Towards a Transformative, Feminist Approach to Trauma in Africa: Perspectives from Practice

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A note of thanks

This resource guide is an outcome of many hours of convenings with African feminist service providers, advocates and academics, and a drawing together of their ideas and practices. Interviews were conducted with African women who use services and African service providers across the continent using transformative, feminist approaches.

Compiling this resource guide has created a mix of theory and practice. In addition, since the guide was initially developed, there has been an expansion of African feminist initiatives around activist well-being and self-care in particular, including the launch of the African Women Development Fund's Flourish retreat, the creation of the Feminist Republik by Urgent Action Fund-Africa, and the Hub of Decolonial Feminist Psychologies at the University of Cape Town. In addition, Narrative Therapist Ncazelo Ncube's Tree of Life[1] and COURRAGE[2] approaches have taken off in the United Kingdom with many mainstream mental health practitioners learning about her approach to trauma developed alongside African women and closely connected to their cultural resources and heritage. This is incredible to see as the space for rethinking emotional well-being and mental health approaches from African feminist perspectives expands.

We thank the Donner Canadian Foundation (Canada), Pathy Family Foundation (Canada), and Samworth Foundation (UK) for their flexible and generous support in the creation of this resource. We also thank the M.A.C AIDS Fund (USA) and Pathy Family Foundation for their pioneering seed funding of AIR's vision, which created the foundation upon which this guide was developed.

[1] Ncube, N. (2006). The Tree of Life Project: Using narrative ideas in work with vulnerable children in Southern Africa. The International Journal of Narrative Therapy and Community Work, 1(2006), 3-16.

[2] Burgess, R. (2021). Exploring the impact of a complex intervention for women with depression in contexts of adversity: A pilot feasibility study of COURRAGE-plus in South Africa. International Journal of Social Psychiatry.

I.
Locating this guide

The history of AIR

The African Institute for Integrated Responses to Violence Against Women and Girls, HIV and AIDS (AIR) for Africa was born from the imaginations and practical dreams of African practitioners who wanted to explore ways to better support colleagues working in the fields of violence against women and girls and HIV and AIDS. AIR was particularly invested in the emotional well-being and mental health of both activist practitioners/service providers, and the communities and clients that they serve.

The need to focus on emotional well-being and mental health was acute at a time when the African region had experienced the devastations of the HIV and AIDS pandemic, armed conflict and its impact in the lives of everyday people, as well as a time when feminist mobilisations responded to these issues and the broader social, economic and political inequalities underpinning distress and violation in women's and girls' lives.

AIR's work was initiated through a request from Panzi Hospital in Bukavu, Democratic Republic of Congo, which provides services for women survivors of sexual violence, and runs a visionary program to help women transition from victims to survivors to leaders. Panzi's frontline staff were dealing with the challenges of supporting patients who had experienced horrific violations in the ongoing conflict, while also managing their own vulnerability to threats and attacks on the hospital. In response, the Stephen Lewis Foundation, a non-governmental organisation based in Canada that champions health and human rights with community based partners responding to HIV in sub-Saharan Africa, convened a working group of African women's rights activist service providers to develop a response. As the discussions grew, it was clear that activists across Africa were facing similar challenges.

A series of gatherings brought together African psychologists, counsellors, health workers, HIV and AIDS activists, peace and security advocates and activists working on violence against women prevention and response. These practitioners rarely had a chance to convene and share experiences around addressing trauma, emotional health and broader questions of well-being. The dialogues pointed to a need to document existing thinking and practice, build community, provide space for learning, reflection, new thinking and generate practical tools and resources.

True to its origins, AIR places the well-being and security of service and care providers and women's human rights defenders at its heart. With feet planted firmly on the ground, AIR is committed to being both visionary and practical.

Our work is not just about the immediate wound, it's about addressing the context that created these wounds in the first place.

— Jessica Horn, Former Senior Advisor, AIR, Stephen Lewis Foundation

How this guide came about

One of AIR's pillars of practice is documenting the analysis and approaches of African practitioners around emotional well-being and mental health. AIR initiated a thematic programme around Reconceptualising Trauma – hosting two convenings in September 2014 and May 2016 to create a shared critique of mainstream trauma approaches and define a transformative, African feminist approach, producing a series of filmed interviews with practitioners, and launching the first editions of AIR Thoughts exploring trauma from a critical African feminist perspective.

Drawing on this work, and in collaboration with participants in the AIR network and AIR convenings, Clinical Psychologist and Systemic Family Therapist Taiwo Afuape compiled this guide, with meaningful editorial contributions from Stephanie Asare Nti, Maren Bodenstein, Johanna Kristner, Mpumi Zondi, and Jessica Horn. Jessica Horn also led in writing the section defining African feminisms. To all of those who have contributed in some way to this journey as manifest here, we thank you. By writing this resource guide, we hope to support African activist practitioners in their work. Many have come from and live in difficult environments and experience similar histories and vulnerabilities as their clients. This is particularly the case for practitioners working in conflict zones and in contexts of severe poverty.

There are many possible transformative feminist approaches to trauma. This publication does not pretend to be definitive nor exhaustive. Rather it offers some theoretical and practical guidelines to approach the issue of well-being and mental health for African women.

The aim of this AIR guide is to outline:

- Ideas around what a Transformative African Feminist approach might look like and how our work fits into it
- A critical reflection on mainstream thinking about trauma and well-being
- Guidelines for critically reviewing the usefulness of therapeutic approaches to emotional wellbeing and mental health for African women and girls that were developed outside the continent
- Guidelines for developing new therapeutic approaches to the wellbeing and mental health of African women and girls
- Examples of existing transformative feminist practice that address the impact of trauma on African women and girls

This guide is an invitation to critically reflect, investigate and question. It is a sharing amongst activists - and an offer of support and community.

Find out more about AIR

- Watch the AIR film series on (re)conceptualising trauma on YouTube
- Read the report (Re)conceptualising Trauma: An AIR Convening, September 2014
- Read the first and second editions of AIR Thoughts

Meet the organisations and practioner activists

The following organisations and practitioner activists convened through AIR to support each other's work and gather experiences and ideas towards developing this tool.

Organisations

The African Women's Development Fund (AWDF)
AWDF is a grant making foundation based in Accra, Ghana that supports local, national and regional women's organisations working towards the empowerment of African women and the promotion and realisation of their rights. By amplifying and celebrating African women's voices and achievements, AWDF supports efforts that combat harmful stereotypes, and promote African women as active agents of change.

Adilisha Family Preservation
They are based in Mwanza, Tanzania and was founded in 1999. 'Adilisha' is a Swahili word meaning 'promoting justice' and 'teaching ethics'. Adilisha supports traditional and rural communities in challenging abusive practices and oppressive institutions. They work towards creating a safe, supportive and stimulating environment so that women, children and young people can reach their full potential. The focus of their work is on child protection and youth development; family preservation and advocacy; and lobbying for women's and children's rights and empowerment.

Centre for Domestic Violence Prevention (CEDOVIP)
They are a feminist organisation that works to prevent violence against women and girls through community mobilisation, working with government institutions and civil society.

Gender Awareness Trust (GAT)

They are a non-governmental organisation established in 2000 in Nigeria. Their strategic objectives are to foster a gendered analysis of, and approach to democratic development, equality and human rights, sustainable peace, non-violent management and resolution of conflicts. They support access to and awareness of reproductive health and reproductive rights at a community level. The organisation has built a shelter for survivors of violence against women and children and works with female sex workers on HIV prevention and supporting income generating activities, community dialogues, advocacy and crisis management.

Make Every Woman Count (MEWC)

They are a pan-African, women-led organisation which works to strengthen the voice, impact and influence of African women's rights advocates and organisations. It does this by building African women's leadership capacities to influence policy and decision making through mobilisation, networking, information, advocacy and web-based training via their website - www.MakeEveryWomanCount.org. MEWC has ignited a grassroots advocacy movement online, with the aim of increasing awareness of the status of women in Africa, centralising news and resources relevant to women's rights, and engaging African women directly in the dialogue about their rights and opportunities. MEWC produces multiple reports which audit the status and condition of women in each African country.

The Musasa Project

They were established in Zimbabwe in 1988 to address violence against women and girls. It operates from four regional offices in Harare, Bulawayo, Gweru and Chiredzi. It sits on Zimbabwe's Anti-Domestic Violence Council set up under the Domestic Violence Act, which advises government bodies on how to implement laws to protect women effectively. It also works directly with women survivors of sexual violence by providing temporary shelter and counselling, a 24-hour hotline, legal services and emergency cash support.

Panzi Hospital

They were founded in 1999 in Bukavu, eastern Democratic Republic of Congo by 2018 Nobel Peace Prize winner, Dr Denis Mukwege - with assistance from the national Pentecostal Church Organisation. Panzi Hospital's aim is to provide holistic, contextualised and responsive health care by understanding the links between community, social, cultural and political context and well-being. It is located in the Panzi commune about 8km from the centre of Bukavu, the largest city in South Kivu province. Rape was used by all sides of the conflict, as a gendered weapon of war in the bitter conflict that plagued much of the Congo's eastern provinces for more than two decades. To this day, the presence of armed groups and high numbers of people who have been displaced has increased the vulnerability of women and girls to various forms of abuse including sexual violence.

Holistic outreach services attending to community reintegration, legal, socio-economic, education and advocacy needs, address the root causes of violence.

Raising Voices

Raising Voices is a non-profit organisation based in Kampala, Uganda working with over sixty organisations across the Horn, East and Southern Africa and globally as a thought leader toward the prevention of violence against women and children. Raising Voices works towards the prevention of violence against women and children by understanding, challenging and creating alternatives to the power dynamics between men and women. Raising Voices collaborates with communities, schools, organisations and groups that are evolving their violence prevention mandate. It also creates multimedia and communication tools, in order that the benefits of nonviolence become a constant theme in public dialogue.

The Rwanda Women's Network (RWN)

They were founded in 1997 as a humanitarian, non-governmental organisation to promote and improve the welfare of survivors of the 1994 genocide and in particular, the survivors of sexual and gender-based violence. RWN also works with women and girls living with HIV and AIDS. The Rwanda Women's Network has established the Polyclinic of Hope, which provides medical, health-based and holistic psychosocial and socio-economic care to women and girls in the aftermath of the 1994 genocide, as well as the Village of Hope, which provides shelter for 20 women genocide survivors and their families and includes a community centre where 150 residents and 4,000 individuals in the broader community learn vocational skills and participate in other health, educational, and socio-economic activities.

Sophiatown Community Psychological Services (SCPS)

They were founded in Johannesburg, South Africa. The organisation strives to provide culturally and socially appropriate forms of psycho-social support to economically disadvantaged individuals, families and communities in distress; to build and strengthen networks of support; and to continuously work towards social justice. They centralise the importance of caring for carers and work with other agencies to advocate for social change to reduce the emotional suffering of service users caused by unjust social conditions.

The AIDS Support Organisation (TASO)

They are a HIV and AIDS organisation that was founded in 1987. TASO's main aims are to support people live positively with HIV, including understanding the implications of HIV, undertaking positive choices to prevent infection and coping with the challenges associated with it. Living positively applies to HIV negative as well as HIV positive people; to families, communities and wider society, as well as institutions responsible for promoting and ensuring better health and socio-economic outcomes.

Women Fighting AIDS in Kenya (WOFAK)

Women Fighting AIDS in Kenya (WOFAK) supports women, girls and children infected and affected by HIV. The organisation was founded in 1994 by women living with HIV and runs programs across Kenya to advocate for change, and provide psychosocial support, health, economic empowerment and education for women and children living with and affected by HIV and AIDS.

Women's International Peace Centre (WIPC)

Formerly, Isis-Women's International Cross-Cultural Exchange (Isis-WICCE) is a feminist organisation with a mission to ignite women's leadership, amplify their voices and deepen their activism in re-creating peace. With headquarters in Kampala, Uganda, WIPC works with partners in conflict-affected settings and with regional institutions in Africa and Asia to ensure that women not only contribute powerfully to peace building processes and results, but also transform these spaces to be more gender inclusive and gender responsive.

Individuals

Dorothy Onyango

She is the founder of Women Fighting AIDS in Kenya (WOFAK) and a founder member of the International Community of Women Living with HIV (ICW).

Fatimah Kelleher

She is an international social development, women's rights, and equalities activist and consultant. Her work in women's rights cuts across multidisciplinary sectors, but she specialises in economic justice and empowerment, education, and maternal health, working primarily with women from poorer backgrounds in rural and urban locations.

Hope Chigudu

She is a feminist organisational development consultant and coach, and a co-founder of the Zimbabwe Women's Resource Centre and Network. She is a co-author of *Strategies for building an organisation with a soul* and an advocate for rethinking organisations using a feminist lens.

Jean Kemitare

She is the Director of Programmes at Urgent Action Fund Africa and former Programme Manager for the Gender Based Violence Prevention Network at Raising Voices in Uganda.

Jessica Horn
She is a feminist activist, strategist and writer. She is former Director of Programmes at the African Women's Development Fund, and former Senior Advisor on AIR to the Stephen Lewis Foundation.

Johanna Kistner
She is a Clinical/Community Psychologist and the director of the Sophiatown Community Psychological Services in Johannesburg, South Africa.

Juliet Were
She is a peace activist and Programme Manager at the Women's International Peace Centre where she has worked since 2001.

Ladislaus Musiba
He is Chief Executive at Adilisha Family Preservation, Tanzania.

Dr Lydia Umar
She is a feminist activist on gender-based violence, women's health and discrimination issues and the founder of the Gender Awareness Trust in Nigeria.

Mary Balikungeri
She is the director and founder of the Rwanda Women's Network (RWN).

Mpumi Zondi
She is the Clinical Director of Sophiatown Community Psychology Services in Johannesburg, South Africa where she runs the Siyabanakekela program, which includes supervising and emotionally supporting counsellors, community workers, frontline practitioners and social workers.

Dr Nadine Neema Rukunghu
She is a Congolese doctor, radiologist, gynaecologist and the medical coordinator for Panzi Hospital's centre for survivors of sexual violence in Bukavu, Democratic Republic of Congo (DRC).

Netty Musanuh
She is the former Executive Director of the Musasa Project in Zimbabwe, an initiative that works to end violence against women.

Ndeye Sow
She is a Women, Peace and Security expert and the Head of Gender and Peacebuilding at International Alert in London, England.

Nokwanda Khumalo
She is a Clinical Psychologist with a Doctorate from the University of Cape Town (UCT) in South Africa, where she served as a Clinical Psychologist at Student Wellness Services. Her PhD research explores the experiences of psychological trauma among black women at a rural obstetrics and gynaecology hospital in South Africa.

Patience Kyinkuheire
She works for the AIDS Support Organisation (TASO) in Uganda.

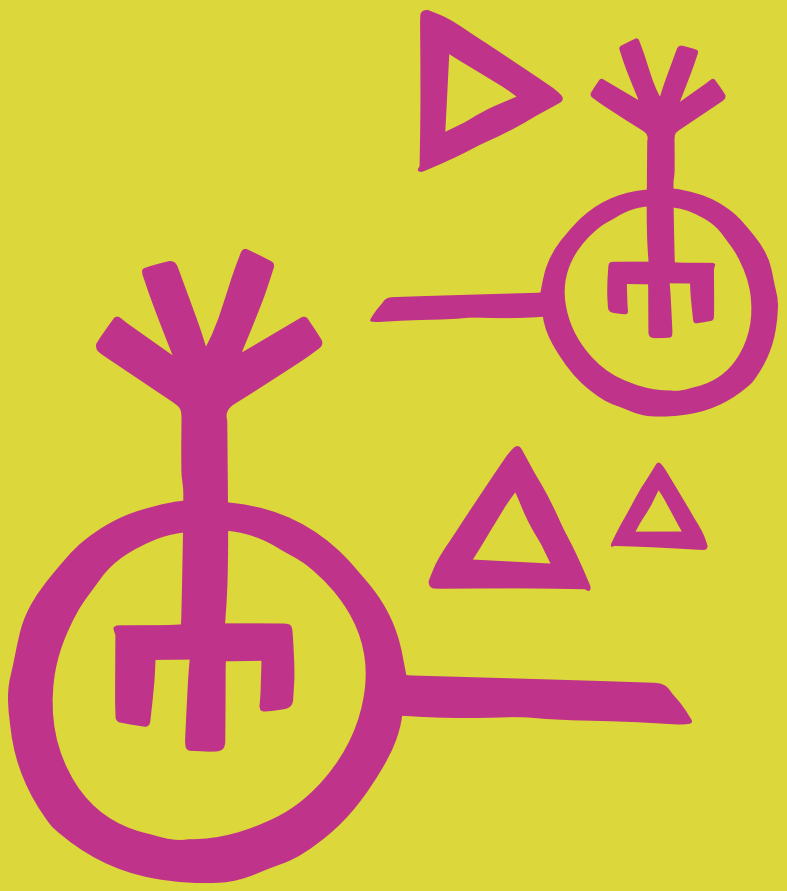
Rainatou Sow
She is a feminist advocate and founder of Make Every Woman Count (MEWC).

Ruth Ojiambo Ochieng
She is a Ugandan feminist peace activist and the former Executive Director of Isis-WICCE (2000-2016).

Sindi Blose
She is a long time AIDS activist, and a member of the Treatment Action Campaign (TAC). She has served as coordinator for the technical task team of the South African National AIDS Council (SANAC) and has organised with the global movement building organisation Just Associates (JASS).

Theo Sowa
She is a feminist consultant, women's and children's rights activist and former CEO of the African Women's Development Fund.

Tina Musaya
She is the Executive Director for the Centre for Domestic Violence Prevention, based in Kampala, Uganda. Tina has several years of experience working with communities, police, civil society and policy makers to prevent gender-based violence. She oversees the violence against women prevention work and coordinates the development of the Uganda Police Force handbook and the training manual. Tina helped draft and successfully campaigned for passage of the Ugandan Domestic Violence Act in 2010 as well as the Kawempe Domestic Violence Bylaw.



II.
Foundations: african feminism and transformation

The following section explains the conceptual foundations on which this guide is built: African feminism and transformative approaches to trauma, emotional well-being and mental health.

African Feminism and transformative approaches

What is African Feminism?

African feminism is a set of political ideas and movements that originate within Africa, dedicated to affirming women and girls' rights and challenging oppression and inequality in order to create full justice in society. Feminism questions men's domination and privilege, also known as patriarchy. Patriarchy is a system of power that causes the oppression of women and non-dominant men. This happens directly through the social, economic, cultural, legal and political structures and institutions in our society. It also happens more subtly through ideas and attitudes expressed in our everyday lives. The aim of feminism is to transform power relations to support equal and fair relationships between people of all genders, create full economic, political and social justice for all, and the valuing and recognition of women and girls' rights.

The Charter of Feminist Principles for African Feminists, a document developed in 2006 and signed by hundreds of feminist activists from all regions of Africa, defines the work of African feminism in this way:

"As African feminists, our understanding of feminism places patriarchal social relations, structures and systems which are embedded in other oppressive and exploitative structures, at the centre of our analysis. Patriarchy is a system of male authority which legitimises the oppression of women through political, social, economic, legal, cultural, religious and military institutions. [...] Our ideological task as feminists is to understand this system and our political task is to end it. Our focus is fighting against patriarchy as a system rather than fighting individual men or women. Therefore, as feminists, we define our work as investing individual and institutional energies in the struggle against all forms of patriarchal oppression and exploitation."

African feminism also acknowledges that patriarchy exists alongside and in relationship with other systems of oppressive power including racism, classism, ableism, homophobia, transphobia and ethnic bias. This acknowledges that women experience patriarchy differently depending

Feminism to me, is a movement and a politics that acknowledges that the world is shaped by patriarchal power and all its intersections and works hard to change it. Feminism is an activist and collective process and not about the liberation of individuals. It is about challenging structural power and not just changing individuals or trying to make individuals feel better in spite of structural power.

— Jessica Horn

on how they are located in prevailing systems of power. For example, black economically marginalised women with disabilities living in a racist, classist and ableist society face multiple forms of discrimination. In order to fully claim their rights as women, it is necessary to challenge not just sexism but all of the other forms of oppression that limit their ability to be free. This description of how different forms of oppression intersect for many women, is called intersectionality. When we acknowledge intersectionality as feminists, we recognise the diversity of ways that women and girls experience sexism and stand in solidarity with all of their struggles.

"Thus to challenge patriarchy effectively also requires challenging other systems of oppression and exploitation, which frequently mutually support each other".

— Charter of Feminist Principles for African Feminists, 2006

African Feminism in our lives

African Feminism is not just a set of theoretical ideas, it also offers a way to help us think about how patriarchal power plays out in all of our relationships, including at work, in our service provision and activism, and in our personal lives, as well as how to challenge and change this. This means understanding how we use our power and how we respond to other people's use of power. It also shows how power works in the organisations and movements we are part of.

What is a Transformative African Feminist approach to trauma, emotional well-being and mental health?

A transformative approach to emotional well-being and mental health is an approach that acknowledges that the root causes of ill health and lack of well-being are political – they are the symptoms of inequality, oppression and discrimination. Seen with an African feminist lens, these root causes include patriarchal power and the ways in which discriminatory social, economic, political and cultural systems sustain ongoing violence against women and girls and discrimination on the basis of other identities that women and girls have, which fundamentally undermine their emotional well-being.

