



Working Paper No. 12

Promoting Wellbeing, Mental Health and Self-Care for Women Human Rights Defenders in Kenya

Wanjeri Nderu
October 2021



The Human Rights Defender Hub Working Papers Series

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The Working Paper Series is edited by Pippa Cooper. It is supported in part by a grant from the Open Society Foundations.

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The Centre for Applied Human Rights (CAHR) is an interdisciplinary research and teaching centre based at the University of York. CAHR hosts the Human Rights Defender Hub, which aims to: strengthen the rigour and impact of research on, with, and for HRDs; facilitate spaces where scholars, practitioners, and defenders engage in critical self-reflection on existing practice and explore new frontiers; and disseminate research findings to a broad range of actors to impact on policy and practice.

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About the author

Wanjeri Nderu is a prominent Kenyan social justice activist, noted political analyst and commentator, and dedicated human rights defender.¹ She is, in addition, a seasoned communications expert and lends her expertise to non-profit organisations, the human rights movement writ large, and isolated social causes. In particular, she leverages social media (Twitter, Facebook and WhatsApp) to mobilise the masses in support of current pressing issues and to push for accountability and action. Wanjeri focuses on matters that NGOs and their organisational programmes, or official government agencies are unable or unwilling to address.

In 2018, Wanjeri joined the Protective Fellowship Scheme for human rights defenders at risk at the Centre for Applied Human Rights (CAHR), University of York. Here, she conceptualised the present project with the goal of creating spaces and systems for mental health, self-care and wellbeing of activists in Kenya. As a human rights defender who has faced physical violence, fleeing her home and country, and harassment herself, as well as the resultant mental health consequences of frontline human rights work, Wanjeri is cognisant of the manner in which the labour of activism can take a toll on defenders who highlight injustice as a passion and a vocation. This informed her drive to push for organisations to do more to support human rights defenders and social justice advocates, and to call for such institutions to extend their resources to reach not only well-known activists but all the other women on the ground who need the same access to these valuable resources.

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Acknowledgements

I wish to acknowledge the support of **Jerry Lockspeiser** whose funding award for research made this study possible. I thank the Women Human Rights Defenders (WHRDs) of Kenya who shared their insights and experiences with me and without whom this paper could not have been completed.

I also deeply appreciate support from my family, especially my husband Musembi; my gifts as a mother, Stacey, Cece and Sigi; my parents Mr and Mrs Nderu; and siblings, Ann Nderu, Grace Waceke and Nicholas Macharia, who have stood by me when the world seemed out of control and most importantly for understanding that the blood that runs in my veins carries this 'madness' that is the fight against injustice.

Further acknowledgements:

Defenders Coalition (National Coalition of Human Rights Defenders-Kenya) who are my grant holders and gave me institutional support.

Renee Kamau and Salma Njoki who helped in putting together this research.

Professor Catherine Ndungo for proofreading and editing the research.

Suggested Citation:

Nderu, W. (2021) Promoting Wellbeing, Mental Health and Self-care for Women Human Rights Defenders in Kenya, *Human Rights Defender Hub Working Paper Series 12*. York: Centre for Applied Human Rights, University of York. Available at: hrdhub.org/working-papers

¹ Find out more about Wanjeri and her work here - <https://securityofdefendersproject.org/inspirational-women/wanjeri-nderu>

Executive Summary

The aim of this study was to carry out a needs assessment based on the status of wellbeing and mental health, and the self-care practices, of a sample of 195 women human rights defenders (WHRDs) in Kenya; this needs assessment would then inform future interventions with the aim of preventing or mitigating mental health issues which arise as a result of the 'work' of WHRDs.²

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 fellow defenders, as they are more often than not unattached to formal organisations. Others engage in dangerous behaviours such as alcoholism to relieve stress and relax from 'work'.

This research was conducted using desk-based research and qualitative data analysis. Library and online sources proved crucial to this study when conducting a 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, analysed 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.³ 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, threats, violence including sexual and / or gender based violence (S/GBV), and the detention of self or family members by the government or the private sector. During focus group discussions, it was revealed that participants' families were fearful for their physical safety, especially after the death of activist Caroline Mwatha in 2019.⁴ These challenges that WHRDs encounter at 'work' that is both strenuous and potentially trauma-inducing put them at risk of developing mental health problems. Whilst most of the participants in this study 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, WHRDs in Kenya are unable to access support for their mental wellbeing and self-care from the formal support systems (most do not have a steady income) or from NGOs which further complicates their activism. Nor is support available from the Kenyan government which has not prioritised mental health care for its population let alone for WHRDs.

