

# MANUAL ON human rights MONITORING

## Chapter 12

# TRAUMA AND SELF-CARE

Chapter 12 Trauma and self-care



UNITED NATIONS  
**HUMAN RIGHTS**  
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# TRAUMA AND SELF-CARE



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## WORKING WITH SURVIVORS OF TRAUMA

### A. Key concepts



- Trauma can have a profound impact on how survivors think, see the world and relate their experiences. The intensity and nature of their traumatic reactions vary from person to person, depending on their character, the nature of the traumatic event and the support they receive in the aftermath.
- Traumatic events are processed differently from non-threatening events. Memory of trauma can therefore be different from memory of non-traumatic events. Like *other reactions*, *the quality of traumatic memory varies from survivor to survivor*. In some cases, traumatic memories lack the coherence and detail that other memories may have.
- Human rights officers (HROs) should not have assumptions about how trauma survivors should feel or behave and, hence, not assess their credibility as witnesses on that basis. HROs need to be attuned to the potential impact of trauma. One's emotional state when talking about trauma is not a reliable indicator of whether a traumatic event occurred.
- HROs should adopt a *trauma-sensitive* approach to their work by taking into consideration the impact of trauma when they gather information from trauma survivors, analyse that information and take corrective action to redress human rights violations.

## B. Introduction

The first part of this chapter reviews some of the effects that trauma can have on someone's ability to recall and recount events. This can help HROs to have a trauma-sensitive approach to human rights monitoring. This part provides basic guidelines for HROs on how to interview trauma survivors, how to analyse information gathered from them, and what interventions may be helpful to support survivors recovering from traumatic human rights violations. Further information on these topics is provided in separate chapters of this *Manual* (see chapters on *Gathering and verifying information* and on *Interviewing*, and Part VIII on *Intervention for corrective action* .

**Traumatic events** include events in which a person experiences or witnesses something very frightening and horrifying.<sup>1</sup> Traumatic events may involve threats to life or physical and emotional integrity, such as sexual violence, torture or forced displacement of oneself or of others. They are accompanied by a sense of powerlessness and loss of control.

**Effective human rights monitoring requires understanding and consideration of the impact that trauma can have on those who survived it.** By their very nature, human rights violations are often traumatizing. In some cases, traumatic events can take the form of physical violence, resulting in injury or death, or threats of physical violence. Other types of traumatic events may include psychological humiliation and degrading treatment that serve to dehumanize and leave the survivor feeling powerless. Traumatic reactions may also arise when people are faced with situations in which they are or feel powerless and fear for their safety, such as forced displacement. Those who see or hear about traumatic events happening to others may also develop traumatic reactions.



### Terminology

The terms "survivor of trauma" and "victim of human rights violations" often refer to the same individual, who has both survived a trauma and is a victim of one or more violations. From a psychological and sociological perspective, the term "survivor" is preferable because it empowers the individual by emphasizing strength and resilience. From a psychosocial angle, the term "victim" conveys a more passive reaction that gives more emphasis to the suffering of the individual. However, "victim of human rights violations" is the legal term designating the individual who has suffered a human rights violation and is entitled to protection from further violations and compensation for the past violation.

HROs should use empowering language. In reports, the term "victim" should be used to legally designate victims of human rights violations. When interacting with survivors of trauma, HROs should avoid labelling their interlocutors and calling them "victims", "witnesses" or "survivors". It is better to refer to them by name so as to establish rapport.

<sup>1</sup> The American Psychiatric Association, in its *Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> ed. (Washington, D.C., 2000), defines traumatic events as "an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others."



## C. The impact of trauma

### 1 Short-term reactions to trauma

In the immediate aftermath of a traumatic event, survivors are likely to experience a range of reactions, including emotional, physical, behavioural and cognitive. Most typically, these reactions improve over time, usually within weeks of the event. The term **resilient** is used to describe survivors who respond in this way to trauma. Resilient survivors take longer to process the traumatic event but eventually return to baseline levels of functioning. Similarly, survivors are considered to be **resistant** to trauma when they experience almost no reaction even in the immediate aftermath of the event. Resistant survivors return to their baseline levels of functioning within a very short period of time. While they recognize the traumatic event as dangerous and frightening, they are able to cope relatively quickly with the stress.

**HROs should be familiar with the concepts of resistance and resilience, and avoid assuming that all survivors will be traumatized, debilitated or extremely emotional in the aftermath of trauma.** The preconception that trauma survivors will necessarily be extremely emotional when discussing their experiences is particularly strong in cases of sexual violence, where survivors are often expected to express high levels of distress and shame. In fact, many survivors of traumatic events regain their emotional control relatively quickly. **Credibility should not be based on assumptions about how trauma survivors should feel or behave.**

Studies of resistant and resilient trauma survivors have identified several factors that can help in coping with traumatic events.<sup>2</sup> These factors can be divided into three categories: **person** variables (e.g., age or pre-trauma psychiatric history); **event** variables; and **post-event** variables. The following box summarizes these factors.

It is important to keep in mind that these factors are based on studies of large groups of people and do not necessarily apply to concrete individual situations. For instance, it is not the case that people with high levels of education do not experience problems following traumatic events or that people with low levels of education do.

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<sup>2</sup> E. J. Ozer et al., "Predictors of posttraumatic stress disorder and symptoms in adults: a meta-analysis", *Psychological Bulletin*, vol. 129, No. 1 (January 2003), pp. 52–73.



## Factors that can help in coping with a traumatic event

### Person characteristics

- Older age (but not elderly)
- No previous trauma
- No previous psychiatric problems
- No family history of psychiatric problems
- Higher socioeconomic status
- Higher level of education

### Event characteristics (limited levels of these can help in coping with a traumatic event)

- Severity of the threat to life
- Emotional numbing or freezing
- Experiencing extremely intense emotions (e.g., panicking)
- Proximity to the threat
- Being injured

### Post-event response

- Strong social and emotional support
- Community support
- No stigma attached to the trauma
- Good access to financial resources
- Social structures and infrastructure remain intact following the trauma
- Few other stressors (e.g., financially secure, intact relationships, intact community, no concerns about housing or food security)
- Low to moderate exposure to media coverage of the traumatic event

## 2 Long-term reactions to trauma

While many survivors show resistance and resilience in the face of traumatic events, others may develop long-term problems. As outlined above, many factors influence to what extent a person will **recover naturally** (i.e., without professional help) from a traumatic event, including personal factors such as pre-existing problems or previous exposure to trauma, factors related to the trauma itself, such as the severity of the event, and post-event factors related to the degree of available support.

Problems in coping with a traumatic event can take many forms. Post-traumatic stress disorder (PTSD) is often the most frequent health consequence; however, other forms of distress also occur. Survivors may develop other anxiety disorders, including panic attacks, phobias and general anxiety. Problematic use of alcohol and drugs is also related to the experience of trauma, and often accompanies other disorders, too. According to some studies, major depression occurs as frequently as PTSD in trauma survivors, particularly survivors of torture.

The nature of PTSD symptoms may also complicate the work of HROs in gathering reliable information. As can be seen from the list below, problems with memory are often a feature of post-traumatic reactions.<sup>3</sup>

<sup>3</sup> Memory of traumatic events is discussed in more detail later in this chapter.



Survivors who develop PTSD may be guarded and suspicious. As a result of their experiences, they may have difficulty trusting. **Survivors who have been traumatized by State actors may be very reluctant to trust anyone in a position of authority. They may be very suspicious about how the information will be used or shared.**



## Symptoms of post-traumatic stress disorder<sup>a</sup>

### Re-experiencing symptoms

The traumatic event is persistently re-experienced in at least one of the following ways:

- Recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of the trauma are expressed.<sup>b</sup>
- Recurrent distressing dreams of the event. Note: in children, there may be frightening dreams without recognizable content.
- Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations and dissociative flashbacks, including those that occur upon awakening or when intoxicated). Note: in children, trauma-specific re-enactment may occur.
- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- Physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

### Avoidance symptoms

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least **three** of the following:

- Efforts to avoid thoughts, feelings or conversations associated with the trauma.
- Efforts to avoid activities, places or people that stir recollections of the trauma.
- Inability to recall an important aspect of the trauma.
- Markedly diminished interest or participation in significant activities.
- Feeling of detachment or estrangement from others.
- Restricted range of emotion (e.g., unable to have loving feelings).
- Sense of a curtailed future (e.g., does not expect to have a career, marriage, children or a normal lifespan).

