

Mental Health Stressors

For LGBTQ Advocates
Working on Gender-Based
Violence In Asia

Updated September 2022



OUTRIGHT
INTERNATIONAL



Outright International works together for better LGBTIQ lives.

Outright is dedicated to working with partners around the globe to strengthen the capacity of the LGBTIQ human rights movement, document and amplify human rights violations against LGBTIQ people, and advocate for inclusion and equality.

Founded in 1990, with staff in over a dozen countries, Outright works with the United Nations, regional human rights monitoring bodies and civil society partners. Outright holds consultative status at the United Nations where it serves as the secretariat of the UN LGBTI Core Group.

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Background

In 2020 and 2021, members of the Asia LGBTIQ Network on SOGIE & Gender-based Violence flagged the glaring lack of mental health support mechanisms for lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) advocates working on gender-based violence (GBV) issues in Asia.¹ Network members spoke of sharply-increased stress, anxiety, depression, and fatigue, due, in large part, to impacts of the COVID-19 pandemic. These impacts included a rise in emergency requests for assistance from lesbian, gay, bisexual, transgender, and queer (LGBTQ) people facing income loss, food and housing disruption, and a rise in cases of gender-based violence from family members and partners while under household quarantines and neighborhood lockdowns, which were often enforced with a militarized type of policing.²

While the pandemic exacerbated and intensified mental health stressors for LGBTQ advocates, the stressors themselves preceded the COVID-19 pandemic. For instance, there was a lack of mental health support services for LGBTQ crisis responders, lack of organizational mechanisms for mental health check-ins with gender-based violence peer counselors and early responders, lack of organizational funding to provide free or subsidized mental health services for LGBTQ advocates who could not afford them on their own, and insufficient attention to staff stress management.³

At the conclusion of a regional forum of the Asia LGBTIQ Network on SOGIE & GBV in 2021, participants made a recommendation to develop regional wellness mechanisms to support healthy, sustainable LGBTIQ activism in general, but specifically and urgently for those involved in work to stop gender-based violence. Forum participants wanted programs and organizations working on gender-based violence to support the mental health and wellbeing of staff and volunteer workers. Participants expressed the belief that improving mental health

¹ "SOGIE" refers to sexual orientation, gender identity, and gender expression. Gender-based violence (GBV) is violence rooted in systemic patriarchy. It involves violence against people on grounds of their female sex and gender, as well as against individuals and groups who do not conform to heterosexual, gender-binary norms. Forms of GBV include, *inter alia*, domestic violence, intimate partner violence, sexual assault, and anti-LGBTIQ violence. The Asia LGBTIQ Network on SOGIE & Gender-Based Violence was established in 2020 by Outright International as a platform for expertise, learning, and advocacy exchanges on LGBTIQ-inclusive responses to gender-based violence intervention and prevention. It currently has 40 members from 13 countries in South Asia, Southeast Asia, and Northeast Asia. Currently, there are no members from Central and West Asia. The Network convenes annual regional forums, theme-based webinars, and undertakes research. An online hub is managed by Outright and is available for Network members and non-members (restricted access). Currently, the Network does not have members who self-identify as intersex.

² "LGBTIQ Protection and Service Gaps Exposed by the COVID-19 Pandemic," verbal country reports presented by members of Asia LGBTIQ Network on SOGIE & GBV for the online regional forum, 3-7 August 2021. Report on forum proceedings, outcomes, and Zoom recording on file with Outright International.

³ Participant sharing, Asia LGBTIQ Network on SOGIE & GBV, 2020 regional forum, 5-9 October 2020, and 2021 regional forum, 3-7 August 2021. Reports on forum proceedings, outcomes, and Zoom recordings on file with Outright International.

and wellbeing of LGBTIQ advocates working on gender-based violence would strengthen their resilience and activism.⁴ In response to the recommendation, Outright convened a wellness collective of volunteer Network members and Outright Asia program staff. The seven-member wellness collective agreed to carry out a preliminary study on mental health stressors of members of the Network and their allies working on gender-based violence in LGBTQ communities. Findings would be presented in a paper, disseminated to Network members and their organizations or networks, and used to design a mental wellbeing workshop. The workshop would inform the development of a regional wellness mechanism to be piloted by Network members.⁵



⁴ Regional forum, 3-7 August 2021 on Zoom. Report on proceedings, outcomes, and Zoom recording on file with Outright International.

⁵ Internal meeting notes of wellness collective, 1 September to 21 October 2021 and 28 January to 25 March 2022, on file with Outright International.

About The Story

In collaboration with the wellness collective of the Asia LGBTIQ Network on SOGIE & GBV, Outright conducted a rapid assessment of 27 individuals in India, Indonesia, Nepal, the Philippines, Singapore, and Sri Lanka.

