

The mental health of humanitarian aid workers and gender dynamics:  
between “the risks of the job”,  
toxic masculinity and the burden of care

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**How does gendered socialisation affect women more than men in the humanitarian sector? This is the question that the three authors attempt to answer here.**

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The past few years have seen a proliferation of studies on the importance of mental health among humanitarian field workers and on the practices that help reduce the psychological effects of their work.<sup>1</sup> These workers often have to cope with isolation, heavy workloads, deployments in quick succession, limited living space which restricts their privacy and the frequent mixing of personal and professional life. They also work in security contexts that are generally challenging and where political uncertainty, travel difficulties and physical stress are frequently the order of the day.<sup>2</sup> The literature reveals a high number of psychological disorders linked to or exacerbated by humanitarian work;<sup>3</sup> the “Global Staff Wellbeing Survey”,<sup>4</sup> for example, states that:

- 79% of humanitarian workers have experienced difficulties with their mental health in recent years;
- 36% were at great risk of developing a post-traumatic stress disorder (PTSD)<sup>5</sup> and showed signs of other co-morbidities (25% were dependent on alcohol, for example);

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<sup>1</sup> Adeyinka Akinsulure-Smith, Adriana Espinosa, Tracy Chu *et al.*, “Secondary traumatic stress and burnout among refugee resettlement workers: The role of coping and emotional intelligence”, *Journal of traumatic stress*, vol. 31, no. 2, April 2018, pp. 202–212.

<sup>2</sup> John H. Ehrenreich and Teri L. Elliott, “Managing stress in humanitarian aid workers: A survey of humanitarian aid agencies’ psychosocial training and support of staff”, *Peace and Conflict: Journal of Peace Psychology*, vol. 10, no. 1, March 2004, pp. 53–66 ; B. Bierens de Haan, H. Van Beerendonk, N. Michel *et al.*, « Le programme de soutien psychologique des intervenants humanitaires du Comité International de la Croix-Rouge (CICR) », *Revue Française de Psychiatrie et de Psychologie Médicale*, t. 6, n° 53, p. 27-33.

<sup>3</sup> Liza Jachens, Jonathan Houdmont and Roslyn Thomas, “Work-related stress in a humanitarian context: A qualitative investigation”, *Disasters*, vol. 42, no. 4, March 2018, pp. 619–634 ; Hannah Strohmeier, Willem F. Scholte and Alastair Ager, “Factors associated with common mental health problems of humanitarian workers in South Sudan”, *PLoS ONE*, vol. 13, no. 10, October 2018, pp. 1–19.

<sup>4</sup> UNHCR, *Staff Well-being and Mental Health in UNHCR Survey Report 2016*, <https://www.unhcr.org/56e2dfa09.pdf>

<sup>5</sup> As a comparison, it has been found that 8% of the general population of Canada has experienced symptoms of PTSD: Statistics Canada, *Survey on Mental Health and Stressful Events*, August to December 2021, 2022, <https://www150.statcan.gc.ca/n1/daily-quotidien/220520/dq220520b-eng.htm>

- 38% of those working closely with refugees were deemed to be at high risk of secondary traumatic stress.

There is therefore a contrast between the image of solidity and resilience generally attributed to humanitarian workers and the harsh reality, with many of them suffering from psychological issues.

Exposure to traumatic events and stress is a common and inevitable feature of the humanitarian work environment.<sup>6</sup> Burnout, compassion fatigue and secondary traumatic stress<sup>7</sup> are referred to as “occupational hazards” or “costs of caring”, suggesting that the symptoms are the direct consequences of the work.<sup>8</sup>

Following increasing awareness of the importance of training and preparation,<sup>9</sup> various organisational policies and practices have emerged to highlight the importance of psychological care for humanitarian workers.<sup>10</sup> Nonetheless, the large number of humanitarian workers suffering from psychological problems would suggest that the environment does not offer optimal conditions to guarantee their psychological well-being, whether they are recruited internationally or locally.

We may also wonder about the different ways the work environment affects the psychological well-being of these humanitarian workers, based on their gender. Using feminist constructs, this article will therefore explore certain gender-specific aspects of mental health issues in humanitarian work, with an emphasis on compassion fatigue.

