Image Description: This image shows a red silhouette of a character looking down at the black silhouette of a computer monitor. Behind the character is a large black squiggle around their head. The background is white with a crumpled paper texture.

A Mental Health Intervention for Data Workers

Kauna Ibrahim Malgwi

Trigger warning: This article discusses mental health trauma, ptsd, self-harm, sexual violence, graphic abuse, or other disturbing content. Reader discretion is advised.

BACKGROUND

I am Kauna Ibrahim Malgwi, a registered Clinical Psychologist and former Hausa-language content moderator for Meta outsourced via Sama. I'm a registered Clinical Psychologist with a master's degree from United States International University-Africa, and I have 9 years of experience treating trauma patients and providing mental health support. This is both my story and the story of countless African data workers whose mental health has been quietly eroded in the shadows of the internet. During my time moderating graphic content for major platforms, I witnessed the hidden cost of digital labor; the trauma we internalize, the sleepless nights, the anxiety, and the isolation.

Drawing on interviews I conducted with TikTok and Facebook moderators in Kenya, I document the emotional and psychological toll faced by workers like me. The patterns are clear: PTSD, anxiety, depression, burnout, and stigma, often compounded by gendered dynamics and economic precarity. **From this painful reality, I have developed a trauma-informed intervention plan grounded in both lived experience and clinical expertise.** This initiative blends psychotherapy, expressive arts, peer support, and community healing. It is designed to initially support 20–50 workers, with the hope of creating a scalable model for long-term, structural care.

This is *not just a proposal.*

It is a call for recognition, for healing,
and for justice.

If you believe content moderators deserve care, email **hello@data-workers.net** to donate and support this work.

INTRODUCTION

Between 2019 and 2023, I worked as a Hausa language content moderator. My job was to clean the internet; to hide the digital gore, the hate, the endless stream of abuse that millions of users never see. Each day, I sat in front of a screen, headphones on, reviewing images and videos so disturbing they still flash behind my eyelids when I close them—managing highly toxic and graphic material, including videos depicting violence, sexual assault, and death.

The trauma didn't stay on the screen. It followed me home. I stopped sleeping. My appetite vanished. Panic attacks would hit out of nowhere, and I became depressed. Eventually, I was diagnosed with PTSD, anxiety, and depression. But I was not alone. Across Nairobi and beyond, fellow moderators whispered similar stories of isolation, mental collapse, and the silent wounds they bore.

This Inquiry is born from that pain. It is a proposal that outlines an intervention plan to address the mental health needs of data workers, such as current content moderators, former content moderators (Meta petitioners), data labelers, and annotators, who are all exposed to vicarious trauma. It emphasizes a holistic recovery approach, including psychotherapy, group therapy, arts therapies, and psychoeducation. The plan is designed to offer sustainable mental health support to workers while mitigating the long-term impact of trauma. The proposal is born out of my own experiences and in-depth interviews I carried out with nine content moderators (four men, five women) working for TikTok through the outsourcing firm Teleperformance, and Meta/Facebook at the Sama office in Nairobi.

One tragic example underscores the urgent need for mental health care for data workers: In March 2025, A Nigerian content moderator sadly died alone in her flat.. After days of feeling unwell and unable to take her leave due to work permit restrictions, she was found dead, four days after a no-call, no-show at work. This devastating incident, along with reports that most of the content moderators were diagnosed with severe PTSD, highlights the critical gaps in care for data workers. The evidence is clear that systemic intervention is long overdue.

Drawing from my personal experience and the experiences of others affected by the demands of this work, I aim to offer support, coping strategies, and interventions that empower individuals to lead fulfilling lives even in the face of persistent health challenges.

THE PROBLEM

Vicarious Trauma and the Silence of the Invisible

In early 2023, [I was one of 260 content moderators abruptly laid off by Sama, a company Meta (Facebook) contracted as part of a sudden redundancy process](). For years, my colleagues and I in Nairobi, Kenya, played a critical role in enforcing Meta's community standards, reviewing graphic and harmful content to keep Facebook users safe. Despite our contributions, Sama terminated our employment with no meaningful recourse, leaving us without livelihoods overnight.