### Hyperarousal symptoms

Persistent symptoms of increasing arousal (not present before the trauma), indicated by at least **two** of the following:

- Difficulty falling or staying asleep.
- Irritability or outbursts of anger.
- Difficulty concentrating.
- Hypervigilance.
- Exaggerated startle response.

<sup>a</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*.

<sup>b</sup> For guidance on interviewing children, see chapter on *Interviewing*. See also chapter on *Monitoring and protecting the human rights of children*.





When investigating potential human rights violations, HROs must look beyond initial impressions and **consider this range of possible reactions**, not only PTSD, but also depression, anxiety and substance abuse. These reactions may make it harder to identify potential sources and gather information. Very anxious or depressed survivors may not come forward to be interviewed. **HROs should always respect the choices of survivors and not pressure them to talk.** HROs should also consider how the passage of time between the alleged traumatic event and the interview could affect the presentation and ability of the survivor to recount their story. HROs should keep in mind that reactions to past traumas can arise even after a period of normal functioning. When that happens, it does not necessarily indicate exaggerated or implausible reactions.



### Trauma across the lifespan

The risk of post-traumatic reactions varies across the lifespan. Children and youth are at heightened risk. Their dependence on adults, their limited capacity or inability to make sense of events and their limited development of coping strategies make them more vulnerable to the effects of trauma. Young children also tend to express post-traumatic reactions differently than adults. Often lacking words for their experience, they may act out their distress through repetitive play, disruptive behaviour or withdrawal.

Older adults are the most likely to recover fully from traumatic events without professional help. They are able to draw on past experiences of coping with adversity. Elderly adults may face an increased risk of adverse post-traumatic reactions, especially if they have disabilities.

## D. Trauma and memory

### 1 Normal memory functioning

Typically, in gathering information about possible human rights violations, HROs ask alleged survivors and witnesses to recount their experiences and observations, i.e., things that they have seen, heard or experienced.

This approach is based on the assumption that individuals accurately record their experiences and observations into memories, which are retained untouched in the brain until they are recalled without bias. In reality, people's minds work differently, particularly where memory of traumatic events is concerned.

Rather than being a facsimile of an event, memory is a reconstruction filtered through past experiences and biases. Even when recalling ordinary (i.e., not traumatic) events, people are prone to making mistakes, leaving out details, changing details or adding new information on subsequent interviews.<sup>4</sup> The potential fallibility of autobiographical memory of ordinary and, even more so, extraordinary events is to be taken into account when gathering and assessing information, even more so when the information gathered does not refer to recent facts or events.

<sup>4</sup> J. Cohen, "Questions of credibility: Omissions, discrepancies, and errors of recall in the testimony of asylum seekers", *International Journal of Refugee Law*, vol. 13, No. 3 (July 2001), pp. 293–309.



To ensure that the information gathered is credible, HROs seek consistency in reports, consistency within the individual (e.g., through repeated questions), consistency across individuals (multiple witnesses) and consistency across sources (e.g., other reports).

## **2** Memory of traumatic events

Ordinary events often merge in the mind so that no distinct memory exists of going to work or other routine activities. A common assumption is that the extreme nature of traumatic events makes them more memorable than ordinary events.

In some cases, this assumption holds true. Some survivors are able to recall their experiences vividly, with great detail and in chronological order.

Others, however, may have memory problems. Problems with traumatic memory can range from an inability to recall parts of the event, inconsistent recall of certain aspects, difficulties finding words for the experience or difficulty presenting a coherent narrative. Traumatic memories are often described as:

- Fragmented
- Disorganized
- Lacking narrative
- Incoherent
- Incomplete
- Out of sequence
- Generic

Traumatic events are usually chaotic and emotionally overwhelming. There is also a tendency for survivors to pay attention to information most linked to their survival, such as weapons. They may or may not attend to peripheral information, such as clothing of perpetrators. In some extreme cases, survivors may freeze or shut down during the event so that they have minimal or distorted awareness of what is going on around them. In these cases, they may be unable to recall important aspects of what has happened to them.

This often results in memories that are fragmented and lack coherence. Survivors may be able to recall sensory information, such as smells, tastes or sounds, but not be able to make sense of the information or to integrate it into a coherent narrative.

Survivors may, in fact, prefer to forget. By pushing away thoughts and memories of the event, survivors experience relief from those painful emotions. With time, this attitude can make survivors less and less able to recall the traumatic event.

In essence, the traumatic event itself, through its extreme and terrifying nature, can make recall problematic.

In cases of sexual violence, for instance, gaps in memory are common. Memory of sexual violence tends to be less detailed, less vivid and less visually oriented.



## Trauma and culture

Culture determines how people experience and relate trauma. For instance, in some cultures it is not customary for a person to share feelings with someone outside the family. In others mental health is a taboo subject. HROs should be respectful of the way in which trauma reactions may be expressed or understood in different cultures. Before interviewing survivors, it would be helpful to speak to members of the community to get a sense of the cultural understanding of trauma reactions. Issues around dress, language, gender, age, touching, beliefs and religion should be taken into account when interacting with survivors of trauma (see also chapter on *Interviewing* ).

## E. Working with trauma survivors

HROs collecting information from victims and witnesses of human rights violations need to consider the possibility of trauma and be aware of the range of reactions that they may encounter, from highly resilient survivors, who are in control of their emotions and able to recount their experiences without great difficulty, to highly emotional survivors, who may avoid talking about aspects of their traumatic experience or have difficulty accurately recalling what happened to them. Rather than relying on personal assumptions about how people should respond to traumatic events, **HROs should adopt a trauma-sensitive approach that considers the impact of trauma and respects individual differences.**

The following are suggestions for how HROs could approach trauma survivors in a manner that is respectful of their experiences and takes into account the current understanding of trauma reactions and memory of trauma.

### 1 Gathering information and interviewing

All interactions of HROs in the context of monitoring should comply with the principles of “respect” and “do no harm”. These two principles are paramount when interviewing survivors of trauma. Assessing the risk of causing harm should precede interaction with survivors: Would HROs cause further harm by meeting survivors of trauma? Do HROs really need to interview survivors of trauma or can information be obtained from other sources? HROs should keep in mind that the well-being of the survivor outweighs their need to gather data.




## Interacting with family members of disappeared persons

An HRO with monitoring experience in Asia relayed the challenges he faced when interacting with family members of disappeared persons.

“People are traumatized by the event but also by not knowing what happened to their loved ones. I felt that it was my responsibility to tell family members that they had to contemplate the possibility that the disappeared would not come back. This was difficult. Some were regular visitors to the field presence. Visiting the field presence had become a sort of ritual that was keeping the “file” open and their hope alive. I felt I had to be honest with them. Most of them deep inside knew that there was no hope of return but they were still holding on to that hope. Coming to the field presence and having the impression that they were doing something to find their disappeared family members nurtured that hope. I tried to direct their energies and efforts towards accountability processes.”

This example shows how difficult it can be for HROs to interact with victims of human rights violations, like family members of disappeared persons, and how the human rights advice provided by HROs has an impact on how family members process and recover (or not) from trauma. Family members suffer from not knowing what happened to their loved ones and not being able to grieve and bury their remains if they have been killed. The issue of when closure is possible for relatives varies widely depending on personal and contextual factors. In many cases their process tends to be prolonged and may continue even after getting access to certain remedies. HROs should understand and respect that in many cases what permits families to move on with their lives and to keep claiming their rights is the hope that one day they will know what has happened. HROs can help by advising in a realistic, empathic and respectful manner about investigation and accountability mechanisms as well as available remedies, and by putting family members in contact with advocacy and support groups that may help in submitting claims and give psychosocial support.

Interviews with survivors of trauma must be conducted in a respectful and empathic manner, particularly when asking for details of the traumatic event (see also chapter on *Interviewing* as well as the checklists on interviewing survivors of trauma and self-care while interviewing further below in this chapter ). HROs should not assume that they understand what the traumatic event has meant to the person, or how he or she thinks or feels about it. Rather, they should take their cues from the survivor and respond accordingly. If a survivor adopts a matter-of-fact tone in describing the experiences, the HRO should adopt a similar objective and compassionate style without being patronizing. If the survivor is more emotional in discussing the experiences, the HRO should adopt a slower and more encouraging approach, allowing more time between responses and questions. In either case, HROs should express gratitude to the survivor for trusting them enough to speak to them.

Avoiding thinking or talking about traumatic experiences is a common symptom of PTSD and HROs may encounter individuals who are reluctant to discuss what happened to them. HROs should be respectful of the wishes of survivors to stop an interview or to decline to answer particular questions. HROs should use judgement in pressing for an answer and understand that the stigma attached to many types of traumatic events may also inhibit responses from survivors. It may take longer to build trust with traumatized people; HROs may find it necessary to make several visits and to spend time discussing other, non-threatening topics in order to build rapport.



