PROMOTING WELLBEING, MENTAL HEALTH AND SELF-CARE FOR WOMEN HUMAN RIGHTS DEFENDERS IN KENYA

DEFENDERS COALITION

UNIVERSITY of York

Centre for Applied Human Rights

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ABBREVIATIONS

CNN	(Cable News Network)
FGD	(Focus Group Discussion)
GBV	(Gender Based Violence)
HRD	(Human Rights Defender)
MDA	(Ministries, Departments and Agencies of Government)
NGO	(Non-Governmental Organization)
PTSD	(Post Traumatic Stress Disorder)
S/GBV	(Sexual and / or Gender Based Violence)
SRHR	(Sexual and Reproductive Health and Rights)
STS	(Secondary Traumatic Stress)
WHRD	(Woman Human Rights Defender)
CAHR	(Centre for Applied Human Rights-University Of YORK)
'WORK'	(Not remunerated)

EXECUTIVE SUMMARY

This study aimed at carrying out a needs assessment of the status of WELLBEING, MENTAL HEALTH and SELF CARE practices from a sample of 200 Women Human Rights Defenders (WHRDs) in Kenya to inform future interventions that are meant to prevent or mitigate mental health issues which arise as a result of their 'work'.

WHRDs play a big role in fighting a myriad of human rights injustices and in so doing they expose themselves to the risks of developing mental health problems due to the traumatic situations they constantly face while challenging the status quo. Despite being at the forefront in defending the human rights of others, WHRDs tend to receive little or no support from formal support systems; instead, they seek support from their colleagues, as they are more often than not unattached to formal organizations. Others engage in dangerous behaviours such as alcoholism to relieve stress and relax from 'work'. During Focus Group Discussions, it was also revealed that some participants' families were fearful for their physical safety, especially after the death of an activist Caroline Mwatha in 2019.

This research was conducted using desk review and qualitative data analysis. Library and online sources proved crucial to this study when conducting literature review on the gaps that exist in providing support for the wellbeing, mental health and self-care of WHRDs in Kenya. During the conduct of the qualitative research, the author collected, analyzed and interpreted the non-numerical data in a bid to understand how individual WHRDs subjectively perceive their work and the associated challenges, and how it gives meaning to their social reality[1] . In the field, the researcher collected perspectives from WHRDs in several counties regarding the kind of support, services or skills that they would need to continue to address injustice, while at the same time securing their self-care and wellbeing, in order to remain mentally and physically healthy to do their advocacy.

The findings from this study show that as they work to defend the rights of others, WHRDs in Kenya experience a variety of challenges such as insecurity,

1. Corbin, J. & Strauss, A. (2008). Basics of qualitative research: Techniques and procedures for developing grounded theory. Thousand oaks, CA: Sage

threats, violence including (S)GBV and detention of self or family members from the government or the private sector. Most of the respondents indicated that they or other WHRDs they are familiar with had experienced at least 80% of the mental health conditions that the researcher had listed in the study questionnaire.

The challenges that WHRDs encounter at 'work' coupled with the strenuous and potentially trauma-inducing work puts them at risk of developing mental health problems. WHRDs in Kenya lack enough support for their mental wellbeing and self-care from the formal support systems (most do not have a steady income), from both government and NGOs which further complicates their activism. It was also concluded that the Kenyan government has not prioritized mental health support for its population let alone for women human rights defenders.

The researcher hopes that the findings of this study will function as a bridge between the current state of affairs and the desired future – where WHRDs' physical as well as mental needs are catered for and prioritized. It is hoped that the ultimate outcome of this assessment will be the provision of support to WHRDS where findings indicate a need for their mental health and general wellbeing be prioritized. Thus, the main goal of this research is to mainstream mental health support for WHRDs, owing to the strenuous and potentially trauma-inducing 'work' they engage in.

effects of such conditions by taking care of their mental health and nurturing their emotional wellbeing.

CHAPTER ONE: INTRODUCTION

1.1 Overview of the importance of securing the Mental Health of Women Human Rights Defenders

Activists play a pivotal role in human rights protection efforts as they work towards bringing about social, political change, campaigning for the promotion, protection of civil and political liberties. Whether known as human rights defenders, activists, advocates, or campaigners, each one acts as a change agent and pushes for societal progress and social justice in their own way. This 'work' is as perilous as it is important.
Human rights defenders encounter physical challenges such as harassment, arrest, assault, detention and sometimes, unfortunately, extra-judicial killings. Many more have had their freedoms restricted and their voices suppressed; they have also suffered surveillance, criminalization and stigmatization[4] .

The 'work' also has an effect on activists' mental functions and wellbeing. Activists perform intense emotional labour, navigate risks associated with questioning the status quo (which often means questioning the government or the private sector), enduring constant confrontation with policy makers and sometimes security agents, and most 'work' long hours away from family for little or no pay. In addition, the results of their campaigns sometimes take years to materialize which may leave one feeling unmotivated and despondent about the progress they are making, as compared to the amount of work and effort put in. Many report feeling stressed, overworked, and overwhelmed leading to burnout[5] , chronic anxiety[6] ., depression[7] , and post-traumatic stress

4 Barcelona Guidelines on Wellbeing and Temporary International Relocation of HRDs At Risk available at https://static1.squarespace.com/static/58a1a2bb9f745664e6b41612/t/5de6a0d-7ae38e0103312349b/1575395544981/The+Barcelona+Guidelines+-+EN+%28Final%29.pdf

5 "Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy. See https://www.who.int/news/item/28-05-2019-burn-out-an-occupation-al-phenomenon-international-classification-of-diseases#:~:text=%E2%80%9CBurn%2Dout%20is%20a%20syndrome,related%20to%20one's%20job%3B%20and

6 This refers to a chronic condition characterized by an excessive and persistent sense of apprehension, with physical symptoms such as sweating, palpitations, and feelings of stress. See https://www.medicinenet.com/anxiety_disorder/definition.htm#:~:text=Anxiety%20disorder%3A%20A%20chronic%20condition,palpitations%2C%20and%20feelings%20of%20stress.

7 Depression is a common mental disorder affecting more than 264 million people worldwide. It is characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities. It can also disturb sleep and appetite; tiredness and poor concentration are common. See https://www.who.int/health-topics/depression

disorder (PTSD)[8]; even for those who are not on the frontline. Others who are exposed to human rights violations describe other mental health challenges associated with indirect or vicarious trauma or secondary traumatic stress (STS)[9] , and even compassion fatigue[10] .

Insofar as social justice activism and advocacy work can provide a boundless sense of purpose and can be deeply fulfilling, it can simultaneously leave one feeling emotionally depleted. Furthermore, constant harassment and exposure to violence causes HRDs to experience negative sentiments such as powerlessness, insulation and a feeling of being cut-off. It is critical for activists to combat or mitigate the effects of such conditions by taking care of their mental health and nurturing their emotional wellbeing.