The aim of the study was to gain insight into mental health stressors for LGBTIQ advocates doing gender-based violence work in Asia before and during the COVID-19 pandemic, and specifically to identify contributing social, legal, and cultural factors for mental health stressors, impacts of the stressors on activists and implications for their activism, and availability of and access to mental wellbeing resources for LGBTIQ activists doing gender-based violence work. The study also looked at self-care practices in the context of participating activists' lived realities. Criteria for inclusion in the study were: individuals who are on the LGBTIQ spectrum (e.g., they self-identify their sexual orientation, gender, and sex characteristics as being lesbian, gay, bisexual, gender diverse, or intersex) and work on gender-based violence, and individuals who are non-LGBTIQ-identified allies who advocate LGBTIQ rights and work on gender-based violence in LGBTIQ communities.

Wellness collective members jointly developed an interview questionnaire to obtain quantitative and qualitative information. Seventeen of the interviewees were members of the Network and ten were recommended by Network members for their work on gender-based violence, including within LGBTIQ communities.

Participants in the study have diverse expertise related to gender-based violence, including as crisis responders, hotline and peer counselors, victim-survivor advocates, emergency shelter providers, support group facilitators, community educators, human rights commissioners, and documenters of violations. Some also manage non-government organizations (NGOs) and civil society organizations (CSOs). All interviews were conducted on Zoom, except in Nepal, where interviews were conducted in person. Language interpretation was provided as needed by interpreters known to wellness collective members conducting the interviews. Five of the six wellness collective members who conducted the interviews were themselves part of the study.

This paper is authored by Outright International. It is based on 25 of the 27 interviews. No one in the study identified as intersex. Findings presented in this paper are limited to the experiences of LGBTQ activists working on gender-based violence. Two cisgender, heterosexual individuals were excluded from the analysis because they did not themselves work on gender-based violence in LGBTQ communities. Pseudonyms or first names are used, where requested by participants, for their safety and security.

The Network intends to use study results to develop wellness workshops, raise awareness about mental health stressors for LGBTQ activists, and promote wellbeing support mechanisms that can be replicated by organizations and groups doing gender-based violence intervention and prevention among LGBTQ communities in Asia.

Demographics

Sub-regional representation of interviews

- Southeast Asia participants: 5 Indonesia, 6 the Philippines, 2 Singapore.
- South Asia participants: 5 India, 4 Nepal, 5 Sri Lanka.
- Northeast Asia: activists in Japan and from China were invited but unable to participate.

Sexual orientation and gender identity of respondents

Individuals chose from a list of disaggregated SOGIE options. Some also provided clarifying information for their answers.

Sexual orientation

5 identified as lesbian, 6 gay, 3 bisexual, 2 pansexual, 3 queer, 3 heterosexual, 5 did not answer.

Gender

2 identified as trans men, 1 trans woman, 1 third gender, 7 cisgender, 14 did not answer.

Four respondents identifying as cisgender-heterosexual (cis-het) working on SOGIE and gender-based violence were included as LGBTQ allies. Two other cis-het individuals did not meet study criteria and were excluded.

Age of respondents Individuals ranged from 30 to 70 years

Age 70	1
Ages 51-55	5
Ages 46-50	6
Ages 31-45	12
Age 30	1

Number of years worked on gender-based violence

2-5 years	5
6-10 years	6
11-20 years	7
Over 20 years	7

Other current activism and expertise in addition to SOGIE and gender-based violence

Gender equality, women’s rights, sexual and reproductive health and rights, sex worker rights and protections, healthcare justice, child rights, peace building, mental health of marginalized communities, LGBTIQ human rights.

Self-Care and LGBTQ Activism

Respondents were asked for their definition of concepts central to the study: self-care and mental wellbeing. Many acknowledged their own discomfort with taking time off to rest, reboot, and rejuvenate, mostly resulting from feeling that there is too much work to be done and dealing with the expectation of always needing to be available and accessible. However, as Table 1 shows, respondents have awareness of and aspirations for activism that centers self-care, wellness, and wellbeing.