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' mental as well as physical needs are catered for and prioritised, and support is provided. Thus, the main goal of this research is to facilitate the mainstreaming of mental health support for WHRDs, owing to the strenuous and potentially trauma-inducing 'work' they engage in.

2 Scare quotes are used for 'work' to show that this work is not remunerated.

3 Juliet Corbin & Anselm Strauss, *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd edition, Los Angeles California, London: Sage 2008)

4 Caroline Mwatha Ochieng was one of the founders of the Dandora Social Justice Centre. She died in suspicious circumstances in February 2019. See Otsieno Namwaya, 'Ensure Justice in Death of Kenyan Activist' (*Human Rights Watch*, 22 February 2019) <https://www.hrw.org/news/2019/02/23/ensure-justice-death-kenyan-activist> accessed 21 August 2021

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Acronyms

CAHR	Centre for Applied Human Rights, University of York
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 Organisation
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

Introduction

The importance of securing the mental health of WHRDs

Activists play a pivotal role in human rights protection efforts as they work towards bringing about social and political change, and campaign for the promotion and 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, criminalisation and stigmatisation.⁵

Their '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), endure 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 materialise which may leave them feeling unmotivated and despondent about the progress they are making, as compared to the amount of work and effort put in. Many, even those who are not on the frontline, report feeling stressed, overworked, and overwhelmed leading to burn-out,⁶ chronic anxiety,⁷ depression⁸, and post-traumatic stress disorder (PTSD).⁹ Others who are exposed to human rights violations describe other mental health challenges associated with indirect or vicarious trauma or secondary traumatic stress (STS),¹⁰ and even compassion fatigue.¹¹

5 The Barcelona Guidelines on Wellbeing and Temporary International Relocation of Human Rights Defenders at Risk [online] <https://static1.squarespace.com/static/58a1a2bb9f745664e6b41612/t/5de6a0d7ae38e0103312349b/1575395544981/The+Barcelona+Guidelines+-+EN+%28Final%29.pdf> accessed 18 August 2021

6 The World Health Organisation describes burn-out thus: "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 WHO (2019) 'Burn-out an "occupational phenomenon": International Classification of Diseases' 28 May 2019 [online] Available at <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases#:~:text=%E2%80%9CBurn%2Dout%20is%20a%20syndrome,related%20to%20one's%20job%3B%20and> accessed 21 August 2021

7 Chronic anxiety is a chronic condition characterised by an excessive and persistent sense of apprehension, with physical symptoms such as sweating, palpitations, and feelings of stress. See MedicineNet (2021) 'Medical Definition of Anxiety Disorder' 6 March 2021 [online] Available at https://www.medicinenet.com/anxiety_disorder/definition.htm#:~:text=Anxiety%20disorder%3A%20A%20chronic%20condition,palpitations%2C%20and%20feelings%20of%20stress accessed 21 August 2021

8 The World Health Organisation's definition of depression is: "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> accessed 21 August 2021

9 The American Psychiatric Association describes post-traumatic stress disorder (PTSD) as "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> accessed 14 August 2021

10 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 counsellors 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> accessed 14 August 2021

11 Compassion fatigue 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> accessed 14 August 2021

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 cause 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-prioritised and neglected issue in human rights practice. Evidence suggests that generally, organisations have responded poorly and much more needs to be done at all levels – individual, organisational, and field-wide.¹² Furthermore, research has shown that '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'.¹³ The problem is further exacerbated by the fact that human rights practice tends to emphasise 'self-sacrifice, heroism, and martyrdom. These norms inhibit defenders from expressing their anxieties and seeking help'.¹⁴ According to one activist, many 'often become caricatures to people, for some even super-human. Many don't realise 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'.¹⁵

These very real beliefs and reactions – which stem from a personality of self-sacrifice – translate to many HRDs' reluctance to seek help to enable them to cope with the struggles associated with human rights work. When they 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.¹⁶ Studies show that '[d]efenders sometimes feel guilty when thinking about their own wellbeing; and most report that they avoid it, as it feels self-indulgent'.¹⁷

In order to ensure their mental and emotional wellbeing is managed and nurtured strategies of self-care are suggested for advocates. Self-care may be joining a community pod for mutual support, or seeking professional help; it 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's life. The ability to maintain a positive attitude towards the work despite challenges'.¹⁸ As the existing literature on the subject confirms, 'self-care can also be understood as a practitioner's right to be well, safe, and fulfilled'.¹⁹

According to Agnes Wainman, noted clinical psychologist, self-care is 'something that refuels us, rather than takes from us'.²⁰ Self-care is not a selfish act because ultimately, activists need to take care of