The exposure to violence significantly impacted my mental health, resulting in conditions such as Post-Traumatic Stress Disorder (PTSD), anxiety, depression, panic attacks, and insomnia. At the same time, some persisted at work, and some persisted even after leaving the content moderation work. Through this experience, I have gained a profound understanding of the severe mental health challenges faced by data workers. The participants experienced similar yet different difficulties that affected their quality of life, as well as that of their families and loved ones. Data workers, particularly those involved in content moderation, are exposed to constant emotional distress due to the nature of their work.

One participant, Khan Rafiq, told me: "I thought I was in hell. I saw people getting beheaded every day." Eventually, he began to talk about these images compulsively, alienating friends and loved ones. His girlfriend left. He stopped feeling anything at all. These were clear signs of vicarious trauma! Without adequate support, workers may develop desensitization or heightened emotional reactivity, further exacerbating their mental health issues.

Another, Yaro, experienced daily panic attacks, insomnia, and chronic headaches. "I was no longer a person," he said. "Just a machine doing tasks every 50 seconds." The absence of meaningful rest, emotional support, and self-care resources contributes to physical and emotional depletion, intensifying feelings of helplessness and detachment from work, as was the case with Yaro.

And then there was Hid, who couldn't let her child out of her sight after moderating videos of children being abused. She would sleep with the lights on, terrified of the dark, where nightmares waited.

Repeated exposure to disturbing content causes emotional and psychological distress, leading to symptoms of PTSD, anxiety disorder, depression, and insomnia. This was the case with several workers I spoke to, especially Khan Rafiq, who reported repeated exposure to disturbing content causes emotional and psychological distress, leading to symptoms of PTSD, anxiety disorder, depression, and insomnia." Fasica Berhane Gebrekidan's report of data workers from Tigray who were forced to moderate content about the genocide of their people aptly portrays this (Gebrekidan, 2024). Almost all of the Tigray-speaking content moderators were evaluated and diagnosed with severe PTSD.

Collectively, these patterns reveal a systemic failure: platforms outsource moderation to third-party firms, prioritizing efficiency over well-being, while stigma and structural barriers (e.g., work permits, financial precarity) trap workers in cycles of suffering. As Bothlokwa Ranta and Fasica Berhane document in *The unknown women of content moderation* (2024) and *Content Moderation: The harrowing, traumatizing job that left many African data workers with mental health issues and drug dependency* (2024), respectively, this crisis remains under-addressed, with dire consequences for workers' long-term recovery.

Adding to the above is the issue of stigmatization of mental health. A culture of silence and fear discourages workers from discussing mental health concerns. Shame and stigma lead to underreporting and avoidance of help-seeking behaviors, leaving workers to struggle in isolation and worsening the long-term effects of vicarious trauma. As a clinical psychologist, I observe that stigma often compounds these effects. When individuals internalize negative perceptions about their emotional responses, they may feel ashamed or fear judgment, which discourages them from seeking help. As evidenced by my own experiences and those of Abubakar Sadiq and Pat, workers often did not talk about the issues they had to deal with or their coping mechanisms. For instance, it wasn't until we were fired that we started to speak of the underlying conditions we had 'normalized' living with, such as insomnia, nightmares, and constant flashbacks of harrowing images we were exposed to throughout the day. Moreover, we developed coping techniques that were difficult to explain to the outside world—for example, sleeping with the lights on to ensure that you do not wake up to darkness in the event of nightmares.

Also appearing in the research are gender-specific issues: Female workers face additional challenges, including workplace discrimination, harassment, and gendered expectations that increase stress. Lack of accommodations for mental health concerns further limits access to specialized support, making it harder for women to recover from trauma. Ranta's account explores the challenges that women face, especially when coupled with childcare responsibilities.

SYSTEMIC PATTERNS AND DIAGNOSES

Intervention Plan: Healing the Healers of the Internet

This intervention plan aims to address the pervasive mental health crisis among data workers, particularly content moderators and data labellers, exposed to chronic vicarious trauma. Targeting approximately 20–50 workers for the startup, the program seeks to mitigate psychological harm (PTSD, anxiety, burnout) through personalized, evidence-based care while fostering systemic change in workplace mental health support. Grounded in trauma-informed principles, the plan combines clinical evaluations (using validated psychometric tools) with multimodal therapies (individual psychotherapy, group sessions, and art-based interventions) tailored to the unique stressors of moderation work.