TABLE 1:
Self-Care Definitions by LGBTQ Advocates

RITU India	State of mind where you feel safe, secure, able to talk about your feelings, cope with your feelings, cope with everyday ups and downs. ⁶
SAMAN Sri Lanka	Practical solutions instead of getting depressed when faced with challenges. ⁷
SHILA Nepal	Cleanliness, regular health check-ups, getting medical treatment as needed. ⁸
KANJENG Indonesia	It means I can protect myself from violence, anything external that disturbs my privacy, my personality, my soul, my heart. ⁹
SASHA Singapore	It's inner work—psychological, emotional, spiritual. Thinking about who you are in positive ways and what kind of meanings life holds for you. ¹⁰
MAYA India	Very early on, one was taught not to care about oneself and that if you did so, you were selfish. Now, in my organization we have started doing counseling amongst ourselves... A lot of people have issues with family, and this is really hard. We meet to share our collective experiences. There is no formal mental wellbeing mechanism as such. We are looking for queer-friendly psychiatrists and psychologists who can support us. ¹¹

⁶ Outright Zoom interview with Ritu, Delhi, 1 November 2021.

⁷ Outright Zoom interview with Saman (pseudonym), Sri Lanka, 12 November 2021.

⁸ Outright interview with Shila, Kathmandu, 29 October 2021.

⁹ Outright Zoom interview with Kanjeng (pseudonym), Indonesia, 5 November 2021.

¹⁰ Outright Zoom interview with Sasha (pseudonym), Singapore, 4 November 2021.

¹¹ Outright Zoom interview with Maya Sharma, Gujrat, India, 12 November 2021.

GING The Philippines	It's part of my human rights, my right to self-expression. ¹²
JEAN Singapore	Being an effective activist is to have mental wellness. If there's no mental wellness you make risky decisions, your risk profile goes up, which makes your anxiety go up. ¹³

Views on self-care expressed by study participants tended to defy norms and practices of their work and activism spaces, including feminist organizations, LGBTQ groups, and human rights organizations. Many respondents felt that the activism cultures in both Southeast Asia and South Asia demanded or expected self-sacrifice over self-care, duty to fulfill external obligations over personal wellbeing, and personal responsibility for handling mental health issues and wellness needs (Table 2).

TABLE 2: Asian Cultures of Activism and Mental Wellbeing	
FAITH The Philippines	One of the biggest and strongest movements here, the socialist movement, is hinged on the concept of sacrifice. It influences how activists think about activism. If you're an activist, you have to sacrifice parts of yourself and your personal life. You expose yourself to state violence, hunger, and lack of resources, not being able to build a career or an abundant life... Personally, I think it is the responsibility of movements and organizations to provide the space for activists to be activists, but their mental and physical wellbeing are still taken care of. ¹⁴
TWYLA The Philippines	You have organizations that are highly demanding, that ask if it might be destructive for you to take a break. Given that the personal is political for us, it should be recognized that people do need to recharge. Otherwise, what we do will not be sustainable. I think that activists feel guilty as a default every time they take a break. ¹⁵
KIRAN India	I was constantly on edge, had difficulties going to sleep... It's made me question the wisdom of doing broader activism work like dealing with the Right wing, while also doing first responder crisis response, and also doing grant writing. The combined roles take a toll. Non-profits are short-staffed, especially for handling LGBT crises, which need a lot of additional skills like dealing with police and family. ¹⁶

¹² Outright Zoom interview with Ging Cristobal, Quezon City, the Philippines, 5 November 2021.

¹³ Outright Zoom interview with Jean Chong, Singapore, 9 November 2021.

¹⁴ Outright Zoom interview with Faith, the Philippines, 10 November 2021.

¹⁵ Outright Zoom interview with Twyla Rubin, the Philippines, 3 November 2021.

¹⁶ Outright Zoom interview with Kiran, Chennai, India, 3 November 2021.

<p>SASHA Singapore</p>	<p>NGO policies say that activists can access mental health services... but in a meritocracy, only productivity counts.¹⁷</p>
<p>CAROL India</p>	<p>Many of us are survivors of violence or trauma and it's part of our impulse to do the activism. Sometimes we end up engaging in this process because it helps us in our own struggles, and sometimes because they are social problems, not individual problems.... You can get triggered by things that take you back to your own issues or you can transfer your issues onto other people. Part of self-care for activists is to have time and space to be self-aware, go through self-reflection, and processing what that means.¹⁸</p>
<p>EPHRAIM Sri Lanka</p>	<p>I was part of a team that was documenting women who had been internally trafficked. Documenting their experiences and reading about it was quite overwhelming for me. I had a mental breakdown and few weeks after I was reassigned to another project. Growing up I had a very sheltered life, so I have not learned to cope with hearing someone else's trauma.¹⁹</p>
<p>LUTHER The Philippines</p>	<p>Second-hand stress and second-hand trauma from engaging with survivors... sometimes you are told horrific details about the abuse that they've encountered. We need guideposts for how to protect ourselves. Personally, I don't really know how I cope with it other than just powering through.²⁰</p>
<p>ANITA Indonesia</p>	<p>LGBT activists I know have experienced a lot of violence since they were children, even sexual violence. We need professional psychotherapy for activists, but no LGBT organization can provide it. Activists in my country cannot afford to pay for one-to-one counseling.²¹</p>

Clearly, respondents feel that mental wellbeing is critical for sustainability of individual and collective capacities to continue responding to gender-based violence. They do not see self-care as selfish but as a step toward building communities of care by and for activists. In this context, self-care becomes a renewable resource to sustain gender-based violence interventions, evidence-gathering, and policy work.