The wellbeing of human rights defenders is a critical yet often de-prioritized and neglected issue in human rights practice. Evidence does suggest that generally, organisations have responded poorly and much more needs to be done at all levels — individual, organisational, and field-wide[11] .

"HRDs often find it difficult to talk about their own mental and emotional wellbeing…. Stigma, biases and misconceptions about mental health in their societies – held by themselves and others – may further impede efforts to strengthen their wellbeing[12]" . Human rights practice tends to emphasize "self-sacrifice, heroism, and martyrdom. These norms inhibit defenders from expressing their anxieties and seeking help[13]" . One activist expressed that many "often become caricatures to people, for some even super-human. Many don't realize the deep depression and anxiety we experience. The work is overwhelming and [it is] compounded by not feeling safe and worrying about your life and the lives of your children[14]" . These very real beliefs and reactions - which stem from a personality of self-sacrifice - translates to many HRDs' reluctance to seek help to enable them to cope with the struggles associated with human rights work. When they

8 Post-traumatic stress disorder (PTSD) is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape or who have been threatened with death, sexual violence or serious injury. See https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd

9 The term vicarious trauma …. is the …. term that describes the phenomenon generally associated with the "cost of caring" for others [who work] with trauma survivors. [They] experience vicarious trauma because of the work they do. Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured. Vicarious trauma [is] a state of tension and preoccupation of the stories/trauma experiences described by clients. See more at https://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf

10 This is defined as "the physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period of time" and/or the experience of "apathy or indifference toward the suffering of others as the result of overexposure to tragic news stories and images and the subsequent appeals for assistance". See https://www.merriam-webster.com/dictionary/compassion%20fatigue

11 From a "Culture of Unwellness" to Sustainable Advocacy: mental health and human rightsAvailable at https://static1.squarespace.com/static/58a1a2bb9f745664e6b41612/t/5de90ed04868697b0bbfa9c1/1575554778449/Policy+Brief+07+-+Culture+of+Unwellness.pdf

12 Barcelona Guidelines on Wellbeing and Temporary International Relocation of HRDs At Risk available at https://static1.squarespace.com/static/58a1a2bb9f745664e6b41612/t/5de6a0d7ae38e0103312349b/1575395544981/The+Barcelona+Guidelines+-+EN+%28Final%29.pdf

13 https://www.frontlinedefenders.org/en/resource-publication/barcelona-guidelines-wellbeing-temporary-international-relocation-hrds-risk

14 https://www.bustle.com/p/the-impact-of-activism-on-mental-health-can-be-devastating-but-heres-how-experts-say-we-can-close-the-gap-17045319

do get around to considering the topic of their own welfare, mental or otherwise, defenders often deflect, instead focusing on the wellbeing of victims of human rights violations and abuses, rather than their own. Defenders sometimes feel guilty when thinking about their own wellbeing; and most report that they avoid it, as it feels self-indulgent[15] .

It is recommended to engage in self-care, join a community pod for mutual support, and to seek professional help. These are strategies that are suggested for advocates to ensure that their mental and emotional wellbeing is managed and nurtured. Self-care is any activity that we do deliberately in order to take care of our mental, emotional, and physical health. It fosters the "ability to engage in human rights work without sacrificing other important parts of one life; the ability to maintain a positive attitude towards the work despite challenges[16]" .

According to existing literature on the subject, "self-care can also be understood as a practitioner's right to be well, safe, and fulfilled[17]" .

According to Agnes Wainman, noted clinical psychologist, self-care is "something that refuels us, rather than takes from us." Self-care is not a selfish act because ultimately, activists need to take care of themselves in order be able to take care of others and the society at large[18] .

This echoes back to one of the most prolific wellness and self-care quotes of all time. Audre Lorde wrote about the concept in her book 'A Burst of Light', after she had been diagnosed with cancer for a second time. Here, Lorde talks about self-care as a radical political act. "Caring for myself is not self-indulgence," she wrote. "It is self-preservation, and that is an act of political warfare[19]" .

The Kenyan Context

The Kenyan State prides itself on being democratic and promulgating a progressive Constitution that enshrines the Bill of Rights, and is a signatory to numerous regional and international conventions that commit the State to promote and protect human rights and the rule of law. Nevertheless, the State has often violated citizens' rights or failed to act when violations are meted out by non-state actors, including business persons and prominent private citizens. The use of violence, the commission of extrajudicial killings and enforced disappearances of citizens are carried out routinely and with impunity. Above all, human rights defenders (HRDs) are affected, particularly women who are increasingly becoming the face of activism in Kenya and are often targeted whenever they speak out on account of their sex/gender. They pay a heavy price because of their commitment to advance the rule of law, seek justice for victims and demand accountability for perpetrators. This is not only in the form of physical danger but there are also visible and non-visible effects on their mental wellbeing as a result of their activism.

15 Wellbeing, Risk and Human Rights Practice (University of York, 2017) available at https://www.york.ac.uk/media/cahr/documents/Wellbeing,%20Risk,%20and%20Human%20Rights%20Practice,%20Human%20Rights%20Defender%20Policy%20Brief%201.pdf
16 https://www.newtactics.org/conversation/self-care-activists-sustaining-your-most-valuable-resource
17 https://www.newtactics.org/conversation/self-care-activists-sustaining-your-most-valuable-resource
18 https://www.sciencetimes.com/articles/21248/20190604/is-self-care-selfish.htm
19 https://www.theguardian.com/commentisfree/2019/aug/21/self-care-radical-feminist-idea-mass-market

Society expects that certain roles – leadership, activism, being vocal on issues that affect their communities, among others – are the preserve of men. This reinforces the willingness to blame women human rights defenders (WHRDs) for inviting repressive and retaliatory actions against themselves. Societal expectations regarding the role of women mean that the voices of WHRDs are often muted and they may be unable to seek assistance from existing but underfunded formal support systems for HRDs which are run by NGOs. In the event that mental health related challenges arise from constant exposure to trauma, help for affected WHRDs is almost non-existent. Therefore, like their male counterparts, they often rely on their friends and family, as well as comrades and fellow WHRDs whenever they are faced with challenges and find themselves at risk.

1.2 Statement of the Problem

The extent and impact of mental health issues in Kenya is woefully under-researched, let alone studies specifically focusing on frontline human rights defenders. Anecdotal information however points to a growing national concern, but faced with other challenges regarding the health sector as a whole, the government has not prioritized mental health. This situation is exacerbated by the fact that mental health conditions in the country are subject to cultural beliefs that blame witchcraft, bad luck or demon possession, with religious leaders and witch doctors being the preferred solution givers. WHRDs who are in the frontline defending the rights of others barely get help for their mental health wellbeing despite facing scenarios that are potential mental health hazards such as defending victims of sexual harassment, gender-based violence and victims of police abuse.

With this in mind, we can trace how ensuring the wellness of the human drivers of the project that is human rights promotion and protection (including self-care, relaxation, and stress reduction) is key to the sustainability of the movement and the goals it seeks to achieve. Shoring up one's mental health and wellness reserves through caring for self-first/primarily and seeking support when the need arises, ensures that an activist is left with enough resources to then go forth and continue to fight for others.