Feminism involves an awareness of patriarchal control, exploitation and oppression at the material and ideological levels of women's labour, fertility and sexuality; in the family, at the place of work and in society in general. Conscious action by women and men to transform the present situation is feminism. It is a struggle to achieve equality, dignity, rights, and freedom for women to control their lives and bodies both within and outside the home.

— Hope Chigudu

Rather than just focusing on ways to address the symptoms of inequality – for example through individual therapeutic support, **transformative approaches also address the structural factors causing or exacerbating the emotional crisis in the first place, and work towards challenging and changing them** so that they cease to perpetuate emotional harm. When grounded in feminism, transformative approaches value women's voices, respect women's rights including rights to privacy and confidentiality, and acknowledge women's agency to make changes in their lives and in their communities.

Lastly, **transformative, African feminist approaches are decolonial** in that they recognise that all African societies have their own varied understandings of the nature of and ways to address mental health and emotional well-being, and that women both individually and in community also develop new ways of understanding and responding to distress experienced collectively. Rather than centring mainstream Western psychological understandings of health, wellness and healing, transformative approaches thus presume the validity of African mental health and well-being and make an effort to understand, document and share these[3].

A focus on change

1. Changing how women and girls see themselves in the world.

Being transformative really puts women at the centre stage and gets them to interrogate their inner power and how they can apply such a power to their own contexts – be it in their homes or in their communities. We make sure that, in our women's space, they are looking at the issues collectively and then, take the message forward and apply the ideas.

— Mary Balikungeri

It is a process that centres the person in the process and believes in their strengths, capacities... And values this person and believes in them. It empowers the person to use the resources in her environment to change her welfare and herself.

— Juliet Were

[3] See Horn, J (2020). Decolonising emotional well-being and mental health in development: African feminist innovations. Gender & Development, 28(1), 85-98.

Feminism stands for taking action to correct the historical injustices and to break the silence around the things that we take as the norm.

— Jean Kemitare

2. Changing how we relate to women and girls individually and in community

Transformative feminisms should be grounded in community. It should make people question and get a critical understanding of their reality and their place in the world, but also give them inspiration and hope that they can actually make the difference. An individual's behaviour is affected by what they feel about themselves, what their friends and neighbours think is right, the community structures, what the broader society systems are. Because this work addresses all those levels, creating a critical mass to defuse all those ideas then leads to transformation and not just short-term change where people go back to business as usual. To be a truly transformative process, it needs to involve the community.

— Jean Kemitare

The transformative feminist approach is to make deliberate efforts for inclusion of women; take affirmative action when recruiting and ensure that women are empowered to compete with men in job opportunities. It ensures that girls go to school through supporting them with school fees. It also makes sure that women living with HIV have enhanced decision-making power at household levels, in their intimate relationships and in matters relating to their health.

— Dorothy Onyango

3. Changing structures of power in society.

Transformative approaches are about changing structural inequality, not just alleviating symptoms but tackling the root causes of distress. Changing things at the root will inevitably transform the situation. [That includes] changing laws and policies that are limiting and mobilising people so that those who don't have a voice can talk about their experience, make a difference and effect change.

— Jessica Horn

I have been extremely lucky to come from parents who were ‘everyday feminists’. So, while the language of feminist theory was not one that either was versed in, their actions, their life choices, and the way my sister and I were raised, were their testimonials. They simply walked the path. For my mother, this meant bucking a conservative cultural tradition at a very early age and living her life absolutely the way she saw fit, risking the kind of ostracism and ridicule that society likes to reserve especially for rebellious girls and women. For my father, his everyday feminism was evident in the way he calmly showed his daughters how to claim spaces that were traditionally reserved for men. A powerful message to a young girl: that no space should be forbidden to her.

— Fatimah Kelleher

Anchors of a transformative feminist approach

1. Structural change

We challenge structures in society and work towards structural change to achieve positive change for women and girls.

2. Continuous reflection

We recognise that it's not only the 'big picture' that needs to change but also our own individual assumptions and internal biases. In so doing, we pay close attention to power imbalances in our work and continually reflect on our own assumptions, privileges and contexts.

3. Collaborative

We are collaborative and strive to work together across forms of practice.

4. Decolonial

We are decolonial and actively engage, document, and share African women's knowledge about emotional well-being and mental health.

5. Intersectional

We are intersectional in our analysis and our solidarities, and interrogate privilege, including the privileges we benefit from.

6. Full humanity

We strive for freedom and work towards attaining dignity, wholeness and full humanity.

7. Radical

We recognise that radical actions are required to challenge oppression and transform society. Courage and creativity are also needed to be able to imagine a better way of life.

Feminist perspectives on violence against women and HIV and AIDS

Drawing on the definitions of African feminism and transformative approaches above, this section explores how we can conceptualise the causes of and effective responses to the emotional and psychological impacts that African women and girls experience as a result of traumatic experiences and HIV and AIDS.

Understanding violence against women

Violence against women and girls is a pervasive injustice in societies across the world, including in Africa, with women and girls experiencing violence at epidemic rates. Although there is often a focus on physical violence, violence against women and girls includes a range of acts including emotional and psychological abuse, rape, sexual violence, dowry or bride price violence, childhood sexual abuse, honour crimes, child marriage, forced marriage, female genital mutilation and other harmful practices, sexual harassment and intimidation at work, school and elsewhere, forced sexual labour and trafficking of girls and women. Violence is perpetrated in a range of locations, and by a range of actors including public officials, police and soldiers, teachers, religious officials, relatives, colleagues, husbands, partners and boyfriends.

Feminist activists across Africa and globally have led the process of shaping understandings and movements to end violence against women and girls. Feminists have helped show that violence against women has its roots in patriarchal power structures, which justify the abuse of women and girls as part of cementing women's subordination and lower status to men. This is reinforced by all other unequal power systems including classism, ableism, racism, homophobia and transphobia.

Feminism challenges society's normalisation of patriarchal violence and aggression. It challenges the argument that gender-based violence is women's fault and draws attention to unequal power relations between men and women as a root cause. It also interrogates why men perpetrate

violence, seeking accountability but also ways to transform social attitudes and behaviours away from abuse and disregard for women's dignity and towards respect and acknowledgment of women and girls' full rights.

Feminist analysis has helped us understand that violence against women and girls has structural roots - it is not just the result of individual men's "bad behaviour" or individual personality traits. It is now widely acknowledged that violence occurs and is perpetuated at all levels of society; from how women and girls feel about themselves, to interpersonal relationships, community norms, and societal structures overall, and how these are exacerbated or improved by cross-cutting factors such as economic equality, autonomy and the presence/absence of progressive laws and policies. The **socio-ecological model** helps explain these key roots and drivers of violence across different levels of human relationships and social structures, and also provides a map for intervention to address these.

The socio-ecological model[4] , derived from Heise[5].

African women have mobilised for decades to break the silence on the many forms of violence that women and girls experience on the basis of their gender and other identities including their HIV status. As a result of this activism, there are now laws and policies that acknowledge violence against women and girls as an injustice, and also active discussion in all domains, from families to intimate relationships, schools, religious institutions, the arts and the media. One example is the Maputo Protocol – an African human rights charter established by the African Union that went into effect in 2005 and outlines the rights of women in Africa[6].

A key success of feminist activism on violence is to advance the principle that violence against women and girls is a serious injustice and violation of rights, and as such requires that society listen to and acknowledge the individual and collective experiences of women and girls and take action to respond to violence in ways that affirm women's agency and dignity.

There is also an increasingly large amount of activism, research and programming around **prevention of violence** - transforming the root causes and key drivers of violence towards ending it. Prevention is important from a transformative perspective as it seeks to tackle and transform the structural roots and affirm the possibility that women and girls can live violence-free lives - itself a source of hope and positive change. There is now promising practice and growing research that demonstrates that prevention is possible, with changes in attitudes and behaviours achievable in communities, within project timeframes.

[4] Michau, L., Horn, J., Bank, A., Dutt, M., & Zimmerman, C. (2014). Prevention of violence against women and girls: Lessons from practice. The Lancet, Special Series, 385 (9978):1672-84. doi: 10.1016/S0140-6736(14)61797-972-1684,

[5] Heise, L. (1998) 'Violence Against Women: An Integrated, Ecological Framework', Violence Against Women, 4(3), pp. 262–290. doi:10.1177/1077801298004003002.

[6] Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. African Union, 2003.

An Ecological Model of GBV (based on Heise et al, 1999)

Societal level	Community level	Relationship level	Individual level
Male privilege that affords men economic and decision making power Social norms that justify violence against women Women's lack of legal right (including access to divorce) Lack of criminal sanctions against perpetrators of GBV (impunity) High levels of crime Armed conflict Normative use of violence to settle all types of disputes	Weak community sanctions against GBV community members holding, drawing on and perpetuating social and cultural ideas, attitudes and beliefs about women and girls that legitimises violence Lack of shelters or other forms of assistance/ sanctuary Poverty Traditional gender roles for women Social norms that restrict women's opportunities Lack of safety in public spaces	Gender-based inequality within intimate relationships Male dominance in the family Economic stress Early age at marriage Large number of Children and lack of support Friction over women's empowerment Concept of 'family honor' prominent in the family, taking priority over the well being of female family members	A history of violence in the perpetrator's or victim's family of origin (including intimate partner violence and child abuse) Male substance misuse Young age (both women and men) Uncritically drawing on attitudes and ideas about women and girls that legitimises violence

Violence against women in war and armed conflict

War and armed conflicts have a profound effect on women and girls, in destabilising societies - from the economy to education, public infrastructure, work and cultural life, to direct abuse and violence against women's bodies. Intimate partner violence (IPV) and abuses in the private sphere continue as public violence escalates, often exacerbating and further normalising violence against women during and after conflict. Conflicts devastate infrastructure and also increase poverty and social injustice - all with a direct impact on women and girls.

War and armed conflict also have deep emotional and psychological impacts on women and girls. In addition to the intense violence and violations, women and girls may experience hopelessness, loss and uprooting from home, land and community. Many families can no longer carry on with their everyday activities as community and family life are disrupted, and rituals and celebrations that give meaning and a sense of community can no longer take place or are interrupted. Women often end up carrying the economic and emotional burden of supporting and protecting their family - with consequences for their mental health and well-being.

In situations of armed conflict or 'post conflict', women and girls have experienced human rights violations such as sexual violence, incest, rape, gang rape, watching loved ones being gang raped, killed, and other forms of torture. The psychosocial challenges are high, but the systemic structures are broken and post-conflict programming tends to focus more on infrastructure (developing schools and building roads), things you can see and touch, rather than healing emotional, social and interpersonal wounds and repairing the bodies of women and other survivors.

— Juliet Were

The problem is not only sexual violations, the trauma is poverty, unemployment, traumatised families and communities, insecurity. When you deal with one issue it doesn't mean you are stabilising them because they have other traumatic issues, which trigger their traumatic experience.

— Juvenal Balegamire

Read more about prevention:

Preventing violence against women: A Primer for African Women's Organisations (AWDF/Raising Voices, 2019).

As discussed above, conflict further entrenches cultures of violence against women. While programming and policy tends to focus on violence against women and girls perpetrated by soldiers and rebels, existing forms of violence such as intimate partner violence and the sexual abuse of children continues - and must be addressed.

I sometimes feel that the emphasis on conflict minimises the violence that women experience on a daily basis. There are very few resources to address rape in non-conflict times. Rape is rape, it does not matter whether it happens in war or not.

— Netty Musanuh

When the post-election violence happened [in Kenya], the sexual violence that took place was not only [by] soldiers or police. It was our brothers and fathers and neighbours. Who are these rapists? Have you talked to your son about rape? In Kenya, rape is happening every day. Children are being defiled by brothers, fathers, family friends and those who are close to children.

— Mary Akoth Elias

It is important to consider that although the overall impact of war is negative, the rupture that it creates contains potential for gendered transformation. Research reveals that war can fundamentally change the role of women in their communities in ways that challenge patriarchal gender norms. This can include women taking on increased responsibility as breadwinners and decision-makers in households, and performing new public roles including as activists, community leaders and peacemakers[7]. All of this has the potential to transform women's roles within the home, the community and economy for the better, if the opportunity is recognised and there is active investment to support this positive transformation, and address vulnerabilities that may emerge from it.

Women and HIV and AIDS

Transformative approaches are based on an analysis of how patriarchal power affects women and girls lives - how oppressive power limits choices, creates vulnerability, and perpetuates discrimination and violence, and how women and girls can articulate power in affirming ways to claim their rights. This has a direct impact on women's experience of the HIV and AIDS pandemic. African women remain disproportionately affected by HIV and AIDS. In terms of infection rates, women and girls account for 59% of all new HIV infections in 2019, with younger women (ages 15-24) being twice as likely to be living with HIV as young men of the same age[8]. Vulnerability to HIV infection is also significantly higher for women sex workers and transgender women.

[7] Smyth, F. Hersi, A. Baldoumus, A. Tonelli, A. Khezi-Nwoha, H. Bhagwan-Rolls, S. Evans, A. Banerjee, P. and Kaya, Z. (2020). Transforming Power to Put Women at The Heart of Peacebuilding: A Collection of Regional-Focused Essays On Feminist Peace And Security. Oxfam International.

[8] UNAIDS, 2020. Fact sheet-World AIDS Day 2020.

These statistics are the result of a combination of factors including lack of access to quality, non-stigmatising health and social services, sexual violence as a persistent threat in women's lives, high rates of transactional sex among younger women and the lack of social power that women have to determine if, when and how to be sexual active. For young women in particular, transactional sex with older men exposes them to greater risk of HIV, particularly as it tends to involve higher risk sex and low condom use[9] . **Rather than being about individual 'sexual behaviour' and 'poor choices', HIV impacts those who experience the most inequality, social exclusion, and economic marginalisation[10].**

The broader context of gendered inequality with high rates of poverty and weak state services for African women to access are enabling factors for this age and gender-based spread of HIV. Gender-based stigma around HIV and AIDS remains, with women often blamed for bringing HIV into relationships and discriminatory attitudes around HIV positive women's rights to bear children and be sexually active.

Stigma, ostracism and isolation are often part of women's experience when they are diagnosed as being HIV positive. Views about 'appropriate' sexual behaviour and blame disproportionately stigmatise women and those who do not fit a heteronormative and heterosexual norm. Given that stigma, as well as the psychological and corresponding health effects is worse for women and girls, Aulette-Root, Boonzaier and Aulette refer to a 'Gendered HIV status'[11].

Violence against women with HIV is perpetuated by a range of actors, from the family to community members and community leaders, and also by service providers. A clear example of the latter is forcible sterilisation. There have been multiple reports that HIV-positive women are being sterilised without their informed consent, and sometimes without their knowledge [12]. In South Africa, for example, medical workers have reportedly misinformed women that they are likely to transmit HIV to their foetus if they continue a pregnancy. In some cases, women are denied access to medical services unless they consent to sterilisation. Doctors in South Africa have also been reported to have refused to prescribe AIDS medicines to women or to provide abortions unless they first agree to be sterilised. In Namibia and South Africa, women report being pushed to sign consent forms without explanation while they were already in labour[13, 14].

The HIV and AIDS pandemic has opened up important questions about the gendered nature of care work, as women of different generations emerged as primary carers in supporting family and community response and care for sick relatives. This includes older women, including grandmothers, who take on care of children in their extended families, adding to the economic pressure and time stress that they face. Stigma, social exclusion, economic stress, the burden of care work and challenges to physical health all have an impact on women's emotional and mental health and well-being.

[9] Avert, 2020. Women and Girls, HIV and AIDS

[10] Aulette-Root, A., Boonzaier, F. & Aulette, J. (2014). South African women living with HIV: global lessons from local voices. Bloomington: Indiana University Press.

[11] Ibid, 43.

[12] Essack, Z. & Strode, A. (2012): "I feel like half a woman all the time": The impacts of coerced and forced sterilisations on HIV-positive women in South Africa. Agenda: Empowering women for gender equity, 26 (2), 24-34.

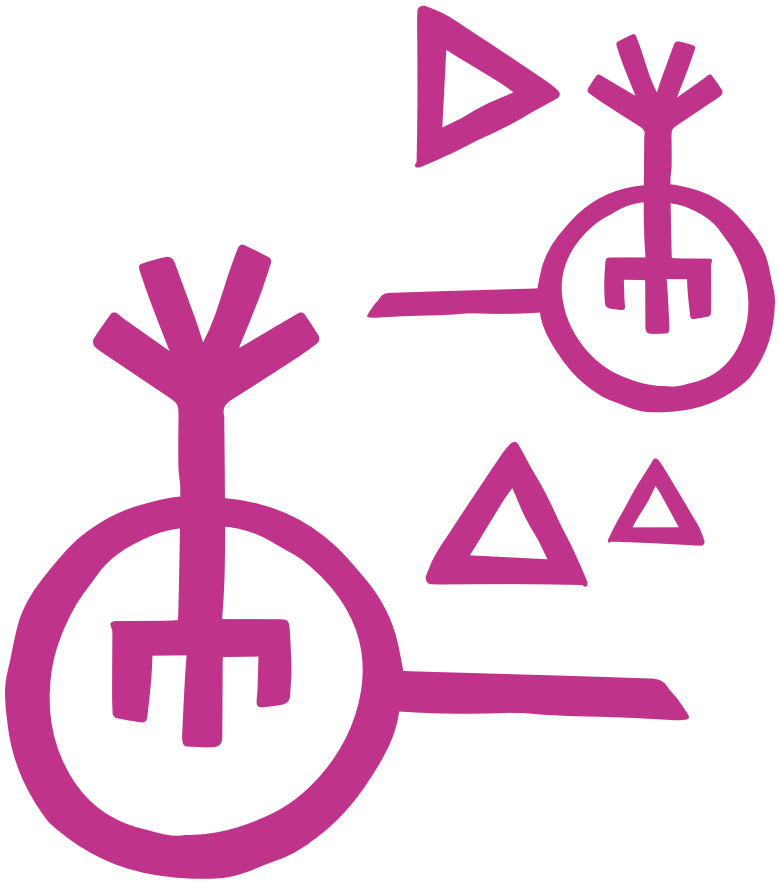
[13] de Bruyn, M. (2007). Women, Reproductive Rights, and HIV and AIDS: Issues on Which Research and Interventions are Still Needed. Journal of Health, Population and Nutrition, 24(4), 413–25.

[14] Gatsi, J., Kehler, J. & Crone, T. (2010). Make It Everybody's Business: Lessons Learned from Addressing the Coerced Sterilization of Women Living with HIV in Namibia. A best practice model. Namibia: Namibia Women's Health Network.

I co-founded an organisation with Promise Mthembu in 2008 in the Out Conference, Her Rights Initiative..... because we were slightly frustrated with how the narrative of stories of women living with HIV were communicated ... and we felt that we needed to create an organisation of women living with HIV led by women living with HIV articulating their own context and defining what they want as solutions .... and we were very clear that it is feminist. .... we've done a lot of research into cervical cancer, and forced sterilisation; and as a result we articulated gender-based violence differently from the normal framework ....we [] articulated gender-based violence as it is experienced by women living with HIV ....[we did] research around PMTCT (Prevention of Mother to Child Transmission) .... That's when we realised the trauma of forced sterilisation which we perceive as gender-based violence because it would not happen if the woman was not pregnant and was not HIV positive.

— Sindi Blose

Given these dynamics, it is clear that attending to the gendered emotional and mental health concerns arising from HIV and AIDS is not possible without challenging gender injustice, racism, poverty and global exploitation of the African continent. It also points to the need to consider how HIV and AIDS are linked to epidemic rates of violence against women and girls, and how essential economic transformation is both at a micro-level in terms of increasing women's economic autonomy but also at a macro-level in enabling health systems that fully support prevention, treatment, care and support for African women and girls.



III.
Reconceptualising trauma

Rethinking global knowledge

In order to reconceptualise trauma, it is important to consider who has the power to name, classify and prescribe solutions globally. Given the realities and impacts of colonisation, knowledges held by the majority of the world (in Africa, Asia, the Caribbean, Pacific, the Middle East and Latin America) have been deemed less significant than those of the minority of thinkers and knowledge producers situated in Europe and North America. In this context, it is critical to consider the differences and deficits in approaches developed in the 'minority world' (see Ani 1994) in being able to fairly capture and respond to varied realities of the global majority[15].

Dominant approaches to trauma

The term *trauma*, originating from the Greek word for 'injury or wound', was a medical term which transformed over time from representing a physical injury to a 'wound of the soul'. This transformation represents the profound way in which the concept of 'trauma' has become 'fully psychologised', as it now describes, in everyday parlance, damage to our internal worlds from harsh life experiences. Such psychological trauma has been defined in numerous ways, for example, as 'an experience that is sudden and potentially deadly'[16], or as a psychic wound that leads to 'a crippling disease'[17], referring to the psychiatric diagnosis, post-traumatic stress disorder (PTSD). This has become a very common diagnosis despite the fact that responses to trauma are multiple and varied. As one possible effect of trauma, PTSD is a psychiatric diagnosis given to an individual who complains of the following difficulties, persisting for more than a month[18]:

[15] Ani, M. (1994). Yurugu: An African-centred critique of European cultural thought and behaviour. NJ: Africa World Press.

[16] Figley, C.R. & Figley, K.R. (2009). Stemming the Tide of Trauma Systemically: The Role of Family Therapy. The Australian and New Zealand Journal of Family Therapy, 30(3), 173.

