. We will also need to assess whether it is viable to continue the work of defending rights within an acceptable level of risk.


To do this, we will rely on a grounded risk analysis which takes into account the life trajectory and needs of individuals and organisations, placing the people themselves at the centre of protection strategies.

In many cases, defenders refuse to acknowledge fear, seeing it as a sign of weakness, a lack of commitment or a lack of courage. However, fear is a very powerful feeling that distorts reality, either by exaggerating, paralysing, denying, minimising or preventing the ability to fully see all of the potential situations of risk.

It is important to differentiate between reality and projections created by fear. We should try to find an emotional balance that does not downplay the risk, but also we do not want the person to be overwhelmed by fear and unable to act.

6. Recognising and strengthening resilience: coping factors

In accompaniment processes, our approach must focus on recognising and strengthening the resources of individuals and groups. In order to understand people's own forms of coping and resilience, it is important that we focus on rehabilitation and autonomy, rather than focusing on the presence of an illness or revictimising the person or community.





“Coping” refers to responses that are activated in the face of harm or in reaction to the impact of the violence or horror experienced

We speak of **“coping”** to refer to the responses and mechanisms that people activate in the face of horror and extreme experiences.

Consciously and unconsciously, people develop coping mechanisms that allow them to readjust the imbalances produced by their extreme experiences, in order to restore a healthy balance.

People activate a variety of coping responses according to their personal and social needs.



Resilience is the capacity to put in place mechanisms that allow the individual HRD or collective of HRDs to avoid breaking down in the face of adversity

On the other hand, we speak of **“resilience”** as the capacity to overcome adverse, stressful and painful situations, which trigger both individual and collective coping mechanisms.

Resilience is not limited to the ability to withstand the impacts of violence, or to deal with post-traumatic symptoms, but it is about comprehensively strengthening individuals and teams so that they can be creative and proactive in confrontation with these situations.

7. Personal care

When working with exhausting scenarios of political violence and many constant challenges, it is important to establish care strategies to prevent, minimise or recover from the impacts suffered, and to provide spaces that favour coping capacities and resilience. One of the fundamental contributions of women’s movements is the commitment to put **care at the centre** and to permanently encourage a logic of care that runs through all the organisation’s praxis, relationships and traditions.

What is “self-care”?

Self-care refers to the identification and implementation of activities that satisfy different aspects of our integrity, and it helps us to rest, disconnect, nourish or strengthen ourselves.

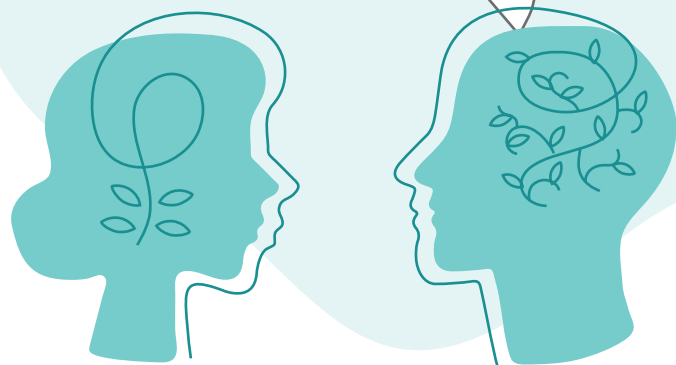
There are no standard formulas for self-care. Each person must find their own ways of coping, which also vary at different times in life. Caring for ourselves starts with being able to identify our needs and recognise that we are not only providers of support, but that we also need to receive support in a way that is balanced for both the individual and the collective.

To be taken into account when talking about care:

● It is important to recognise that, even if there is a perfect application of the tools of care, working in contexts of political violence affects and impacts people.

● Taking care of oneself should not be an imposition, but it should be rooted in critical reflection by both the individual and collective where there is a common understanding that by taking care of ourselves we can better resist the onslaught of violence, better work for the defence of rights and more clearly discern situations of risk and protection.

● There is a debate about the term self-care, because it emphasises the individual, detached from the collective or the environment, and it gives the impression that it is the individual who is solely responsible for their own care and those who fail to do so are blamed. It is important that when we talk about self-care, we do so bearing in mind that individual well-being does not depend solely on personal factors or decisions. The psychosocial approach requires comprehensive strategies that address different dimensions (personal, collective and systemic).