1.3 Objectives of the Study

Overall, the study aimed to assess the effectiveness of the support systems for the wellbeing and self-care for Women Human Rights Defenders in Kenya, focusing on several counties.

Specifically, the study was guided by the following objectives;

i. To find out the fields that WHRDs in Kenya are engaged in.
ii. To describe the challenges that WHRDs in Kenya encounter in their work.
iii. To examine the impacts of the psychosocial and emotional effect of activism on WHRDs in Kenya.
iv. To assess the existing solutions for challenges and mental health problems facing WHRDs in Kenya.

1.4 Research Questions

i. What fields are WHRDs in Kenya engaged in?
ii. What challenges do WHRDs in Kenya face in their work?
iii. How do the psychosocial and emotional effects of activism impact on WHRDs in Kenya?
iv. What are the existing solutions for the challenges and mental health problems of WHRDs in Kenya?

1.5 Justification of the Study

The study on the wellbeing and self-care for WHRDs is timely, considering the mental health problems many WHRDs face in their line of duty. Tackling the mental health issues for WHRDs is not only beneficial to them but also society at large. WHRDs face many challenges at work and lacking support from formal support systems further complicates their plight. WHRDs face the danger of developing mental health conditions such as depression, post-traumatic stress disorder, extreme insomnia, anxiety, burnout, irrational fear and paranoia among others as a result of the trauma-inducing events they constantly face at 'work'. As such, WHRDs need the attention of formal support systems to help them deal with mental health problems and the many challenges they face.

1.6 Significance of the Study

It is hoped that the findings of the study will help support systems to identify the challenges facing WHRDs and give them much-needed support. The possibility of WHRDs developing mental health problems in their line of duty is always high as some of the issues they face could be traumatizing. Issues touching on death of citizens, sexual harassment and gender-based violence could be hard to get over without the possibility of developing mental health conditions such as depression, post-traumatic disorder, extreme insomnia, anxiety, burnout, irrational fear and paranoia. Through recommendations given out from this study, support systems for WHRDs may take necessary steps towards helping them deal with mental health issues and other challenges they face at 'work'.

1.7 Assumptions of the Study

The researcher assumed that the informants would be willing to answer all the questions accurately, truthfully and correctly and that they would actively participate during the process. The other assumption was that the strategies suggested to help WHRDs deal with mental health problems caused by trauma-inducing work were the best and would help tackle the issues.

1.8 Scope of the Study

This study aimed at conducting needs assessment for WHRDs in Kenya by focusing on several counties. The study focused on the mental health wellbeing and self-care of the WHRDs in these counties to mirror the situation in Kenya. The study confines itself to the WHRDs only and did not take note of other human rights defenders or organizations.

1.9 Limitations of the Study

The researcher intended to carry out the study in all the 47 counties in Kenya but due to the outbreak of covid-19 and funding limitations, the study was only carried out in a few counties. The onset of covid-19 saw new measures put in place to

help curb the spread of the disease. Measures such as restriction of inter-county movements and banning of in-person meetings posed the biggest challenge to the study. However, to overcome such challenges, the study used remote techniques such as email submissions of questionnaires, phone calls for interviews and socially distanced focus groups. As a result, the analysis and assessment may not be exhaustive but it nevertheless provides a strong foundation and a jumping off point for the proposed project. The recorded responses do echo the anecdotal accounts which have been relayed to the researcher, and also buttress her own lived experience.

CHAPTER TWO: LITERATURE REVIEW

2.1 Mental health service provision in Kenya

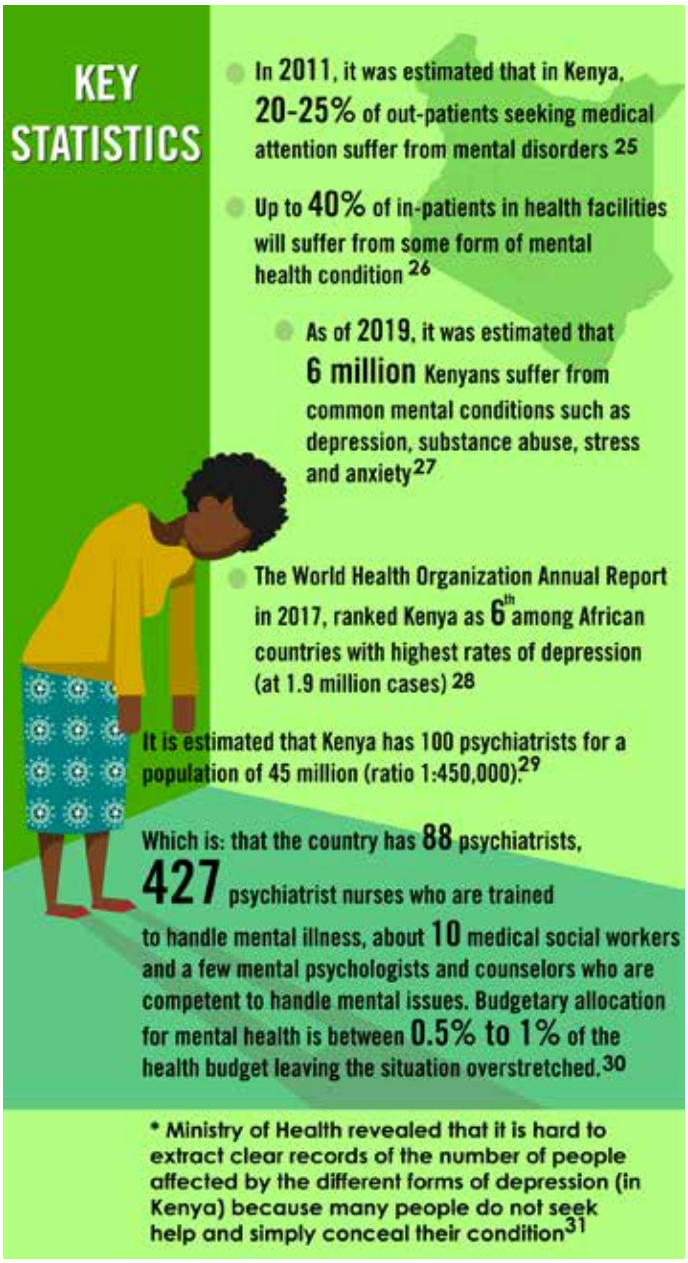
Mental health services provided by the State:
A 2011 human rights audit of the mental health system in Kenya conducted by the Kenya National Commission on Human Rights[20] found systemic societal stigma and discrimination against mental illness and persons with mental disorders. It also showed that government policies and practices were and is still inadequate. The facilities and staff are and remain under-resourced and are overall incapable of offering quality services.