Similarly, some survivors may decline to speak to HROs altogether, because of hopelessness, shame or fear. While HROs can work to build trust with potential witnesses, this should be done in a calm and respectful manner that does not pressure or coerce survivors into speaking. Survivors may choose to speak out of a desire to prevent something similar from happening to others, but this reasoning should not be imposed on them; they have no obligation to prevent future human rights violations.

With trauma survivors, as with all witnesses and sources, the approach should be sensitive. Questions should be respectful and avoid any suggestion of blame. Survivors should not be asked to justify their behaviour during a traumatic event or explain why they reacted as they did.

HROs should enter the interview with a good sense of the level of detail that is needed and know when to stop asking questions. It is easy to slip into asking for more and more detail without considering whether the information is needed. Where trauma is concerned, this approach can result in survivors reliving aspects of the traumatic event unnecessarily. This is particularly true for details about traumatic events. For instance, if a survivor reports having been trafficked for sexual exploitation, details about the sexual exploitation may not be needed for the purposes of monitoring and following up the information. Similarly, in cases of torture, HROs have to prioritize the well-being of the survivor and not go into the details if relaying them is re-traumatizing the person. It is important to consider for each question what the potential impact is on the person being interviewed and whether the information is really necessary. HROs may need to ask details about traumatic events for the purposes of accurate monitoring; however, they should remember why they are asking and what it might mean to the survivor.

HROs should keep in mind the purpose of the interview and not ask questions that go beyond that purpose. If, however, the survivor wishes to speak about their experience in detail, it is respectful to listen. HROs may find that interviews with traumatized survivors take longer than interviews with other persons. In some cases, this is because the survivor has difficulty recalling events and takes longer to answer questions; in others, the survivor may wish to discuss the experience in detail. HROs will have to strike a balance between showing respect to the survivor and accepting the pressures of the investigation to conduct multiple interviews over a short period of time. Survivors should not be left feeling that they were used by the HRO to gather information without respect for their experience or story.

Keeping in mind that trauma survivors may have difficulty with recall, HROs should be prepared for survivors to tell their story out of sequence. Memory recall will be improved if there are fewer interruptions, so HROs should listen as much as possible and ask as few a questions as possible. Starting with open-ended questions and allowing silences in the interview, HROs should give the survivor space to speak and time to recall.

HROs should consider how likely it is that survivors can remember very specific details about what has happened to them. Questions about themes, e.g., “Did they hit you?”, are more likely to generate accurate answers than detailed questions about peripheral, e.g., “What room were you in?”, or even central details, e.g., “How many times did he hit you?”.



## Survivors of torture<sup>a</sup>

Torture is designed to break the victim, dehumanizing him or her, and destroying his or her personality and identity. Consequently, its effect is widespread, going beyond the individual to the family, community and wider society.

Studies of torture survivors demonstrate the devastating effect it can have on many aspects of life, including identity, relationships, sexuality, spirituality, physical and mental health. The experience of torture, more than other traumatic experiences, can radically change a survivor's personality. Psychological torture (e.g., mock executions, being forced to simulate sexual acts, being kept naked) can be as damaging as physical torture.

As with all forms of trauma, however, the individual responses of survivors vary. The personal sense the survivor makes of the torture as well as the way the community views the survivor and what he or she experienced will affect how he or she responds. For instance, a strong commitment to a cause can mitigate some of the negative effects of torture among members of political, social or human rights organizations targeted for torture, particularly if they are aware in advance of the risks and methods of torture inflicted on their members. On the other hand, survivors who do not receive social support or are stigmatized as a result of their experiences are likely to be much more negatively affected.

<sup>a</sup> For more information on investigating allegations of torture, see *Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, Professional Training Series No. 8/Rev.1 (United Nations publication, Sales No. E.04.XIV.3).



## Uganda

Very high rates of PTSD (54 per cent) and depression (67 per cent) were found in a population of internally displaced persons in northern Uganda. The high rates underscore how much variation there is among people exposed to trauma. Many of the people studied had experienced multiple traumas. Few received support in the aftermath of the trauma, because of the breakdown in social systems and infrastructure. Another factor linked to the high rate of PTSD and depression was the distance of displacement.

This study and others like it suggest that human rights violations that lead to displacement are particularly likely to cause problems in coping. When coupled with vulnerable populations likely to have experienced multiple traumas, this type of violation creates high-risk conditions for PTSD and depression.

Source: B. Roberts et al., "Factors associated with post-traumatic stress disorder and depression among internally displaced persons in Northern Uganda", *Biomed Centre Psychiatry*, vol. 8, No. 38 (May 2008).



## Checklist for interviewing trauma survivors

HROs can use this checklist to prepare interviews with survivors of trauma and rapidly review some of the key steps that can be taken to conduct interviews in a respectful manner.

### Before the interview

- Consider whether the person you plan to interview is likely to have experienced trauma in relation to the alleged violation you are monitoring (e.g., a threat to life, physical or psychological integrity).
- If trauma in relation to the alleged violation is likely, assess whether it is necessary to interview the direct survivors. Using the “do no harm” principle, identify other sources that are less likely to be traumatized.
- If it is necessary to interview people who are likely to have experienced trauma, evaluate the possible dynamics between yourself and the interviewees. Is there anything about you or other team members that may remind them of the alleged perpetrators (e.g., gender, age, position of authority, ethnic group)? Minimize any re-traumatization as much as possible by carefully selecting which team member will conduct which interviews.
- Make the interview space as private and pleasant as possible. Look at the space from the perspective of a person who has been traumatized and remove or alter any characteristics that may be reminiscent of the alleged violation. Keep tissues at hand. Consider having refreshments available.
- If possible, set up the interview space so that there is room for the interviewees to sit and compose themselves after the interview.
- Identify potential partners or institutions that you may refer the interviewees to if they need psychosocial support, medical attention or legal aid. Gather contact details and keep them handy.

### At the start of the interview

- Provide an overview of the interview and give an estimate of how long it will take. Let the person know that you will be asking questions about potentially traumatizing events.
- Make sure you have full consent before proceeding. Before getting consent, make sure the interviewees understand:
  - Your role and the role of the interpreter (if any)
  - The purpose and the nature of the interview
  - How the information obtained during the interview will be used and where it will be stored
  - How their safety will be protected
  - That their participation is entirely voluntary
  - That they can stop the interview at any time
  - That they can decline to answer any question
  - That there are no consequences for them if they decline to be interviewed or answer a question or terminate the interview part-way through
  - That they are in control of the interview and can request a break at any time.
- Acknowledge that talking about traumatic events can be difficult but do not assume that it will be difficult for that particular interviewee (e.g., “Sometimes, people find it difficult to talk about unpleasant things that have happened to them. How do you feel talking to me today?”). Find out if there is anything you can do to make the person more comfortable.
- Acknowledge that it can be difficult to remember traumatic events in perfect detail. Encourage interviewees to be honest about what they can and cannot remember.



### Throughout the interview

- ❑ Do not pressure trauma survivors to talk about their experiences. Avoid statements like “If you tell us about it, we are in a better position to prevent it from happening again.” Remember that it is not the responsibility of the survivor to prevent human rights violations.
- ❑ Pay attention to the emotional state of the interviewee and take breaks as necessary.
- ❑ If an interviewee is becoming emotionally overwhelmed, help him or her to regain control:
  - Talk about something else until he or she feels ready to go on.
  - Encourage him or her to take several slow, deep breaths. Do this yourself to demonstrate.
  - Remind him or her that this is a safe place and there is no danger. (Only say this if it is true. If the interviewee or loved ones are still at risk, do not use this technique.)
- ❑ Adopt a non-judgemental stance. Do not pass judgement on or question the survivor’s behaviour or reactions to the traumatic event. The survivor may have acted in ways that you feel made the situation worse, but it is not the purpose of the interview to point that out. Make sure that your voice, face and body language convey respect.
- ❑ If the survivor describes trauma reactions, normalize those by informing him or her that it is normal to be affected by trauma.