12 'From a "Culture of Unwellness" to Sustainable Advocacy: mental health and human rights,' (Human Rights Defender Hub Policy Brief 7, October 2019) <https://static1.squarespace.com/static/58a1a2bb9f745664e6b41612/t/5de90ed04868697b0bbfa9c1/157554778449/Policy+Brief+07+-+Culture+of+Unwellness.pdf> accessed 17 September 2021

13 The Barcelona Guidelines (see note 4).

14 *ibid*

15 Nylah Burton 'Activism's Impact on Mental Health Can Be Devastating. Here's How Experts Want to Close The Gap,' (*Bustle*, 19 April 2019) <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> accessed 17 September 2021

16 'Wellbeing, Risk, and Human Rights Practice,' (Human Rights Defender Hub Policy Brief 1, January 2017) <https://www.york.ac.uk/media/cahr/documents/Wellbeing,%20Risk,%20and%20Human%20Rights%20Practice,%20Human%20Rights%20Defender%20Policy%20Brief%201.pdf> accessed 14 August 2021

17 *ibid*

18 'Self-Care for Activists: Sustaining Your Most Valuable Resource' (*New Tactics in Human Rights*, 28 September 2021) <https://www.newtactics.org/conversation/self-care-activists-sustaining-your-most-valuable-resource> accessed 14 August 2021

19 *ibid*

20 Quoted by MMVH Concio in 'Is Self-care Selfish?' (*The Science Times*, 4 June 2019) <https://www.sciencetimes.com/articles/21248/20190604/is-self-care-selfish.htm> accessed 28 September 2021

themselves in order to be able to take care of others and society at large.²¹ 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.'²²

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.

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 WHRDs for inviting repressive and retaliatory actions against themselves. Such societal expectations regarding the role of women also 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.

Despite anecdotal information pointing to a growing national concern over mental health issues in Kenya, faced with other challenges regarding the health sector as a whole, the government has not prioritised 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. 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.

Statement of the Problem

Ensuring the wellness of WHRDs, the human drivers of the project that is human rights promotion and protection, 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. However, WHRDs in Kenya who are in the frontline defending the rights of others rarely 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.

21 *ibid*

22 Audre Lorde, *A Burst of Light and Other Essays* (Later Edition, Dover Publications Inc, 2017)

Objectives of the Study

Overall, this study aims to assess the impact of activism on the mental wellbeing of WHRDs in Kenya and to evaluate the effectiveness of existing support systems, including strategies WHRDs themselves have developed to deal with mental health problems caused by trauma-inducing work.

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.

Focus and value of the research

The extent and impact of mental health issues in Kenya is woefully under-researched, let alone studies specifically focusing on frontline human rights defenders. There has been no targeted study specifically for this group to better understand the magnitude of the problem and or the needed interventions that could inform broader support, programming and local solutions to the issue

This study on the wellbeing and self-care of WHRDs is timely, considering the mental health problems many WHRDs face in their line of duty. The possibility of WHRDs developing mental health problems is always high as some of the issues they face can be traumatising; issues touching on death of citizens, sexual harassment and gender-based violence are likely to 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. Tackling the mental health issues for WHRDs is not only beneficial to them but also society at large. It is hoped that the findings of the study will help identify the challenges facing WHRDs and lead to the implementation of much-needed support systems. Through recommendations developed through this study, it is hoped government, civil society, NGOs and WHRDs themselves may take the necessary steps towards to deal with the mental health issues and other challenges WHRDs in Kenya face when defending human rights.

The current situation

Mental health service provision in Kenya

A 2011 human rights audit of the mental health system in Kenya conducted by the Kenya National Commission on Human Rights found systemic societal stigma and discrimination against mental illness and persons with mental disorders.²³ It also showed that government policies and practices were inadequate.

Today facilities and staff remain under-resourced and are overall incapable of offering quality services. The system remains highly centralised: almost 70% of in-patient beds are in Nairobi.²⁴ In the instance where in-patient services are provided, there have been reports of disturbing standards of care. For instance, the CNN documentary *Locked Up and Forgotten* reported on Mathare Hospital in 2011 and found 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.²⁵

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, the Kenya Mental Health Policy (2015-2030) states

*... mental health is a key determinant of overall health and socio-economic development. It influences individual and community outcomes 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.*²⁶

KEY STATISTICS:*

In 2011, it was estimated that in Kenya, 20-25% of out-patients seeking medical attention suffer from mental disorders²⁷

Up to 40% of in-patients in health facilities will suffer from some form of mental health condition²⁸