### Edgework, injunctive gender norms and toxic masculinity

Echoing the phrase “culture of edgework” (also known as “aid cowboy culture” in the literature)<sup>11</sup> developed by Silke Roth<sup>12</sup> to express the idea that danger is considered to be a fundamental aspect of humanitarian work, the conditions of this professional environment are sometimes deemed to be “too dangerous for women”<sup>13</sup> (conflict zones, high risk of attack etc.).

The existence of this culture of “dangerousness” in the environment means that a working environment is created in which it is deemed normal (i.e. acceptable) to set one’s emotions aside in

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<sup>6</sup> Barbara Lopes Cardozo, Carol Gotway Crawford, Cynthia Eriksson *et al.*, “Psychological distress, depression, anxiety, and burnout among international humanitarian aid workers: A longitudinal study”, *PLoS ONE*, vol. 7, no. 9, 2012, pp. 1–13.

<sup>7</sup> Niveen Rizkalla and Steven P. Segal, “Trauma during humanitarian work: The effects on intimacy, wellbeing and PTSD-symptoms”, *European Journal of Psychotraumatology*, vol. 10, no. 1, 2019, pp. 1–12.

<sup>8</sup> Adriana Espinosa, Adeyinka Akinsulure-Smith and Tracy Chu, “Trait emotional intelligence, coping, and occupational distress among resettlement workers”, *Psychological Trauma: Theory, Research, Practice, and Policy*, vol. 11, no. 1, 2018, pp. 28–34.

<sup>9</sup> Antares Foundation, *Managing stress in humanitarian workers. Guidelines for good practice*, March 2012, [https://www.antaresfoundation.org/filestore/si/1164337/1/1167964/managing\\_stress\\_in\\_humanitarian\\_aid\\_workers\\_guidelines\\_for\\_good\\_practice.pdf?etag=4a88e3afb4f73629c068ee24d9bd30d9](https://www.antaresfoundation.org/filestore/si/1164337/1/1167964/managing_stress_in_humanitarian_aid_workers_guidelines_for_good_practice.pdf?etag=4a88e3afb4f73629c068ee24d9bd30d9)

<sup>10</sup> MHPSS-MSP, 2.3 *Care for staff and volunteers providing MHPSS. Relevant guidelines, standards and tools*, <https://www.mhpssmsp.org/en/activity/relevant-guidelines-standards-and-tools-support-implementation-3#page-1>

<sup>11</sup> Garry J. Stevens, Asra Sharma and Kelsey Skeoch, “Help-seeking attitudes and behaviours among humanitarian aid workers”, *International Journal of Humanitarian Action*, vol. 7, no. 16, August 2022, pp. 1–18.

<sup>12</sup> Silke Roth, *The Paradoxes of Aid Work: Passionate Professionals*, Routledge, 2015.

<sup>13</sup> The authors would like to point out that their definition of “women” covers all those who identify as such (ditto for “men”), even though they are aware that almost all humanitarian workers are cisgender. They invite us to consider this predominance and the links to be forged between it and the culture of hegemonic/toxic masculinity (including patriarchy, transphobia etc.).

order to do one's job. A culture of silence therefore develops, which often means that humanitarian workers think that it is more important to get the job done than express their feelings about it.<sup>14</sup>

Just like other aid professions, the humanitarian aid profession is one which is considered to require sustained emotional investment. It is not uncommon for some humanitarian workers to manage stress by resorting to inappropriate defence mechanisms or self-destructive behaviour, such as the excessive consumption of alcohol or drugs, denial or social and/or emotional isolation, in order to deal with difficult emotions or psychological distress.<sup>15</sup> Allowing themselves to “feel” various so-called “negative” emotions (sadness, anger, anxiety, etc.) in the situations to which they are exposed, can therefore undermine a humanitarian worker's self-esteem and even, in the case of men, their masculinity.<sup>16</sup> Furthermore, given that they are in a privileged position with regard to the populations targeted by the aid, humanitarian workers may feel that their negative emotions about their personal and/or professional life are unjustified, if not ridiculous. To quote one humanitarian worker: “We look stupid if we cry or get stressed out by simple things such as a sick parent or stress in the office. It's as if we don't allow ourselves the right to feel any pain in comparison.” This potential ego-damaging factor can in turn lead to stress,<sup>17</sup> and thus heighten and/or exacerbate humanitarian workers' general state of stress. Stevens *et al.* highlight the fact that this feeling is more common in older humanitarian workers, which might suggest a certain shift in the younger generations.