[17] Schauer, M., Neumer, F. and Elbert, T. (2011)(2nd ed.). Narrative Exposure Therapy. A short term intervention for traumatic stress disorder. Germany: Hogrefe and Huber, 7.

[18] Marty, Meghan & Segal, Daniel. (2015). DSM-5: Diagnostic and Statistical Manual of Mental Disorders.

- Intrusive memories of the traumatic event which interfere with the persons functioning in the present
- Avoidance of any reminders of the traumatic event
- Emotional numbing or disconnection from feeling
- Difficulties with memory, focus and concentration
- Fearfulness, anxiety and depression
- Nightmares, intrusive thoughts and flashbacks

This framing of trauma - as a damaging disorder occurring from extreme life-threatening events - has been routinely challenged by critical psychologists and feminists globally, including by African feminists[19]. It is clear that in the case of poverty, discrimination, interpersonal harm and sexual assault, deeply wounding experiences may not be sudden, unexpected or life threatening. Experiencing oppression is traumatic,[20] in fact, more often than not, traumatic experiences are linked to forms of violence and oppression including racism, sexism, homophobia, poverty, war and/or organised violence. Even where trauma seems to come from non-violent experiences, such as in the case of physical health problems, loss and/or natural disaster, oppression is often part of the traumatic experience[21] . Transformative approaches further problematise the idea that people's responses to adversity, oppression and violence are disorders and mental diseases.

Renos Papdopoulous points out that the term trauma referring to injury left as a result of the skin being pierced, from the Greek verb *titrosko* – 'to pierce', has an additional meaning related to renewal. *Titrosko* comes from the verb teiro which means 'to rub' and in ancient Greek, meant both to rub in and to rub away[22]. This speaks to the agency of survivors who are not objects that are passively affected by trauma, but rather creatively respond, resist and grow. Equally, a transformative, feminist approach is centred on the notion that there are impacts from trauma other than damage and injury, such as commitment, care, activism[23] and at times post traumatic *growth*. This growth is the strengthening, development and learning that may occur when people experience trauma[24]. A technical approach to trauma is in danger of not engaging with women and girls as wise and knowing, but rather as solely victimised and disordered.

From a transformative, feminist point of view, it is important to 'critically deconstruct the concept of trauma as an intra-psychic phenomenon - only happening within an individual's mind - in favour of a view of psycho-social trauma located in a historical, social and political context'[25] . For example, Taiwo Afuape defines trauma as "the emotional distress we experience as a result of emotionally painful circumstances often linked to forms of oppression, prejudice and/or abuse"[26]. Such analysis highlight the ways in which mainstream trauma discourses deliberately obscure or even sever the links between trauma and oppression[27].

[19] Horn, J. (2014). (Re) conceptualising Trauma: An AIR Convening, September 2014.

[20] Bryant-Davis, T. & Ocampo, C. (2005) Racist incident-based trauma. Counselling Psychologist, 33(4): 479–500.

[21] Afuape, T. (2020). Radical systemic intervention that goes to the root: working alongside inner-city school children, linking trauma with oppression and consciousness with action. Journal of Family Therapy, 42 (3), pp.425-452.

[22] Papadopoulos, R. (Ed.) (2002) Therapeutic care for refugees: No place like home. London: Karnac Books.

[23] Horn, J. (2014). (Re) conceptualising Trauma: An AIR Convening, September 2014.

[24] Calhoun, L. G., & Tedeschi, R. G. (2013). Posttraumatic growth in clinical practice. London: Routledge.

[25] Afuape, T. (2011). Power, Resistance and Liberation in Therapy with Survivors of Trauma: to have our hearts broken. London: Routledge, 15.

[26] Ibid, 42.

[27] Ibid.

Critically reflecting on dominant ideas about trauma

The evolution of the concept of trauma and how it is currently used is important when trying to reconceptualise trauma experienced by African women and girls, given that much of it has been based on the experiences of male soldiers returning from war, and of people in the cultural and political contexts of North America and Europe. In particular, it has been consistently and convincingly argued that PTSD "was created at a particular time, in a particular place, according to a particular moral and political agenda"[28] . PTSD succeeded earlier terms including 'shell shock' or 'war neurosis' and first entered the diagnostic system after the Vietnam War. The anti-war movement lobbied for war veterans to receive specialised medical care, which centred on the concept of PTSD. This legitimised the soldiers' immunity from blame, and afforded them compensation, despite often being perpetrators of atrocities in Vietnam[29].

As a result, PTSD as a concept best describes the experience of survivors of single traumatic events that are sudden and unexpected, such as a survivor of a car accident whose world is 'normal' before and could potentially return to 'normal' after the event. Whereas, women and girls who have experienced gender-based violence and are living with the consequences of HIV and AIDS experience traumatic events that are multiple, predictable and cumulative. Their experience is unlikely to be post traumatic. In recent years, there have been attempts to address these issues using the concept of complex-traumatic stress disorder - a term increasingly used to describe the enduring responses to repeated or ongoing exposure to traumatic events. These include a profound change in a person's view of herself and the world, difficulties in regulating emotions, or developing trusting relationships, abuse of substances, and/or chronic ill-health.

However, whether complex is added to the term or not, critical reflection on the PTSD concept highlight that:

a) responses to social abuse, harm, violence and injustice are meaningful and adaptive rather than pathological;

b) as a Minority world diagnosis, PTSD is just one 'story' that makes sense of the difficulties and experiences people who have been harmed have, and this story was developed in, and is therefore specific to, a certain historical, cultural and political context;

c) PTSD is limited in the ways that it helps us understand the impact of harm, oppression and violence on people's lives; and

[28] Bracken, P. (2002). Trauma: Culture, meaning and philosophy. London: Whurr Publishers, 47.

[29] Bracken, P. (2002).

d) in order to be transformative, our concepts need to move away from the individual internal experiences of women and girls and focus on the social, cultural and political contexts of their lives.

Mainstream Western psychology views trauma as something that overwhelms the mind's functioning, blocking its ability to process information normally. From this point of view, exposure to traumatic events creates disorder in 'normal' people. The focus on the internal world of 'victims' distracts from the behaviour of the 'perpetrator' or their strategies of abuse, oppression and violence[30]. As argued here, it also diverts attention away from the need to address the social, cultural and political context of harm that trauma arises within.

Addressing the structural causes of trauma

While the concept of complex traumatic stress goes some way in acknowledging the complex realities of people living in war zones, and/or other situations of chronic or repeated exposure to events that threaten their well-being, it ignores the social, political and economic roots of oppression and exploitation which give rise to and perpetuate poverty, patriarchy, gender violence, persecution, war, and climate change. It defines the physiological, psychological, and social response to life-threatening injustices as a disorder of the individual, to be treated by highly trained experts and thus detaches it from any kind of challenge to dominant power structures and relations. Generally, the treatment of trauma-related disorders is relegated to paramedical experts, in particular psychologists, whose training and Western theoretical outlook predisposes them to explore and address the inner world of "victim". This diverts attention away from the behaviour of the perpetrators of abuse, violence and oppression, and makes the work of "recovery" the responsibility of the traumatised individual rather than that of the collective[31, 32].

Considering the collective and intergenerational impacts of trauma

The psychological and physiological responses of an individual to events that threaten life, integrity and our belief in a benevolent world are real. Their impact, however, reaches far beyond the individual into the family, the community, the society and even into unborn generations. Trauma is never only an individual tragedy, but always firmly imbedded in the social, economic and political fabric of its time and place. People directly affected by violence, war, abuse, neglect, and poverty need to have their stories heard, their medical conditions treated, their material needs addressed,

[30] Afuape, T. (2011). Power, resistance and liberation in therapy with survivors of trauma: To have our hearts broken. London: Routledge.

[31] Kistner, Johanna. From personal tragedy to global responsibility: Re-politicizing trauma work in an African context. http://airforafrica.org/wp-content/uploads/2015/05/AIR-thoughts-Issue2-FINAL_WEB1.pdf

[32] Zondi, Mpumi. Breaking the walls of trauma counselling. http://airforafrica.org/wp-content/uploads/2014/09/AIR-thoughts-Issue1-FINAL-web.pdf

their grief felt, their emotions acknowledged, their resilience and courage affirmed, their connectedness to life, meaning and community reclaimed. Transformative approaches to trauma also need to address its roots in global, regional, national and local power relations and the systemic plundering of entire groups, nations and continents. In a world in which much of trauma is man-made, a transformative approach is ultimately about working towards social and economic justice on a global scale.

Trauma, emotional well-being and mental health from African perspectives

There have always been ways of understanding individual and collective emotional life and challenges to it across African societies, as well as practices, knowledges and practitioners addressing mental health and emotional well-being. These of course vary in their content and approach given the sheer diversity of African peoples, however, there are many similarities. If we want to understand 'trauma' and 'well-being', we need to think about how people see their lives and the way the world works. Across African societies where family and community is central, inter-relationship is important. Spirituality is also an important part of a majority of people's lives worldwide, and while this may be expressed through engagement with religion, complex understandings of the spirit world and relationships with ancestors exist. For people living in rural environments and in ways that interact actively with the natural environment, there is often a relationship with the non-human world. All of this shapes understandings and practices of healing, which often involve processes to connect with the spiritual, affirm (re)integration into a group, and understand the interconnection of the body, mind, heart and soul. People within the African continent often live in a world with visible and invisible forces which impact on their experience of well-being and distress.

Despite the diversity of African cultures, the colonial process was universal in seeking to erase existing knowledge systems and put in place the idea that colonial European understandings of being human, of knowledge and expertise, of health and healing, and of spirituality were the only valid understandings. In the field of mental health, this has meant that Minority world psychological understandings of the self and of health and well-being have become the main, and in some cases only, legitimate way to understand mental health and emotional well-being, and the causes, consequences and responses to trauma. Meanwhile, on the ground, the creative and resourceful

[33] Okome, M. O. (2003). What women, whose development? A critical Analysis of Reformist Evangelism on African Women. In: Oyèrónké Oyěwùmí (ed.), African Women and Feminism: reflecting on the politics of sisterhood. Asmara, Eritrea/ Trenton, New Jersey: Africa World Press, 67-98.

If African women are not central to theory building, they will not recognise themselves or their reality in the theories developed to transform their experience, and they will most likely not engage in social action to effect change. If African women are central to theory building, 'the human knowledge pool' is broadened and deepened

— Mojubaolu Olufunke Okome[33]

ways in which African women and girls deal with their difficulties often go unnoticed, as do the approaches that African practitioners use to respond in locally relevant and responsive ways.

This inability to acknowledge African expertise has direct effects on the nature and quality of approaches to trauma, mental health and emotional well-being. For example, in communities that have a strong relationship between the living and the dead, rites and rituals around death are of great importance. The living need to enable the successful journey of a dead person from this world to the next. If the funeral rites are applied according to tradition and the wishes of ancestors, the dead person will arrive safely at their destination. Most often, the whole community is involved in the grief process and grieving is therefore public and communal, rather than private. This shows the ancestors that the person who died was well loved and respected. It also prevents the dead person from returning to haunt the living. This is important when trying to understand trauma experienced by survivors of violence and war around the death of loved ones and community members. A survivor might, for example, experience nightmares about the dead. If appropriate burial rituals for her family have not been done, nightmares for this survivor might represent evidence that her loved ones' spirits are roaming and disturbed. Her distress may also be seen as a form of protest of the harm done to her and her family that cannot be forgotten. A mainstream Western psychological approach to this situation may focus on developing a private and safe relationship of trust with the girl or woman where she is encouraged to express her feelings in order to cope with and process the trauma. However, for the girl or woman, the appropriate remedy may need to be in collective and public grieving with others, or the performance of appropriate rituals for the dead. It could even be that talking is understood by her to be counterproductive if she believes that discussing the past, or a 'bad' issue, invites negative spirits into her life.

A transformative approach takes into account what the affected person or people understand to be important to healing.

In communities where collective life has been disrupted by conflict or mass crisis for example, returning to practice collective rituals may be symbolically important in the healing process. Equally, if communal traditions are named by women and girls as oppressive, interventions can support them to challenge or revise these as part of the process of societal healing and transformation.

A transformative feminist approach to emotional well-being and mental health

- Acknowledges the root cause of distress to be forms of oppression such as sexism and intersections with other oppressions
- Acknowledges that women and girls never bring violence on themselves
- Supports collective as well as individual healing
- Pays attention to and incorporates culturally-relevant understandings of well-being
- Encourages activism to address social, cultural and political issues at the root of emotional distress and prevent further harm
- Focuses on prevention, not just response
- Is non-discriminatory and stands in solidarity with women and girls in their full diversities
- Affirms women and girls' agency and respects their voices and views
- Encourages service providers to continuously reflect on their own assumptions and beliefs about their clients, and how they navigate issues of power and difference
- Considers that survivors can also be activists, and vice versa

Exploring elements of transformative feminist approaches to trauma

Shaping responses to violence against women

Feminists acknowledge that the constant threat of violence in women and girl's lives and the experiences of responding to violence informally and through formal response services and systems have emotional and psychological impacts. Within this, a feminist position acknowledges that **women and girls never bring violence upon themselves,** and challenge the idea that women and girls should feel guilty or responsible for violence perpetrated against them. This is an important understanding in service delivery and central to a feminist approach to violence response.

A second element in feminist response is acknowledging that **women and girls have agency** - the ability to express and to act - and that service responses should aim to support this. Feminist service providers recognise that women all over the world are more likely to go to friends and family members than to the police about violence. They rely on family and community members they trust to give them protection, safety and comfort. They also look to them to restore their dignity, validate their experience and affirm that the violence was wrong. Women and girls often respond to violence in ways that are informed by their environment. For example, a woman is more likely to pursue justice if she feels that she will be believed and protected in the process. Where violence is considered acceptable or where a legal system is slow, does not respond, or is entirely absent, women may be more restricted in speaking up, and may not try to pursue justice. With this in view, it is **essential that services affirm the rights and dignity of women and girls experiencing violence.**

As the socio-ecological model asserts, different levels of context[34] impact our lives. Wider social forces shape individual experiences, and individuals themselves have the power to shape the world around them[35], although the power of wider political and cultural forces is most often greater. In this framework, there are two forces:

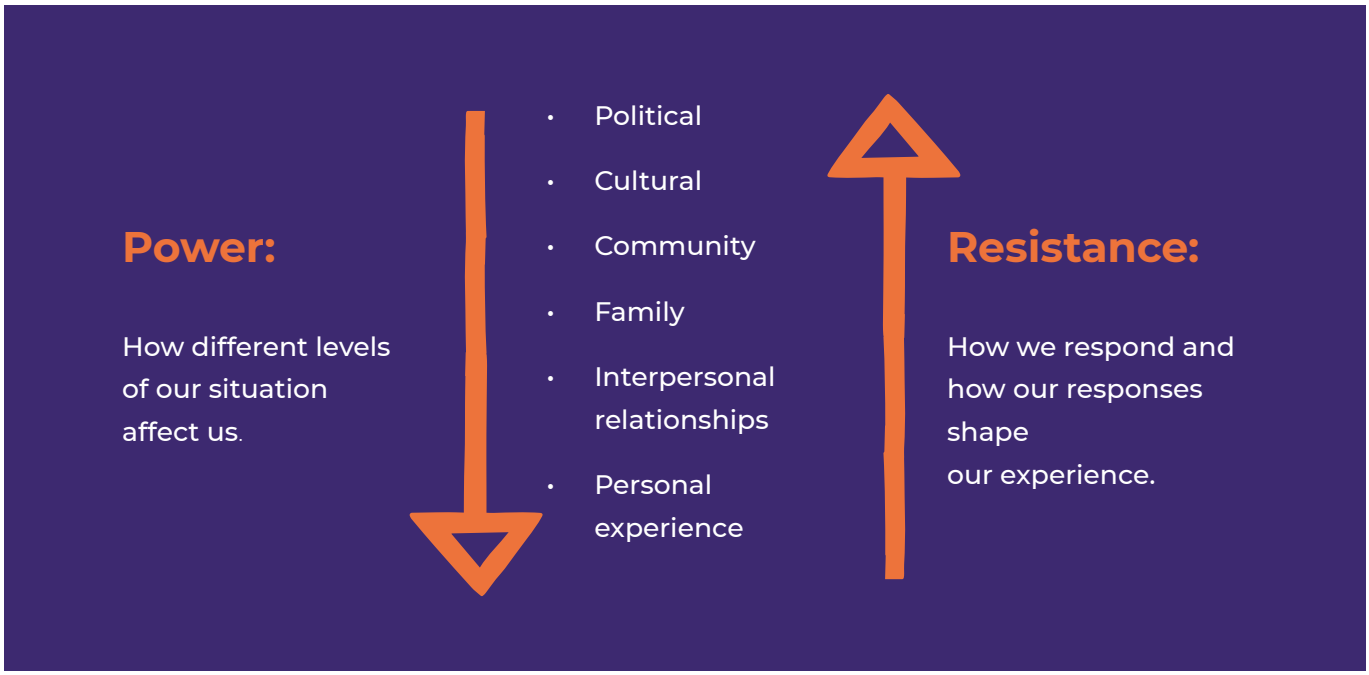
1. The impact of powerful contexts on the lives of women and girls (what we might call power). There are different levels of influence in our lives: some are close at hand, like friends and relatives. Others are more distant, like government policies.

[34] Pearce, W.B. (2007) Making social worlds: a communication perspective. Oxford: Blackwell Publishing.

[35] Afuape, T. (2011). Power, resistance and liberation in therapy with survivors of trauma: To have our hearts broken. London: Routledge.

2. The other force comes from women and girls themselves as they respond to their situations and influence their worlds (what we may call *resistance*) [36].

Forces of Power and Resistance



Transformative feminist approaches to trauma in therapeutic work

Nokwanda Khumalo, psychologist and researcher at the University of Cape Town, argues that in order to advance feminist approaches to trauma, service providers need to shift away from labelling to meaning-making (understanding 'traumatic' experiences from clients' perspectives and in their own words). Empathy is needed in acknowledging that given the contexts of disruption that clients exist in, it is understandable that they have the sense of the world as unsafe. In that light, some responses typically seen as symptoms of mental ill-health can be understood as ways of coping with overwhelming life disruptions.

[36] Ibid.

Guiding principles

Self-care for caregivers

African feminists talked passionately about the importance of taking care of their hearts, minds and bodies. It was felt that caring for carers was challenging but central to them, within their organisations and within their personal lives. They described how they often do not have enough time for themselves, or for the things and people they love. They also recognised this not as an individual responsibility, but something that needed to be better built into the fabric of the organisations they worked within.

Examples of self-care they described included: space and time for reflection such as within supervision, peer support and training, exercise, nutrition and general bodily wellness and ways of ritualising staff appreciation (such as 'soft moments').

Mpumi from Sophiatown CPS has introduced 'soft moments with banana loaf', where she encourages each team member, over a cup of tea and banana loaf, to share a moment in their week when they felt that they had made a difference to another person's life. Each effort, no matter how small, is affirmed and applauded, leaving the counsellor with a renewed sense of confidence and hope. There are regular and scheduled 'soft moments' but team members might organise them spontaneously for themselves, whenever they feel the need for affirmation and support[37].

Power, empowerment and social action in therapies

Power is central to a feminist analysis and therefore empowering women and girls is central to transformative feminist approaches to interventions. This is achieved by:

- Linking service user distress to their contexts of harm
- Intervening on many levels of context beyond the individual
- Responding to the service user's urgent and immediate needs and then using these experiences to shape change strategies at different levels of context
- Empowering women and girls by nurturing resilience and creating agency in safe spaces
- Reflecting on the uses and abuses of power in the local contexts of women's and girls' lives

[37] Sophiatown Community Psychological Services (2011). Annual Report. Sophiatown, Johannesburg, South Africa. 24. www.sophiatowncounselling.co.za/sites/...co.za/files/Annual%20report%202011.doc

- Interrogating and dismantling the power of service providers and including service users in decision-making in the entire intervention process
- Service providers use their power to advocate for the rights of women and girls and work in solidarity with service users

Collaborative, creative, and holistic approaches

Women need to be helped to understand that they have capacity, that they can rely on themselves and not wait for donations and outside help.

— Service user

Collaborative approaches to intervention with women and girls are important to a transformative, feminist approach in order to, ensure service user agency, respect their experiences, views, values and beliefs and challenge service provider authority. This is done by engaging service users in a participatory, process-oriented approach, where the service provider partners and journeys with service users and the language used by service users to name their experience is respected.

To ensure that service users take ownership of their healing process, and to address the service user's holistic needs, the approach should be creative, responsive, innovative and radical.

Acknowledging agency in women's responses

'The strength to act lives in everyone.'

— Raising Voices

Acknowledging women's agency

To support women and girls towards social action, we need to see them as capable and having agency, which means noticing the resources that already exist within them, rather than looking for deficits. Our conversations should emphasise the responsibility of the perpetrator and the social, cultural and political contexts of violence – instead of reinforcing the tendency within wider social and cultural discourse, to emphasise the responsibility and deficit of the victim. It also requires a critical analysis of how language hides violence.

For example, violence against women and girls is often called 'a domestic dispute', 'chastisement', 'a sex attack', 'an argument', 'spousal conflict' and so on. Such language obscures violence, hides the responsibility of the perpetrator for their actions, blames those who are victimised and ignores the ways that survivors resisted harm against themselves. Whereas violence, by definition, is unilateral, deliberate and destructive, the common ways language is used to describe gender-based violence ('conflict', 'arguments' or 'disputes') often presents it as mutual, unintentional and moderate in impact.