When services are availed, the system remains highly centralized: almost 70% of in-patient beds are in Nairobi[21]. In the instance where in-patient services are provided, there have been past reports of disturbing standards of care. For instance, in Mathare Hospital in 2011: CNN's documentary "Locked Up and Forgotten[22]" reported cases of severe neglect – individuals with mental illnesses and disorders were kept in dilapidated quarters and overcrowded wards, and were subjected to human rights violations including forced medication, beatings, rape and sodomy from other patients.

This situation persists despite Article 43 (1) (a) of the Constitution of Kenya guaranteeing every person "the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care". This right concerns the health of the whole person, up to and including the mind. Therefore it also encompasses an entitlement to access facilities and services that will assist in safeguarding mental health. Indeed,

such as healthier lifestyles, better physical health, improved recovery from illness, fewer limitations in daily living, higher education attainment, greater productivity, employment and earnings, better relationships with adults and with children, more social cohesion and engagement and improved quality of life."

20 https://www.knchr.org/Portals/0/EcosocReports/THE_%20MENTAL_HEALTH_REPORT.pdf
21 https://www.knchr.org/Portals/0/EcosocReports/THE_%20MENTAL_HEALTH_REPORT.pdf
22 https://edition.cnn.com/2011/WORLD/africa/02/25/kenya.forgotten.health/



2.2 The role of NGOs

Certain NGOs[32] in Kenya that work with victims of violence, torture survivors, and human rights defenders have, following needs assessments, developed programs to address the psycho-social needs of their clients. Such programs were established to support organizations and partners but are often under-resourced and dependent on hiring the services of consultants. Further, they provide physical support when danger is imminent, or harm has already occurred, and not in a preventative capacity that i) focuses on mental health and ii) is holistic, making sure the support includes well-being and self-care.

2.3 The context for WHRDs

The majority of WHRDs are not attached to any organization as employees. A majority declared they did not have a steady income; instead, they mostly 'work' on their own as volunteers. Since most 'work' as volunteer community organizers, they largely miss out on any support. Worse still, there has not been a targeted study specifically for this group to better understand the magnitude of the problem and needed interventions that can inform broader support, programming and local solutions to the issue. This concern is more prevalent where WHRDs are at the frontline confronting issues touching on land, bodily injuries and the deaths of citizens and perceived enemies of state, including sexual and gender based violence and extrajudicial killings which are rampant in Kenya's urban poor neighbourhoods and rural areas. Such WHRDs make appeals for assistance to confront the growing impact on the victims they advocate for, but largely ignore the trauma and mental effects of their activism on themselves and those close to them.

23 See also the KNCHR report available at https://www.knchr.org/Portals/0/EcosocReports/THE_%20MENTAL_HEALTH_REPORT.pdf
24 https://publications.universalhealth2030.org/uploads/Kenya-Mental-Health-Policy.pdf
25 According to the KNCHR human rights audit of the mental health system in Kenya, 2011 available at https://www.knchr.org/Portals/0/EcosocReports/THE_%20MENTAL_HEALTH_REPORT.pdf
26 https://www.knchr.org/Portals/0/EcosocReports/THE_%20MENTAL_HEALTH_REPORT.pdf
27 The Many Faces of Mental Health in Kenya report available at https://ilakenya.org/the-many-faces-of-mental-health-in-kenya/
28 https://ilakenya.org/the-many-faces-of-mental-health-in-kenya/
29 https://kanco.org/mental-health-status-in-kenya/
30 The State of Mental Health in Kenya, Dr. Kamau Kanyoro (https://uonresearch.org/vvc/article/the-state-of-mental-health-in-kenya/#:~:text=Government%20statistics%20indicate%20that%20at,is%20about%2011.5%20million%20people%20.)
31 https://ilakenya.org/the-many-faces-of-mental-health-in-kenya/
32 Such as the Kenya National Commission on Human Rights, the Independent Medico-Legal Unit, National Coalition of Human Rights Defenders, and the Kenya Human Rights Commission.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter highlights the methodology that was utilized in this study. It comprises; study design, research site, target population, sampling technique and sample size, research instruments, data collection procedure, data analysis and ethical considerations.

3.2 Study Design

The study adopted the descriptive survey design in which the study sought to establish the wellbeing, mental health and Self-care for Women Human Rights Defenders in Kenya. Descriptive surveys enable researchers to obtain data about practices, situations or views at one point in time through questionnaires and interviews.

3.3 Research Site

In order to provide a representative sample of experiences of WHRDs in the country the needs assessment was originally intended to survey WHRDs from several counties. However, as a result of the swift and sweeping societal changes in response to the Covid-19 pandemic the project was limited by fewer responses from the sample group than was anticipated. As such, the study was carried out through questionnaires where there were challenges is receiving results, phone calls and only 2 focus groups in Nakuru and Nairobi. In Nairobi the focus group participants hailed from the constituencies of Kibra, Mathare, Kayole, Starehe, Githurai and Embakasi West. Respondents from Nakuru did not come from pre-determined areas as they were randomly picked from across the county.

3.4 Target Population

The targeted population was WHRDs from all over Kenya but due to the limitations brought about by COVID-19, the entire country was not covered.

3.5 Sampling Technique and Sample Size

Women Human Rights Defenders interviewed, either through questionnaires, phone calls or focus groups numbered about 200.

3.6 Study Instruments

The study used both primary and secondary data. The following instruments were used to generate primary data:

3.6.1 Focus Group Discussions

Focus group discussion (FGD) is a good way to gather together people from similar backgrounds or experiences to discuss a specific topic of interest. During the FGDs it was emphasized that they were gathered due to their similar backgrounds as WHRDs who should be able to talk freely about their experiences and the shortcomings of their advocacy. What ensued was a frank discussion about the state of affairs of their 'work' – what challenges they encountered and a call for prioritization of their mental wellbeing and health.

3.6.2 Interviews

An interview is a face-to-face, phone or virtual oral communication which utilizes a set of pre-determined inquiries involving one or more individuals. The study utilized this technique as it gives the expected comparability, unconstrained responses and valuable data to address the objectives which have been outlined above.

3.6.3 Questionnaires

Questionnaires were appropriate because they allowed for the collection of large amounts of information in a reasonably quick space of time and could be interpreted easily without altering the meaning.

3.7 Data Collection Procedure

A questionnaire (attached as an appendix) was developed by the author to serve as a tool of assessment to gauge the status of mental health and wellness of activists and advocates and to ascertain how they are mitigating the effects of human rights work on self, other WHRDs and family members. The questionnaire was administered in person and online to WHRDs in several counties; this process took the form of email submissions, phone interviews, and socially-distanced focus group discussion. During the two FGDs, the respondents were introduced to the research and they spoke freely about the challenges they face owing to their work and the manner in which their sex/gender put them at greater risk of harm. This report records, collates and analyses the data received from the completed questionnaire forms filled during the FDGs

The WHRDs from Nairobi filled in and returned the questionnaires between the dates of June 17th and June 24th, 2020. The Nairobi respondents hailed from Kibra, Mathare, Kayole, Starehe and Embakasi West constituencies. This included an FDG held in Kibra with 50 participants.