Furthermore, humanitarian workers are expected to be in a good state of health at the beginning of each contract (medical examinations are often carried out), so admitting to burnout or recurrent physical illness (sometimes psychosomatic illness) risks “costing” them professionally (loss of missions and professional advancement). Some then consider it preferable not to disclose their unease which, to a certain extent, makes sense given that humanitarian workers with a previous history of psychological health issues are reported to have been disqualified from employment (at Peace Corps<sup>18</sup> for example).

Assuming that a culture dominated by the model of the perfect (hyper-)masculine humanitarian worker is present, this gives rise to different gendered expectations in terms of emotional and psychological health. Toxic and hegemonic masculinity,<sup>19</sup> understood to mean the pressure men may feel to act in a dominant and harmful manner, implies “a narrow image of what it is to be a man and is embedded in a culture that overvalues autonomy in boys, normalises aggression and bullying and expects men to always prove their masculinity”.<sup>20</sup> Men are generally expected not to show their emotions. They are deemed “strong enough” to deal with situations without the need to analyse their feelings and the after-effects of the difficult situations they experience. This gender stereotype – or rather this injunctive gender norm – also weighs heavily on men who have to “perform” their gender in a highly standardised manner and deal with the gendered expectations and psychological realities

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<sup>14</sup> John H. Ehrenreich, *Coping with Disaster: A Guide to Psychosocial Intervention*, 2001, <https://www.hhri.org/wp-content/uploads/2021/01/Coping-With-Disaster.pdf>

<sup>15</sup> Barbara Lopes Cardozo, Carol Crawford, Pilar Petit *et al.*, “Factors affecting mental health of local staff working in the Vanni region, Sri Lanka”, *Psychological Trauma: Theory, Research, Practice, and Policy*, vol. 5, no. 6, 2013, pp. 581–590.

<sup>16</sup> Benita N. Chatmon, “Males and Mental Health Stigma”, *American Journal of Men's Health*, vol. 14, no. 4, 2020.

<sup>17</sup> CESH, *Recette du stress*, Centre d'études sur le stress humain, <https://www.stresshumain.ca/le-stress/comprendre-son-stress/source-du-stress>

<sup>18</sup> Ellen Barry, “Peace Corps sued over mental health policy”, *New York Times*, 27 September 2023.

<sup>19</sup> Raewyn Connell, *Masculinités. Enjeux sociaux de l'hégémonie*, Éditions Amsterdam, 1995/2014.

<sup>20</sup> Association canadienne pour la santé mentale, *La masculinité toxique, un obstacle à la santé mentale des hommes ?* Conférence du 31 janvier 2024, <https://acsmmontreal.qc.ca/la-masculinite-toxique-un-obstacle-a-la-sante-mentale-des-hommes/#:~:text=La%20masculinit%C3%A9%20toxique%20n%E2%80%99implique,dans%20la%20soci%C3%A9t%C3%A9%202023>

of humanitarian work which are often poles apart. Admittedly, this stereotype also creates obstacles for women who do not correspond to this injunction to appear “calm” or to demonstrate a kind of “quiet strength”. According to one study,<sup>21</sup> 67% of the women surveyed had heard men say that women are too emotional. This finding is just as damaging for those men who do not necessarily feel part of the “humanitarian boys’ club” model. So, like a vicious circle, this “edgework/aid cowboy” culture, built on toxic masculinity and silence, almost certainly has a role to play in worsening the psychological health problems of humanitarian workers.

### **Being a woman in the humanitarian sector: the double burden of managing emotions**

Gender socialisation means that women are often primarily responsible for managing emotions at home and in their own personal domain. These behaviour patterns tend to be reproduced in the professional domain. If this phenomenon is often ignored, it is because it fits in with the gender stereotype that this attitude is the expression of a woman’s nature, rather than a role she assumes in the absence of other options in the family. Women are generally raised to be gentle and caring,<sup>22</sup> but it must be understood that this daily role can lead to the development of mental health issues, particularly compassion fatigue, in the professional environment.