As of 2019, it was estimated that six million Kenyans suffer from common mental conditions such as depression, substance abuse, stress and anxiety²⁹

23 Kenya National Commission on Human Rights (2011) ‘Silenced Minds: the Systemic Neglect of the Mental Health System in Kenya’ https://www.knchr.org/Portals/0/EcosocReports/THE_%20MENTAL_HEALTH_REPORT.pdf accessed 28 September 2021

24 ibid

25 David McKenzie and Ingrid Formanek, ‘Kenya’s mentally ill locked up and forgotten’ (CNN – World’s Untold Stories, 25 February 2011) <https://edition.cnn.com/2011/WORLD/africa/02/25/kenya.forgotten.health/> accessed 4 September 2021; see also Kenya NCHR (note 23)

26 Ministry of Health Kenya (2015) ‘Kenya Mental Health Policy 2015-2030: Towards Attaining the Highest Standard of Mental Health’ <https://publications.universalhealth2030.org/uploads/Kenya-Mental-Health-Policy.pdf> accessed 1 September 2021

27 Kenya NCHR – see note 23.

28 ibid

29 International Institute for Legislative Affairs – ILA (2019) ‘The Many Faces of Mental Health in Kenya’ <https://ilakenya.org/the-many-faces-of-mental-health-in-kenya/> accessed 20 September 2021

KEY STATISTICS:*

In 2017 the World Health Organisation ranked Kenya as sixth among African countries with highest rates of depression (at 1.9 million cases)³⁰

The country has approximately 100 psychiatrists for a population of 45 million (ratio 1:450,000)³¹. Another statistic points to a lower number. It has also been recorded that the nation is equipped with 88 psychiatrists, 427 psychiatrist nurses who are trained to handle mental illness, about 10 medical social workers and a few mental psychologists and counsellors who are competent to handle mental issues.

Budgetary allocation for mental health is between 0.5% to 1% of the health budget thus leaving services completely overstretched.³²

* The Ministry of Health revealed that it is hard to extract clear records of the number of people affected by the different forms of depression (in Kenya) because many people do not seek help and simply conceal their condition³³

The role of NGOs

Certain NGOs 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.³⁴ Such programs were established to support organisations and partners but are often under-resourced and dependent on hiring the services of consultants. Further, they provide 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.

The context for WHRDs

The majority of WHRDs in Kenya are not attached to any organisation as employees. Many do not have a steady income and instead they mostly 'work' on their own as volunteers. Since most 'work' as volunteer community organisers, they largely miss out on any support. This is particularly concerning where WHRDs are at the frontline confronting issues touching on land, bodily injuries and the deaths of citizens and perceived enemies of state, as well as 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.

Methodology

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

30 *ibid.*

31 <https://kanco.org/mental-health-status-in-kenya/>

32 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>)

33 ILA – see note 30

34 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.

Research Design

Descriptive surveys were chosen as research method for this study to better understand the wellbeing, mental health and self-care for WHRDs in Kenya. Descriptive surveys enable researchers to obtain data about practices, situations or views at one point in time through questionnaires and interviews. The survey was completed by a number of participants online and also formed the basis of a series of interviews and two focus groups.

The 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 (FGD). Respondents were implored to answer the questions posed in the survey as honestly as possible, emphasising that there were no right or wrong answers – only their own experiences. 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 puts them at greater risk of harm.

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 in receiving results, phone calls and two focus groups in Nakuru and Nairobi. In Nairobi the focus group participants hailed from the constituencies of Kibra, Mathare, Satellite, 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.

The 'work' experience of these 195 WHRDs 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.

Data Collection & Analysis

WHRDs from Nairobi filled in and returned the questionnaires between the dates of June 17th and June 24th, 2020, including 48 participants who took part in a focus group discussion (FGD) held in Kibra. In Nakuru, the researcher held an outdoor, in-person FGD with WHRDs from around the county (in keeping with government directives for such gatherings, and observing Covid-19 protocols). During the FGD (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. The participants found the research timely and crucial since they felt this area has been largely ignored.

Following the collection of the data the author analysed 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.³⁵

Ethical Considerations

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. Protecting the privacy needs of the questionnaire respondents was paramount and to this end, no names are revealed in this report, as was guaranteed to the WHRDs who offered their valuable insights and stories.

Limitations

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 the restriction of inter-county movements and the 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 anecdotal accounts which have been relayed to the researcher, and also buttress her own lived experience.

The study confines itself to WHRDs only and did not take note of other human rights defenders or organisations.

Findings

Fields of WHRD engagement

The data from the research interviews show the respondents' reported areas of human rights work 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 and counselling; and
- Digital activism.