### At the end of the interview

- ❑ Give ample notice before ending the interview so the survivor has time to add anything he or she wishes and can prepare emotionally.
- ❑ Acknowledge again that it can be difficult to talk about traumatic events because of stigma and shame. Ask if there are things they have not talked about because of shame. Do not pressure them to name these things now but give them space to do so if they wish.
- ❑ Allow time for questions. Due to the emotional nature of the interview, it may be necessary to review how the information will be used and what the next steps are.
- ❑ Check the emotional state of the interviewee and alert him or her to possible reactions to the interview (e.g., “Sometimes people find talking about traumatic events can bring back memories and feelings from that time. You may find yourself thinking more about what happened to you since we talked about it.”)
- ❑ Ask about social support the survivor has to help him or her cope with any reactions he or she is having or other type of support that may be needed (e.g., legal aid or health care). If appropriate, offer information about local resources that provide support to trauma survivors.

### After the interview

- ❑ Give the interviewee space to sit and compose him or herself outside the interview room, if possible.
- ❑ Consider the impact that the interview had on you personally. How did you feel hearing about the events described? How are you coping with the monitoring mission as a whole?

When drafting the interview report, it is important to clearly record observations on gaps, inconsistencies and other aspects that may have made the reconstruction of the incident fragmented or incoherent. HROs should clearly indicate whether the information needs to be further corroborated or complemented to consider the incident verified. This is even more important when the HRO who conducts interviews is not the one undertaking the overall analysis and reporting on the incident or situation.

- ❑ Follow up the case by activating referral pathways and liaising with organizations that can provide assistance to the survivor.
- ❑ Take care of yourself.





## Checklist for self-care while interviewing trauma survivors

HROs can use this checklist to help themselves cope with the stress and negative consequences of working and interacting with survivors of trauma. The second part of this chapter provides more detailed guidance on self-care.

### Before the interview

- Prepare yourself psychologically for the interview by considering what you are likely to hear. What kind of human rights violations are you likely to discuss? Knowing this in advance can lessen the shock.
- Reflect on your personal experiences with trauma and violence. If you have your own personal trauma history, how might you be affected by hearing about another person's trauma? If you deem yourself unable to handle the stress that the interview may cause, consider asking a colleague to conduct the interview or ask your supervisor to assign the task to somebody else. Seek treatment from a mental health professional if you continue to be negatively affected by your personal trauma history, e.g., problems with your mood, relationships, behaviour or health.
- Right before the interview begins, take a few moments to ground yourself so that you feel calm and focused before starting. This does not have to take long—a few minutes will often be enough to help regulate your emotional state. You could try:
  - Breathing exercises
  - Progressive muscle relaxation
  - Meditation
  - Prayer
  - Having a soothing drink or a light snack
  - Reading something relaxing.

### Throughout the interview

- Adopt a non-judgemental stance towards yourself and your colleagues. Recognize that talking about traumatic events can be difficult even when you have conducted many such interviews in the past.
- Avoid asking for graphic details unless it is absolutely necessary.
- Pay attention to your emotional state and take breaks as necessary.
- If you feel emotionally overwhelmed by what you are hearing, you can:
  - Take a break to compose yourself
  - Do a breathing exercise
  - Sit back in your chair (if sitting), put your feet firmly on the ground with your legs uncrossed, and pay attention to the feel of the ground and the chair supporting you
  - Redirect the interview to focus on something less emotional until you are ready to go on.

### After the interview

- Allow time to compose yourself before your next interview. Take a break and consider speaking to a colleague or peer if you feel upset. Use techniques to help you feel calm and focused before moving on to your next task.
- Consider the impact that the interview had on you personally. How did you feel hearing about the events described? How are you coping with the monitoring mission as a whole?




- Take a few minutes to write down your thoughts and feelings, especially after a more emotionally charged interview. Writing about difficult experiences can help you to process the emotions. Repeat this at the end of the day as well.

#### **Throughout the day**

- Make sure that you take adequate breaks (e.g., a lunch break and two refreshment breaks). Even, or perhaps especially, in a fast-paced operation, it is important to make time to rest and recharge periodically. Over time, you will be more productive if you attend to yourself in this way.
- During your breaks, get away from your work. If it is not possible to leave the work environment and you keep talking about work, eating at your desk or doing work while you take a break, get away mentally. Move to another space or talk about or focus on something non-work-related during your break.
- Consider whether regular debriefing sessions would be helpful for you and your colleagues. During a debriefing session, you can discuss how you feel about your work and how it is affecting you. You can raise any concerns you have and seek support and ideas from others as to how they cope with emotionally difficult situations.

## **2 Analysis of information**

In analysing information that has been gathered, particularly where assessment of credibility is concerned, HROs should avoid assessing someone's credibility on the basis of how much emotion that individual displays when speaking about a traumatic event or how closely the person adheres to a preconceived notion of how traumatized people should behave.

Discrepancies in traumatic memories are even more common. HROs should be careful not to rule out such information as lacking in credibility solely on the basis of an incoherent or fragmented account of one witness. In interview reports on these cases, HROs should clearly indicate inconsistencies that need further corroboration to consider an incident as verified (see chapter on *Gathering and verifying information* .

## **3 Corrective action: referral and support**

In advocating redress for human rights violations, HROs should consider the needs of survivors for different types of care and support.

When needed, HROs should, to the extent possible, facilitate access to support structures and organizations. HROs should have a list of referral mechanisms that can provide assistance of different kinds to survivors of trauma and their families and communities (psychological support, legal aid, shelter, physical protection, etc.). HROs can share this information at the end of the interview or in subsequent contact. HROs can also make direct contact with support organizations, if the survivor so wishes.



While providing emotional support is not a responsibility of HROs, they may nonetheless at times find themselves faced with emotionally distraught or numb survivors. Being able to manage expressions of emotions, especially sadness, grief, anger and shame, is an important skill for the HRO.<sup>5</sup>

Treatment for trauma survivors is beyond the scope of this chapter; however, HROs should consider consulting local mental health and trauma experts about possible mechanisms to help survivors heal.



### Gaza

The United Nations Fact-Finding Mission on the Gaza Conflict established by the Human Rights Council in 2009 and supported by OHCHR organized public hearings in Gaza and Geneva in June and July 2009. Public hearings were held to hear the voices of survivors and witnesses on some of the events investigated by the Mission, including bombings, killings and serious injuries, and detention. During the public hearings, a psychologist was on standby for possible assistance to survivors of trauma.

This is an approach that can be followed in similar circumstances when resources are available.



### Somalia

A qualitative study of Somali refugees examined whether trauma reactions are uniquely Western concepts. Adult Somali refugees resettled in the United States were asked about their understanding of mental illness. They identified three types of mental health problems in their community: *murug* (a spectrum of sadness ranging from everyday stress to physical illness), *waali* (irrational, unpredictable behaviour such as undressing in public or being violent) and *gini* (a form of mental sickness caused by spirit possession). They expressed the view that these problems were not common in Somalia prior to the war. *Murug* and *waali* were, in particular, attributed to the trauma of war and the refugee experience. They felt that the shock and devastation of the war and related trauma of losing family members, either through death or separation, caused these problems.

This study underscores the need for culturally sensitive approaches to understanding and responding to post-traumatic reaction. Although the Somali refugees in this study spoke of trauma reactions in themselves and their community, their way of understanding and responding to these reactions was unique. They were much less likely to believe that talking about their problems would be helpful. They were also less inclined to seek medical help and more likely to seek the assistance of a spiritual leader or healer.

Source: J.K. Carroll, "Murug, waali, and gini: expressions of distress in refugees from Somalia", *Primary Care Companion Journal of Clinical Psychiatry*, vol. 6, No. 3 (2004), pp. 119–125. See also the box on trauma and culture above.

<sup>5</sup> See World Health Organization, War Trauma Foundation and World Vision International, *Psychological First Aid: Guide for Field Workers* (Geneva, 2011) for ideas of what to say and how to respond to people who have been traumatized.



## SELF-CARE OF HUMAN RIGHTS OFFICERS

### F. Key concepts



- When doing monitoring work, HROs are often exposed to emotionally charged situations and may face serious security risks, while simultaneously dealing with heavy workloads and other demands.
- While stress is not inherently harmful, chronic stress can lead to a variety of problems, including burnout and other physical health and mental health issues, disrupted productivity, and problems in relationships.
- Interviewing and working with victims of human rights violations can also put HROs at risk of developing vicarious trauma.
- HROs should develop awareness of their reactions to stress as well as their personal vulnerabilities and strengths.
- Reading about stress management is only the first step in building resilience to stress. Successful stress management requires a commitment to the regular practice of stress reduction skills, even during periods of relative calm.
- Managers must fulfil their responsibilities by creating and maintaining a healthy work environment and by helping their staff manage stress.