A number of female authors<sup>23</sup> have put forward several ideas that can easily be applied to the humanitarian aid sector. Their research suggests that a certain amount of energy can be expended in daily activities, be they work related or “household” tasks. This hypothesis therefore generates a certain tension between work and family when it comes to mobilising this energy. Whilst current studies focus more on the effect this tension has on burnout, it can be said that there is a similar effect where compassion fatigue is concerned. Over time, women therefore perceive their work as an increase in the emotional burden associated with care, i.e. looking after other people. It has been proven that the combination of humanitarian work and family work has made women more susceptible to burnout and compassion fatigue.<sup>24</sup> They therefore see work in the humanitarian sector as potentially negative for their mental health, whilst men, socially conditioned to pay less attention to other people’s emotions, are less likely to experience the negative effects (or suppress them). As the burden of these constraints weighs more heavily on the shoulders of women, they testify to the challenges that gender socialisation poses for their mental health.

### **Pregnancy and humanitarian work: when one plus one does not make two**

The assignment of gendered roles, as well as the persistent image of family “manager”, still weighs heavily on women, including those in the humanitarian sector. Generally speaking, women come under undue pressure when trying to strike a balance between family and work, thus increasing the risk of

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<sup>21</sup> Humanitarian Women’s Network, *Full Survey Results*, 2016, [https://interagencystandingcommittee.org/sites/default/files/migrated/2016-11/hwn\\_full\\_survey\\_results\\_may\\_2016.pdf](https://interagencystandingcommittee.org/sites/default/files/migrated/2016-11/hwn_full_survey_results_may_2016.pdf)

<sup>22</sup> Francine Descarries, Marie Mathieu et Marie-Andrée Allard, *Entre le rose et le bleu : stéréotypes sexuels et construction sociale du féminin et du masculin*, Conseil du statut de la femme, 2010, <https://www.csf.gouv.qc.ca/wp-content/uploads/resume-de-letude-entre-le-rose-et-le-bleu.pdf>

<sup>23</sup> Amy S. Wharton and Rebecca J. Erickson, “The consequences of caring: Exploring the links between women’s job and family emotion work”, *The Sociological Quarterly*, vol. 36, no. 2, March 1995, pp. 273–296.

<sup>24</sup> Siddharth Ashvin Shah, Elizabeth Garland and Craig Katz, “Secondary traumatic stress: Prevalence in humanitarian in India”, *Traumatology*, vol. 13, no. 1, March 2007, pp. 59–70.

mental health issues. Even though, in the context of humanitarian missions, part of this family responsibility is often transferred to service staff, this increased responsibility that female humanitarian workers have in their homes remains, meaning that particular attention must be paid to the intersecting and reciprocal effects their professional activity has on their families.

Some female authors<sup>25</sup> have shown that childbirth is a major obstacle in the careers of female humanitarian aid workers.<sup>26</sup> Yet the lack of formal organisational policies on maternity or non-maternity (difficulty accessing the morning-after pill, abortion, etc.) is a problem in itself and can compound the stress experienced by professional women. According to the researchers cited, for women in the humanitarian sector, having a child requires planning and negotiation which increases the mental and emotional burden, even before the child is born. Indeed, women are under a certain degree of pressure from their “biological clock”, as the years in which it is possible to conceive a child are often those when professional opportunities are greatest. The actual birth of a child also poses a major obstacle for the career path of female humanitarian aid workers. Prolonged absence from the field (for example, due to several months of pregnancy and maternity leave) limits their advancement. Conversely, their male colleagues – who do not necessarily take long parental leave, if they take it at all – are more likely to be assigned more prestigious missions that will boost their professional profile, whereas women are more likely to be confined to more stable and less well-paid field positions. Furthermore, the health insurance offered by humanitarian organisations does not cover gynaecological consultations or abortion, which are often covered in the female humanitarian aid workers’ country of residence. If a female humanitarian aid worker is working in an environment where abortion is illegal or unavailable and wishes to have an abortion, she must take annual leave to have the procedure carried out. As a result, men’s careers are generally much less affected, bringing less stress in financial and professional terms.

Whilst most of the men interviewed in Hannah Strohmeier and Catherine Panter-Brick’s study<sup>27</sup> have no plans to leave the humanitarian sector in the immediate future, the vast majority of women are planning to leave so that they can have a family and focus on their private lives. The arrival of children in the household requires individual – and often demanding – strategies to be developed in order to enable women to keep their jobs. Some women stay in the sector despite the arrival of children, but as a number of women in Gema Houldey’s study<sup>28</sup> pointed out, organisations rarely introduce schemes to help them reconcile family and work. One of the professionals interviewed, Winnie (not her real name), recounted how, after having to cancel a meeting so that she could stay with her sick son, her supervisor accused her of inventing her son’s illness in order to avoid work. A revealing comment, but one which highlights a situation that is not unique to the humanitarian sector.