¹⁷ Sasha interview, 4 November 2021.

¹⁸ Outright Zoom interview with Carol (pseudonym), Kerala, India, 14 November 2021.

¹⁹ Outright Zoom interview with Ephraim Shadrach, Sri Lanka, 3 November 2021.

²⁰ Outright Zoom interview with Raymund Luther Aquino, the Philippines, 3 November 2021.

²¹ Outright Zoom interview with Anita (Pseudonym), Indonesia, 12 November 2021.

Environmental Factors Contributing to Mental Health Stressors Activism

The research identified at least three environmental factors that have contributed significantly to mental health stressors for LGBTQ advocates responding to gender-based violence. The first environmental factor, according to the study, is working under COVID-19 conditions. The second factor is working in hostile conditions under conservative governments. The third factor is working for organizations with limited or no mental health supports.

Mental Health Stressors Under COVID-19

LGBTQ advocates responding to gender-based violence experienced the following:

- elevated anxiety, sleeplessness, stress, over-thinking;
- sadness and grief from loss of family members, friends, and coworkers;
- sadness from not being able to travel for funeral ceremonies and say goodbye;
- constant uncertainty of health and safety of self, colleagues, friends, family, and community;
- fear of getting COVID-19 from having to go into offices and handle crisis cases during lockdowns without guidelines for COVID-19 protection;
- near psychological meltdown from increased work obligations;
- feeling overwhelmed by urgent requests for help with no resources to respond;
- mental exhaustion because boundaries that allowed activists to take breaks no longer seemed to exist;
- stress of being on call 24/7; and
- stress of organizational expectations with no staff backup or mental health supports.

LGBTQ advocates suffered additional impacts due to COVID-19 lockdowns and quarantines:

- excessive anger;
- feelings of paralysis and fear;
- loss of focus;
- increased household and relationship tension;
- depression from social isolation;

- heavy guilt for prioritizing self-care over conducting activities that carried risks related to COVID-19, such as in the community or working in an office or other locations to provide assistance to survivors or fellow activists; and
- financial stress from loss of paid work.

LGBTQ advocates also experienced new mental health stressors related to the impacts of increased online obligations, such as meetings, trainings, and webinars:

- Zoom fatigue and lack of motivation; and
- burnout due to no separation between work and home.
- Overall, 11 activists in the study said that COVID-19 worsened their stressors due to increased work obligations, which were mostly:
 - more requests for help from people experiencing gender-based violence;
 - more emergency calls at night when LGBTQ people facing gender-based violence wanted to talk with a crisis counselor or advocate; and
 - inadequate or nonexistent staff backup to cover their work, even if they needed a mental health break due to case overload or secondary trauma related to severe cases of gender-based violence.

Table 3 presents personal experiences of the pandemic shared by some LGBTQ activists in the study.

TABLE 3: LGBTQ Activists' Personal Experiences of COVID-19	
SANTA India	I had a sense I was losing everything. I was fearful the pandemic wouldn't end and how would the community survive, earn a living, re-open beauty parlors? Community members kept calling me to find a bed for them in the quarantine center. ²²
LUTHER The Philippines	A lot of LGBTIQ activists join activism to be with other people who are like them, in a space where they feel respected, safe, and nurtured. The pandemic has separated LGBTIQ activists, torn them away from welcoming spaces. ²³
MAYA India	I had COVID-19. There was pain everywhere. I didn't know what was happening to me. It seemed like I escaped death. It was very depressing. I had people around, but I felt isolated. I couldn't talk to anyone or reach out to anyone. I couldn't muster the courage to get help from a counselor. ²⁴

²² Outright Zoom interview with Santa, Manipur, India, 24 November 2021.

²³ Aquino interview, 3 November 2021.

²⁴ Sharma interview, 12 November 2021.