Key goals include reducing symptom severity, equipping workers with long-term coping strategies, and combating stigma through community-building initiatives such as annual retreats, family therapy, and online awareness sessions.

By integrating creative modalities (dance, music, and visual arts therapy) with traditional Cognitive Behavioral Therapy (CBT), the program prioritizes holistic healing, ensuring participants regain emotional stability and resilience in both professional and personal contexts. I will evaluate each worker's emotional and psychological well-being, focusing on the impact of vicarious trauma. This process will involve using validated psychometric tools to ensure accurate and reliable insights into their mental health status.

PSYCHOTHERAPY	ONLINE GROUP THERAPY PROGRAM
One-on-one individual therapy sessions for data workers to work on personal trauma, such as Post Traumatic Stress Disorder, Generalized Anxiety Disorder, etc, coping strategies, and long-term mental well-being. These sessions will focus on fostering resilience, healing from secondary trauma, and improving overall emotional health.	A mental health support group specifically designed for data workers. The sessions will focus on common challenges such as managing stress, handling work-related trauma, and reducing the stigma associated with mental health issues. Group Therapy is usually conducted in groups of a minimum of 8-15 participants, with a minimum of 8 sessions, focusing on Cognitive Behavioral Therapy (CBT), Seeking Safety (SS), and stress reduction techniques.
A minimum of 8 to 30 sessions over six months, providing a safe space to explore trauma, develop coping strategies, and address emotional and cognitive distortions. Some of the data workers might need family therapy intermittently to increase the likelihood of successful recovery as their support system.	In our comprehensive group therapy sessions, we integrate a range of art therapy programs designed to promote emotional release and foster self-expression. These creative modalities serve as supplementary tools that enhance traditional therapeutic approaches, enabling participants to explore their inner experiences in dynamic and healing ways. Emotional expression, resilience, and community-building through virtual creative and interactive modalities.

All sessions will be trauma-informed and accessible, offering low-bandwidth options, flexible scheduling, and camera-off participation. Tools like Zoom breakout rooms, Google Jamboard, and asynchronous videos will accommodate different comfort levels and tech access. Safety protocols and community agreements will guide respectful sharing and inclusion.

CLINICAL THERAPY

Each participant will undergo an initial psychometric evaluation using validated tools to assess trauma, depression, and anxiety. Based on this assessment, they will be offered:

- **Individual Psychotherapy:** Targeted support for those with acute PTSD, generalized anxiety, or depression. These one-on-one sessions will focus on healing through trauma-informed care and Cognitive Behavioral Therapy (CBT).
- **Group Therapy:** Structured group sessions (minimum of 8–30 over six months), using models like Seeking Safety and stress-reduction techniques. In a safe, confidential setting, workers will be able to name their pain, witness others' journeys, and begin to rebuild their resilience.
- **Family Therapy:** Recognizing that trauma ripples beyond the individual, optional sessions will be offered for family members to support the worker's recovery.

CREATIVE ARTS THERAPY

Because trauma lives not only in the mind but also in the body, we incorporate expressive therapies into the program:

- **Dance Movement Therapy:** Participants engage in guided movement (via Zoom or in person), using mirroring exercises, grounding, and body awareness to unlock trapped emotion.
- **Music Therapy:** Virtual jam sessions, rhythm games, lyric discussions, and collaborative playlist-making help create new emotional associations and calm the nervous system.
- **Visual Arts Therapy**: Through digital collages and drawing prompts, found-object sculpture, and virtual gallery walks, workers can express what they cannot say in words.

PEER SUPPORT & DIGITAL COMMUNITY

Isolation deepens trauma.

That's why community-building is central to this program.

- **Monthly virtual team-building activities**, like scavenger hunts or guided visualizations, offer collegiality and connection.
- **Journaling circles and story-sharing** build collective memory and strength.

Accessibility is prioritized with flexible formats, audio-only options, and low-data alternatives.