In Nakuru, the researcher held an outdoor, in-person focus group discussion (FGD) with WHRDs from around the county (in keeping with government directives for such gatherings, and observing Covid-19 protocols). During the FGD that was held on October 9th, 2020, the same questionnaire was administered after which a discussion about the emerging themes took place. Some of the verbatim responses are captured in the findings.

Participants

Questionnaires were completed by 200 WHRDs whose 'work' experience ranged between seven months and twenty years. The respondents' reported areas of engagement in human rights 'work' broadly fitting into the following categories:

- Gender based violence;
- Women's and children's rights advocacy;
- Land rights;
- Democracy and governance;
- Access to justice;
- Police brutality and extra-judicial executions and killings;
- Psycho-social support & counselling; and
- Digital activism.

The participants found the research timely and crucial since they felt this area has been largely ignored.

Data Analysis

During the conduct of the qualitative research, the author collected, analyzed and interpreted the non-numerical data in a bid to understand how individual WHRDs subjectively perceive their work and the associated challenges, and how it gives meaning to their social reality[33] .

3.8 Ethical Considerations

Protecting the privacy needs of the questionnaire respondents was paramount. Respondents were implored to answer the questions posed in the survey as honestly as possible, emphasizing that there were no right or wrong answers – only their own experiences. To ensure an ethical research process, it was highlighted that each WRHD's response was to be voluntary and would be treated with the utmost confidence. This was especially important as the questions were at times deeply personal and would reveal intimate details not only about their work as activists and advocates, but about their home lives. To this end, no names are revealed in this report, as was guaranteed to the WHRDs who offered their valuable insights and stories.

33. Corbin, J. & Strauss, A. (2008). Basics of qualitative research: Techniques and procedures for developing grounded theory. Thousand oaks, CA: Sage

CHAPTER FOUR: STUDY FINDINGS

4.1 Fields of WHRDs engagement

As regards the respondents' reported areas of engagement in human rights work, the results show their involvement broadly fit into the following categories:

- Gender based violence;
- Women's and Children's rights advocacy;
- Land rights;
- Democracy and governance;
- Access to justice;
- Police brutality and extra-judicial executions and killings;
- Psycho-social support & counseling;
- Digital activism.

4.2 General attitude towards human rights 'work' and engagement

All respondents articulated that they feel great passion and positivity in their work. They are self-driven and motivated, and still press on to fight for others' needs despite the challenges they face. Most of them shared that they experience strong fulfilment and joy when they successfully reach out to help people, make a positive difference in society, and influence change. A point in case is their effort to interact and connect with other WHRDs as a source of camaraderie and inspiration. Others pointed out that they wouldn't switch to other 'careers' over the current path of being a WHRD. However, some said they would consider venturing into other fields but still engage in HRD work.

One said, "Like any other work, I have some bad days but most of the time I am happy that I am making a difference in the community[34]" . One respondent was less certain: "Sometimes, seeing what other WHRDs are going through makes me question my decision to do this 'work'."[35]

4.3 WHRDs most challenging experiences in their work

Interestingly, though expected, the participants' responses showed the obstacles faced in the line of duty were many and varied. However, similarities emerged. For instance, while most of the respondents were happy with being in the human rights sector, and felt a great degree of connection to the people and issues

34 WHRD13
35 WHRD07

they worked with and on, respectively, they had some challenges. Chief of which was the expressed dissatisfaction that the community or victims have high expectations which they feel pressured to meet, and sometimes they fall short and cannot deliver. For instance, one WHRD stated that she "tries hard to defend human rights but the ones you are supposed to be protecting still get harmed and/or killed. This makes me feel doubtful about the work I am doing[36]."

Another interviewee felt that the 'work' is thankless [37]; others said that the impact of the advocacy was disproportionate to the amount of effort they expended in order to achieve justice for the victims they represent. One WHRD who documents police abuse of power and extrajudicial executions in an informal settlement stated that there was an instance where the cases were so high that she felt helpless.

She[38] stated
"I felt frustrated, devastated, helpless, useless, powerless, defeated. I couldn't help but think we have not done enough. I wished that I could forget that everything happened. I had not felt that weak and defeated in a very long time. As a leader with no answers of what we should do because you seem to have exhausted all the answers and options to stop such atrocities is the worst feeling ever."

HRD14 also noted exasperatedly that "I have also tried to be here for [a victim] every time that I can but I feel it's not enough and this gets me worked up."WHRD28 said she feels exhausted with human rights 'work' "anytime a progressive idea is shut down by the older generation in the human rights space who feel they own the monopoly of ideas", a phenomenon that was felt by quite a number of WHRDs.

They also noted that justice was either delayed or denied due to "external forces" and corruption[39] in the criminal justice system that hindered the smooth flow of the process. For example, some WHRDs shared experiences where the victims were bribed by the perpetrators and pressured to withdraw claims against them [40]; others cited prolonged court cases[41] , including cases where parents cover up their children's rights violation[42] in order to maintain the family status quo etc.

Another complaint from a couple of the interviewees, specifically during the focus group discussions, was that they experienced sexual harassment in the 'workplace' or during their duties, while another[43] said she experienced

36 WHRD07
37 WHRD35
38 WHRD30
39 WHRD12
40 WHRD24
41 WHRD33
42 WHRD13
43 WHRD04

"emotional violence" at her place of 'work'. This is in line with research that showed that in addition to harms that are linked to human rights 'work' such as vicarious trauma, there are "other harms that are attributable to institutional stressors arising from the practices of human rights organisations. There are also field-wide, systemic harms and obstacles to wellbeing that are linked to deeply entrenched human rights cultures or to the socio-economic and political structures in which the human rights field is embedded[44]."

Approximately two-thirds of the respondents stated that their human rights 'work' did not yield a steady income at the time of interviewing. One WHRD added that even if they are not remunerated well for their human rights work, they still face expectations that they are to cover certain costs associated with helping a victim or survivor. She[45] noted:

"When a survivor comes for assistance, she/he has over expectations e.g., if someone brings to you a case and the case has financial implications, they expect you to cover the expenditures."

Another WHRD[46] stated that she gets frustrated by:
"Having comrades who are going hungry and generally struggling to make ends meet. People 'work' so very hard for the community but don't have money for transportation to go follow up on community members' human rights violations".

A WHRD stated that there was a solution to these types of situations – "You need to continuously invent ways to be supportive to not numb to people who report violations[47]."

With regards to the impact - whether positive or negative - on WHRD's families, many responded that the impact was positive. They stated that their families were more knowledgeable about human rights issues and now "saw social and political issues through the human rights lens."

On the other hand, a common complaint was that they spend a lot of time either at 'work' or in the field, and this means that they do not get enough quality time with their families or to rest. One reported that her parents were threatened as a direct result of her activism in the community. Another stated that her daughter has a phobia of the police owing to her and her husband's activism which has led the latter to be arrested multiple times with his encounters with the police sometimes being televised.