FRANSIS Indonesia	A lot of people didn't want to wear masks or get vaccinated... some government stakeholders didn't want to use Zoom for human rights training, so I had to conduct it offline, in person. I was afraid of getting COVID-19. ²⁵
JONTA Indonesia	Some of the trans activists in grassroots communities lost their jobs and income, and they were screaming for help. It was a community crisis and there was nothing I could do to help because of COVID-19 restrictions. ²⁶
SASHA Singapore	Pre-COVID-19 there was a slow death rate of older persons I worked with. Now every day there's a funeral for someone who died. It's devastating thinking about an entire generation of people gone and going. ²⁷
TWYLA The Philippines	I had to go out even in the first three months of the pandemic for my job. Rising GBV during the pandemic was a stressor because of the number of counseling sessions we had to go through a day. ²⁸
KIRAN India	I had to do increased peer counseling with 4 queer women callers a week, 15 a month. It was very difficult for me. There was extreme family violence toward the women, who were forced to return to their parents' homes. ²⁹
ANITA Indonesia	I haven't recovered from the loss of my sister and friends to COVID-19. I don't answer the phone right away now because I'm so stressed and I can't listen to people's stories when they call... With so many COVID-19 deaths, I couldn't really pray. My mind gets blocked. ³⁰

Mental Health Stressors in Hostile Conditions Under Conservative Governments

Country conditions contributed to how safe activists in the study felt about disclosing their sexual orientation or gender identity in their work or activism spaces. Out of 25 LGBTQ activists in the study, only 16 (mostly in India, the Philippines, some in Sri Lanka, and one in Indonesia) were safe to be out as LGBTQ people at work and in other activism spaces. Six activists (mostly in Sri Lanka, Indonesia, and Singapore) could be out in their NGOs and community-based organizations but not in other spaces where they did their activism (e.g., the broader women's movement, with government officials, or with professional colleagues in their field of expertise, such as the mental health profession). Seven activists (in Indonesia and Nepal) were not out where they worked. Most of the non-LGBTQ-identified allies in the study could be open about their support for LGBTQ issues and people in non-LGBTQ workspaces (three total in the study from the Philippines and Indonesia), but one cis-het ally (in Indonesia) said they absolutely could not reveal their LGBTQ allyship and remain safe.

Working on gender-based violence exposed many LGBTQ advocates in the study to prejudice, hostile speech, and even physical attacks. The following firsthand examples provided by interviewees speak to some of these vulnerabilities (Table 4).

²⁵ Outright interview with Fransis (pseudonym), Indonesia, 4 November 2021.

²⁶ Outright Zoom interview with Jonta Saragih Indonesia, 3 November 2021.

²⁷ Sasha interview, 4 November 2021.

²⁸ Rubin interview, 3 November 2021.

²⁹ Kiran interview, 3 November 2021.

³⁰ Anita interview, 12 November 2021.

TABLE 4: LGBTQ Activists' Experiences and Working Environments for Gender-based Violence Interventions	
WARA Sri Lanka	When activists intervene in cases of violence based on sexual orientation, gender identity, or expression, they are at risk of being threatened, harassed, or intimidated by the perpetrators, and cannot count on help from police or other authorities. ³¹
RITU India	Family members of a lesbian client brought kidnapping charges against a lesbian activist and her organization. ³² Police warned off activists who intervened in LGBTQ family violence cases. ³³ Parents of a lesbian client sheltering in my home broke into the house and damaged property. ³⁴
CAROL India	The building society for the flat I owned told me that I was a bad person because of who was coming to my house [referring to members of LGBTQ communities, including survivors of gender-based violence needing support]. ³⁵
MAYA India	My organization provides assistance to survivors of gender-based violence, including lesbians, bisexual women, and trans people. Family members of trans men [fleeing] family violence outed the trans men... the trans men were seeking assistance from the organization [known in the local community as a women's organization]... the organization was outed also [by the families]. [In another instance], the organization was supporting lesbians [who were survivors of gender-based violence] and the neighborhood society found out there were lesbians taking shelter there... the story broke, and a newspaper [with the story] was slipped [anonymously] under our [shelter] home... and you don't know who is this person who knows about you... and you feel scared what will happen next. ³⁶
SASHA Singapore	This queer survivor of family violence, working on sex worker rights and gender-based violence, was shamed in the national press for criticizing the government's handling of a case involving karaoke bar hostesses from Vietnam working in Singapore. The activist said, "The [Vietnamese] women were being detained for three months and charged with spreading COVID-19 although they were all COVID-19 negative. [My organization] offered to provide the women housing and pay airfares back to Vietnam, but the Ministry of Home Affairs wouldn't budge. The women were denied international calls and were simply locked away... I felt incredibly powerless, disgusted by what was on the news, paralyzed and triggered." ³⁷

³¹ Outright Zoom interview with Thiyagaraja Waradas, 21 January 2022.

³² Outright Zoom interview with Ritu, 1 November 2021.

³³ Ritu interview, 1 November 2021.