³⁵ Corbin & Strauss – see note 3.

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, and cite their interactions and connections with other WHRDs as a source of camaraderie and inspiration. Most stated that they would not 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.'³⁶ Another respondent was less certain: 'Sometimes, seeing what other WHRDs are going through makes me question my decision to do this 'work''.³⁷

WHRDs most challenging experiences in their work

Interestingly, though expected, the participants' responses showed the challenges faced by WHRDs were many and varied. A common theme was the inability of WHRDs to meet expectations. Participants expressed dissatisfaction that the community or victims have high expectations which they feel pressured to meet, and sometimes they fall short and cannot deliver. Another interviewee felt that the 'work' is thankless;³⁸ 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 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.*³⁹

Similar feelings were expressed by a participant who 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.'⁴⁰ Others too expressed feelings of powerlessness and doubt, 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.'⁴¹

Some participants noted that justice was either delayed or denied due to 'external forces' and corruption in the criminal justice system that hindered the smooth flow of the process.⁴² For example, some WHRDs shared experiences where the victims were bribed by the perpetrators and pressured to withdraw claims against them; others cited prolonged court cases, including cases where parents cover up their children's rights violation in order to maintain the family status quo.⁴³

36 WHRD13

37 WHRD07

38 WHRD35

39 WHRD30

40 WHRD14

41 WHRD07

42 WHRD12

43 WHRD24, WHRD33 & WHRD13

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 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. 44

Another WHRD 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. 45

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.46

There were mixed feelings among participants on whether they felt guilty or not when taking their breaks from 'duty'. A 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. 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.'⁴⁷ Where possible, when they are busy or overwhelmed participants referred requests for assistance to other WHRDs to follow up on grievances displaying a sound commitment to their 'work'.

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.

Approximately half of the WHRDs interviewed said that their 'work' causes their family to be concerned for their welfare whilst 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 WHRD19

45 WHRD20

46 WHRD27

47 WHRD33

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 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.⁵⁰

Experiences of 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

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.'

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. Interviewees, specifically during the focus group discussions, stated that they had experienced sexual harassment in the 'workplace' or during their duties with one participant also stating she had experienced 'emotional violence' at her place of 'work'.⁵²

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.'⁵³

The majority of participants stated that they had ready access to information and resources on S/GBV 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.

49 WHRD11

50 WHRD24

51 WHRD17

52 WHRD04

53 WHRD22

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.

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 on extra-judicial killings, child abuse and/or 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

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 traumatised. You only realise 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 realise more and more that the government really does not care about its people and that's discouraging.⁵⁴

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 personalised 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

54 WHRD27

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 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 {organisation} 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 it 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.⁵⁵

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. 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.⁵⁶

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. 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.

Personalised 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 socialise.

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 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 mobilisation or when they need support in other forms, but they then tend to dismiss WHRDs when it is felt they are not needed. Participants also

⁵⁵ WHRD27

⁵⁶ WHRD19

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 programme 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.

Summary of Findings

This chapter presents a summary of the findings, a conclusion and recommendations drawn from the findings with regards to promoting wellbeing and self-care for WHRDs in Kenya.

The aim of this study was to undertake a detailed review of the support systems for the wellbeing and self-care for WHRDs 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 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 defender 'work'.

Objective two sought to describe the challenges WHRDs in Kenya face at work. The findings were that most WHRDs are faced with a myriad of challenges ranging from feelings of despondency, helplessness and frustration, 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 S/GBV.

Objective three sought to assess the psychosocial and emotional effect of activism on self or other defenders in Kenya. The 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; of those that do not, the most common reason was a lack of finances. Others participate in support groups such as family, friends and other WHRDs which give them crucial but limited support. Other WHRDs engage in personalised 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.

Next Steps

This survey formed part of a needs assessment to inform future interventions which seek to support WHRDs in Kenya. 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.

Conclusion

WHRDs in Kenya are constantly involved in defending human rights in 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. In defending the rights of those who feel that they are voiceless WHRDs face many challenges at work such as S/GBV, threats to self and family members, and unsteady income. This research analysed responses from 195 WHRDs in Kenya and found that most had faced at least 80% of the mental health conditions listed in the questionnaire. The majority 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. The results of this research 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

Recommendations

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

The respondents made the following recommendations:

To government and 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 prioritised;
- De-centralise 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.

To civil society and non-governmental organisations:

- 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 subsidised 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 penalise 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.

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 mobilisation and public sensitisation on human rights to ease the burden on WHRDs;
- Prioritise 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 1

Wellness and 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? 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 and 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?