Others have had their work criticised by family members; one participant noted: "One of my parents feels that my 'work' is what is hindering me from getting married and that I [as a woman] should not be so vocal in order to sustain a relationship[48]."

44 From a "Culture of Unwellness" to Sustainable Advocacy: mental health and human rights Available at https://static1.squarespace.com/static/58a1a2bb9f745664e6b41612/t/5de90ed04868697b0bbfa9c1/1575554778449/Policy+Brief+07+-+Culture+of+Unwellness.pdf
45 WHRD19
46 WHRD20
47 WHRD27
48 WHRD6

The impact on the family being both positive and negative was confirmed by a participant who said:

"[It has impacted] both negatively and positively. Negatively because of the occupational hazards …. I have had to take a 12 month break away from work and have been dependent on my nuclear family – both financially and socially in terms of medical [and] home based care. Our relationships have suffered backlash (sic) during such times as well. On the positive front, my family (parents, siblings and children including cousins, nieces and nephews) [have been able to] access free legal aid from my practice[49]."

Another[50] mentioned
"Mistrust issues from our spouses that even led to separation. [Also], the thought that we are facilitated with funds to do what we do."

4.3.1 Experiences on exposure to insecurity / threats / violence and detention of self or family members

A few respondents shared their experiences of being arrested by the police in the course of their human rights defence 'work', and also during efforts of trying to bail out other HRDs who have been detained. Some reported receiving threats from the police (one reported being threatened by a female prosecutor) and even their community. The threats even extended to their family members in a bid to caution them against continuing to pursue the cases against human rights violations. An example of threatening behaviour was reported by a long-term activist who stated:

"My phone for more than 10 years is always monitored and sometimes it goes off completely. I have learned to live with it - sometimes you notice people following you and [have to go] sit somewhere or go into a supermarket and do unplanned shopping[51]."

Also of note was the description of sexual harassment and indecent propositions in the work place or within the human rights movement from male co-workers. This included reports of unwelcome advances, overtly sexual comments on appearance and dressing, and non-consensual touching.

49 WHRD11
50 WHRD24
51 WHRD17

WHRDs also face the risk of or actual bodily harm (including police brutality) even as they are fighting for justice. One lamented, "We are out there protesting and advocating for the rights of every human being but then you end up being beaten or teargassed for this."

Approximately 40% of WHRDs interviewed have been victims of S/GBV or personally know of someone who has, as a result of their 'work'. It was explained that this usually occurs following arrest by the police. One respondent recounted as follows:

"My colleagues and I were detained in Nakuru Prison for fighting for the land rights of the Ogiek community and we were actually tortured[52]".

The majority of participants stated that they had ready access to information and resources on S/GBV and gender-based violence and sexual and reproductive health and rights (SRHR). This could be attributed to the fact that many of the respondents' area of expertise is S/GBV and or women's rights – whether deliberately by chosen field of 'work' or incidentally as a result of being a woman and therefore someone who people felt comfortable approaching with S/GBV related matters.

Seven of the WHRDs reported that they or someone they know felt the need to procure an abortion for the sake of their 'work' and the causes they espouse. Some of these cited that they or someone they know experienced negative post effects of abortion due to the fact that they were unable or unwilling to attend after care and counselling after the voluntary termination. It was also reported that others suffered miscarriages in the course of their 'work'. It has to be noted that procuring an abortion in Kenya is illegal. Abortions are carried out in secret and in most cases in underground clinics that pose a major risk to women using their services.

4.4 The psychosocial and emotional effect of activism on self or other defenders

All the respondents surveyed confirmed that prolonged exposure to human rights violations had resulted in negative mental health effects on them and other WHRDs in the community. Those who work with, extra-judicial killings, child abuse and/or sexual and gender-based violence (S/GBV) especially indicated that their work put a strain on their mental health. Indeed, the majority indicated they or another WHRD they are familiar with had experienced at least 80% of the conditions listed in the questionnaire at one point or another.

The listed conditions were as follows:

- Depression
- Post-traumatic stress disorder
- Extreme insomnia
- Anxiety
- Burnout
- Irrational fear
- Paranoia
- Need to procure abortions
- Miscarriages

52 WHRD22

One of the WHRDs said:
"Yes, many things you deal with are traumatizing, even when you are not conscious of the fact that you are being traumatized. You only realize much later that they have affected you …. The fact that we keep documenting violations which never end, and that people never [get redress for] is exhausting. You need to continuously invent ways to be supportive and not become numb to people who report violations. Also, the more you do this work you realize more and more that the government really does not care about its people and that's discouraging[53]."

4.5 Solutions to challenges of mental health and wellbeing

The feedback from the respondents revealed a good degree of commitment towards their mental health and wellness and that of their families. The evidence of their engagement with mental health professionals within Civil Society and in some cases private practitioners for counselling, therapies and treatment cannot be overlooked. For those who have not sought professional help for various reasons, cost included, they reported engaging themselves in personalized self-care routines.

Furthermore, the respondents stated that they have come across recommendations for techniques that may potentially help to improve their mental wellbeing. These include deep breathing, blogging & journaling, music therapy, exercise, dancing, singing, cooking, photography, writing, crafts and sports. Many noted that they feel it would be beneficial to do yoga, meditation, travel and go on holiday; and to spend more time with family, friends and other HRDs.

One[54] suggested "I think if HRDs can afford a day away, somewhere green – like Arboretum or Karura, once a month, this can be good for them. We did this as MSJC, and this was great: we spent the day, eating, "kufungua roho" ("Open heart talk") and playing games and singing, this was great. But we can't afford to do if often. I think green space, food and just any leisure activities are good for HRDs, but they have to be planned in advance, and people can bring their kids if need be."

53 WHRD27
54 WHRD27

Some of the respondents indicated that they have been on medication to deal with mental health conditions such as depression at one point in time. One stated that the stress means she sometimes requires sleeping aids while another is on medication for high blood pressure. Approximately half of the WHRDs interviewed said that their 'work' causes their family to be concerned for their welfare, while for others it manifests in stress related ailments such as hypertension and mental health challenges such as anxiety for their loved ones. One notable response was from a participant who stated:

"Yes, when I am facing challenges in my line of work it has a ripple effect on my family e.g. when I was in asylum for being a witness of extra judicial killings I had to be away from my family and they were psychologically affected[55]."

Unfortunately, there were also responses that indicated that some WHRDs make use of negative coping mechanisms such as abusing alcohol, smoking marijuana and engaging in risky sexual behaviour and activity. They reported that they do so as a defensive mechanism and as a form of escapism, owing to the high levels of stress they endure.

4.5.1 Description of personalized self-care among WHRDs

The findings of this research reveal that most of the respondents have incorporated self-care practices into their routine in an attempt to help them relax from 'work'. The most common relaxation activities that they do by themselves were watching TV shows/movies, writing, dancing, playing an instrument, reading, creating art, and listening to music. A few spoke of spending time outside and in nature – going for walks, swimming, camping, hiking, taking care of animals and gardening. Others mentioned that they spend time with friends and socialize.