³⁴ Ritu interview, 1 November 2021.

³⁵ Carol interview, 14 November 2021.

³⁶ Sharma interview, 12 November 2021.

³⁷ Sasha interview, 4 November 2021.

JEAN Singapore	Anonymous social media users threatened this lesbian activist with rape because of her outspoken activism on gender-based violence and queer women’s rights. ³⁸
LAXMI Nepal	This queer indigenous activist said that family members of LGBTQ people facing family violence have accused LGBTQ activists who provide victim support of “manipulating their children.” She said, “One family [of a survivor] threatened destruction of the office of my organization” [which worked on LBQT rights and aided survivors of gender-based violence]. ³⁹ This activist provided her own family context. She said that her father and brother denied her all rights to the family’s ancestral property, telling her this was because she “broke the rule of the house.” ⁴⁰ She also faces caste discrimination from her same sex partner’s higher caste community. ⁴¹
BENNY Indonesia	This gay cis man who is an ethnic minority, working in the psychology field, receives online hate speech because he does LGBT education. He also receives hate speech because of his ethnicity and sexual orientation. ⁴²
ANITA Indonesia	Catholic activists told this cis-het woman, who is an ethnic and religious minority, working with trans communities, that she was “full of the devil.” She had previously been active in the Catholic church and said: “I don’t have my church network anymore. They became more and more fundamentalist and there were disagreements about my activism on LGBTIQ rights. I didn’t want to fight with them anymore. I got tired of talking about God’s punishment.” ⁴³
JONTA Indonesia	Anti-LGBTQ sentiment is widespread across the country. State policies restrict LGBTQ activities. ⁴⁴ The government and law enforcement can charge LGBTQ activists for criminal activities, which has a chilling effect on efforts towards LGBTQ protections, including stopping gender-based violence against LGBTQ people. ⁴⁵

A related mental health stressor flagged by study respondents in India, Sri Lanka, and Singapore is intra-community “isms” (Table 5). In some instances, the “isms” were premised on unchallenged stereotypes and prejudice of LGBTQ groups from one (usually ethno-religious) dominant majority community against LGBTQ groups from marginalized communities (e.g., ethnic or religious minorities, or indigenous people). In other instances, tensions were related to

³⁸ Chong interview, 9 November 2021.

³⁹ Outright interview with Laxmi, Kathmandu, 24 December 2021.

⁴⁰ Laxmi interview, 24 December 2021.

⁴¹ Ibid.

⁴² Outright Zoom interview with Benny Prawira, Indonesia, 15 November 2021.

⁴³ Outright Zoom interview with Anita (pseudonym), 12 November 2021.

⁴⁴ “Expert Says LGBTIQ Conditions Are Getting Worse,” blog post, Outright International, 15 June 2017, <https://outrightinternational.org/content/expert-says-lgbtiq-indonesians-conditions-are-getting-worse> (accessed 18 September 2022). See also Outright’s 2017 report that maps national legislation and proliferation of local level provincial regulations that criminalize sex outside marriage, including consensual same sex. Nursyahbani Katjasungkana and Saskia E. Wieringa, Creeping Criminalisation: Mapping of Indonesia’s National Laws and Regional Regulations that Violate Human Rights of Women and LGBTIQ People, Outright International, 2016, <https://outrightinternational.org/sites/default/files/CreepingCriminalisation-eng.pdf> (accessed 18 September 2022).

⁴⁵ Saragih interview, 3 November 2021.

the climate of distrust within activist communities working under authoritarian governments, where some activists were in favor of collaboration with government (e.g., for law and policy change), and others refused to engage with an authoritarian state. Both situations fragmented political solidarity and obstructed efforts to work collaboratively to obtain anti-discrimination protections in general for LGBTQ people, including those who faced gender-based violence.

TABLE 5: Intra-community “Isms” and Mental Health Stressors	
KIRAN India	The queer activist community is a small community, and everyone knows everyone. Warring ideologies affect resilience... between queer activists on the Left and on the Right, between trans and cis communities, and between lesbian identified groups that are not comfortable with trans women. Transmasculine people don't have support systems because of patriarchy, and they are ignored by trans women communities. Queer cis women are mostly invisibilized. Queer people with connections to politicians are Hindu and other queer people fall behind... Doing intersectional activism with people facing intersectional oppression needs forgiveness for each other because we are taking on a world that's far more hostile and we need to be resilient. ⁴⁶
WARA Sri Lanka	There was an incident where I was attacked because of my ethnicity by the people in my own movement. It wasn't necessary. The stress made me want to quit, the frustration that I felt because of my own people. ⁴⁷
JEAN Singapore	There's social media and government surveillance that could lead to punitive responses... These are vertical threats but there are also horizontal attacks from other civil society who are not in sync with you... activists who say, you are betraying human rights by working with the government on GBV. Even if our advocacy brought big wins, some activists say, you are selling out. ⁴⁸