Understanding how women cope and resist

People always resist harm being done to them, in some way[38]. Noticing, honouring and talking about this resistance is important. Screaming, fighting back, holding their hands up to protect themselves, disconnecting in their minds as they are being violated, and being deeply unhappy and distressed are clearly forms of resistance - whatever the response may be, the feeling that 'something is not right and I want it to stop' is always there. If these forms of protest and resistance are labelled as 'mental health problems', 'madness' or 'symptoms of disorder', it reinforces the view of survivors as passive victims. Perpetrators of violence and oppression know that people will always resist, and go to great lengths to try to prevent it, using physical (holding victims down), emotional (telling those victimised that they are to blame, or that their children will be taken from them if they disclose) and social (isolating the victim from others) means. However, women and girls still resist their circumstances, for example by getting divorced from abusive and/or unhappy marriages, becoming a sex worker rather than being forced to marry, or finding other ways to earn a living that enable them to be independent of people that harm them.

[38] Wade, A. (2000) Resistance to Interpersonal Violence: Implications for the Practice of Therapy, Unpublished Doctoral Dissertation, Victoria: University of Victoria.

Agency in the narratives of survivors

I do not sleep... I wake up sweating and in my dreams I continue seeing the rapist. I jump out of the sleep screaming... I have no energy..... I feel tired very quickly....I am restless, there are so many things going on in my mind, even when I try to forget them I cannot .....the war changed my life... I am not the same".

– Interview with survivor of armed conflict by Ruth Ojiambo Ochieng

Viewed from a transformative, feminist approach, these statements are descriptions of emotional, spiritual and mental protest and resistance to what should not and cannot be accepted. 'Not being the same' highlights that what was done to this woman and her community was so unjust, so violent, and so inhumane that her only response is to be changed by the *experience*.

Developing trust, respect and safety

African feminists agree that it is important to develop a safe environment for women and girls who have experienced abuse, violence and other forms of harm. A safe environment include safe havens where they can be protected from further harm, as well as safety in the relationship with the practitioner. Examples in practice included establishing confidentiality, being flexible, focusing on the priorities of clients, informed consent and building trust, appreciating the service user's context and ways of doing things, listening and not judging, affirming the service user and recognising that building a safe relationship takes time.

Reflexivity

Reflexivity is another component that underpins transformative feminist approaches. Self-reflexivity is where a service provider reflects on and critically examines how their beliefs, assumptions and experiences influence their interaction with others. It helps us to reflect on how power works in the relationship between the service user in order to develop trust in the context of client choice, control and empowerment. Reflection helps us to notice the effects that our assumptions have on others, and also to shift our assumptions so that we can be more helpful and less oppressive to others.

Relational reflexivity might be viewed as one way of linking the awareness developed through self-reflection, into some sort of meaningful action with the service user. Relational reflexivity is an approach to getting feedback from service users about the processes they are engaged in. It is the way that service providers and service users create the relationship together, by the service provider directly and actively involving the service user in deciding the direction of the conversation, the nature of the interaction, and the type of intervention, in order to make it useful and meaningful to them[39] . In practice, relational reflexivity involves leading with questions rather than answers. Questions allow service users to comment on and influence the nature of the intervention they are engaging in. It is the service provider's 'not-knowing', or curiosity, that drives them in the conversation rather than 'expertise'. This leads to a particular way of talking between service provider and user that allows the service user to connect to their agency and expertise. This is particularly important with respect to ensuring that there is a fit between what the service provider is providing and what the service user finds useful, meaningful and relevant.

[39] Burnham, J. (2005). Relational reflexivity: a tool for socially constructing therapeutic relationships In: Flaskas, C. et al. The space between: experience, context and process in the therapeutic relationship. London: Karnac

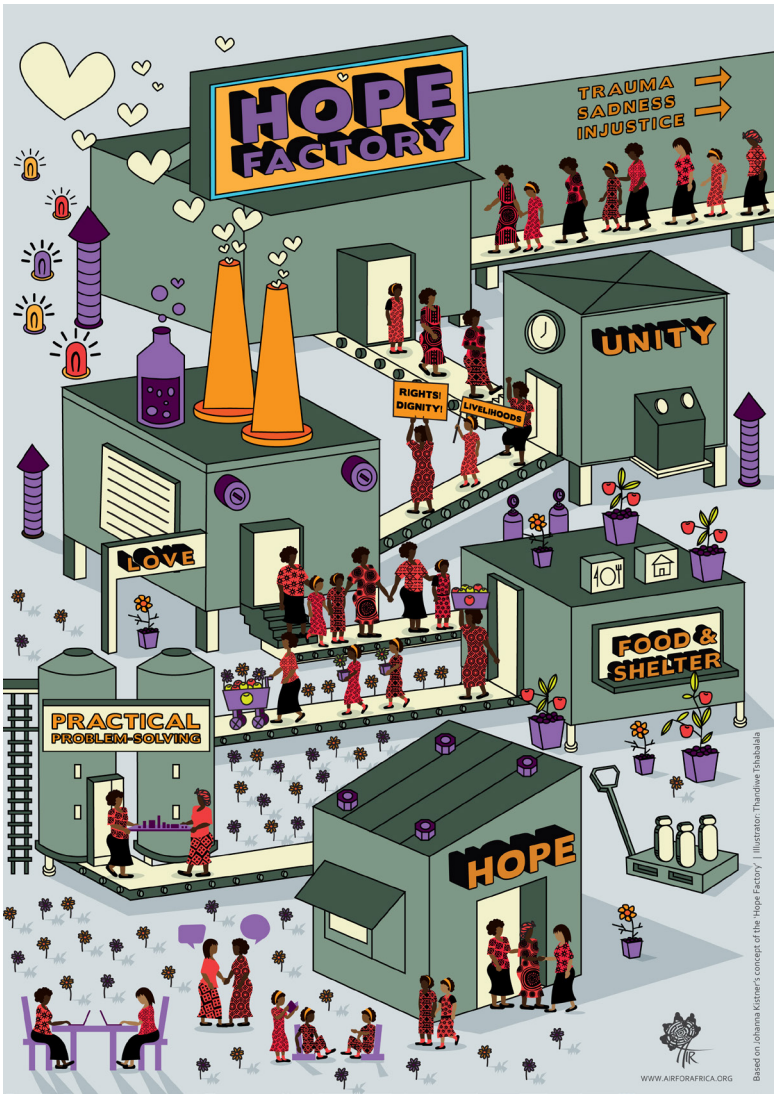
People who listen to you and are close to you are important. Even advocacy is important as oppressed women are sometimes afraid to speak out.

— Service user

Nurturing hope

Hope is central to both healing and transformation. Even in the most dire situation, hope might come from the realisation that the intensity of emotional distress that a woman or girl experiences can be viewed as a reflection of the depth of connection they continue to have to that which they value and has been violated[40], as well as highlighting what needs to change in their environment. However, from a transformative, feminist point of view, hope is best experienced as collective and relational. Weingarten[41] argues that hope arises from actions taken rather than feelings we try to muster. This means that it is possible that we might do hope (by making hopeful actions), even when we cannot feel it, especially if we can do hope collectively.

Hope is therefore what we do with others, rather than a personality trait inside of individuals. In addition, **hope and hopelessness are not opposites as they are often felt together. An increase of one may not necessarily result in the decrease of the other.** It is important that women and girls in oppressive circumstances are not pressured into believing that they are personally responsible for or obliged to feel hopeful. Rather, the work is to build the possibility of hope – something that can be done through collective social action. This fits with a transformative, feminist approach which emphasises women and girls as having agency.



[40] White, M. (2004). Working with People Who Are Suffering the Consequences of Multiple Trauma: A Narrative Perspective. International Journal of Narrative Therapy & Community Work, 1: 45-76.

[41] Weingarten, K. (2010). Reasonable hope: Construct, clinical applications, and supports. Family Process, 49(1), 5-25

Storytelling and oral history

Whenever an elder dies, a library is burned to the ground.

– Amadou Hampâté Bâ

Storytelling is central to all human life and is particularly significant in communities rich in oral history. The tradition of oral storytelling makes it possible for a culture to pass knowledge, history, and experiences from one generation to the next. Storytelling across Africa has been used to serve many purposes: to interpret the universe and natural and physical phenomena, teach ethics and morals, maintain cultural values, pass on methods of survival and cultural knowledge, retain community history and genealogy, and as part of spiritual and religious ritual[42].

Storytelling in an oral history tradition is not the same as reading a story aloud or reciting a piece from memory. It is telling a tale to one or more listeners using gestures, singing, facial expressions, impersonations, voice, and language full of imagery and symbolism, in order to provide entertainment, education and moral support. The storyteller and audience often interact, and both parties have rights and obligations, given that storytelling is a shared event with people sitting together, listening, and participating in accounts of past deeds, beliefs, taboos, and myths. Problems are resolved through the discussions generated by the stories.

Dance, song and embodied healing

Traumatic experiences can be embedded within the body and not easily accessed through words[43] . When the body has been violated, attacked and harmed, the possibility of experiencing safety and pleasure in the body are impaired and women and girls have to re-negotiate their identities in bodies that have suffered profound changes. Unifying the body and creativity can be useful forms of healing, when words are not enough, or not sufficient.

Cultures within the African continent have a long tradition of embodied (involving the body) forms of healing and enhancing well-being. For example, Kemetic Yoga or Smai Yogic practices/Taui or Tawi/Tawy, which was derived from the meditations and insights of the early priests/priestesses, mystics, artisans, and shamans in Nubia, an ancient African civilisation. Kemet was the name of Ancient Egypt, where Smai Taui was practiced for about 10,000 years.

Theatre, music and dance is often viewed as a conduit for individual and community healing within the African continent. Different forms of dance and ritual throughout the African diaspora relate to the process of healing in

[42] An example is the griot/griotte tradition in the Sahel (see Pointer (2021). These communities of storytellers have remarkable memories and skills as historians, genealogists, musicians, advisors, storytellers, advocates, messengers, ambassadors, and praise singers.

[43] Johnson, R. (2015) Grasping and transforming the embodied experience of oppression. International Body Psychotherapy Journal: The Art and Science of Somatic Praxis, 14(1): 80–95.

different ways; from the African dance healing practices of Ndeup in Senegal to the Zar tradition in North Africa to the highly stylised dance techniques of Guinea .[44]

Drumming, and other forms of creative expression which are not language-based, are less threatening and conducive to interacting with other people. They also provide positive ways of connecting to the body. The sound of the drum plays an important part in African society and is integral to rituals using movement and dance. Likewise, the drum is a powerful component in Kemetic Yoga and is used to motivate and support the practice.

Song and dance are common in women's community-based approaches to healing across the African region, practiced in survivor groups as well as integral to many forms of spirit-based healing practices[45].

Holding tensions between passionate conviction and systemic humility

Activism also refers to a commitment to trying and testing what works in real communities, with real people facing complex issues in practice.

— Raising Voices Strategy 2012 - 2016[46]

To be truly collaborative, we need to be able to work with women and girls who may hold very different world-views to our own. The transformative, feminist approach is not neutral. This is why it is important to be able to hold tensions and recognise that commitment and passion does not mean that our values and beliefs are uncomplicated, or that all feminists in Africa hold the same views:

Given the importance of reflexivity, reflection and action have to constantly inform each other in our transformative work, particularly given that we cannot assume that from transformative, feminist theory, 'practice seamlessly follows like a protocol'[47] . Despite our good intentions, our ethical stance and our commitment to social justice, **reflecting on our own assumptions and power as service providers is crucial, given that what we do in practice with others is always complicated by the fact that other people have a totally different experience from our own.**

To support this process of self-reflection, it is useful to look at what systemic therapist Jim Wilson refers to as the scale between *humility and passionate conviction*[48]. *Humility* refers to being responsive and sensitive to others' experience, values and beliefs, despite our own. We are encouraged to reflect on how well we are balancing different positions, such as balancing where we are, with where our clients are, or where our clients want us to be. This can help us avoid using our power over service users, when we are so ruled by our passionate conviction that we don't listen to their needs, preferences and

[44] Monteiro, N.M. & Wall, D.J. (2011). African Dance as Healing Modality Throughout the Diaspora: The Use of Ritual and Movement to Work Through Trauma. The Journal of Pan African Studies, 4(6), 234-52.

[45] Horn, J. (2020). Decolonising emotional well-being and mental health in development: African feminist innovations. Gender & Development, 28(1), 85-98

[46] Raising Voices (2012). What will it take to prevent violence against women and children? Raising Voices Strategy 2012 - 2016 . Kampala: Uganda. Raising Voices, 9.

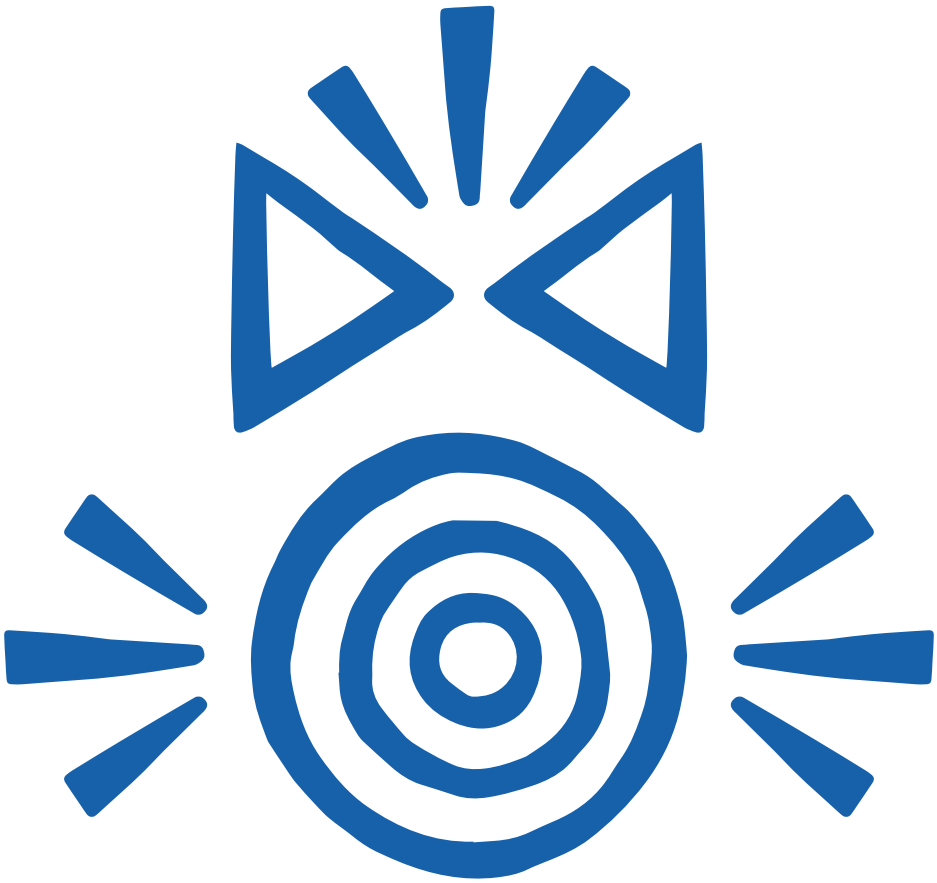
[47] Wilson, J. (2007). The performance of practice: enhancing the repertoire of therapy with children and families. London: Karnac Books, 140.

[48] Ibid.

Through the demands of bringing up three black girl children in a patriarchal, consumerist and sexualized society, and by the witnessing the complex interface of gender with violence, war, and the broader struggle for liberation in the lives of men, women and children through the counselling relationship - my ideas of what feminism entails have become less clearly defined. Just as I am hesitant to label myself a “lesbian” or an “activist”, so am I hesitant to refer to myself as “feminist”. Every day I see women carrying the seemingly unbearable burdens assigned to them by the fact of their gender - and for each woman, freedom, liberation, equality and justice means something different. *A transformative, feminist approach must work for the daily realities of women in many different contexts.*

—Johanna Kistner

wishes. Equally, if we move too far away from our passionate conviction this can also be unhelpful. When we can hold both positions at the same time, it can help us to be passionate, committed, non-neutral, and aware of the power of our positions and ideas on others (for example, the power to name other people's experience for them in ways that may not fit for them).



Passionate conviction and systemic humility in practice

The following is an example of the difficult balance between passionate conviction and systemic humility when working with a young woman who had experienced rape. The story is told by a therapist:

"[A young woman that I was working with] said that she was banned from another service after she attacked a therapist who kept insisting that she was a "victim" of sexual violence. She was able to explain that to survive in her life she had to be "tough" because any signs of vulnerability would be "pounced upon" and she would be more vulnerable to attack.

When she disclosed that her ex-boyfriend had raped her when they were in a relationship, she talked about it as though it was not an assault. On the one hand, I did not want to be complicit in not naming her experience of rape as rape, but on the other hand, I did not want to replicate the harm she was telling me other well-meaning adults caused her by not listening to her. Neither passionate conviction in naming her experience as rape nor systemic humility of listening to and connecting to how she described her experience felt adequate on their own.

I shared my dilemma and said something along the lines of: "When you tell me about your experience, I feel compelled to name your experience as rape and present an alternative view to the one you have been told by other people, which is that being forced to have sex and experiencing sexual violence in a relationship is not rape. My concern is that I do not want to be yet another adult who you feel is not listening to you or respecting your experience. Right now, what would be the best response from me? Should I keep listening and trying to understand your experience the way you want to tell it, or would you like me to share my ideas about why I am concerned that not naming this experience as rape may be harmful to you?"

By sharing my dilemma, I could present both ends of the spectrum, I respected her views on it and we were able to talk about the complex experience of the in-between. I also gave her the space to make a choice about the direction our conversation would go.

We talked about the difference between her private experience (the story of her life she was living) and the experience she wanted other people to have of her (the story of her life she was telling). We looked at the levels of context impacting on what she experienced on a personal private level as well as on an interpersonal level (such as negative social responses that blame and punish women for being victimised). When she felt that I was able to hold my position lightly, between passion and humility, and respect her unique experience, she was able to name her experience for herself as violence."

— Taiwo Afuape

Self and collective care and protection for activists, practitioners and carers

As part of developing transformative approaches to emotional well-being and mental health, it is vital to develop principles and methodologies around supporting activists, service providers and carers - centralising self and collective care as part of sustaining the cycle of support and healing. Although practices such as supervision are common in counselling and other psychological professions, they are less so in community work. Protection is also important where the provision of care carries danger - for example the risk of reprisal for aligning with women and girls whose rights have been violated, risks associated with work in conflict zones or other environments that pose danger to practitioners, and risks around the nature of support being provided. The responsibility for developing and supporting care and protection practices for carers should be better built into the fabric of the organisations and not be seen as the individual responsibility of practitioners to support themselves using their personal resources.

Approaches that inform transformative therapies

With a basis in the principles of African feminism and transformative approaches, as well as feminists' understandings of the causes and impacts of the gendered HIV and AIDS pandemic and violence against women and girls, we can now engage ideas around transformative, feminist therapeutic responses.

There is a history of critical thinking in mental health and emotional well-being practice across both conventional approaches and traditional and emerging practice in African response. Practitioners in the AIR network that provide direct services draw on the following therapeutic approaches as resources for transformative practice.

Narrative Therapy

A narrative is a thread that weaves events together, forming a story. There are many different sorts of stories by which we live our lives – including stories about the past, present and future; stories belonging to individuals and/or communities; family stories and relationship stories. The ways in which we understand our lives are influenced by the broader stories of the culture in

which we live[49]. It is clear that stories may open up opportunities and enable women and girls to move towards their wishes and preferences, or stories might close down opportunities, choices and preferences and disable their access to full humanity. Stories can be used to uphold the status quo or to subvert it. For example, griottes in the Sahel might sing stories about a woman's role in society and her relationship with her husband and in-laws. However, griottes might also use songs to express women's independence and self-reliance, offering comfort, encouragement, and empowerment to women[50].

Narrative Therapy is based on the power of stories. It developed out of people's responses to adversity, poverty, violence, oppression and imperialism. It is one of the few therapies popular within the global north that acknowledges power and cultural variations.

The major assumptions of Narrative Therapy are:

- All people create meaning through stories. We live our lives according to the stories we tell ourselves and the stories that others tell about us.
- The person is never the problem. The problem is always the problem and problems occur within the context of social, cultural, political and relational experiences.
- We are shaped by the contexts from which we experience life. Meaning is always constructed in social, cultural, and political contexts. Therefore, it is important to understand the context of service users' lives and what is most meaningful to them.

In a person's life, many stories occur at the same time, and no single story can be free of ambiguity or contradiction or can encapsulate all of life.

Dominant stories often have power and influence over our lives. The events that are outside the dominant story can be hidden or less significant, and are called subjugated stories. For example, there is a dominant story in most societies that women are dependent on men. As more and more people buy into this dominant story, the story gains power. Events that seem to support this view are easily remembered and added to the story. Throughout this process, the story thickens, becomes more dominant in our lives and is increasingly easy for us to find more examples of events that fit within it. The events that support the idea that women are dependent are put above the events that do not fit with this notion - such as stories of women leaving abusive husbands and being self-sufficient or giving to and receiving support from other women.