- **Retains therapeutic core**: All modalities translate to digital with creativity.
- **Reduces barriers**: No travel costs, flexible scheduling.
- **Builds digital community**: Shared creative projects foster belonging.

Together, these art therapy modalities enrich our group therapy sessions by offering diverse and innovative ways for participants to engage with their emotions, build coping skills, and nurture their overall mental well-being.

GENDER SPECIFIC SUPPORT

We recognize that trauma is not experienced in the same way by all workers; gender plays a crucial role in shaping both the sources of stress and the pathways to healing.

Women's Group

Many female content moderators reported experiences of workplace harassment and subtle forms of discrimination, such as being passed over for less disturbing tasks or being expected to handle explicit sexual content because of assumptions about emotional resilience. They also highlighted the emotional labor of caregiving, often returning home after reviewing traumatic material to care for children or aging relatives. This group will create a safe, judgment-free space to explore these challenges, while offering support for issues related to romantic relationships, reproductive health, and navigating motherhood alongside mental distress.

Men's Group

Male data workers often described the intense pressure to be breadwinners despite low pay and unstable contracts. Many admitted to hiding their mental health struggles out of fear of appearing weak, a direct consequence of rigid masculine norms. This group will address the societal expectations that discourage vulnerability, reinforce silence, and offer alternative narratives of strength rooted in openness, emotional expression, and community care.

These gender-specific spaces are not about separation; they are about allowing each group to confront their unique burdens with culturally sensitive, targeted tools for healing.

ALCOHOL & SUBSTANCE USE RECOVERY

This tailored program is designed for data workers struggling with alcohol or substance dependency, often as a coping mechanism for trauma. The program integrates previous evidence, such as that provided by Fasica Berhane Gebrekidan on *Content Moderation: The harrowing, traumatizing job that left many African data workers with mental health issues and drug dependency*, to address both the addiction and the underlying trauma. This program will use techniques such as Cognitive Behavior Therapy (CBT) and Motivational Interviewing (MI). The program will collaborate with AA (alcoholics anonymous) to assist data workers battling alcohol abuse.

COMMUNICATION TOOLS & RESOURCES

To support the mental health recovery process, a set of resources and tools will be provided:

MENTAL HEALTH APP

Clients will utilize free mental health journal apps that are both safe and effective for users. These offer features for:

- Daily journaling, mood tracking, symptom tracking, and mental health self-assessments.
- The app will integrate live chat support, a women-only helpline, and access to mental health professionals.

BUDGET/RESOURCES

*Allocated for 12 months (in USD)**

To implement this program effectively, the following resources will be needed:

ITEM	COST
Psychometric Tools	$1,000
Tablet	$400
Individual Therapy (20 sessions)	$1,000
Group Therapy (up to 15 participants)	$20,000
Co-Facilitator Support	im$5,000
Total	**$28,300**

*A detailed budget is available in the Appendix

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ACTIVITY	Q3 2025	Q4 2025	Q1 2026	Q2 2026
Setup & Orientation and Baseline Assessments	■			
Initiation of Therapy & Group Formation	■			
Program Launch & Early Adjustments	■			
Transition to Intensive Intervention		■		
Continuous Transition to Intensive Intervention		■		
Continuous Transition to Intensive Intervention		■		
Continuous Transition to Intensive Intervention			■	
Continuous Transition to Intensive Intervention			■	
Continuous Transition to Intensive Intervention			■	
Consolidation & Ongoing Support				■
Transition to Long-Term Support Model & Adjustments				■
Final Evaluation & Program Closure				■

CONCLUSION

The mental health and well-being of data workers are critical to their personal health and professional productivity as they move on with their lives after working as data workers. It is also crucial that the data workers identify their coping strategies to manage their mental health adequately. By offering a structured and comprehensive mental health recovery program, we can provide young workers affected by vicarious trauma with the necessary tools and support to heal and flourish. This initiative will address their critical mental health needs and cultivate a culture of inclusivity, support, and respect both within the workplace and in broader communities.

Healing is not just personal.
It's political.

This project is a declaration: the people who clean the internet deserve to be seen, heard, and healed. Let us begin that work now.

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