## G. Introduction

The second part of this chapter explains the importance of HROs gaining awareness of the types of stress they face in their work and implementing strategies to reduce it and minimize the risk of suffering from stress-related illnesses, which may also result from the adverse emotional and security circumstances in which human rights monitoring sometimes takes place. This section provides an overview of stress-related illnesses, including vicarious trauma, and offers strategies for preventing and minimizing their impact.

Effective self-care requires ongoing awareness and practice. HROs should develop awareness of their reactions to stress and the impact it has on them. Through a process of continual awareness of their level of stress, they will be able to identify and implement appropriate stress management techniques. By observing the effectiveness of such techniques, HROs will be better equipped to select those that are the most effective for them in specific situations.

Effective self-care also requires a willingness to accept one's limits and to recognize when professional help may be beneficial. HROs should seek to understand the long-term impact of stress on their health and be willing to accept professional help to cope with stress when necessary.

The goal of stress management is to reduce stress to a tolerable level and to recover from stressful periods as quickly as possible. HROs should set realistic and achievable goals for themselves when developing a stress management plan. It is not feasible, nor necessarily desirable, to eliminate stress altogether, as stress is important to activate physical and behavioural responses that can help overcome difficult situations. Setting unrealistic goals, such as eliminating all stress, can hamper efforts to persevere with stress management. The more HROs are able to adopt realistic expectations for stress management, the more motivated they will be to continue using stress management techniques.

Efforts and actions to manage stress are incumbent not only on HROs. Managers, too, have a fundamental role in building and preserving a healthy work environment. Encouraging staff to have and comply with a stress management plan is, for instance, a step that managers can take to help their staff handle stress.



## H. Stress-related illnesses

Like any other work situation, human rights monitoring can expose HROs to different levels of stress. In addition to some of the common factors that lead to stress in the workplace (e.g., heavy workloads, irregular and long hours, negative interpersonal relationships at work, lack of recognition of accomplishments), the nature of human rights monitoring and the difficult circumstances in which it often takes place may take a heavy toll on HROs.

Working in unstable and often insecure environments, HROs may have fears for their personal safety and can be the target of violence. Their work regularly brings them into contact with human suffering and misery. Visits to places of detention, shelters for survivors of human trafficking and villages destroyed by armed violence are deeply marking experiences that can potentially traumatize HROs if not handled properly. Some HROs have also experienced life-threatening situations. Some were stopped at checkpoints and had guns pointed at them; others were caught in crossfire or had to go to work wearing helmets and bulletproof vests while explosions went off around their compound. In many cases, HROs may be working and living far from home and from their social support networks, and have to navigate through these challenges without the close support of their families and friends. The stress and possible trauma caused by these situations are acknowledged and somewhat remedied through the periods of mandatory rest that staff serving in duty stations with recognized levels of hardship must take. This is one among several measures that HROs can take to prevent and cope with damaging levels of stress.

### 1 What is vicarious trauma?

Vicarious trauma refers to the negative reactions that can occur when hearing about someone else's traumatic experiences. HROs are at risk of vicarious trauma when they interview victims of human rights violations and hear stories of their suffering.<sup>6</sup>

Exposure to a traumatized person's emotions, memories and images can create reactions in HROs that resemble post-traumatic stress disorder (PTSD), including intrusive thoughts or images about things they have heard, hyperarousal and emotional reactivity. There may be other reactions affecting functioning in a broad range of areas. The table below lists the common signs of vicarious trauma. These reactions can come on gradually with repeated exposure to other people's trauma or suddenly after hearing one particular story or experience.

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<sup>6</sup> A study of human rights workers in Kosovo demonstrated that a small proportion of staff were experiencing psychological distress and this was related to the length of time they had served with the organization and whether they had been victimized in the course of their work (T.H. Holtz et al., "Mental health status of human rights workers, Kosovo June 2000", *Journal of Traumatic Stress*, vol. 15, No. 5 (October 2002), pp. 389–395).



## Signs of vicarious trauma

### Emotional

Anxiety  
 Fear and vulnerability  
 Depression  
 Despair  
 Hopelessness  
 Increased sensitivity to violence  
 Numbness  
 Grief

### Mental

Nightmares  
 Intrusive thoughts and images  
 Changed view of the world as dangerous and threatening  
 Diminished sense of personal safety  
 Loss of empathy  
 Intellectualizing of trauma survivors' experiences  
 Denial or minimization of survivors' trauma  
 Overidentification with survivor  
 Extreme anger towards perpetrators  
 Detachment from or questioning of spiritual beliefs  
 Difficulty concentrating  
 Preoccupation with trauma

### Behavioural

Withdrawal  
 Problematic use of alcohol or drugs  
 Overeating  
 Sexual difficulties, (e.g., avoidance of sex or discomfort with sex and/or intimacy)  
 Hypervigilance (e.g., suspicious, guarded or paranoid behaviour)

### Physical

Disturbed sleep  
 Easily startled  
 Rapid heart beat  
 Shallow breathing  
 Nausea



Vicarious trauma can lead to emotional detachment. Some HROs may create an emotional distance from their work to protect themselves from overwhelming emotions. HROs may begin to disbelieve what they are told by survivors of trauma, either denying outright anything occurred or minimizing the severity and impact.

Vicarious trauma can also result in an overidentification with survivors. HROs may take on responsibility for people they are interviewing, offering financial or other assistance that goes beyond their role. They may come to believe that they are in a unique position to help. HROs may take on the survivor's feelings: helplessness, rage or guilt, for example. For HROs with a personal history of trauma, their work may stir memories.



### Some experiences of HROs

**Dina** worked in Darfur (Sudan), where she used to conduct interviews with victims and witnesses of human rights violations. She remembers vividly the case of a woman who reported having been abducted and tortured by Government forces for being suspected of collaborating with the rebels. During the interview, the woman was deeply distressed and totally overwhelmed by what happened to her. "Throughout the interview, I empathized with her very much", Dina said, "but my feeling of powerless was extremely strong. I felt I could not do anything useful for her although we then managed to refer her to an international NGO for medical support. Thereafter, each time I mentioned or heard her name I could not help crying. It took time for this to stop. The weight and impact of those emotions come much later. I became sick after I left Darfur. It took me a while to feel I was over what I had experienced there."

**Fred** has worked in human rights monitoring for many years. He considers he has managed to put a healthy distance between his work and private life. "We normally empathize with survivors of traumatic events but we also have a sort of 'protection shield' to prevent us being dragged into the suffering of the people we meet", he said. However, since becoming a parent he realized it was much more difficult for him to "wear this shield" when he had to deal with cases involving children. He felt a need to talk about all this with his wife and that helped.

**Paula** remembered two cases that had a strong emotional impact on her. One was that of an 11-year-old girl who together with her family suffered severe forms of sexual violence and was the only survivor of a fire set to her house. The other involved a gay man who was arbitrarily detained and heavily harassed and beaten up by inmates, family members and prison guards because of his sexual orientation. Paula regularly visited him in detention and managed to have him released on a few occasions. However, both the girl and the man ended up committing suicide. "The guilt stays with you", commented Paula. "Seeing colleagues who have been in missions for years turn very cynical, not empathic and only interested in the collection of information made it even more difficult to cope with the situation", she added. "I did not realize I was not well. I was trapped in a vicious circle. I did not manage to switch off. I was answering the phone at all times, day and night." She said she started having anxiety attacks and was diagnosed with burnout by her doctor, who put her on sick leave for several weeks.





## 2 Acute stress, chronic stress and burnout

Given the broad range of stressors in modern work environments, it is normal to experience periods of stress. **Acute stress** is limited in duration, usually brought on by a single or limited number of stressors (e.g., a deadline). It is not inherently harmful.

How people react during periods of acute stress is highly individual. What one person finds stressful may not be stressful for another. In general, however, people have more difficulty coping with stressors that are unpredictable and uncontrollable, although this too depends on the nature of the stressor.

People vary also in their resistance to stress and their ability to recover quickly from periods of stress. How well individuals are able to cope with a specific stressor at a particular point in time is related to their overall health and well-being. Lifestyle habits can help in coping with stress. Some of those are:

- Regular exercise
- Healthy diet
- Adequate sleep
- Strong social support
- Absence of illness
- No or controlled use of alcohol.

**Chronic stress** refers to the build-up of cumulative stressors without an adequate period of rest and recuperation. The stressors themselves may be relatively low-intensity. However, if the individuals do not have time to re-energize, even low-level stressors can become problematic.

Whereas brief periods of stress do little or no damage, chronic stress can have a significant impact on health and well-being.