Mental Health Stressors of Working in NGOs and CSOs Without Mental Health Supports

Nineteen of the activists in the study are employed by NGOs or CSOs, four activists are employed by quasi-government institutions like National Human Rights Commissions and public universities, and two activists are freelance. All 25 respondents were unanimous in their belief that program budgets should incorporate funds for staff mental health services, have a time off policy for mental health breaks, and designate long-term mental health and wellness activities within the organization. They acknowledged that although lack of funding is a challenge for organizations to provide mental health supports, it is more likely that the notion of “selfless” activism contributes to organizations deprioritizing staff self-care, not providing back-up to cover staff who need mental health breaks, and using staff retreats to talk only about work outcomes and not staff wellbeing. Table 5 is a snapshot of employee “benefits,”

⁴⁶ Kiran interview, 3 November 2021.

⁴⁷ Waradas interview, 21 January 2022.

⁴⁸ Chong interview, 9 November 2021.

barriers, and needs.

TABLE 6: Usage of Medical and Mental Healthcare Supports Available Through Work	
Receive paid employee sick leave	22 of the 25 activists in the study
Visited medical doctors when ill	20
Could not afford medical care	2
Can access peer counseling through the organizations that employ them	7
Can access private, individual mental health counseling from a trained professional in-house through the job	2
Receive and use annual paid vacation leave	6
Take one day off from work per week	10
Do not take any work breaks unless they fall ill or have an emergency because they have no paid time off or have heavy workloads	11
Works for an organization that offers days off for mental health reasons, including breaks to recover from traumatic cases of gender-based violence	1

The main reasons that activists in the study identified for their difficulty accessing mental healthcare services were:

- no monetary compensation from the job for seeking mental healthcare;
- high cost of private psychological counseling;
- lack of trauma-informed peer counseling or support groups for LGBTIQ activists doing gender-based violence work; and
- not aware of mental wellbeing support systems.

The activists identified the following needs to be addressed to create mental health and wellbeing support mechanisms for LGBTQ activists working on gender-based violence:

High quality staff capacity-building to deal with mental health stressors; free mental health counseling services for staff, especially activists responding to gender-based violence; affordable mental health counseling that is SOGIE sensitive; mental health programs within organizations to spot burnout and secondhand survivor trauma; help seeking peer supports; and designated wellness and mental health retreats at least once per year. A queer activist working on gender-based violence in India also identified need for language-accessible mental health resources, suggesting, “If you are not an English language speaker the resources are limited... like I can do counseling in English and I can do crisis work in Malayalam but my Malayalam is not good enough to be a therapist.”⁴⁹

⁴⁹ Carol interview, 14 November 2021.

Good Practices

Four activists identified good organizational practices ranging from in-house access to trained mental health professionals to changes in how direct services were delivered during the COVID-19 pandemic (Table 7). These practices were implemented because of staff intervention (Indonesia), a legal mandate (the Philippines), and grant funding (India, Sri Lanka).

TABLE 7: Some Good Practices of Civil Society Organizations and National Human Rights Institutions	
FRANSIS Indonesia	[At first] there was no support system from our office [National Human Rights Commission]. They [did not understand] the psychological impact of our work on us. During COVID-19 we spoke to management and asked them to maximize online platforms. We tried to switch from in-person to online trainings or do a hybrid. We used social media to receive victim complaints, so people didn't have to come to the office. ⁵⁰
RITU India	My organization, a queer feminist resource group, has a part-time counselor supervisor who is a mentor for our counselors. It's costly but important... There's a rule in our office, 'Don't talk shop after 8 p.m. to 9 a.m. unless it's urgent.' There's leave of absence for staff who need mental health break from work. There's no expectation that people work on weekends. ⁵¹
NATHASHA Sri Lanka	My organization [LGBTIQ focused CSO] has befriending services provided by professional counselors. The organization pays counseling bills for staff. ⁵²
TWYLA The Philippines	The Commission on Human Rights is giving focus to the Mental Health Law. They've hired an in-house psychologist who can be available to counsel staff. ⁵³

⁵⁰ Fransis interview, 4 November 2021.

⁵¹ Ritu interview, 1 November 2021.

⁵² Outright interview with Nathasha Edirisooriya, Colombo, 15 November 2021.

⁵³ Rubin interview, 3 November 2021.