In Narrative Therapy, the therapist takes a stance of curiosity and of not knowing. This curiosity invites service users to tell stories in their preferred ways, emphasise their agency and choice, and challenge the circumstances that have caused distress.

[49] Morgan, A. (2000). What is Narrative Therapy? An easy to read introduction. Adelaide, South Australia: Dulwich Centre Publications.

[50] Hale, T.A. (2007). Griots and Griottes: Masters of words and music. 2nd edition. Bloomington and Indianapolis: Indiana University Press.

Just as dominant stories can support and sustain problems, alternative stories can reduce the influence of problems and create new possibilities for living. Alternative stories of people's lives can be richly described if:

- they are generated by service users themselves
- they involve detail
- they are directly connected to the experience of women and girls - within their relationships, families, communities
- they are connected to others and their stories
- the alternative story is based on people's values and what is meaningful to them
- the story has many levels and dimensions and touches on different aspects of ourselves for example
- communities share and create space for the development of the alternative story - by challenging oppressive ideas, behaviours, attitudes and support alternative ways of being

Like African feminisms, Narrative Therapy is based on centralising the importance of the relational, cultural, political and social context on well-being, distress and identity.

The purpose of Narrative Therapy is to enter into the worldview of service users and move towards their preferences - to develop stories that enable people to live the lives they want to live. It is a collaborative, non-judgemental, non-pathologising approach that focuses on the significance of power, diversity and social injustice. Clients can recognise and mobilise their own strengths, resources and expertise.

Liberation Psychology

Liberation psychology sees the practice of supporting people's emotional well-being as working towards social transformation and challenging oppression. It is closely associated with the work of Jesuit priest and Latin American psychologist Ignacio Martín Baró, who built on the work of Brazilian activist educator Paulo Freire[51, 52]. Ignacio Martín Baró argued for a radical approach to therapeutic interventions that are based on transforming social structures and relationships, rather than fixing or healing individual minds.

Liberation psychology developed out of liberation theologies in the global south in tandem with movements for decolonisation and liberation from political dictatorship, with some common aims and assumptions[53]. Along

[51] Freire, P. (1972) Pedagogy of the oppressed. (4th ed.). Harmondsworth: Penguin

[52] Martín Baró, I. (1994). Writings for a liberation psychology. Cambridge, MA: Harvard University Press.

[53] Gaztambide, D.J. (2015). A Preferential Option for the Repressed: Psychoanalysis Through the Eyes of Liberation Theology. Psychoanalytic Dialogues, 25 (6), 700-713.

with Latin American liberation theologies, there are Black liberation theologies which originated in the African-American social movements of the 1950s and 1960s [54] , and African liberation movements including the anti-Apartheid movement in South Africa[55, 56] . These theologies describe ways of liberating Black people from multiple forms of political, social, economic and religious oppression. There are also feminist liberation theologies based on challenging intersecting oppression based on race, class, and gender, experienced by women[57, 58] .

Liberation psychology and feminism share the belief that well-being happens as a result of liberation. This is more likely to happen when oppressed people reflect critically on their experiences, such that, mechanisms of oppression become visible and new possibilities for action emerge.

Brazilian educator Paulo Freire (1973) felt that knowledge had to come from the oppressed and was useless if it was not connected to possibilities for action. Similarly, Ignacio Martín Baró (1994) saw the role of practitioners as supporting people to create their own futures, rather than imposing a view about what well-being should look like.

"Have we ever thought of looking at educational psychology from where the illiterate stands, or industrial psychology from the place of the unemployed, or clinical psychology from the standpoint of the marginalised?"

— Martín Baró[59]

Social Action Therapy

The Social Action Psychotherapy model emphasises Paulo Freire's concept of the importance of 'consciousness raising' to liberation and well-being. Individuals come together to reflect on their circumstances and make links between their distress and the oppressive circumstances of their lives. The Social Action Therapy model offers a picture of the move from the more mainstream Western psychological model of *changing the individual (with medication), and understanding the individual* (with psychotherapy), to the more transformative approach of understanding the social context (in group work), and then changing the social context (with social action)[60].

Bringing people together in groups is an effective way to help people link individual distress to multiple levels of context. When women come together, it is inevitable that they begin to ask each other "Why are things this way?". This is the basis of becoming activists - individually but also collectively.

[54] Azibo, D. (1994). The kindred fields of Black Liberation Theology and Liberation Psychology: A critical essay on their conceptual base and destiny. Journal of Black Psychology, 20(3), 334-56

King, M.L.J (1958). Stride towards freedom: The Mongomery story. New York: Ballantine.

[55] Biko, S. (ed.)(1972). Black viewpoint. Durban: Black Community Programmes.

[56] Tutu, D. (2007). Believe: The words and inspiration of Desmond Tutu. Boulder, CO: Blue Mountain Arts Inc.

[57] Ruether, R.R. (1993). Sexism and God talk. Boston: Beacon Press.

[58] Johnson, E.A. (2002). She who is: The mystery of God in Feminist theological discourse (rev. ed.). New York: The Crossroad Publishing Company

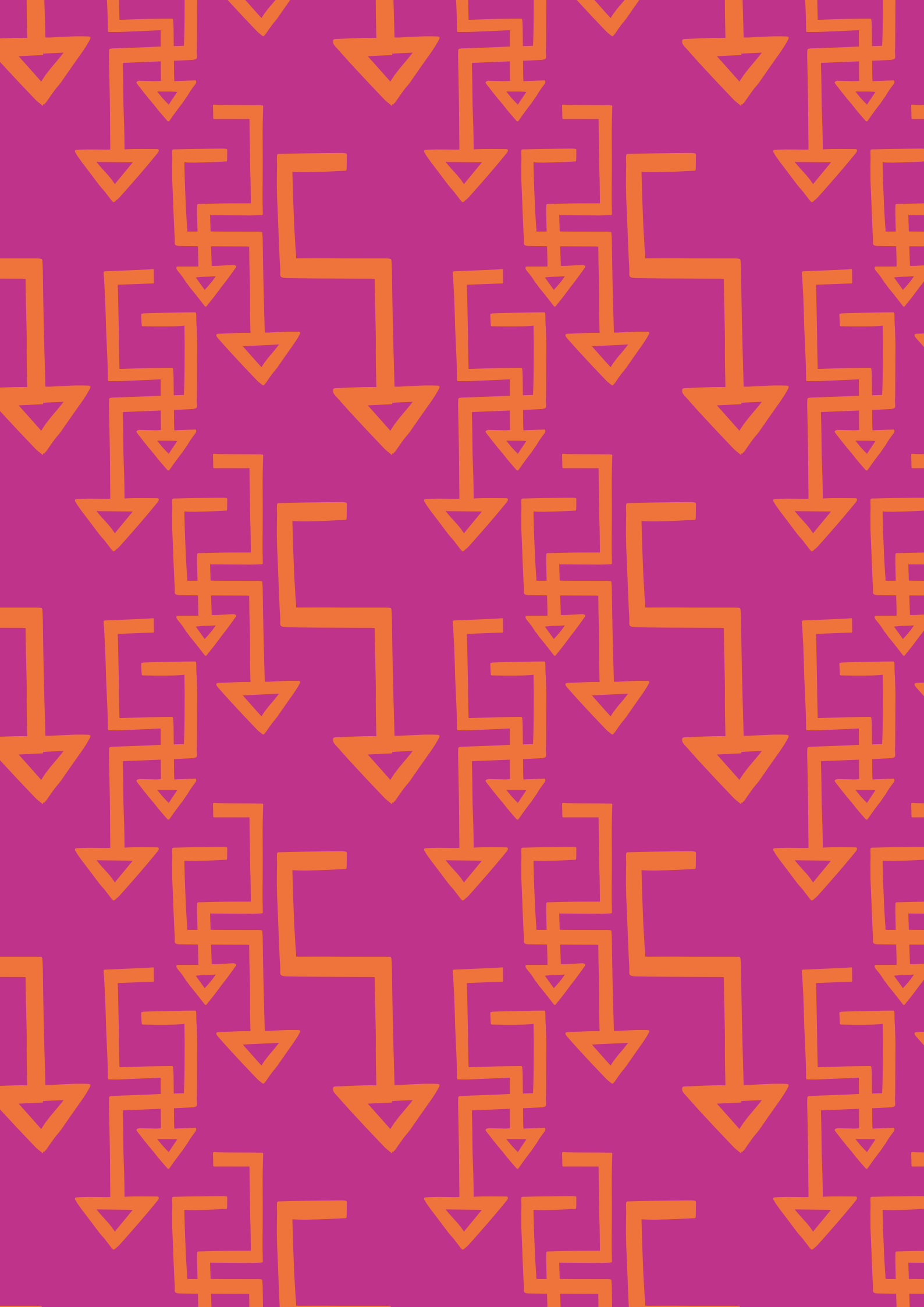
[59] Martín Baró, Ignacio (1996). Writing for a Liberation Psychology. Cambridge, MA: Harvard University Press, 28.

[60] Holland, S. (1992). From social abuse to social action: A neighborhood psychotherapy and social action project for women. In: J. Ussher & P. Nicholson (Eds), Gender issues in clinical psychology. London: Routledge, 68-77.

[61] Ibid, p73

Changing the individual I. Patient on Pills	**Understanding the individual** II. Individual Psychotherapy
At this stage people believe that they are the problem or house the problem within them because they are low in mood, fearful, worried or disoriented. They join people in passively treating their problems with medication, as though there is something wrong inside of them, and accept the diagnosis assigned to them. ***Medicalised approaches***	This stage represents the first alternative to the medicalised treatment of emotional distress, which is talk therapy. People who are 'clients' relate to people who are 'therapists', and together they explore the meaning of the client's difficulties and potential causes. ***Individual talk therapy approaches***
Changing the social context IV. Taking Action	**Understanding the social context** III. Talking in Groups
The person moves from 'patient', to 'client', to 'group member' and finally becomes an 'activist' challenging the social structures underlying oppression. However, some people may be 'content … with the relief from symptoms … therapy gives them'.[61] ***Social action approaches***	Becoming a 'group member' means the person is able to move past the personal challenges acknowledged and addressed in psychotherapy and discover their challenges are universal amongst similarly marginalised individuals. Solidarity is built for the collective good. ***Collective talk therapy approaches***

IV.
Building transformative feminist approaches to trauma



The previous sections have explored the conceptual terrain of African feminisms, transformative approaches, and reconceptualising trauma, emotional well-being and mental health. Using these ideas as a framework, in this section, we invite you to reflect on the current thinking and practice around emotional well-being and mental health that dominates within the mental health field, with respect to their relevance for African women and girls and a transformative, feminist approach. It is particularly important to examine the relevance of trauma models, approaches and techniques developed outside of Africa, to determine their relevance within a transformative, feminist framework (such as Eye Movement Desensitisation and Reprocessing (EMDR), Trauma-Informed Cognitive Behavioural Therapy (TI-CBT) and Narrative Exposure Therapy (NET)).

Asking questions about your approach

Here are some questions that an organisation or project can ask about their general approach to trauma work. You can use the following questions to reflect on:

- The *underlying assumptions* of the approach
- The *relevance* of the approach
- The *implications* of the approach

1. Assessing the underlying assumptions of the approach

- Does it involve women and girls in its design and co-creation?
- Is the feedback from servicer users an important part of the approach?
- Does it take into account the social, cultural and political context?
- Does it assume women and girls succumb passively to the effects of trauma, or does it assume women and girls have agency and are responsive and actively trying to resist harmful experiences?
- Does it presume that service providers must remain 'neutral'? Or does it encourage activism and solidarity between service providers and service users?

2. Assessing the relevance of the approach

- Does it take into account the importance and significance of context, power and cultural relevance? That is, does the approach connect with the everyday realities of women and girls you work with?
- Have the approaches, methods and techniques been developed in an African context?
- If not, have the approaches, methods and techniques been assessed for usefulness and relevance within an African context?
- Does the approach look out for and incorporate into it, well-being knowledges and practices already existing in the communities you are working with, that support transformative principles?
- Does the approach affirm women's agency and full diversities? Does it advance an end to intersecting oppressions and a transformative vision?

3. Assessing the implications of our approach

- Does it encourage individual and collective reflexivity?
- Does it include care and protection for service providers and carers?
- Does the approach lead to a belief that well-being is the sole responsibility of the individual, or encourage more collective thinking?
- Does the approach reinforce the idea that there is something wrong with the person who is distressed, or enable service users and service providers alike to bring attention to inequities and stressors in the broader environment?
- Does the approach encourage and potentially lead to meaningful social action?

Planning our interventions

You can use the following questions to reflect on how your organisation plans therapeutic interventions.

1. Do our interventions politicise rather than pathologise women and girls?

Things to be cautious of

- Does the person feel their responses to their experiences are 'dysfunctional' rather than the ways they have been harmed and violated?
- Does the service user come to believe that they are passive victims of a disorder because their responses are considered dysfunctional?

Things to work towards

Putting women's and girls' experiences of violence, harm, marginalisation and abuse in political, social and cultural context rather than reducing their experiences to problems internal to them.

2. Do our interventions focus on current social, cultural and political contexts?

Things to be cautious of

Focusing only on the individual means we tend to look for causes of distress usually in the past.

Things to try to achieve

Instead of looking to the past only, we also look at what continues to happen in the social, cultural and political world of the individual *now*.

3. Do our interventions show the strategies that the perpetrators used?

Things to try to achieve

Our interventions should reflect on and challenge the strategies of oppression, harm, marginalisation and violence that form the context of the distress that women and girls experience. For example, rather than viewing memory difficulties and painful remembering as the result of faulty cognitive processes, a transformative, feminist approach might:

a) reflect with women and girls on the ways in which perpetrators and those supporting the perpetrator, *actively try* to shatter their assumptions about themselves and the world, and disrupt their memory and

b) focus on challenging strategies of perpetration by supporting communities to break cycles of violence within it.

4. Do our interventions focus on responses rather than effects?

If we view emotional distress as a form of protest, a 'response-based' approach looks out for, names, and validates the ways women and girls express resistance to violence by refusing to be content, 'dissociating' from an unbearable reality, lying awake at night, withdrawing their interest and affection, becoming unpredictable, refusing to speak openly, becoming intensely vigilant, and acting with extreme caution[62].

Talking about how women and girls respond to their experience highlights how they take a position against adversity, rather than just how they are *done* to by it. Responses show women's and girls' qualities, abilities and values. Exploring responses helps support women and girls to critically reflect on how oppression works and new possibilities for transformative action can emerge.

Things to ask ourselves

- Do our interventions help women and girls reflect on how they *responded* to their experiences?
- Do our interventions honour and support these acts of resistance by reflecting on, and addressing the social, cultural, political and interpersonal abuses they point to?

[62] Renoux, M. & Wade, A. (2008). Resistance to Violence: A Key Symptom of Chronic Mental Wellness. Context, 98, 2-4.

- Do our interventions reflect on the ways that women and girls stay connected to others?
- Do our interventions enable us to reflect alongside women and girls, on the ways that they preserve or reassert their dignity and control?

5. Do our interventions link hope, hopelessness and social transformation?

If hope is central to the capacity to continue, how can this be built into interventions supporting healing, health and well-being? And how can we encourage a collective process of building hope?

Questions we can ask:

- Do our interventions enable women and girls to claim greater agency over their lives?
- Do we provide space individually and with communities we support to think through how to manifest hope?
- Does the way we communicate, the physical space we provide, and the ways we relate with service users inspire a sense of hope?

Reflexivity in our interactions

At the heart of a transformative approach is how we relate to our service users. Here are some reflections and questions we could ask ourselves as individual service providers as we reflect on the ways that we relate to, and communicate with the people we provide therapeutic support to:

Reflecting on my relationship to the service user

To reflect on how we approach our contact with service users, we could ask ourselves questions that support and encourage the service users to be agents in their healing processes.

1. How does the approach, method or technique I am using, position me in relation to the service user, group or community I am working with?

- Am I positioned as the expert?
- Am I positioned as facilitator?
- Am I positioned alongside them? Or with greater authority than them?
- Am I positioned as collaborator or ally?
- What are the opportunities and benefits of being positioned in this way?
- What are the constraints and consequences of being positioned in this way?

2. What am I feeling in my body as I enter into this relationship with this service user?

- Am I feeling hopeless and apprehensive? Is there tension in my chest and knots in my stomach?
- Am I feeling hopeful and energised? Is there space in my chest and a calm feeling in my body?
- What might help my body to feel the way I would like it to feel to meet the service user where they are and be responsive to their needs? What do I need from my organisation? From my colleagues? From my friends/ family? From myself?

Improving my skills and capacities

Transformative practice will require adapting existing skills and capacities or learning new ones. Consider what capacities you already have and what you might need to learn in order to implement transformative practice.

- Do I understand the context I work in? Am I sensitive to it?
- Do I understand human psychology and have good counselling skills?
- Am I sensitive to how I ask questions?
- Can I share information, ideas, develop knowledge?
- Do I understand group dynamics?
- Am I in touch with myself and continually work on self-awareness?

Reflecting on my assumptions

We could liken self-reflexivity to a set of private questions transformative, feminist practitioners/service providers continually ask themselves, such as:

- What made me make that comment/ ask that question/ engage in that action? What was my intention?
- What thinking was informing me in that moment?

- What cultural or family stories or personal experiences or theories might have been influencing me to make that comment/ ask that question/ engage in that action?
- What was the service user's response? How can I enquire about their views to understand their response more?
- What was I feeling/experiencing in that moment? Why? How did it shape my response to the service user? Was it useful? How do I know?
- What assumptions am I making about this person? Where do these ideas come from?
- What are the exceptions to these assumptions?

Getting feedback from service users

Examples of the sorts of questions transformative, feminist practitioners might ask service users, include:

- "What would you like to get out of talking with me today?"
- "How will I know if how we are talking is helpful? How will I know if how we are talking or something I say, is not helpful to you, or you just do not agree?"
- "What do you think about what I just said?"
- "…….This is what I was thinking; what are your views?"
- "Is this intervention what you expected and wanted when you decided to come here?"

Introducing confidentiality

Given the importance of volunteers and community activists, non-professionals need to be trained in basic confidentiality skills and ways of bringing service users into conversations about confidentiality. There are general rules around confidentiality based on respect for a client, and there are also rules that are defined by law and professional codes of conduct, so consider these in how you approach the question of confidentiality. For example, where a client shares information that suggests that they may be about to harm themselves or others, this typically would need to be shared for them to received appropriate support. With these differences in context in mind, non-professional emotional health support workers should discuss how confidentiality is handled with the client at the start so that it is clear and there can be an environment of trust. This should be done in a way that makes the client feel safe and their rights respected.

Service providers can use a sheet like this one to help with the conversation about what the limits of confidentiality are. You can customise it to the legal/ professional context where you are working.

What I definitely will not share with others	What is up for negotiation between us	What I definitely must share with others
Include details about the nature, importance and limits of confidentiality	Include details about how feedback from the service user will be obtained and how the service provider will know if the service user is not able to give honest feedback or does not feel that the service provider is working alongside them	Include details about who will be informed and why and how the service user will be engaged in the process so that feedback is sought, and collaboration is still a central part of the process
Anything about the personal life of the client that the client has not explicitly given permission to share, as long as there is no concern about risk of harm to anyone		Anything that suggests that anyone is at risk of harm

Being both directive and collaborative

There can be times when we must take action that is contrary to what the service user wants. Despite the fact that we sometimes have to insist on a course of action (that is, be directive), there are still collaborative ways of doing this. For example, service providers might ask questions based on relational reflexivity, such as:

- "What do you think about what I have just said? Given that I have to inform..... what is happening, to ensure the safety of ....., how can we do this together in a way that would feel the most helpful to you?"
- "What is your worry about what might happen now? How can we take those worries seriously and address them?"
- "Who else might help us think about what to do now that this course of action has to happen?"
- "How can we continue to build on this relationship post this action that I have to make?"

Honouring the agency of women and girls is not always straight forward and may come with a set of difficult dilemmas with regards to fulfilling our duties as practitioners *accountable for* the safety of women and girls and fulfilling our commitments as activists *accountable* to women and girls. It can be helpful to share the dilemma with service users, but not in such a way that the service user is left with the task of solving the dilemma themselves.

For example, we may say something like: "Because of my professional duty to keep you safe and because I want to make sure you are not harmed further or killed, I have to speak to ..... about what you have told me. At the same time, it is very important to me that you trust me and feel able to work with me in this process. How do you feel about this?"

Reflecting on how we do assessments

In a traditional approach to assessment, the service user's experience is understood by using fixed and pre-existing concepts and categories and the focus is on exploring and defining the problems of the service user. This type of assessment views the service provider as 'knowing' and the service user as passively receiving that knowledge. In addition, it locates problems in the individual. **Rather than positioning service users as objects, we can use the assessment process to begin collaboration. The service provider and service user jointly and collaboratively assess the problems.** The following questions help us think through how we are conducting assessments:

I have often begun with a contextualising introduction that goes something like this: As you probably know, one of the things I'm required to do is write up an assessment of your situation. However, because this assessment is a story about your life, I would like to propose that we do it together. What I would like to do is ask you a series of questions to get some information and write down much of what you say so I can make this assessment as close to your words as possible. When we finish, I will write it up and we can go over it and see what you think. We can see what fits for you, what doesn't fit for you, and what you think we should add. How does that sound to you?

— Madsen[63]

What are we assessing and how does it relate to what we discover?