There were mixed feelings on whether they felt guilty or not when taking their breaks from 'duty'. Majority felt helpless but in desperate need of a break in order to remain sane but still found themselves feeling guilty about saying No to cases. In addition, most displayed a sound commitment to their 'work' because they refer those requests for assistance to other HRDs who can follow up on their grievances, especially when they are busy or are overwhelmed. One response was:

"I turn down requests that I know I cannot honour. I feel guilty because I feel like I have failed someone who needs me."

Another said she has the "inability to shake of the feeling I could have done something about it[56]."

4.5.2 Formation of and participation in support groups

The findings from the questionnaires showed that the majority of participants receive support from friends, family, other WHRDs and mental health professionals. All reported that they do support other WHRDs by offering a listening ear when they need to talk, contributing to their bail/bond when arrested, helping to raise

55 WHRD19
56 WHRD33

bus fares or contributing to hospital bills, offering a safe place to stay, and helping with a case when needed. The findings also revealed that approximately 50% are members of an informal support group of WHRDs or are part of a community of like-minded persons who congregate for the purpose of mutual support.

Some reported that they have experienced a lack of support from fellow HRDs and other players in the human rights sector. One WHRD felt particularly strongly about this. She asserted that the lack of support stems from negative competition. She maintained that many are inclined to look out for themselves at the expense of their colleagues.

A common gripe among most research participants was the lack of support from the major, mainstream NGOs. There was a recurring complaint that organisations prioritise their own convenience, for example, they call on WHRDs when they require help with local mobilization or when they need support in other forms, but they then tend to dismiss WHRDs when it's felt they are not needed.

Participants also claimed that the high level of bureaucracy in mainstream organisations hinders efforts to communicate concerns raised by WHRDs who tend to feel 'used' and 'dumped' by these organisations. They felt that it was difficult to reach key decision makers who may otherwise not know of their mistreatment because of program officers who are the main handlers of HRDs on the ground.

The results herein indicate that the respondents of the questionnaires fill this institutional support gap by being supportive to their colleagues and offering moral, emotional and financial support.

CHAPTER FIVE: SUMMARY FINDINGS, CONCLUSION & RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the findings, conclusions and recommendations drawn from the findings with regards to promoting wellbeing and self-care for Women Human Rights Defenders in Kenya.

5.2 Summary Findings

The aim of this study was to undertake a detailed review of the support systems for the wellbeing and self-care for Women Human Rights Defenders in Kenya. It also forms a critical part of a proposed project's initiation phase in that it serves to comprehensively determine the needs of the community of WHRDs and the activist community as a whole in terms of the support they require to maintain good mental hygiene, self-care and overall wellbeing as they fight and pursue human rights and social justice causes.

Objective one sought to find out the fields that WHRDs in Kenya are involved in and how they perceive their work. The findings were that most WHRDs in Kenya are involved in the fields of gender-based violence; land rights; democracy and governance; access to justice; police brutality and extra-judicial executions and killings; psycho-social support and counselling and; digital activism. This study also found out that most of them feel satisfied with their 'work' and that they would not exchange it for another career. Even those who considered exchanging their 'work' with another career said that they would still be involved in human rights defenders 'work'.

Objective two sought to describe the challenges WHRDs in Kenya face at work. The findings were that most of WHRDs in Kenya are faced with a myriad of challenges ranging from job dissatisfaction, low and unsteady income, security threats to self and family members, detention of self or family members, spending disproportionate time with their families, sexual harassment and GBV among other challenges.

Objective three sought to assess the psychosocial and emotional effect of activism on self or other defenders in Kenya. Majority of the respondents indicated that they had experienced at least 80% of the mental health conditions listed in the questionnaire such as depression, post-traumatic stress disorder, extreme insomnia, anxiety, burnout, irrational fear and paranoia.

The fourth objective sought to assess the existing solutions for mental health and general wellbeing of WHRDs in Kenya. The findings were that some WHRDs seek help from mental health professionals while others do not because of many reasons the common one being lack of finances. Others engage and participate in support groups such as family, friends and other HRDs which give them crucial but limited support. Other WHRDs engage themselves in personalized self-care routines such as singing, dancing, exercising, cooking, going on vacation among many other activities that improve their mental wellbeing and help them relax from work.

5.3 Next Steps

This survey formed part of a needs assessment to inform future interventions which will seek to support Women Human Rights Defenders (WHRDs). In particular, the goal is to mainstream mental health support for WHRDs, owing to the strenuous and potentially trauma-inducing work they are engaged in. the aim is to work towards starting an initiative that will offer direct support to WHRDs to protect their mental health and general wellbeing. Wellness and self-care in human rights work is both personal and collective - ensuring good mental health and wellness is not only important for individuals, it is also necessary for the sustainability of movements and the people driving them.

5.4 Conclusion

Based on the analysis of 200 responses it can be concluded that WHRDs 'work' is beneficial in defending the rights of those who feel that they are voiceless. WHRDs in Kenya are constantly involved in defending human rights in the fields such as gender-based violence, women's and children's rights and advocacy, land rights, democracy and governance, access to justice, police brutality and extra-judicial executions and killings, psychosocial support and counselling and digital activism. WHRDs face many challenges at work such as S/GBV, threats to self and family members and unsteady income among other challenges. Most WHRDs indicated that they had faced at least 80% of the mental health conditions listed in the questionnaire. Majority also indicated that they do not receive any support from formal systems in dealing with mental health challenges that result from the trauma-inducing 'work' they do.

5.5 Policy Recommendations

The results indicate that there is a glaring gap in institutional support for WHRDs with regards to their mental hygiene and wellbeing as far as human rights 'work' is concerned.

The questionnaire used in this research was designed as a tool to ascertain the needs and wants of WHRDs. The feedback from the respondents also incorporates recommendations regarding the support and wellbeing activities WHRDs feel would be beneficial for them to access in order to be physically and mentally healthy.

The respondents made the following recommendations:

5.5.1 To government & MDAs:

- Implement the two-thirds gender rule (which is enshrined in the Constitution) that no more than two thirds of any gender shall be in nominative and elective positions, if so, affirmative action is to be implemented - to ensure women's representation in decision making positions;
- Review mental health specific policies and laws and implement them to guarantee that mental health for all is prioritized;
- De-centralize fully, and fund health care generally and mental health specifically. This includes infrastructure and skilled human resources;
- Empower the police force with knowledge on human rights issues to reduce instances of mistreatment, arrest, illegal detention, trumped up charges and abuse of WHRDs;
- Increase access to information about mental health through awareness raising campaigns that also combat stigma, and invest in research about the state of mental health in the country.