Chronic stress can cause or exacerbate a multitude of medical and mental health conditions, ranging from high blood pressure to gastrointestinal illnesses to anxiety and depression.

In addition, the more a person is exposed to repeated instances of chronic stress, the more he or she will become sensitive to stressors, including low-intensity stressors. This sensitivity can trigger a vicious circle whereby chronic stress increases as the person becomes increasingly sensitive and less capable of managing stress.

When chronic stress continues and is tied to the job function, burnout can occur. **Burnout** is characterized by emotional exhaustion, depersonalization of the recipients of care and reduced personal accomplishment. While burnout is a form of work stress, when left untreated, it can affect all areas of a person's life. Burnout is more common in human service professions involving emotionally charged interactions, such as those HROs may encounter in the course of their fieldwork. There is some suggestion that burnout can be contagious in a work setting. In addition, working with burned-out colleagues can be demoralizing and difficult.



Sometimes, human rights work can leave individuals feeling drained and overwhelmed. Over time, HROs may withdraw emotionally from the work, creating an emotional distance that protects them from the intense feelings generated by caring for or serving others. Depersonalization may manifest itself as jaded or cynical attitudes towards victims of human rights violations or more broadly towards the people of the country where the HRO is based. HROs who are burned out may, for instance, find themselves very sceptical of any reports of human rights violations, suggesting that survivors of trauma and witnesses have exaggerated or falsified their claims. HROs who are burned out may also blame survivors for what they have gone through, suggesting that whatever trauma they experienced was their fault or finding fault in their behaviour before, during or after a traumatic event.

While emotionally charged work is more strongly associated with burnout, it is not simply the emotional interactions that contribute to its development. Organizational factors, such as workload, support from management (or lack of), the perceived relevance of one's work (or lack of) and the availability of appropriate resources to carry out the work, contribute greatly to burnout in the workplace.<sup>7</sup>

While people are usually aware of feeling stressed, burnout is often insidious. Often, people are unaware that they have reached a level of burnout that is affecting their work until it is pointed out to them.

Burnout is not inevitable, even in highly demanding, emotionally charged jobs. Professionals who find meaning in their work and believe that their work makes a difference are less likely to experience burnout. Similarly a sense of personal accomplishment protects people against burnout. This sense of personal accomplishment is greatly enhanced by adopting realistic expectations of what can be achieved, taking into account the workload, resources and other relevant factors.

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<sup>7</sup> Some researchers have suggested these factors play a larger role in burnout than do the emotional and interpersonal factors (A.B. Bakker and E. Houven, "Emotional dissonance, burnout, and in-role performance among nurses and police officers", *International Journal of Stress Management*, vol. 13, No. 4 (November 2006), pp. 423–440).



## Common signs of burnout

### Emotional

Hopelessness

Depression

Anxiety

Boredom

Irritability

### Mental

Doubts about ability to perform

Disillusionment

Negative outlook

Loss of job satisfaction

Feeling underappreciated

Apathy

Lack of interest in work

Poor decision-making and concentration

Forgetfulness

Cynical attitude

Lack of awareness of the change in attitudes and performance

### Behavioural

Absenteeism (frequent absences from work)

Presenteeism (physically present at work but low motivation and output)

Withdrawal from team

Increase in interpersonal conflicts

Increased use of substances

Disregarding security rules and regulations

Risk-taking

Poor work performance and output

### Physical

Exhaustion

Chronic pain

Headaches

Gastrointestinal problems

Disrupted sleep



## I. Stress management

Stress management is an individual learned behaviour as well as an aspect to be integrated in team management. Through commitment and consistent practice, anyone can improve his or her stress management skills. By proactively favouring stress management practices, managers have a major role to play in creating and maintaining a healthy work environment for their staff.



### Making self-care a priority

One barrier to adopting good self-care measures is the belief that taking time for oneself is selfish. This attitude may come from within or may reflect an organizational culture. Similarly, believing that being affected by one's work is a sign of weakness can also interfere with plans to engage in regular self-care.

**HROs should consider how the organizational culture and their own attitudes affect their willingness to whole-heartedly engage in self-care.** Committing to regular self-care and supporting the efforts of colleagues to care for themselves will go a long way in ensuring longevity in their chosen work.

### 1 Make and maintain a commitment to building resilience to stress

Effective stress management begins with a commitment to regularly practising stress management techniques.

Regular practice creates familiarity and habit. When stress management strategies are habitual, it is much easier to rely on them during periods of stress.

It can be challenging to maintain a commitment to building resilience to stress over time. This commitment can be strengthened by:

- Telling others about one's commitment;
- Writing down the commitment and posting it where it can be seen every day;
- Finding a partner to work with;
- Using a reward system to reinforce continued commitment (e.g., treating oneself at regular intervals); and
- Putting a recurring reminder to practise in an agenda or calendar.

### 2 Develop awareness

The next step in building resilience to stress and burnout is to develop awareness of how one responds to stress, which situations trigger the most stress and the inner strengths one already has to respond to stress.

HROs should begin by building a picture of what they look like under stress. How do they experience stress? What emotional, mental, behavioural and physical signs do they present during stress? What are the early warning signs that they are moving towards chronic stress or towards burnout?



The table above listing the common signs of burnout is a starting point. HROs can reflect on past periods of stress and identify how they felt, thought and behaved during those periods. There are also many self-tests available online to assess stress and burnout (see annex I below).

Reflecting on past periods of stress can also help to identify personal triggers of stress. Each HRO will have his or her own stress triggers. Understanding personal triggers increases the predictability of stressful periods. In anticipating stressful periods, HROs are in a better position to plan. For instance, an HRO may expect that a certain day is going to be very stressful because of the likely presence of a particular stressor. If possible, he or she could then schedule less stressful activities for the day before and the day after. He or she can also take this information into account when planning what to do at the end of the workday.

In addition to understanding vulnerabilities to stress, HROs should recognize their strengths. This would include an inventory of stressors that they handle well, as well as stress management strategies that they have used effectively in the past. This inventory is a starting point for selecting stress management techniques to practise and to learn. By focusing on strengths, HROs will build their confidence to successfully manage periods of high stress.

### 3 Set realistic goals

Adopting a healthy lifestyle and outlook can greatly improve one's ability to tolerate stress and to recover from stressful periods. It is important to remember, however, that **no stress management strategy is so effective as to eliminate stress altogether**. Stress is a part of life. The ability to experience stress is adaptive and healthy. An appropriate goal for stress management is to minimize the debilitating effects of stress and increase the ability to quickly recover from periods of stress.

Being realistic about stress management helps to maintain the motivation to practise. Similarly, setting realistic goals about how often and how much to practise specific stress management techniques makes it easier to adhere to a stress management plan.

The strengths inventory completed in the step above is a good starting point for choosing which strategies to build. It is easier to begin with existing strengths, looking at how to use these strengths more consistently. Next, HROs should choose a few other stress management skills, making sure to pick some skills from each of the categories below. HROs should aim to practise or work on their stress management skills regularly so that they are proficient when a stressful period arises.

As with making a commitment to stress management, it can help to write down or share goals for practice.

### 4 Practise stress management skills

The final step is the process of learning, practising and incorporating stress management skills into daily life.

In identifying specific stress management skills, HROs should consider their strengths, their lifestyle, the time they have to practise, what has worked in the past, what is feasible in their present circumstances and what appeals to them. Devoting time to a few strategies can be more effective than trying to



master them all. On the other hand, relying only on one or two strategies may not be sufficient during periods of high stress.

There are numerous skills and activities that can help to reduce stress. One helpful way of thinking about stress management skills is to consider activities that: (a) bolster tolerance to stressors; (b) induce relaxation; or (c) provide an outlet for energy.

**Skills that bolster tolerance** to stressors help by reducing the likelihood that stress reaches levels affecting one's health. They also help to recover more quickly from stress. Examples are listed below.

HROs may wish to add ideas of their own to this list. Any activity that promotes good health, strong interpersonal ties, healthy self-esteem or a sense of meaning in one's work and life could be added here.

**Skills that induce relaxation** help the body recover and recuperate and therefore minimize the likelihood of chronic stress and burnout. By allowing the body to cycle between stress and rest, a natural rhythm is restored. Ideally, periods of relaxation should be interspersed throughout the day. These do not have to be long; breathing deeply for a few minutes two or three times a day will give the body and mind brief periods of rest.

HROs may wish to add their own ideas to the examples listed below. Look for activities that are slow and gentle. They send a message of calm and relaxation to the brain.

**Skills that provide an outlet for energy** help to deal with the excess energy that is generated by stress. Activities that help to use up that energy in a positive way can reduce feelings of stress.