- How can our assessments honour the person in their relational, cultural, social and political context?
- How can our contact with service users from the start, link women and girls' experience of distress to their position and experience in the world?
- How can we critically reflect on what we bring into the assessment, in terms of our personal experiences, assumptions and worldviews?
- The following assessment questions can help draw out the resources, values and preferences of service users:

On people's relationships

- Can you tell me about your life?
- Who are the important people in your life? As I get to know you better, what do you think I might particularly appreciate about you?
- Where would you like your life to be headed?
- What things, people and/or activities are most important and meaningful to you?
- Who in your life best knows this about you, that you hold these values, beliefs and wishes?
- Where did the skills and qualities you most admire about yourself come from? What is the history of how they came to be part of your and/or your family's life?
- How do people in your life help or hinder you with respect to these values, beliefs and wishes?

On the issues they are grappling with

- How do you understand the problem that has brought you to me?
- What concerns do you have? What are your biggest struggles?
- How have you tried to resolve these difficulties?
- Who/What gets in the way of your attempts to resolve your difficulties? Who/What helps?

[63] Madsen, W.C. (2007). Collaborative therapy with multi-stressed families. (2nd edn.) London: Guilford Press.

- In what situations is the problem most/least likely to occur?
- What is the effect of the problem on you and your relationships?
- How does this problem interfere with what you want out of your life?
- What broader cultural support does the problem receive? What ideas, and experiences support the problem to exist?
- What alternative ideas and experiences would need to emerge in your life to support the changes you would like to see?
- What does well-being look like to you? Who else is involved in this experience of well-being in your life?

On their experience of support and what they feel they need

- What has been your experience with people providing help (good and bad)?
- Who is currently supporting you?
- What impact does that have on your view of what is and is not helpful from others trying to support you?
- How might I and those within my service be different so that we are helping you the way you want to be helped?
- What has supported the problem to exist, with respect to political, social, community, family, interpersonal and personal issues?
- What has supported your ability to challenge the problem, with respect to political, social, community, family, interpersonal and personal issues?

Part of our assessment could also include questions that explore the service user's multiple contexts:

- What did you learn from family and friends that have contributed to your ideas about this issue?
- How did your personal experiences shape these ideas?
- How do your ideas fit with the culture(s) you grew up in?
- How have your ideas been influenced by religious or spiritual beliefs?

- How have your ideas changed over time?
- If you had been born male rather than female (or vice versa) how might this affect the ideas you have about yourself?

Helping service users reflect on their values

Being able to reflect on our values is an important part of being moved to act for the better. We can show curiosity by asking:

"Can you tell me the history of this value? How did you learn about it? How and when did it become something that was important to you? Who introduced you to these ideas? Who else in your life now, knows that you have this value? How do they know? What do they see you doing that lets them know that? Who else in your family, or life in general, past and present, holds these values? What stories have you been told in your life about past relatives and/or ancestors who also had these sorts of qualities/values/skills?"

If a service user describes a change in how they understand themselves, we can link this to the possibility of new action.

For example:

Service user:
"I did resist. You are right. I had not thought about my behaviour in that way before. And we are a people who have always resisted harm".

Service provider:
"How does this new understanding of yourself and your people, as having power and fighting back, inform what you might do in the future to address the issues in your present life?"

If service users describe acting in new ways, new behaviour can be linked to new ways of understanding themselves and their situation:

For example:

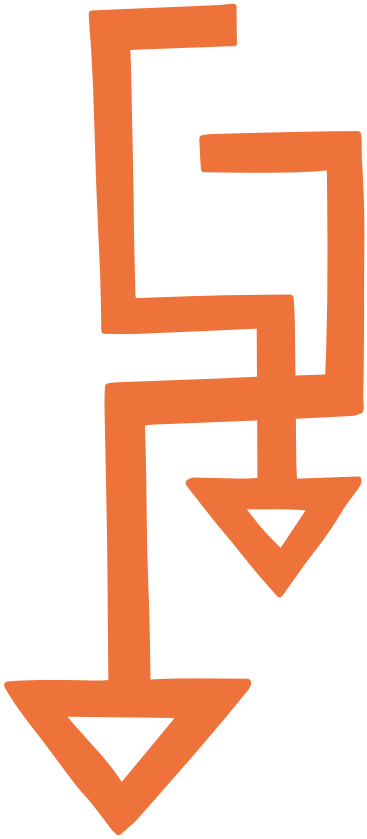
Service user:
"My children tell me that I have been speaking up more, that I am not so silent and private with my emotions".

Service provider:
"When you act like this what does this say about you? How does it inform, change, shape, influence your view of yourself?"

Letting our body speak for us – staying embodied

The service provider could also ask the service user to reflect on the responses in their bodies:

- How did you feel in your body/inside/ what response did you notice in your body, when I suggested x?
- Did any of your bodily responses give away a particular preference for one or other option? Sometimes when people hear an option they prefer, they feel relief in their bodies, or if they hear an option they do not prefer, they might experience tension in their bodies. What did your bodily responses tell you about your preferences/views on the subject?
- Who in your life would agree with your preference and who would not? Where do their ideas come from?



[64] Freire, P. (1972). Pedagogy of the oppressed (4th ed.). Harmondsworth: Penguin

Liberation is a praxis: the action and reflection of men and women upon their world in order to transform it.

–– Paulo Freire[64]

Case studies: exploring transformative praxis

The following section features case studies of transformative practice addressing trauma related to violence against women/girls, HIV and AIDS and/or mental health and emotional well-being. They are intended to provide ideas and examples of intervention and how transformative, feminist principles can be put into practice in a range of organisations and settings.

Supporting women and girls – the Rwanda Women's Network

Founded in 1997, the Rwanda Women's Network (RWN) is a humanitarian, non-governmental organisation which promotes and improves the welfare of survivors of the 1994 Tutsi genocide and victims and survivors of sexual and gender-based violence. Work is also done with women and girls living with HIV and AIDS. The network focuses on promoting a healthy, empowered and peaceful Rwandese society and works with over 52 grassroots associations in thirteen districts in Rwanda.

The network is linked with the African Network of Women Shelters which creates safe spaces for women - it is in these safe spaces that they look to women's empowerment, healing, solidarity building and consciousness raising.

A person that has gone through abuse has basic needs, for example, food, shelter, and school fees for children and when assisted, this gives [us] hope.

— Service user

The RWN emphasises the importance of working with survivors of multiple trauma, not as unresponsive therapy patients or hopeless victims, but as vital partners in their own care and rehabilitation. Part of the process is to give information about reproductive health, gender-based violence, legal rights and where to go to find legal representation. The assessment process discourages women from seeing themselves as 'ill' or 'damaged'.

RWN looks at the problems affecting women and their families in a holistic manner. This means connecting individuals with others in their community and neighbourhoods and lobbying at national, local and policy levels. Women are empowered by increasing their political, social or economic strength. Their assertiveness in collective decision-making is developed and they build skills around community participation and leadership.

Byiringiro Community Theatre Group

The Group is an example of how survivors can become agents of change in their communities. This drama and music group brings together survivors of gender-based violence, women living with HIV and AIDS and orphaned children. They produce plays that dramatise women's lives from the 1994 genocide to the present. It tells a story of hope and healing from trauma. It also tackles issues such as the legal rights of women who've been abused and assaulted by their husbands and incorporate themes such as sexual violence, HIV and AIDS, justice, peace, reconciliation and leadership. The play stars Perpetua Mukankera, a local actress who has trained in legal and human rights and has skills in advocacy and awareness raising.

Polyclinic of Hope

In 1997, the RWN developed the Polyclinic of Hope. It serves women survivors of sexual and gender-based violence, as well as widows, orphans, vulnerable children and people living with HIV and AIDS. The aim is to meet the needs of women and girls in the aftermath of the 1994 genocide. These needs include shelter, health services, psychosocial and socio-economic assistance.

The services include antiretroviral and other treatment. Laboratory services test blood, faeces, and urine. Women receive nutritional support and advice, as well as counselling and social support services. They can also access legal assistance, training, micro-credit and financial assistance to start small businesses.

With training in human rights, some volunteers have been elected as decision-makers in their communities as well as vice-mayors in their districts.

....we thought that what we needed was to create that safe haven for women. For women to feel confident, comfortable, secure in their space. We felt that this needed to be a holistic venue so that women can really interact, dialogue with themselves and each other. And interrogate their hearts and say to themselves what they want and what they want to be different.

–– Mary Balikungeri

The ‘clinic’ is not a medical space for individualised treatment of trauma. Rather it is a place of hope where women come together, support each other and challenge their circumstances. Through connection with other women, their needs are addressed, and they feel valued, free and safe.

In my experience, giving women the opportunity to engage, to participate, is the best type of trauma healing. The Western way of doing things, of going to a stranger to talk about your troubles then you go home, no! If you help a woman meet other like-minded women and facilitate a conversation - it is the best process of healing I have ever seen. Because you see them sharing with each other and realising that their issues are the same. At the end of the day, they all leave the room saying: ‘Oh my goodness, so this is what we have been going through. We have now understood it. Tomorrow let’s meet to look for solutions.’ We prepare the next day’s agenda to look for these solutions - that becomes more interesting as a conversation.

— Mary Balikungeri

I found myself at RWN and had never been in any other space and found it very helpful – having our own space helped.

— Service user

The model has been replicated in other centres in Rwanda and inspired an international workshop that brought together women from seven post-conflict countries in Africa.

Village of Hope (VoH)

It was founded in 2000 to provide housing for women who are survivors of sexual and gender-based violence and their families. It is now a community outreach program that provides psychosocial support, trauma and HIV and AIDS counselling.

Women work through stages similar to Social Action Therapy. Firstly, they are exposed to information which enables them to access social, legal, health-based, economic, physical and emotional resources. Then they are encouraged to join peer groups with women who have had similar experiences. With this support, they become volunteers for home-based care initiatives and solidarity-building processes. Some volunteers form user groups which monitor the effectiveness of these interventions.

Read more:

A Journey of Hope and Recovery:
The experience of the Polyclinic of Hope, AIR, 2011

Embodied practice – Panzi Hospital

Panzi Hospital specialises in obstetrics and gynaecology, paediatrics, surgery and internal medicine. Given its location in Bukavu, eastern Democratic Republic of Congo, the hospital became a key actor responding to the impact of armed conflict with an expertise in holistic responses to sexual violence and related innovations in gynaecological surgery in particular around fistula. In 2012, Panzi Hospital opened a cervical cancer screening project, the first of its kind in the region. Founder, Medical Director and Nobel Peace Prize winner, Dr Denis Mukwege, is a tireless advocate for the rights of women. Understanding the interface between gender, health, and justice, he leads a multi-disciplinary team that specialises in supporting survivors of sexual violence.

When the first survivors arrived at Panzi Hospital in 1999, Dr Mukwege and the Panzi staff realised that physical healing was not enough. Many survivors did not have the emotional strength to withstand the physical recovery process involving multiple surgeries over an extended period. Panzi thus began to develop a more holistic response, which has become its renowned four pillar model - supporting physical, economic, emotional and social healing. It provides a concrete example of the ways in which trauma work meets the full spectrum of the needs of survivors of sexual and gender-based violence, women who have suffered complex gynaecological injuries, and other marginalised groups of people. They create a safe space that supports not only women's physical healing, but fosters their emotional recovery, helps to rebuild their livelihoods and works towards sustainable restoration of their communities through education and advocacy, including through access to support for legal justice.

Psychological care is given to women who are distressed as a result of the violence they have experienced both in the immediate and as part of longer-term support. Therapeutic interventions around emotional health include group-based music, theatre, dance and drumming programmes. Between 40 to 60% of women treated at Panzi Hospital are unable to return to their homes because of the extent of their injuries, ongoing violence, or most often, the deep stigma associated with sexual violence. These women continue their healing journey at Maison Dorcas Aftercare and Community Centre. Survivors are linked with other women in the community and offered group and music therapy. Working side-by-side with other women helps to break down stigma

and bolsters each woman's support network. In the music therapy program, they participate in a rhythm exercise to help connect their bodies and minds and also to build trust between the women. Participants work with both a psychologist and a professional music producer to write and record songs in the program's recording studio. The songs are released through radio broadcasts, social media and also performed at community concerts. This exposure helps to break down stigma about sexual violence.

The Panzi model also attends to the economic disruptions that survivors face as a result of both conflict and violation. Through livelihoods programming, women are given socio-economic assistance through skills development. They are trained in literacy and numeracy, small business management and other skills to develop a livelihood. The City of Joy, linked to Panzi Hospital, focuses on leadership training for women activists that support women's rights and justice for survivors. In addition, women benefit from continuous psychosocial and medical care. This includes group and individual therapy in a safe house.

In its interventions on the broader environment, the Panzi Legal Clinic supports legal justice for survivors. Each year, hundreds of complaints linked to sexual and gender-based violence are filed, often leading to successful prosecutions. The Legal Clinic also works with judicial authorities to reduce the time it takes to close a case and obtain judgement. Education and advocacy initiatives support work to address the root causes of violence. Panzi's Badilika (Change) Program increases the accountability of the Congolese government and local authorities to protect human rights, reduce women's vulnerability and practice good governance. The Badilika team ensure that all Congolese people are aware of their rights, responsibilities and the level of accountability they should expect from their leaders. Dr Mukwege is committed to using his international platform to bring the voices of women and vulnerable communities to civil society and government leaders.

Community consultation – Adilisha Child Youth Development and Family Preservation

Adilisha Child Youth Development and Family Preservation is a Tanzanian non-governmental organisation that supports traditional and rural communities to challenge abusive practices and oppressive institutions

so that children and young people can reach their full potential, develop in a supportive and stimulating environment and be free from harm. ' *Adilisha'* is a Swahili word for 'promoting justice' 'teaching ethics' and/or 'guiding wisely'/ 'to edify'.

Adilisha is committed to social, cultural and community changes that help to support the needs of children and young people. They do this by:

- Lobbying for the protection of children and young people from harm
- Supporting children and young people to realise their potential and promoting children's human rights
- Supporting parents, other adults and elders to invest in their children
- Working in collaboration with other agencies, organisations and departments
- Promoting the importance of listening to the needs, views and experiences of children and young people at the family, community, societal and public decision-making level
- Supporting parents with parenting, helping to develop connections and links across generations and promoting good health and conducive family environments for children, young people, parents and families
- Providing counselling and psychosocial support for the most vulnerable children, young people and families.

Child Protection and Youth Development

Adilisha runs a mobile school for street children. This school provides formal education but also an environment where children and young people that do not have a fixed home or stable family environment can develop their confidence, esteem and voice. They are encouraged to reflect on the multiple contexts that led to them living on the streets and to develop social action that changes their circumstances for the better. This involves HIV and AIDS prevention activities, income-generating activities, job creation, and support for developing and setting up businesses.

Family Preservation

Under this stream of work, Adilisha focuses on families and how they can provide a safe and supportive environment for their children. It consists of providing parenting skills, support to protect children's properties, sharing information about early childhood development and developing opportunities for families to engage in income-generating activities.

Advocacy and Lobbying

Adilisha engages in lobbying and advocating for women's rights and empowerment, children's rights and awareness-raising within and outside of communities.

Adilisha uses a range of storytelling methodologies, including memory books, to engage children and adults in critical conversations around life experiences and confront and transform cultures of violence against children.

Story-making is used to support children to express their views, feelings and hopes, as well as to communicate their fears and difficult experiences. Children create a Superhero book which explores and shares the challenges in their lives – the book helps them explore the resources they might draw on to help them. The stories are also used to support the relationship that children have with their parents.

Family Memory Book

In their work on HIV and AIDS, Adilisha use the Family Memory Book methodology. Memory books were devised as a way of supporting women to take ownership of the process of disclosing their HIV status to their most valued relationships - which is most often with their children. Preserving memories is often an important part of any grief process. The Memory Book work is also an attempt to ensure that children and young people living with HIV and AIDS do not grow up feeling abandoned or resenting their parents. The memory book was first developed for African parents living with HIV and AIDS who wanted to find ways to disclose their status to their children and talking with them about their past, present and future. They wanted ways of documenting their family history, traditions and important personal information for their children, as well as build ties between their children and the extended family network who would care for them after the parent's death. The books prepare children to cope with loss and its aftermath. For many of the families, the idea of writing about the family was a natural continuation of the oral tradition which, in more settled times, helped children to gradually absorb the history, culture, beliefs and rules of their community through storytelling. Alongside Memory Books, parents can use a Memory Store or Memory Basket, which provides a safe place to keep a few 'treasures'- small household or personal items which would keep children connected to the memory of their parents after death. The Memory Book guidelines help parents to think about the sort of information their children would need to understand their parent's illness, their cultural origins and reconnect with the extended family.

Parents and their children work on the memory book together - one child per memory book, so that each child engages in a unique and personal process with their parent and has a book of their own. The book might include:

- The family, cultural and ancestral history
- The child's interests, qualities and abilities
- Sensitive disclosure of the parent's illness
- Details about how to care for the parent
- Will writing
- Hopes and wishes for the future
- Plans for the future - this can include securing the children's rights and properties.

Families are often strengthened by writing the book. They can share difficult stories with each other. It can also challenge the sexist exclusion and blaming of women, by giving them and their children direct access to the stories and experiences of their lives. The Memory Book project shows how social, community and relational responses to people living with the consequences of HIV and AIDS are central to their well-being.

Shi Kome

For community dialogues, Adilisha uses the Shi Kome approach as a way to challenge violence against women, particularly in fishing communities of Ukerewe, Meatu and other parts of the lake zone in the Mwanza region of Tanzania where Adilisha works. Shi Kome means the act of 'elders teaching youth around the fire'. Children and other close relatives meet in the evening to discuss important issues and seek advice from their elders. Typically, male children and relatives meet with male elders - and female children and relatives meet in the kitchen - to talk about the ethics, knowledge and customs of the ancestors through stories and proverbs. It is also a space for young people to speak to any wrongdoing, seek forgiveness and gain support in realigning their behaviour with their ethics and values. Adilisha also uses this space and process to join elders and talk to them about traditional practices that are harmful to women and children.

In ad hoc meetings, Adilisha recruit men who support feminist ideas to join their male activist groups. They become Adilisha ambassadors at the community/grass roots level. Adilisha provides these activists with the skills and tools to lobby for more men to join their movement and become ambassadors of change in their families and communities. These men join the Shi Kome process and use it as a forum to meet and dialogue with decision makers in the community about the impact of this practice on women and girls. In these meetings, Adilisha activists use the dialogues with community elders to share information. For example, they will talk about laws and regulations, and about successful women from their communities who were able to thrive because they challenged the constraints and negative attitudes about women.

At first, working with men to challenge gender-based violence was not received well. It was a new thing and they told us about their traditions and why they are doing that and how important it is. The men believe in this so much that they believe that if this is not done there will be side effects on the whole community. So we talk to them about the negative effects of the practice on not just the woman, but on the entire household.

–– Ladislaus Mushaba

Adilisha workers are challenged to talk with community village elders in rural areas in ways that show respect, whilst also placing their assumptions, beliefs and practices in social, political and gendered context. Underlying assumptions of this approach are that:

- Cultural traditions are profound, complex and often heavily entrenched within the communities that practice them.
- **As with any belief system in the world, cultural traditions can be enabling and healing or oppressive and harmful.** Of course, they can also be both. It is important to locate them in a cultural, historical, political and social context and reflect on them from the point of view of those who are most disenfranchised.
- Accountability is a crucial concept. It requires that service providers in their work with community elders, privilege the experiences, needs and feelings of those who have been subjected to violence and harm
- It is important to engage men in the process of eradicating gender-based violence.

Bringing communities together – The Women's International Peace Centre (WIPC)

Communities are very important in the recovery process and can either hinder or support progress. They are therefore central to any transformative approach. The work of the Women's International Peace Centre (WIPC, formerly Isis-WICCE) provides an example of healing in and through community after armed conflict.

In 1974, Jane Cottingham and Marilee Karl founded Isis-Women's International Information and Communication Service. Seeing the need to link women in their struggles for empowerment across geographical borders, they established an international women's information network.

In 1997 Isis-WICCE started detailed research on the impact of war on women in central, south west, northern and north-eastern Uganda. This included women's efforts to rebuild their communities. Women are treated as experts rather than merely sources of data. Research was followed by medical and psychological interventions to support trauma recovery. Similar research and interventions have happened in southern Sudan and Liberia.

More recently, WIPC has focused on supporting the rights of women in conflict or post-conflict situations in Africa. Its core programmes provide free medical interventions and skills development. Health camps are supported by medical screening staff, counsellors, doctors and surgeons, as well as psychiatrists, social workers and psychologists who support the mental health and social needs of women.

The women progress from service users in need, to agents of change. By joining public decision-making processes and forming new Community Based Organisations (CBOs) in their neighbourhoods, they build and enhance local capacities for peace.

WIPC also facilitates community-to-community interventions. An exchange programme supports whole communities to visit other communities who have experienced similar challenges. This encourages dialogue about the different ways in which they have responded. Communities can learn about their own circumstances from fresh perspectives. This often brings new energy and commitment towards social action. The women participating exchange stories about special skills, abilities, qualities and knowledges that each community has developed as a result of, as well as in spite of, trauma. Their stories of adversity develop into stories of hopes and wishes.