5.5.2 To civil society and non-governmental organizations:

- Mainstream mental health support and integrate care interventions into human rights programming;
- Provide crèches and staffed child care support for mothers to enable them participate in activities;
- Offer free or subsidized WHRD annual retreats and relaxation holidays;
- Raise awareness about mental health disorders and illnesses and implement initiatives dedicated to combating stigma around mental health;
- Ensure 'mental health/self-care' days are available for WHRDs and do not penalize them for taking leave days;
- Link human rights defenders with support groups;
- Document and report instances of violations against persons with mental health disorders, including WHRDs;
- Support and/or conduct research on mental health, and gather information for policy and legislative development;
- Develop and implement sexual harassment policies to protect WHRDs in the workplace;
- Provide WHRDs with free/affordable counselling services;
- Develop and make available digital tools and apps which facilitate learning and linking with like-minded WHRDs in similar fields of human rights work and/or vicinity of operation;
- Enhance availability of S/GBV and SRHR information and resources;
- Establish a funded operational hotline for WHRDs to call in instances of distress;
- Equip WHRDs with digital security training to ensure they conduct their 'work' safely;
- Create an emergency fund to be used to ensure that mental health care is available to all WHRDs;
- Ensure fair remuneration of activists through the provision of liveable wages which would accord WHRDs with a manageable lifestyle;
- Provide programmes which give WHRDs marketable skills which will in turn create sustainable financial resilience; and
- Establish physical spaces where these activities can take place, away from the office including a one stop centre to cater to WHRD security, rest and wellbeing.

5.5.3 To the WHRD community:

- Attend regular debrief sessions or group therapy to unpack potential issues;
- Establish opportunities for mentorship and coaching from WHRDs who have been in the movement for a while;
- Continue mobilization and public sensitization on human rights to ease the burden on WHRDs;
- Prioritize stress reduction techniques for healthy mental wellbeing;
- Take out medical insurance policies, including NHIF cover; and
- Partner and network with other WHRDs, social justice centres and institutions to facilitate unity.

APPENDIX:

Wellness & Self-care Questionnaire

This survey forms part of a needs assessment to inform future interventions which will seek to support Women Human Rights Defenders (WHRDs). In particular, the goal is to mainstream mental health support for WHRDs, owing to the strenuous and potentially trauma-inducing 'work' they are engaged in.

I, Wanjeri Nderu is working towards starting an initiative that will offer direct support to WHRDs to protect their mental health, general wellbeing and deliberate self-care as part of their 'work'.
Wellness and self-care in human rights work is both personal and collective - ensuring good mental health and wellness is not only important for individuals, it is also necessary for the sustainability of movements and the people driving them.

Essentially, this is a tool to help gauge the status of mental health and wellness of activists and advocates such as yourself, and to assess how you are mitigating the effects of your human rights work and how you are caring for yourself, your mental health and your fellow WHRDs.

I would appreciate your taking the time to complete the following survey as honestly as possible. When answering the below questions, there are no right or wrong answers. Take time to answer all questions to the best of your ability on your wellness and your self-care practice as it is now. Your responses are voluntary and will be CONFIDENTIAL.

Name .....

Location .....

Gender .....

Age .....

Date .....

GENERAL

What kind of Human Rights work do you do?

_____

_____

_____

How long have you been doing Human Rights work?

_____

Do you believe that prolonged exposure to Human Rights violations (whether directly or indirectly) has negative mental health outcomes for human rights defenders?

_____

_____

Have you or another WHRD you know experienced this (Type yes at appropriate answer)

- Depression ☐
- Post-traumatic stress disorder ☐
- Extreme insomnia ☐
- Anxiety ☐
- Burnout ☐
- Irrational fear ☐
- Paranoia ☐

Describe a situation that has made you feel exhausted with Human Rights work. Have you received threats or been subjected to violence as a result of your Human Rights work?

_____

_____

_____

Have you ever been arrested? Yes: ☐ No: ☐

If yes, what were the circumstances?

_____

_____

_____

Has your work impacted negatively or positively on your family? Kindly describe. Do you have a steady income?

ATTITUDE (state your level of agreement with the following statements)
I am very happy being in the human rights sector
(disagree strongly, disagree, neither disagree nor agree, agree, agree strongly.)

I enjoy discussing the human rights issues I work on with people outside the sector
(disagree strongly, disagree, neither disagree nor agree, agree, agree strongly.)

I really connect to the human rights issues I work on
(disagree strongly, disagree, neither disagree nor agree, agree, agree strongly.)

I could easily switch careers and perform the same as I do this one
(disagree strongly, disagree, neither disagree nor agree, agree, agree strongly.)

I often think about quitting the human rights sector
(disagree strongly, disagree, neither disagree nor agree, agree, agree strongly.)

I have been able to make a positive difference through my work (disagree strongly, disagree, neither disagree nor agree, agree, agree strongly.)

I feel inspired that my work brings change
(disagree strongly, disagree, neither disagree nor agree, agree, agree strongly.)

I feel that my work is pointless
(disagree strongly, disagree, neither disagree nor agree, agree, agree strongly.)

SELF-CARE

Are you okay with taking time away from Human Rights work when you feel overwhelmed?

Do you have a specific set of self-care activities that you do?

Do you make leisure time a priority?

Are you able to take time for yourself without feeling guilty?

Do you ever turn down requests for help? Does it make you feel guilty? If yes, why?

MENTAL HEALTH

Do you know and practice stress reduction techniques, such as deep breathing, meditation?

Do you have an outlet for creativity (e.g. art, music)

What else do you think you could be doing that would be useful for your well-being?

Have you ever engaged a mental health professional? (E.g. psychiatrist, therapist, psychologist)

Have you ever taken medication to deal with any mental health related issues that have arisen due to your work as a HRD?

Has your work as a HRD caused any mental health issues among your family members?

SUPPORT AND PARTICIPATION

Are you part of a support group network?

Who do you get support from?

Have you experienced lack of support from fellow HRDs and other players in the Human Rights Sector?

Do you support other HRDs? If yes, how?

BODILY AUTONOMY & SECURITY OF THE PERSON

Have you (or anyone you know) been a victim of sexual/gender based violence (S/GBV) that you believe was as a result of your/their work in human rights?

Do you have access to information and resources on S/GBV and do you use them?

Do you have access to information and resources on SRHR (sexual and reproductive health and rights) and do you use them?

As a result of your work as a WHRD, have you (or anyone you know) ever terminated a pregnancy as a sacrifice for your/their work or for fear that it would impact your/their work?

If yes, have you/they experienced any adverse mental health effects as a result of procuring an abortion? If yes, please describe.

Did you/they access abortion after-care and counselling?

SUGGESTED SOLUTIONS

As a HRD, what support or wellbeing activities do you feel are important for you to access in order to keep physically and mentally healthy?

Do you have access to the suggested solutions above? If yes, which ones? If not, why not?

INFORMATION ON THE RESEARCHER :

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WANJERI NDERU

SOCIAL JUSTICE CRUSADER
HUMAN RIGHTS DEFENDER
#BreakTheSilenceOnChildRape

DEFENDERS COALITION

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