During stress, there is also a tendency to focus exclusively on the source of stress, making it hard to pay attention to other things and to slow the mind down. Stress management can take the form of engaging activities that take the mind away from the source of stress.

The list below provides some examples of stress management skills that will help to get rid of excess energy. HROs can add their own ideas, keeping in mind that the idea is to exert the body sufficiently to relax or to give the mind something else to focus on.



## Stress management skills

### Bolster tolerance

- Get adequate sleep
- Follow a healthy diet
- Limit use of alcohol and caffeine
- Avoid cigarettes and other drugs
- Engage in spiritual or religious activities
- Pray
- Practise good time management
- Be part of a community (religious, social, interest group, political group)
- Have a strong social network
- Reflect on the positives in your life. Keep a gratitude journal by writing down something you are grateful for every day
- Connect to personal values, particularly those values related to work
- Take note of your own accomplishments
- Be aware of your personal limits and respect them
- Have realistic expectations of yourself, others and work
- Anticipate sources of stress and plan accordingly
- Write down one success every day, no matter how small
- Write a note reminding yourself of why you wanted to do this kind of work in the first place. Post it somewhere you will see it

### Induce relaxation

- Limit work hours
- Get a massage
- Take time away from work
- Be in nature somewhere peaceful
- Go for a walk
- Listen to music
- Look at or create art
- Meditate
- Do breathing exercises (e.g., diaphragmatic or belly breathing)
- Practise yoga, t'ai chi or other slow meditative exercise
- Watch a funny film or read funny stories or books
- Write down in a journal what you are feeling
- Do guided imagery exercises
- Take a hot bath

### Outlet for energy

- Vigorous exercise
- Engaging hobbies that require focus and attention
- Read an engaging novel or watch a gripping film (but not work-related)



## Responding to chronic stress and burnout

The stress management plan discussed in this chapter is suitable for use at any time. However, once an HRO is suffering from severe chronic stress or burnout, it is more difficult to implement such a plan without first taking time off for recuperation. Once burnout has set in, it is difficult to identify strengths and commit to practising stress management. Motivation will likely be very low and without taking an objective test, HROs may not even be aware they are burned out.

A lengthy period of rest (e.g., at least one month) may be necessary to allow the HRO to recover from burnout. While time away from work may be ideal, even a change in activities can help. Restructuring work or changing responsibilities can provide relief from the aspects of the job that are causing the burnout. In addition, professional help from a psychologist or counsellor may assist with the recovery and with building tolerance to stress so as to prevent burnout in the future.

### 5 Addressing vicarious trauma

Addressing vicarious trauma is challenging and requires a multipronged approach. It is not the responsibility of the HROs alone. While self-care strategies can reduce the risk of vicarious trauma, institutional or organizational changes are also needed in many cases. This is where managers can make a real difference.

**Limiting exposure to traumatic situations** is likely the best form of prevention and treatment for vicarious trauma. While the nature of the work requires that HROs focus almost exclusively on human suffering, there are ways in which the risks to their own health and well-being can be minimized.

Firstly, HROs can **limit their exposure to traumatic situations and material outside of the work setting**. For instance, when feeling exposed to or affected by trauma, HROs should avoid films or books depicting violence and human rights violations. They may want to focus instead on uplifting stories to help counter the messages of despair and depravity they are exposed to at work. Similarly, while on leave or between contracts, HROs should pursue activities that will remind them of the good in the world.

In the work setting, the **role of the team** and the support it can provide are important. Team members should be proactive in helping each other under the guidance of their manager. HROs and supervisors can explore if there is a way they can distribute exposure to human suffering among HROs. HROs should identify what kinds of traumas are the most difficult for them to hear and compare this with their colleagues. The team members may be able to work together to protect each other as much as possible from their vicarious trauma triggers. The team may also work together to see how best to distribute activities throughout the week. If possible, periods of intense information gathering could be interspersed with other, less intense activities.

Many times, however, it may not be possible to limit exposure to traumatic situations. HROs should then work to provide support to each other and to themselves. The stress management strategies described above are all important ways in which HROs can take care of themselves. In addition, **regular debriefings** can help to both relieve stress and identify HROs who are showing signs of vicarious trauma.





**Debriefing** within a team of colleagues should focus on the impact of the work on HROs personally, including their reactions to the representations of violence and suffering they have been exposed to. Whether the debriefings are done formally, as part of regular team meetings, or informally between trusted colleagues, the following are useful questions to discuss:

- How are you being affected by this work?
- How well are you doing in separating work from the rest of your life?
- Have you been bothered by any of the interviews or materials that you encountered this week?
- What was it like to hear about that? (in response to specific cases)
- Are you showing any signs of vicarious trauma (or other forms of stress)?
- What kind of self-care are you practising? Is it helping?
- Can you remember why you wanted to do this work in the first place? List the reasons. Do they still apply?

**Managers** are responsible for supporting their staff in managing stress and in creating and maintaining a healthy work environment. In the first place, they have to be aware that their own behaviour has a major impact on the staff they supervise, in a positive and in a negative sense. Lack of recognition of achievements, excessive workloads, micromanagement, excessive bureaucratization of the work, abuse of power and arbitrary decisions, especially those affecting working conditions, are just some of the many stressors stemming from the behaviour, real or perceived, of managers. As a first fundamental step, managers should develop awareness and remain alert to the impact of their behaviour on staff, and use emotional intelligence in managing teams and relations. This essentially refers to the development and strengthening of the competences and skills of effective managers.<sup>8</sup> In addition, managers can:

- Consider options for limiting the exposure of the same HROs to traumatic situations (e.g., establish rotation of certain tasks among HROs; assign “desk” or “office” functions to HROs when they return from heavy and difficult monitoring missions);
- Keep a close “clinical” eye on the well-being of the team and do not assume that some HROs can take on more because they are “solid” and “strong”;
- Make sure staff use their leave and mandatory breaks, and encourage them to take rest especially after stressful times;
- Institutionalize debriefing as a regular practice (e.g., after each monitoring mission, as a standing agenda item in regular meetings);
- Encourage staff to talk to their peers about the difficult aspects of the job, including those related to working with survivors of trauma and its impact on HROs;
- Consider appointing focal points among staff who can be available for talking and debriefing, even if they are not professionals, so that staff know there is someone to turn to; acknowledge and value staff who offer this kind of peer support;
- Make information on what resources and mechanisms are available to support self-care of staff accessible to all, including when such resources are not physically available in the field presence (e.g., counsellors on call); make sure this information is known and encourage staff to resort to available resources;
- When needed, advocate making professional support available to staff, even on a temporary basis;

<sup>8</sup> See, for instance, United Nations Office of Human Resources Management, “Profile of an effective manager for managerial excellence in the United Nations”.



- Address stress management with staff individually and encourage staff to practise stress management techniques (e.g., this can be part of performance management discussions or take place in more informal day-to-day discussions);
- Act as role models by: being open about their own challenges in relation to trauma and self-care and in coping with the environment; practising stress management techniques and sharing thoughts about those; maintaining a healthy work-life balance; etc.



## Nepal

In 2007 several HROs accompanied by interpreters and drivers conducted an investigation into the brutal killing of 27 individuals within a few hours. The OHCHR teams, some deployed through a rapid response surge mission and others of the OHCHR field presence, launched their investigation the day of the killings. They visited the locations where the killings had occurred, watched the dead bodies and interviewed persons injured during the incident, eye witnesses and medical personnel. The investigation was tough for OHCHR staff. Given the large number of staff involved in the investigation and the tragic nature of the issues to which they were exposed, OHCHR-Nepal requested that a psychologist be dispatched to the country. A counsellor arrived in Nepal about 3 weeks after the incident had occurred and offered her services to staff for about 10 days.

Another way in which vicarious trauma can be minimized is to set and **observe boundaries**. HROs may find themselves becoming overwhelmed with the needs of the people they see. They may feel responsible and be tempted to go beyond the mandate of the Organization. Over time, this can deplete their energy and limit their effectiveness in their work. Maintaining appropriate boundaries will help to keep HROs focused on their work and what they are able to achieve.

HROs may want to consider **speaking to a professional** about their feelings. HROs who have experienced a traumatic event themselves should consider how that history will affect their work. Having a personal trauma history certainly does not preclude someone from being an effective HRO; it does, however, suggest a need for more active self-care. HROs with a personal trauma history may find that hearing about similar kinds of traumas stirs their feelings and memories of their own experiences. It takes a good level of awareness to ensure that this does not interfere with professional objectivity. Any HROs who find that they are unable to remain objective or are suffering distress because of their exposure to the trauma of others should consider seeking professional help.