The underlying assumptions of this approach are that in any community that has experienced multiple and profound losses, violence, conflict and adversity, members are responding to their circumstances as best as they can. In other words, they are developing strategies for survival, challenging oppression and rebuilding peace. These responses speak to the resourcefulness of individuals and communities, as well as the human capacity to move towards wellness. There are always difficulties, obstacles and challenges to address and ways of further developing that creativity. **When we share our strategies for survival with others, those strategies become more visible to ourselves, as well as others - and therefore more powerful.** If messages of support are sent back and forth between different community members and between different communities, then there can be mutual support and solidarity. Those community members already taking action can be supported, and those not yet part of the transformation process can be inspired to join in the efforts.

An example of such a community-to-community exchange took place in 2013 between two organisations in Uganda. Members of Lira Palwo Women Association (LIPAWA) requested a visit to Teso Women Peace Activists (TEWPA) who had been in existence for longer, to learn from them and improve their own work. TEWPA and LIPAWA started by holding meetings with community leaders and members to discuss their concerns and to outline the purpose of the exchange. WIPC then called for a planning meeting. Knowledge gaps were identified, responsibilities allocated, activity dates set, the language that would be used and bi-lingual interpreters identified, as well as the nature, purpose and tasks of the facilitation team. As is cultural custom, the

LIPAWA members brought gifts to the TEWPA members on their visit. WIPC used the following methods to help participants explore, discover and learn from each other:

Storyline and life journeys presentations

The two groups presented the histories of their organisations to each other, as well as their transitions, challenges, lessons learnt, ways of addressing difficulties and inspirations. They discovered that both organisations "were started under a tree".

Site visits for practical learning

LIPWA members visited a number of local groups. They made notes of lessons learnt. For example: 'We are not alone in the struggle for effective post-conflict reconstruction. Voluntarism is instrumental to social development work.'

From Usuk Women Living with HIV and AIDS, they learnt:

There is an intersectionality between violence against women, armed conflict and HIV and AIDS. Post-conflict communities need economic models that ensure that money is put in women's/ survivors' hands, for them to determine their own priorities. The women are living a happy and hopeful life; are open about their HIV status and conduct advocacy sessions through music, dance and drama to create awareness of HIV in Katakwi District.

From St. Peter's Secondary School Peace and Human Rights Club, LIPWA members learnt how 'TEWPA trained teachers to promote peace in schools and in communities. The teachers rolled out the school peace clubs, involving youth in peacebuilding activities. Peace clubs have enabled students to acquire leadership skills and make friends with neighbouring schools. The school club has engaged in similar exchange visits in which pupils learn from each other. Through tree planting, music, dance, drama and sports, pupils developed their confidence and sense of themselves in relation to others.'

Oral approaches to talking around the campfire about sexual health issues

Recognising that women and leaders often do not have spaces where they can explore, share and discuss issues to do with their bodies and sexuality, the exchange group organised and invited their visitors to join them in an oral history type conversation around a campfire. They drew on cultural traditions where women and girls sit with sengas (marriage counsellors)

and grandparents around a fire, with a cup of tea and roasting goat, to talk about meaningful issues. They used this tradition to facilitate frank and empowering dialogue; using anonymously written questions about hygiene, sexual satisfaction and pleasure, sex styles, not being able to have children, the impact of alcohol abuse on their lives, assertiveness with sexual partners and family planning. Answers were explored in a group discussion.

Practical skills development

Practical advocacy and report writing skills were offered, using a simulation of a radio talk show, group discussions and skits (satirical or humorous stories or sketches). Groups discussed how they would undertake advocacy on a specific issue, based on 3 questions:

1. Identify an issue for which your community wants change
2. Identify the advocacy steps you'll undertake to address the issue
3. Identify the leader(s) you want to approach on the issue of concern

Participants explored how advocacy stimulates change, challenges in advocacy, and different advocacy strategies. Report writing skills supported the women to document their activities and successes, so they can engage policymakers efficiently and confidently.

Presentations by successful business women

Economic empowerment is an important part of women's well-being. Exchange visits have included visiting successful business women. Acowa Women's Initiative for Peace (AWIfP) 'have combined smart economics in their community development work'[68] . As one participant said:

"I am a single mother and participation in the group has transformed my life. I benefited from training, [and] borrowed 200,000shs from the group which I used to start up a restaurant. With the proceeds from the restaurant, I have been able to purchase 3 acres of land and have constructed a permanent house".[69]

Both LIPAWA and TEWPA groups went home having developed social connections with other women (and men) involved in transformative, feminist work to address gender-based violence and HIV and AIDS. They also had insights into how other groups, organisations and communities address

[68] Isis-WICCE (2016). Peer Learning and Cross Cultural Exchange Visit Between Acholi and Teso Sub-region. Theme: Women at The Frontline of Social Change, p22. Can be accessed: https://eyeeza.com/wordpress/wp-content/uploads/2019/06/Peer-Learning-and-Cross-Cultural-Exchange-Visit-between-Acholi-and-Teso-Sub-Region.pdf

[69] Ibid, 24.

the challenges that they face and what has worked for them. They had opportunities to share knowledge, develop skills and new levels of awareness as well as renewed energy to continue engaging in social action.

This approach can be used with different types of communities - communities defined by cultural connection, communities defined by geographical location, a community of people who share the same experiences, beliefs or values and so on. For example, groups for women who are survivors of domestic violence or sexual violence could 'visit'/make contact with other women in different groups to share experiences and skills.

Where visits are not possible, letters can be written and sent to other community groups to read at meetings. This sort of contact and support through letter writing, might involve a given group asking another group questions about survival and protest. They can share their knowledges and develop collective power. Here is how the process could work:

1. Consultation with the community who shares their experiences is done to
    a. develop a partnership with the community
    b. identify key themes that members feel are important to address
    c. bring to the fore the skills, abilities, qualities and knowledges that community members want to share with others
    d. make notes about both the effects of adversity on the members and the ways in which they have responded to adversity
    e. arrange what community members have been saying into themes and describe the values implicit in them. For example, if a person talks about the pain of a divided community, the implicit value being expressed is the importance of community harmony and cohesion

2. The document that is written is read back to members to get their clarification and responses. What do they value? What do they want to redefine or develop more of?

3. They reflect on and explore reasons why sharing their document with another community might be helpful to the other community as well as to the community sharing their wisdom.

4. Having read the document written by Community 1, Community 2 could be asked:

- What aspects of the story struck a chord with you and why?
- Are the issues similar or different to the issues you experience in your community?

- Are the skills that Community 1 demonstrated in responding to adversity similar or different to the skills your community have developed?
- What message would you send back to Community 1?

5. Community 2 could share their responses to the document - how it has helped them and shaped them and how they have made connections with Community 1.

6. The process could be repeated with Community 2 sharing their wisdoms in a letter to Community 1. This can be the start of an exchange based on a commitment to continue to challenge their adversity in solidarity with each other.

Community transformation to prevent violence against women – Raising Voices

Activism is central to the work of Raising Voices whose motto is: '*The strength to act lives in everyone*'. Based in Kampala, Uganda, Raising Voices is a not-for-profit organisation that works toward the prevention of violence against women and children by designing tools for prevention programming that support deep transformation of social norms and behaviours in community. Founded in 1999, Raising Voices focuses on the Africa region but has also become a global leader on prevention, including through the Gender Based Violence Prevention Network that it hosts.

Raising Voices has developed the SASA! methodology as a tool to support the prevention of violence against women and HIV by tackling the root cause of both pandemics - unequal power between women and men. Research shows that the SASA! approach is effective not just in changing attitudes but changing behaviours - leading to different ways of being and doing in community that are supportive of women's rights, health and freedom from violence.[70]

SASA is an acronym and a Kiswahili word that means 'now'. The approach is based on the four stages of change[71] outlined below:

[70] See Horn, J. 2014. "Avoidable injustices: The way to prevent violence against women". Open Democracy, 27 October.

[71] See Prochaska J., DiClemente C., Norcross J., (1992). In search of how people change—applications to addictive behaviours, American Psychologist, 47(9), 1102-14.

Read more:

- The Isis-WICCE model of empowerment, 2013
- SASA! Mobilizing communities to support change
- Sophiatown Community Psychology Services: Finding agency in a landscape of struggle

Start

During the first phase, community members are encouraged to foster *power within* themselves and begin thinking about violence against women and HIV and AIDS as interconnected issues that can be addressed.

Awareness

The second stage is about raising awareness about *power-over* with respect to gender.

Support

In the third stage, there is a focus on how community members can support women experiencing violence, men committed to change, and activists speaking out on these issues by joining their *power-with-others*.

Action

Joining together in this way facilitates the use of collective power towards social action. This *power* to highlights the ways in which the status quo can change.

Ten years after its launch, Raising Voices has created a revised edition called SASA! Together which draws on learning from implementation.

Although Raising Voices does not implement programming, it is aware of how central well-being is to both its staff and advocates engaging in prevention of violence against women. It advocates for and centralises work around well-being in all of its programming approaches and in its knowledge production.

Caring for wounded healers– Sophiatown Community Psychological Services (SCPS)

Sophiatown Community Psychological Services (SCPS) is a psychosocial support organisation based in Johannesburg, South Africa. The organisation provides a range of innovative services for marginalised children, families and communities and work with the mental health challenges of poverty, violence, forced migration and HIV and AIDS. Being sensitive and responsive to service

I was afraid to challenge people to take responsibility at work as I didn't want to step on their toes. I was very stressed and not coping as I believed I had to be strong for everyone and neglected my needs in the process. Through these sessions I have learnt to value myself, to speak up and to stop contributing to my own abuse. I am now less stressed, and I am in control of my life and have been teaching other women the same.

— Mama Victoria, 74 years old

users' gender, cultural and socio–political and economic backgrounds, they often move beyond conventional approaches to counselling and working with trauma.

Supporting community health care workers

An important part of their work is a 'caring for the carers' programme called Siyabanakekela. The programme supports those who are in care-giving roles in the community and in organisations. Care work was initiated by the government in the 1990s as a response to the HIV and AIDS epidemic. When the healthcare system was not coping with the impact of the epidemic, mostly female volunteers responded by offering care. This suited the strained health care system and created an expectation amongst the mainly young and poor women, that some employment would be created. However, most of these care workers have taken on the emotional and physical labour of care without much recognition.

Home-based carers and community support workers face various challenges. Their responsibilities never end. They include both caring for patients who are HIV positive and orphans emotionally affected by HIV and AIDS. In addition to all of these responsibilities they are also caregivers in their own families. They are mothers, grandmothers, sisters and aunts. Some of them live with HIV, while others care for children and relatives who are HIV positive. Their lives are stressful, and they often carry on with little resources to support them.

The idea behind the work is that **carers who have their own hurts and wounds attended to, will be able to care better for the hurts and wounds of others.** Breaking the silence and sharing experiences with each other, helps find sources of support and solidarity. Carers who find their own voice and are able to speak out against injustice, will be able to allow others to speak for themselves as well.

Care workers go through eight all-day sessions spread over eight weeks. After about two to three months where they are given space to integrate and test their learning, they come back for monthly follow-up sessions.

The training is aimed at

- Strengthening the work of the care workers. This is based on the belief that if the wounded healer goes through their own process of healing, they can contribute better to the healing of others.
- Creating and maintaining a safe space for reflecting on the emotional and psychological impact of their work on them.
- Supporting care workers with coping and stress-management skills so that they can manage to work more effectively in a stressful context.

- Creating and facilitating a safe and supportive space for debriefing and releasing historic and current distress and trauma.
- Developing a shared peer support space.
- Increasing self-awareness, awareness of others, and building effective interpersonal skills, addressing work and in personal relationships.
- Developing a sense of personal and collective agency as a foundation for advocacy.
- Transferring their newly found fire to their own children.
- Building, maintaining and enhancing networks of support in communities by supporting, empowering and giving skill to carers.

Creating a caring organisation

Other ways in which activists are supported at Sophiatown Community Psychological Services is through caring for the carers. Care is structured into weekly, monthly and quarterly routines which have become an integral part of the work culture. These routines include:

Monday Morning

Highlights and Lowlights meeting

Every Monday, we share the highlights and lowlights of our previous week and outline our plans for the week ahead. The discussions are recorded and give insight into what we have been through as well as the impact of our work on others. They also help with indicators of change during report writing time. Administration and support staff are also given space to reflect and express their thoughts and feelings. Sometimes team members share joyful and tough personal experiences. This sensitises everyone to where colleagues are at emotionally and alerts to any further support they might need. This is a time of deep listening without judgement. Being surrounded by respectful and supportive team members assures us that we are going to get through challenges and that we are part of something bigger than ourselves. It is also a time to acknowledge hard work. We are frequently reminded that in our broken communities and society, we still have people with passion and fire to cultivate hope and advocate for the rights of the marginalised. We often leave that space with hope. These meetings prevent staff from becoming overwhelmed, isolated and disconnected, or from feeling a sense of guilt and shame about not being “good enough”. At

Our Strengthening the Wounded Carer programmes offer opportunities for carers to transform their own experience with loneliness, depression and fear into a true gift for others.

— Mpumi Zondi

this meeting, each team member is given a sense of being witnessed and acknowledged and encouraged for the week ahead. Finally, the meeting contributes to a sense of accountability to each other.

Soft Moments

The soft moment space happens once a month on a Friday morning for a period of 30 minutes to an hour. Each person shares their achievements or "soft moments" of that week. Staff are encouraged to think about even the seemingly small moments that were soft in their hearts - things that made them smile or feel that they had succeeded at something. At the end of the meeting, the team shares refreshments.

Staff meetings:

Staff meetings in many organisations are mostly about administration issues. Although necessary, they can be dry and boring. SCPS approach their meetings differently. The administrative business is conducted in the middle part of staff meetings. The first part is a reflection question. The last part is the conversations from the heart. The purpose is to connect and to enhance our understanding of one another.

- Reflections - Questions are raised by a reflector who is elected at the previous meeting. Questions can be light-hearted, such as: *If you had the powers who would you get rid of in our Parliament? We also reflect on personal issues such as, What would you like to stop doing in the next year? Or - Finish the question "I should not be discouraged by ....."*
- Conversations from the Heart - These conversations differ from month to month and last for at least an hour and half. We discuss our opinions on topics both as "counsellors or administrators" but also as people who have complex histories and diverse experiences. An example of a topic might be: *Are we human right activists, and if we are, how is that visible in the way we do our work?* These discussions help to acknowledge and embrace similarities and respect our differences so staff don't hide their uniqueness or vulnerabilities. It is also a team-building activity as staff are also able to build genuine relationships and unity amidst the disagreements.

Supervision

Every week, counsellors gather with their respective clinical supervisors who are experienced clinical social workers. These sessions last for about 4 hours. Each counsellor prepares a genogram of the family they are about to present and introduces the family to the team. If it was a first session, they focus in depth on their assessment and history taking. If it is not a new client, they discuss their interventions. They will also discuss the emotions that were expressed and their own evaluation of the session.

This space is interactive. The presenter is asked questions by the team in an attempt to further understand the clients' context. These questions help the presenter to also reflect on issues they might need to follow up on or focus on in their next session. Sometimes heated debates and discussions come out of a presentation and might lead to "the burning issues" that need to be discussed. At the end of the presentation, the supervisor might guide the counsellor on how to approach their next session.

Supervision is a safe and containing space where counsellors collectively reflect on their counselling relationships and processes with clients. Our clients often carry a lot of heavy stories and feelings into the sessions. The counsellors have a responsibility to listen empathically, getting into the depths of the problem. This process often helps the client and the counsellor to make sense of the client and their problem so that they can work towards facilitating change. This relationship is built on honesty, genuineness, openness and trust. It demands that the counsellor is alert and intentional. **Counsellors use a lot of themselves during the counselling process. Their sense of self and their self-awareness has to be engaged at all times.**

Counsellors also get an opportunity to talk about their experiences of the sessions. This includes the session itself, the issues brought up by the client, how the counsellor responded, the skills they used, the reasons for using them and a general evaluation of the session. This includes the emotional impact of the sessions on the counsellor and the feelings that they are left with. During supervision, the counselling skills and knowledge of counsellors are sharpened as they receive feedback from the supervisor and colleagues. Supervision is a guiding and supportive space. Socio-political issues that have an emotional and psychological impact on human beings are often part of the discussions. This is helpful in sensitising our counsellors of the importance of understanding that the macro-context has an impact on how individuals interact with and are affected by their world.

Debriefing session after camps and holiday programs

Sophiatown Community Psychological Services have special programs over and above their group and individual work with clients.

There are three-day camps arranged during school holidays for children who are in a bereavement program. The purpose of these programs is to engage deeply and for an extended period with their grief of losing a parent. An emotional catharsis is frequently experienced by the children and has to be managed and contained by the facilitators.

The Parents Holiday Program targets parents of teenagers. They need to be available to participate for 5 days during the June holidays and another 4 days during the September holidays. The purpose is for parents to meet with other parents who are facing similar challenges of raising teenagers. Parents share their life journeys and learn to be aware of the things that generally affect them. They also learn about who they are and gain skills that will help them change their patterns of parenting. This process helps them improve their relationship with their children.

The purpose of the debriefing sessions after these extended programs is to support the counsellors in dealing with the emotional impact of such programs on them. It is also an opportunity to reflect on the lessons learnt.

Strengthening community activists

Community activists are given training that supports their role and offers them opportunities to reflect on themselves, their community and their work. This is attended by caregivers such as community health workers, child and youth care-workers, community activists, high school teachers and home-based care workers.

Here are the principles that guide wellness work at the Sophiatown Community Psychological Services:

1) Self-awareness should be the foundation of building well-being programs.

- Caregivers are human beings first. They have been shaped by a variety of life experiences and painful traumatic histories. They carry these experiences in their different caregiving roles. As mothers, as siblings, as well as workers. Their well-being therefore needs to start with an intense self-awareness process. It is not possible to begin to build wellness into any home-based care/community carers and activists support program without prioritizing the self. The self is the tool that they use in their work of caring and advocating for others and yet it carries all the psychological scars.
- Open spaces for their personal stories to be heard are created. These do not primarily focus on the impact of their work on them. It is in opening these spaces that their feelings are validated and contained, and their healing process begins. The healing process helps to prepare a fertile ground for them to understand who they are in relation to their work of care for others.

2) Well-being interventions should be holistic

Psychological and emotional care (self-awareness)

Through the self-awareness process, we focus on helping home-based carers to get to know themselves better, reconnecting with their histories and motivations for the work. We also allow them to share their personal backgrounds to enable them to reflect on their wounds and hurts. This is often helpful as they get to understand what has shaped them and how this affects their perspective on life.

Self-awareness also requires that they reflect on their relationships with others, looking at conflicts that may exist and learning alternative methods of managing this conflict. Often the outcome of such a process is that they end up assessing all the different relationships they are in, from extended family to work and other relationships, which in turn can begin a powerful process of healing these relationships.

Professional care

Most organisations rendering home-based care services have weak or non-existent governance structures. Caregivers have no place to vent feelings, deal with the emotional distress and trauma, or challenge organisational practices (which often border on corrupt). During this part of the work, SCPS allows them a space to vent honestly on the difficulties of their jobs driven mostly by a lack of governance and team cohesion within their organisations. They also give them skills to help manage difficult team and management relationships, to help them contribute to addressing the organisational problems. This part of the work often results in feedback sessions with the management of the organisation and proposals to work with the next level of leadership in the organisation (supervisors and managers). This is done with caution as the group needs to be ready and give consent for us to start engaging with their management.

Another contributing factor to the stress of home-based carers is the lack of knowledge and skills required for their work and general feelings of incompetence. Part of professional care is ensuring that we train them in skills that will help them improve their services to the community. (E.g. basic counselling skills, helping families with grief and loss, etc.). This skill development also increases their competence, confidence and self-esteem.

Spiritual care

Home based carers are often encouraged to connect and sustain their spiritual life, regardless of what type of spirituality it is. This contributes positively in taking care of their well-being. We also begin and end all our sessions with a specific ritual that is agreed upon by the group. The most commonly used ritual is song and prayer or a quiet moment that speaks to their spiritual lives, e.g., reflecting on “letting -go” or “living in the present moment”.

Physical care

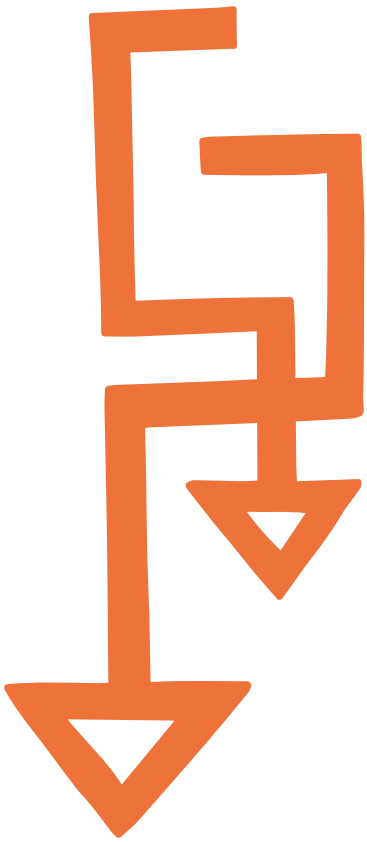
Taking care of the body is as important as all the other areas mentioned. When we work on stress management strategies, we spend time talking about how we can better care for our bodies. We examine our daily behaviours and how we can make small and manageable changes towards caring differently for our bodies.