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<sup>25</sup> Isabelle Auclair, Sophie Brière, Dominique Tanguay *et al.*, « La carrière des femmes en coopération internationale : un parcours à démystifier » in Sophie Brière (dir.), *Les femmes dans des professions traditionnellement masculines*, Presses de l’Université Laval, 2020, p. 87-110.

<sup>26</sup> Cisgender/with a uterus.

<sup>27</sup> Hannah Strohmeier, and Catherine Panter-Brick, “Living with transience in high-risk humanitarian spaces: the gendered experiences of international staff and policy implications for building resilience”, *Disasters*, vol. 46, no. 1, January 2022, pp. 119–140.

<sup>28</sup> Gema Houldey, “Humanitarian response and stress in Kenya: gendered problems and their implications”, *Gender & Development*, vol. 27, no. 2, 2019, pp. 337–353.

**Gender-based harassment and violence: risk factors of psychological disorders for female humanitarian aid workers**

Gender-based harassment, be it from people within or outside the organisation, is a major issue that female humanitarian aid workers have to deal with. Some women report the repeated use of abusive terms describing them as weak and incapable, creating a hostile and stressful working environment. The level of toxic and hegemonic masculinity prevalent in the professional humanitarian aid sector, based mainly on the “edgework/aid cowboy” view of humanitarian work, gives rise to abuse and psychological, sexual or physical harassment, if not violence, experienced by women and perpetrated directly by their colleagues, as reported in recent years.<sup>29</sup>

This form of abuse-related insecurity in the workplace itself, be it personally experienced or observed (i.e. knowing that colleagues are committing or being subject to abuse), certainly contributes to the increased risk that female humanitarian aid workers will develop psychological health problems. As a result, some female humanitarian workers report feeling that they can never let their guard down, knowing that they will receive very little or no support, which drives them into a harmful state of hyper vigilance.<sup>30</sup> Furthermore, other authors<sup>31</sup> report the experiences of several female humanitarian workers who say they have been subjected to harassment from their colleagues, mainly in the form of derogatory comments about their appearance. This phenomenon also emerges in the HWN study, in which 69% of female humanitarian workers report having heard their colleagues make comments about their physical appearance. This harassment can play a major role in the development of mental health issues.

The humanitarian work environment affects the psychological health of its staff in different ways, based on their gender. Whilst it does more harm to women, it does not encourage those men who disagree with these challenging issues to take a stand against them. In short, the dilemma between the values inherent in caring for others, as embodied in humanitarian principles, and the reality of gendered expectations in the context of humanitarian work, affects not only female workers in the main but also many of their male colleagues. While many work environments are not women-friendly and have a culture of toxic masculinity, not all claim to be based on humanist values. Ultimately, the entire sector will suffer if it fails to tackle such dysfunctions.

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*Laurie Druelle contributed to this article as an individual and her past or present employers are in no way bound by it.*

**Translated from the French by Derek Scoins**

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<sup>29</sup> Charlotte Lydia Riley, “Powerful men, failing upwards: The aid industry and the ‘Me Too’ movement”, *Journal of Humanitarian Affairs*, vol. 2, no. 3, September 2020, pp. 49–55 ; Cheryl Overs and Kate Hawkins, “Responses to sexual abuse and exploitation in the wake of the Oxfam sex scandal and their implications for women’s leadership”, in Rosemary Morgan, Kate Hawkins, Roopa Dhatt *et al.* (eds.), *Women and Global Health Leadership: Power and Transformation*, Springer, 2022, pp. 163–177.

<sup>30</sup> Dyan Mazurana and Phoebe Donnelly, *Stop the Sexual Assault against Humanitarian and Development Aid Workers*, Feinstein International Center, May 2017, [https://fic.tufts.edu/wp-content/uploads/SAAW-report\\_5-23.pdf](https://fic.tufts.edu/wp-content/uploads/SAAW-report_5-23.pdf)

<sup>31</sup> Vandra Harris and Andrew Goldsmith, “Gendering transnational policing: experiences of Australian women in international policing operations”, *International Peacekeeping*, vol. 17, no. 2, April 2010, pp. 292–306.

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### Biographies

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