7. Collective care

Team care strategies / institutional care

Human rights organisations must bear in mind that **taking care of internal dynamics is part of the work agenda**, since the sense of purpose behind our actions, internal coherence and work capacity also depend on it.

Collective and organisational care

Care must be a collective effort, not only individual. For organisations, this means creating an organisational culture that includes dynamics of structural and mutual support. It involves reviewing power relations and making individual and collective decisions for the common good. It involves looking at whether the risks, pains and fears of its members are being addressed as a collective. It is important to review whether “sacrificial” narratives and attitudes are encouraged, whether there is a tendency to overwork, or whether toxic power relations are taking place.

In order for organisational care to be effective, it must:



Challenges and limitations to institutional care

Organisational care is a dynamic and ongoing challenge that is not without its difficulties and limitations. Some common challenges in the implementation of psychosocial strategies and measures include:

- Changing context, internal conflicts, constraints related to personnel or financial resources, the normalisation of violence, resistance to change, the emergence of emotions such as fear or guilt.
- Lack of time during periods of work overload, which makes it difficult to prioritise psychosocial tools. Precisely at times when they are most needed, they are applied less frequently.
- People in the organisation may not share the same degree of importance concerning this approach and tensions may arise with those who do want to prioritise it.
- Aspects that motivate people to put up with, and not verbalise, the impact of stress or fear, such as the belief that receiving support is a sign of weakness.
- High turnover within teams, which facilitates the loss of historical memory and knowledge about the tools available.



8. Integrating a psychosocial approach into protection work is to:



Recognise the impact of the context: Defenders in contexts of socio-political violence are under a high level of pressure which correlates with both individual and collective emotional impact, affecting security and safety management.



Understand the wide range of psychosocial impacts that violence has on individuals and collectives: Be open to discuss personal issues, listen to how each person experiences the threat and risk, and understand how this affects their lives.



Incorporate the principle of “Do No Harm” as a guiding principle in our work: Be aware that it is possible that difficult or traumatic episodes may resurface for some of the people involved. It is important to minimise these risks.



Recognise the relationship between emotional impact and safety: Take into account the importance of emotions and previous experiences when developing protection plans.



Recognise that care and protection are indivisible: Protection strategies also need to include prevention of burnout, daily care and physical, emotional, material and spiritual well-being, especially after moments of crisis within the collective.



Take into account the individual and group conditions necessary for measures and protocols to be implemented: A protection plan may look perfect on paper, but it will be of little use if collective responsibility is not developed or if there is a lack of resources.

Pay attention to relational dynamics and networking with other organisations: The way in which alliances are woven or broken depends in part on communication dynamics, types of leadership and styles of collaboration, aspects that are worked on from the psychosocial approach to favour group cohesion and networks.



In conclusion

Each organisation or collective that works for the defence of human rights has its own universe of histories, objectives, struggles, traditions, leadership styles, aggressions suffered, worldviews, etc., which is unique and unrepeatable. When incorporating a psychosocial approach into the work of protecting human rights defenders, there are no common recipes or pre-established formulas.

Each organisation requires its own type of accompaniment, with its own rhythms, objectives and approach, depending on the socio-political context. The exercise of psychosocial accompaniment is not fixed, nor does it have an “agenda” to follow. Rather, it develops according to the concrete reality that emerges from the spaces of participation such as workshops or accompaniment processes.

The principles and concepts explained in this booklet serve as a basis for incorporating a new psychosocial perspective into these processes. But it will be up to each organisation or group of defenders to put their concerns, priorities and strengths at the centre, setting out a roadmap that is adapted to their needs.

Those who facilitate these processes must take on the role of incorporating this psychosocial lens and paying attention to the impact of the social and political context on the emotional well-being of the people and groups we accompany. As we consistently apply the “do no harm principle”, we must also take into account the importance of emotions and previous experiences when developing protection plans. We recognise that care and protection are indivisible, and we understand that physical, emotional, material and spiritual well-being are part of the protection strategies of HRDs and groups.



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