3) Building well-being is a process not an event

The program requires a lot of patience. The minimum time facilitators work with one group is for a year. This helps in building relationships and developing trust with the home-based carers. Most of the time, the carers will trust the facilitator more than trusting each other, despite coming from the same organisation, which is a challenge to the process. Another time-consuming process is engaging their supervisors and management. However, we have since learnt that we can't work with home-based carers in isolation, otherwise the changes can't be fully sustained. We must also influence their environment.

4) Building well-being requires a multi-skilled person/s to lead the process

The facilitator/s of these sessions need to be highly skilled. They need to have facilitation, counselling skills and an in-depth understanding of community organisational dynamics. This work should never be done as an afterthought. It needs to be led by a person/s who can be fully present for the process. They should be open to their own support and debriefing space as it is emotionally draining work.



V.
Supporting the well-being of activists and practitioners

Why care and protection for activists is important

Well-being for practitioners

African feminists are increasingly asserting the importance of self-care for practitioners. This is because our approaches are not only about what we do with, or for others, but also what we change in ourselves. Practitioner well-being is being able to prioritise one's needs and to prevent burnout from the stress of constantly being exposed to distress and injustice both directly due to activism and through the lives and experiences of the clients and communities that we serve. Self-care affirms that it is a woman's right to be well, safe, and fulfilled in her work. As the late African-American poet, activist and author Audre Lorde is famous for saying, 'Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare'[72].

[72] Lorde, A. (1996). The Audre Lorde Compendium: essays, speeches and journals. London: Pandora, 332.

Origin of the concept of burnout

Herbert J. Freudenberger, a German-born American psychoanalyst was one of the first to describe the symptoms of professional exhaustion. He defined burnout as resulting from excessive demands on energy, strength, or resources in the context of work, particularly the consequences of severe stress experienced by people working in the caring and helping professions.[73] Freudenberger compared job burnout to a burnt-out building:

'If you have ever seen a building that has been burned out, you know it's a devastating sight. What had once been a throbbing, vital structure is now deserted. Where there had once been activity, there are now only crumbling reminders of energy and life. Some bricks or concrete may be left; some outline of windows. Indeed, the outer shell may seem almost intact. Only if you venture inside will you be struck by the full force of the desolation.'

Self-care can be difficult for feminist activists because our energies are so often connected to not only supporting others, but to challenging oppressions. Women are also often socialised to put the needs of others before themselves. But **self-care is a fundamental necessity for activist practitioners.** Often, we are especially vulnerable to personal, social, physical or emotional attack because we challenge dominant social attitudes, structures and hierarchies and because we are women.[74]

Some women's rights activists live and work in militarised contexts where violence is used by state and non-state actors to violate and oppress women and 'keep them in their place'. Many are targeted through sexual harassment and verbal abuse. For example, when activists are detained after demonstrations or advocating for service users, there is often verbal abuse based on gender, threats of sexual assault, sexual violence, rape, threats to family and children. **Gender and sexual stereotypes are used to harm their reputation, question their competence, skills and abilities and undermining, ridiculing, and/or de-legitimising their work. These forms of harm often go unrecognised, undocumented and unpunished.**

The call for attention to self-care is on the personal, relational, organisational, societal, cultural and political level. By politicising self-care, we place responsibility for care with governments, organisations and communities, and not just on individuals. We also challenge the idea that self-care is selfish.[75]

Until recently, many women did not believe that it was politically correct to talk about their work-related distress and stress. They thought distress went with activism and was too minor to talk about. These days, room is being created to talk about it. Women talk about being distressed by mostly fundraising and worrying that there might not be money for salaries. They worry about the women they support because change brings conflict and there are hardly any structures and systems to support 'rebellion'. They also have problems because of being alienated from their friends and families, not being available for their children, spouses and extended family. Always busy. They talk about health and fear of taking a holiday. What emerges is that they spend a lot of time doing what they consider to be work but do not see well-being as work. Self-care makes them feel guilty. The situation is harder in armed conflict countries or countries going through political changes.

— Hope Chigudu

Solidarity with others does not mean that we neglect our own needs. Transformative, feminist solidarity is about 'being alongside' people. The liberation of others is directly linked to our own liberation, and vice versa.

[73] Freudenberger, H.J. (1975). The staff burn-out syndrome in alternative institutions. Psychotherapy: Theory, Research & Practice, 12(1), 73-82.

[74] Barcia, I. (2014). Our Right to Safety: Women Human Rights Defenders' Holistic Approach to Protection. Toronto, Ontario, Canada: Association for Women's Rights in Development (AWID). Can be accessed: https://www.awid.org/sites/default/files/atoms/files/Our%20Right%20To%20Safety_FINAL.pdf

[75] New Tactics in Human Rights (2010). Self-Care for Activists: Sustaining Your Most Valuable Resource. on-line tactical dialogue on Self-Care for activists (Sept 2010). Can be accessed: https://www.newtactics.org/conversation/self-care-activists-sustaining-your-most-valuable-resource access date: 19.4.16.

"I insist... that we are also a priority in the sphere of a struggle for a better and more beautiful life. Revolutions don't happen for us to be miserable, nor do they happen for us to get sick, or for us to neglect our other lives. For revolution – as I believe in it – is an action for change so that beauty can win over ugliness, and hope can win over pain."

— Yara Salaam[76]

If we, as feminist activists, believe that women deserve care, then that includes us. Incorporating self-care into our lives allows for sustainable activism, but it also allows for sustainable living.

[76] Even the Finest Warriors, https://eventhefinestofwarriors.org/en/about-us/

What sustains us as activists?

Common themes emerge when we ask fellow activist practitioners – "what sustains you?"

The soothing joy, connection and healing in our relational and social contexts

- nurturing love in our lives and towards ourselves
- time with family and friends
- relationships with ancestors
- having social networks beyond work relationships
- being friends with other activists and like-minded people
- connecting to elders, younger people, children and grandchildren
- the gift of being able to be there for others/people
- people noticing what we need when we cannot tell them
- avoiding people who are not nourishing, supportive or understanding

The satisfying energy that goes with resisting harm and oppression

- activist successes
- seeing a difference in people's lives
- a sense that we are changing the world
- volunteering and helping others
- storytelling and helping others tell their story
- being part of a movement

The beliefs, values and activities that gave us hope and faith

- reading and interpreting the religious texts and being a part of religious communities
- the gift of magic in children
- prayer walks by the sea or in the forest
- traditional rituals that connect us to our ancestors
- meditation and mindfulness practices

Our physical connection to nature

- touching earth, sea, warm air
- light shining in the window
- salt water on my skin
- walks alone in nature

Learning and doing creative embodied practices

- dancing and watching dance
- yoga, running and other physical movement

Maintaining space and boundaries on a personal level

- sleep and silence
- affirming the right to time alone
- acknowledging that we cannot be everything to everyone
- learning to say no

Hope in action

Once you get fully conscientised and aware, you might feel hopeless, like you can't change the big structural issues. You might feel, 'I'm just me, how can I change that?' so [joy] has to be part of it. It's not something that should be seen as unimportant, because it is very important to maintain energy and motivation.

— Jean Kemitare

Despite the painful experience that can come with activism, it also comes with a sense of purpose and passionate conviction. As explored in the sections above, **hope derives from action and action derives from hope.** Through our practice, we are working to build greater hope in the communities that we serve. Recognising our contributions to this process of creating better worlds is vital to activist care, and central to the practice of joy and celebration. As practitioners, we intervene in systems of oppressive power that can feel overwhelming and have real life effects in the form of violence, discrimination and even death. Acknowledging that the work of activism matters and is essential to transformation is important, as the story of the hummingbird reminds us.

The story of the hummingbird – as told by Wangari Maathai

We are constantly being bombarded by problems that we face and sometimes we can get completely overwhelmed.

The story of the hummingbird is about this huge forest being consumed by a fire. All the animals in the forest come out and they are transfixed as they watch the forest burning and they feel very overwhelmed, very powerless, except this little hummingbird. It says, 'I'm going to do something about the fire!'

So, it flies to the nearest stream and takes a drop of water. It puts it on the fire, and goes up and down, up and down, up and down, as fast as it can. In the meantime, all the other animals, much bigger animals like the elephant with a big trunk that could bring much more water, are standing there helpless.

And they are saying to the hummingbird, 'What do you think you can do? You are too little. This fire is too big. Your wings are too little, and your beak is so small that you can only bring a small drop of water at a time.'

But as they continue to discourage it, it turns to them without wasting any time and it tells them 'I am doing the best I can.'

And that to me is what all of us should do. We should always be like a hummingbird. I may feel insignificant, but I certainly don't want to be like the animals watching the planet go down the drain. I will be a hummingbird; I will do the best I can.

Vicarious trauma and vicarious resilience

The concept 'vicarious trauma' refers to the ways in which the trauma of those who are suffering becomes the trauma of the practitioner working with them. It is thought to result from empathic engagement with service users' experiences. Practitioners start to feel anxious, afraid, sad, angry, powerless and hopeless just like their clients.

First is the recognition that this can affect me, not all of us know this. It is only when we come across discussions... that you know about secondary trauma. That it's real and that it can really affect you. So, for me, I think awareness is important to begin with; because even those who are engaged in prevention, you still get survivors coming to the office and we have to deal with them, and we have people who deal with them on a daily basis and you are not going to tell them 'sorry, we are doing prevention'.

— Jean Kemitare

Just like the impact of trauma on service users, vicarious trauma can impact on the activist's view of themselves, of others and of society. The concept of vicarious trauma is helpful in some ways, in that it can help activist practitioners understand why they start lacking trust, not feeling safe, lacking confidence in their abilities, feeling emotionally disconnected, feeling angry and being distressed. These feelings can come suddenly or develop over time.

However, a downside of this concept is that it implies that service providers experience distress because they are exposed to the traumatised person's distress over time, and are not boundaried enough or sufficiently disconnected emotionally from the service user. In a continent largely characterised by intense self-other connection, expecting service providers to adopt a 'neutral' stance can be problematic. The distinction between 'service provider' and 'service user' is further complicated by the fact that many service providers have experienced similar, if not the same, traumas as their 'clients'. Empathic connection is a strength that can be used, rather than a problem to be fixed.

Vicarious resilience is another way of thinking about the relationship between service providers and service users. It speaks to the ways in which practitioners learn about overcoming adversity from the trauma survivors they work with. It is the practitioner's connection with their client's growth, resilience and qualities, despite, and because of, the adversity they have experienced that leads to vicarious resilience. It is a type of empathic attunement with the service user's WHOLE self and their whole experience with respect to trauma and resilience. Bringing attention to vicarious resilience can strengthen resilience in the service user and the service provider.

[77] Watts, R.J., Williams, N.C. & Jagers R.J. (2003). Sociopolitical development. American Journal of Community Psychology, 31(1-2), 185-94, 187.

There is much more to the experience of oppressed people than their oppression. If this is the sole emphasis, we do little more than substitute one deficit orientation toward human beings for another.

— Rod Watts et al [77]

VI.
Practicing self-care

The following exercises are designed to support activists in thinking through how to practice self-care.

Mapping the areas where we need more care

Source: *Integrated Security: A Manual,* Kvinna till Kvinna Foundation, 2011=

The following exercise can help us map out the areas of our lives we do or do not attend to with care.

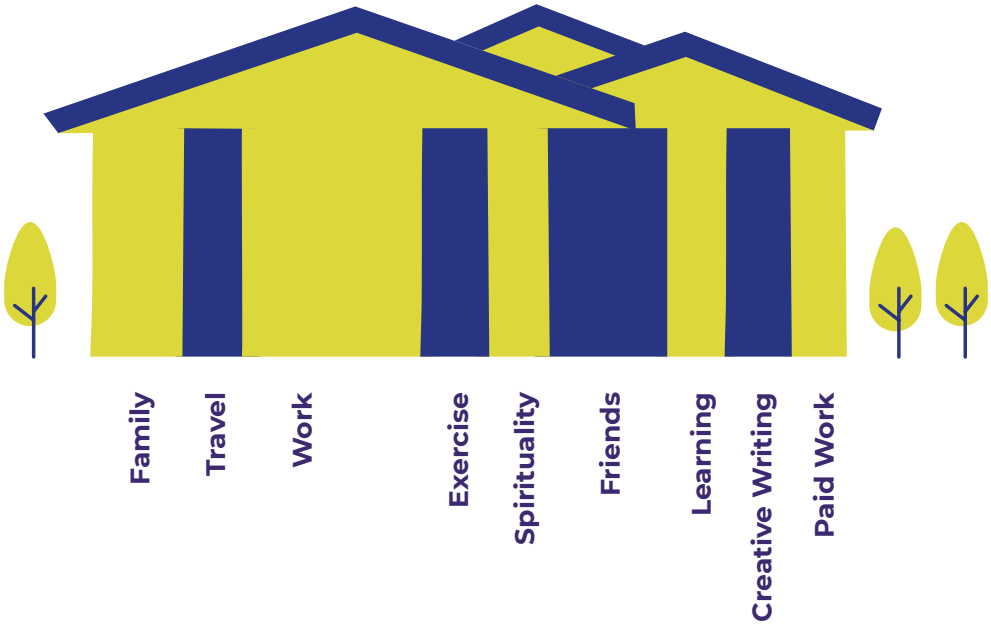
Part 1

Individuals or groups are given blank paper, pencils and pens. They reflect on how much time and attention they devote to each element or 'pillar' of their life. This shows what is and what isn't in balance.

- Participants draw a house to illustrate their current life. It has a roof and different sized and labelled pillars that represent the different aspects that are important to them and 'hold up' their house. The length and width of the pillars show the importance they give to them and how much time they spend on them.
- Once they have completed their 'house', they present it to a supportive group of others doing the same exercise.
- Participants will then be asked to draw another ('ideal') house that represents the amount of time they would like to attend to each pillar.

An example of how a completed 'house with pillars' might look, is presented on the next page:

House of pillars



Part 2

Once participants have decided what elements they would like to focus more on in their lives, they develop a personal plan to take steps to develop the 'underdeveloped' pillars.

- Comparing their current house with their 'ideal' house, participants are asked to choose four pillars that they would like to work on (that are important but not developed).
- For each pillar, they identify three goals they would like to achieve that would help them to develop their pillar. For each of these goals, they describe what skills they need to achieve them and what inner strengths/power they have to accomplish their goal.
- To connect self-care to their social, cultural and political context, participants should also reflect on the social, relational, organisational and political issues that might need to be addressed for them to develop the pillars they want. For example, they may need to reassess and find support to challenge some beliefs that keep them from attending to the pillars of their life. For example, the idea that being an activist, being caring towards others and attending to one's own needs are incompatible.

The pillar plan could look like the one below:

Pillar No.1

3 goals	**Skills and changes needed to fulfil each goal**	**Inner, relational, social and cultural strengths/power to achieve goal**
1.		
2.		
3.		

Participants are asked to think of who could help them develop the pillars that are under-developed, by reminding them of their commitment or supporting their efforts with practical as well as moral help.[78]

Framework for reflecting on different aspects of self-care

Source: Hope Chigudu[79]

Physical	Taking care of our body, ensuring proper rest, diet, and exercise that fosters strength, resilience and balance
Emotional	The ability to express our feelings, embrace difficult emotions without exploding or suppressing them, and to be able to experience joy and happiness
Mental	Awareness of our thoughts, their impacts on us, and the ability (and intention) to think positively.
Spiritual	Anything that fosters a sense of inner peace and hope.
Relational	Positive relationship with our own body, the ability to communicate openly with others, and to express our needs, desires, and pleasures in all our relationships.

[78] Kvinna till Kvinna Foundation, Integrated Security: A Manual, 2011. Kvinna till Kvinna Foundation (2011) can be accessed: http://www.integratedsecuritymanual.org/sites/default/files/integratedsecurity_themanual.pdf Access date: 20.3.16.

[79] Muniini K. Mulera, M.K. (2016). Conversation between Hope and Body regarding HIV and AIDS - By Hope Chigudu. https://blog.mulerasfireplace.com/engage/conversation-between-hope-and-body-regarding-hiv-and-aids-by-hope-chigudu-4050 accessed March 2016.

Developing a stress management plan

Source: Sophiatown Community Psychological Services[80]

The following table helps to create a stress management plan. This personal plan is a commitment to self and helps identify what support we need and from whom.

You as an Individual	Yes	No	Plan of Action
Do you know your purpose in life?			
Are you able to express your feelings honestly?			
Do you have enough time for fun?			
Are you involved in art or any creative hobbies?			
Do you eat healthy meals and get enough exercise?			
Do you have supportive relationships?			
Do you accept that you are only human and that there is only so much you can do?			
Are you able to separate home from work?			
Do you talk positively about yourself?			
Are you able to identify your stress symptoms and take action?			

[80] Zondi, M, (2017). Strengthening the Wounded Carer, Sophiatown Community Psychological Services

Do you attend your own counselling/ have a support group where you can express your feelings?			
Do you know your strengths and weaknesses?			

In your Organisation	Yes	No	Plan of Action
Do you work as a team?			
Do you receive debriefing at work?			
Do you have ongoing in-service training?			
Do you know what is expected of you at work? (a clear job description?)			
Do you get regular performance feedback from your co-workers and your supervisors?			
Do you receive recognition for your effort and achievement from your team and your supervisor?			
Are there written protocols and procedures on how you should work?			
Can you communicate openly with your co-workers, your supervisor and management?			
Are you able to manage your time effectively?			
Do you have enough opportunities for fun at work?			

Organisations have souls, and it is each organisation's soul song that keeps its rhythm going, energising and inspiring growth. It is these soul songs that act as a lullaby putting anger and conflict to sleep. Without a song in an organisation to motivate and energise people, to bring all stakeholders together into one rhythm, fragmentation and disintegration ensue. ..... people bring to them life, energy, ideas, skills, visions and financial resources – and combined form a collective soul.

— Hope and Rudo Chigudu[83]

Building an organisation with a soul

I think that, although my clients often wear me down, I am somehow inspired by them..... I have no idea how they manage to live their lives ....I'm stunned, really, at their strength and their creativity.....I find my clients funny, lovable, different, amusing. Sometimes I've had clients that I consider brilliant .....I very rarely actually get depressed by my clients themselves.

— Michael White[81]

Many practitioners say that their stress is linked to organisational, political and social difficulties rather than to the work with the service users themselves, whose regular contact is often energising. In fact, the relationships developed with service users often protects workers from organizational stresses.[82]

Hope Chigudu and Rudo Chigudu, two experienced African feminists, acknowledge the influence our organisations can have on creating or mitigating burn out. In their publication produced by AIR, Strategies for Building an Organisation with a Soul, they look at organisational sustainability that goes beyond financial and institutional structures and systems. They argue that organisations are like living beings - they are physical, emotional and spiritual:

By soul here we are referring to an intangible energy and essence that connects with the heart of the organisation's work and the people who undertake it. It is shaped by ethics and created and reinforced through the ways that people in the organisation treat each other and engage with the different communities that form part of the organisation's ecosystem. The soul song is how this energy is communicated and shared, helping breathe energy and movement into the soul to sustain it.

[81] White, J. (1996). A phenomenological study of the experiences of child protective social workers: don't shoot the messenger, 133.

[82] Madsen, W.C. (2007). Collaborative therapy with multi-stressed families. (2nd edn.) London: Guilford Press, 352.

[83] Chigudu, H. & Chigudu, R. (2015). Strategies for building an organisation with a soul. Toronto: African Institute for Integrated Responses to VAWG & HIV and AIDS (AIR), 23.

Doing an organisational 'soul check'

Source: Chigudu and Chigudu, 2015, *Building an organisation with a soul*

An organisational soul check is a brief exercise to help gauge where an organisation is in terms of how nourished its soul is and how clear its soul song is. The questions below highlight key areas for discussion and contemplation individually and across the organisation. You can use these as a quick 'check in' – either before you start to build a process around growing the soul of your organisation, or as part of the reflection and learning process while you try different strategies. Ask each question and note key points that emerge, paying attention to whether there is a sense that things are stuck, moving positively or turning to the negative.

More resources on activist self-care

- ***Healing through rituals: A guide for sustaining well-being and activism***. Women's International Peace Centre, 2020.
- ***Even the finest warriors***, Yara Sallam, 2019. Also see project website https://eventhefinestofwarriors.org
- ***Self and collective care***. Just Associates, Furia Zine, Raising Voices
- ***Strategies for building an organisation with a soul***. Hope Chigudu and Rudo Chigudu, 2015.

Rapid Soul Check

- [ ] How well does staff know the organisation's soul song?
- [ ] How connected is the collective team to its soul song and is it singing it?
- [ ] Are there a clear set of shared values and principles?
- [ ] How strong is the sense of solidarity as well as personal and organisational security?
- [ ] Does everyone in the organisation feel that they are 'seen' by their colleagues?
- [ ] How comprehensive is the healthcare policy or health cover available?
- [ ] How supportive is the workplace to creativity, laughter and celebration?
- [ ] To what extent do individual staff prioritise their health, social and family lives as part of their activism?
- [ ] In serving the community, do you periodically pause to reflect on internal well-being?
- [ ] How effectively is tension and conflict handled in the organisation?
- [ ] Are there any significant 'undiscussables' – issues that cannot be discussed - which are not being named or actively addressed in the organisation?
- [ ] Does the organisation respect diverse personal beliefs, identities and ways of being (e.g. by being secular)?

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