Finally, HROs should consider planning their career in a way that alternates assignments and duty stations with a high level of exposure to traumatic situations with functions that require minimal contact with traumatic material.



### When to seek professional help

At times, HROs may find it helpful to speak to a mental health professional, who can provide non-judgemental support and help them develop resilience to stress. This can be beneficial if HROs are feeling overwhelmed and having difficulty coping, showing signs of trauma or vicarious trauma, feeling isolated and alone, or having other problems with mood, behaviour, work or relationships.

There is no definitive rule for when to see a professional, the exception being when one is engaging in harmful behaviour. HROs should see a professional if they are engaging in behaviour that is harmful to themselves or someone else, such as self-harming, abusing drugs or alcohol, having suicidal thoughts or attempting suicide, engaging in destructive or dangerous sexual behaviour.

The training and regulation of mental health professionals vary greatly from country to country. In many countries, a professional association governs the practice of therapy and counselling, and can help in locating a qualified therapist or counsellor. Such professionals may also be listed online or in telephone books under “psychologists”, “social workers”, “counsellors” or “therapists”. Family doctors may also be able to refer HROs to a mental health professional, including a psychiatrist, if necessary. HROs can also ask family and friends for recommendations.



### Some experiences of HROs

When relaying their experiences as HROs having worked with survivors of trauma, Nora, Patrick, Tanya and Pascal mentioned having taken the following self-care measures:

- Talking to colleagues they were friends with;
- Debriefing regularly as part of standard practice of monitoring teams;
- Separating work from private life (e.g., avoid going out exclusively with colleagues);
- Taking the mandatory breaks regularly and go out of the country;
- Travelling outside the country and doing something totally unrelated to work (e.g., spending time at the beach);
- Visiting family and spending time with them;
- Doing sports; and
- Meditating.

Pascal added that, for recently deployed HROs, it is important to talk with other colleagues who went through these experiences so that they know what to expect and realize they are not alone in experiencing some feelings, emotions and distress. He also recommended making psychological support available on a continuous basis, not just as a one-off.



## Iraq

The United Nations Assistance Mission for Iraq (UNAMI) recognized the impact of the working environment on its staff's stress levels and established the Staff Counselling Unit located in Baghdad, Erbil, Basrah, Amman and Kuwait on a rotational basis. The Unit provides assistance to staff members and their families suffering from stress, both in extreme situations and in more secure work locations. It assists either by mobilizing local professional resources, if available, or by visiting the field site. Strict confidentiality is respected and no further action is taken without the consent of the staff member concerned unless there is a risk to life for that staff member or any other staff.



## Peer helper network

In some United Nations peace operations, peer helper networks are established to provide non-professional assistance to staff and their dependants. Peer helpers are “colleagues helping colleagues”. They are trained to support colleagues and help them deal with stress and security-related concerns, or when they have adversely been affected by a traumatic event in either a personal or professional capacity. The peer helper system is designed to:

- Identify distressed staff as early as possible;
- Motivate the staff member to seek help in handling his or her problem;
- Direct the staff member to the best professional assistance and/or seek the assistance of the regional/headquarters staff/stress counsellors, especially in cases of acute distress;
- Follow up the recommended intervention.

The peer helper network has proven to be beneficial to staff, especially during emergencies when counsellors are not immediately available to provide support.



## Annex I: **STRESS MANAGEMENT PLAN**

### **Make a commitment to manage stress**

Reflect on your reasons for working on stress management. Write down your commitment here.

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### **Build awareness**

How do you know when you are stressed? List the emotional, mental, behavioural and physical signs here.

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What stressors are the hardest for you to cope with?

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What stressors are the easiest for you to cope with?

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What are you already doing that helps you cope with stress?

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### **Set realistic goals**

Write down your goals for stress management. What do you want to achieve? How often will you practise?

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### **Practise stress management techniques**

Write down which stress management techniques you are practising.

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## Annex II: ONLINE RESOURCES

There are many stress management tools available online, including self-tests to assess stress levels, organizations that provide support to humanitarian and human rights workers, and online courses to support the practice of relaxation techniques.

### Self-tests

- The Headington Institute provides self-assessment tools to measure stress levels, burnout and self-care (<http://headington-institute.org/>)
- *Psychology Today* provides self-tests to assess levels of burnout (the “For Service Industries” version is more appropriate for HROs) and stress triggers ([www.psychologytoday.com/tests](http://www.psychologytoday.com/tests))
- Professional Quality of Life provides self-tests to measure compassion satisfaction, compassion fatigue, vicarious trauma and burnout (<http://proqol.org/>)

### Self-care organizations for humanitarian and human rights workers

- The Headington Institute is a United States-based organization that provides psychological and spiritual support to humanitarian relief and development workers worldwide. Its website has online training materials, tips for coping with stress and a directory of counsellors experienced in working with relief workers. (<http://headington-institute.org/>)

### United Nations resources

The Inter-Agency Standing Committee (IASC) has developed guidelines and resources on mental health and psychosocial support in emergencies:

[www.humanitarianinfo.org/iasc/pagelader.aspx?page=content-products-products&productcatid=22](http://www.humanitarianinfo.org/iasc/pagelader.aspx?page=content-products-products&productcatid=22)  
(accessed 26 February 2013)

The World Health Organization (WHO) develops and collects similar resources on its pages on mental health and psychosocial support in emergencies:

[www.who.int/mental\\_health/emergencies/en/](http://www.who.int/mental_health/emergencies/en/)

Some online resources are:

- WHO, War Trauma Foundation and World Vision International, *Psychological First Aid: Guide for Field Workers* (Geneva, 2011), available from [http://whqlibdoc.who.int/publications/2011/9789241548205\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf) (accessed 26 February 2013)
- IASC, *Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know* (2010), available from [www.who.int/mental\\_health/emergencies/what\\_humanitarian\\_health\\_actors\\_should\\_know.pdf](http://www.who.int/mental_health/emergencies/what_humanitarian_health_actors_should_know.pdf) (accessed 26 February 2013)
- IASC, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (Geneva, 2007), available from [www.humanitarianinfo.org/iasc/pagelader.aspx?page=content-products-products&productcatid=22](http://www.humanitarianinfo.org/iasc/pagelader.aspx?page=content-products-products&productcatid=22) (accessed 26 February 2013)

- IASC, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings: Checklist for Field Use* (Geneva, 2008), available from [www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-products-products&productcatid=22](http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-products-products&productcatid=22) (accessed 26 February 2013)
- Pan American Health Organization (PAHO) and WHO, *Management of Dead Bodies in Disaster Situations, Disaster Manuals and Guidelines Series, N° 5* (Washington, D.C., 2004), chap. 4, available from [www.paho.org/English/DD/PED/DeadBodiesBook.pdf](http://www.paho.org/English/DD/PED/DeadBodiesBook.pdf) (accessed 26 February 2013)
- Office of the United Nations High Commissioner for Refugees, *Managing the Stress of Humanitarian Emergencies* (Geneva, 2001), available from [www.unhcr.org/refworld/pdfid/4905f1752.pdf](http://www.unhcr.org/refworld/pdfid/4905f1752.pdf) (access 26 February 2013)

Some field presences have stress counsellors or offer psychological support. HROs should find out what is available at their field presence as well as what can be accessible from a distance.

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# MANUAL ON human rights MONITORING

This chapter forms part of the revised *Manual on Human Rights Monitoring*. Following the success of its first edition, published in 2001, the Office of the United Nations High Commissioner for Human Rights has updated and restructured the *Manual*, to provide the latest and most relevant good practices for the conduct of monitoring work by human rights officers, under the approach developed and implemented by the Office.

The revised *Manual* provides practical guidance for those involved in the specialized work of human rights monitoring, particularly in United Nations field operations. This publication comprehensively addresses all phases of the human rights monitoring cycle, setting out professional standards for the effective performance of the monitoring function. It also outlines strategies to maximize the contribution of monitoring to the protection of human rights.

While each chapter has been made available separately, linkages with other chapters are highlighted throughout. A full reading of the *Manual* is thus recommended for a comprehensive understanding of human rights monitoring.

This tool has been tailored to the everyday needs of United Nations human rights officers in the field. The methodology it sets out would, nonetheless, be of equal relevance to others tasked with human rights monitoring functions. Its wider use and application by regional organizations, national human rights institutions, non-governmental organizations, relevant governmental bodies and others is strongly encouraged.



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