Possibilities for individual self-care were also assessed in the study. Participants were given multiple-choice questions about regular physical activities, regular fun and relaxation activities, and social activities, or could provide their own information (Annex 1). The survey indicates that despite heavy work and time obligations, many activists in the study have a life outside of their activism work (Table 8). In fact, one activist in the Philippines described self-care as revolutionary, referencing a 1988 statement by Audre Lorde, a Black lesbian feminist U.S. civil rights activist.⁵⁴

TABLE 8: Self-care Practices of LGBTQ Activists Working on Gender-based Violence Before and During COVID-19	
RITU India	Playing with my cats, going to therapy regularly, taking kathak dance lessons regularly. My partner and I did crazy Tik Tok videos that were not about activism. A lot of fancy cooking really helped because we couldn't go out during COVID-19. ⁵⁵
LUTHER The Philippines	I disconnect from the Internet and read or watch Netflix without guilt. I make sure I have sacred time which I don't disturb just to send an email. ⁵⁶
KIRAN India	Teaching is actually a kind of self-care practice. It gives me a high. I do it two or three times a month. Playing music is also good, it centers me. Before COVID-19 I would go away once a year from the city into nature, to forests and mountains. It put into perspective the struggles of humans. Having a life outside activism helps me stay grounded and in the long term, sustains me. But during COVID-19 the only mental healthcare was pre-arranged online monthly counseling sessions with a professional psychologist and talking with peer counselors. ⁵⁷
JEAN Singapore	During COVID-19, I learned to cook chickpea curry from my neighbors. I tried baking a cake. It was quite useful to pick up these skills. I took walks alone. I watched YouTube videos by travel influencers. I joined Zoom get-togethers with friends and played online strategy games like 'Find the Assassin'. I went for a physical and changed my diet. ⁵⁸
ANITA Indonesia	I watch Chinese dramas about reincarnation and old ancient beliefs to help me connect to myself. Also, sad movies that make me cry. Sometimes crying is good... I bake bread and cook a lot when I'm stressed. I invite two good friends over to my house for coffee and food... I meet once a week or once in two weeks with people from my meditation network and we sit together. We don't need to talk. It's very healing for me. ⁵⁹

⁵⁴ Audre Lorde's original quote was, "Caring for myself is not self-indulgence. It is self-preservation, and that is an act of political warfare." Audre Lorde (1988), *A Burst of Light: and Other Essays*. Reprint, Dover Publications, 2017, p. 130.

⁵⁵ Ritu interview, 12 November 2021.

⁵⁶ Aquino interview, 3 November 2021.

⁵⁷ Kiran interview, 3 November 2021.

⁵⁸ Chong interview, 9 November 2021.

⁵⁹ Anita interview, 12 November 2021.

<p>CAROL India</p>	<p>There are two more generations of activists after me now, so I allow other people to do more frontline crisis intervention work and I focus on other areas of activism... Therapy gave me a lot of tools for dealing with issues. I make sure now to alternate a 'me thing' with a 'work thing.'⁶⁰</p>
<p>TWYLA The Philippines</p>	<p>To me, self-care means loving yourself, giving yourself time to recharge. Audre Lorde was mother of self-care being rebranded as resistance, as something revolutionary, and as something that needs to be discussed. Otherwise, activists would have nothing to draw from.⁶¹</p>

Slightly more than half of the activists in the study had received emotional support from friends to cope with mental health stressors (Table 9). One-fifth also sought private individual psychological counseling, which they paid for personally, and considered an important support mechanism.

<p>Table 9: Personal Support Systems Outside Work</p>	
<p>Activists received emotional support from personal networks of friends</p>	<p>13</p>
<p>Activists had animal companions</p>	<p>6</p>
<p>Activists accessed emotional support from their intimate partners</p>	<p>5</p>
<p>Activists paid for their own individual mental health counseling from professionals</p>	<p>5</p>
<p>Activists obtained emotional support from other activists in their networks</p>	<p>3</p>
<p>Activists received emotional support from family members</p>	<p>1</p>

At Outright’s 2020 regional forum of the Asia LGBTIQ Network on SOGIE & GBV, many activists voiced strong concerns about not being able to financially afford sabbaticals or time off work without income. The study confirmed this through a question about individuals’ financial safety net if they did not have incomes from their jobs at organizations working on gender-based violence:

- 11 activists had no financial cushion (no personal savings or access to family support) to take time off without income.
- 9 activists had personal savings to cushion them between two and six months without income. Of these, three could seek financial help from family members or their intimate partners if unpaid time off was needed.
- 5 activists did not respond.

⁶⁰ Carol interview, 14 November 2021

⁶¹ Rubin interview, 3 November 2021.

The implications of not having extended time off to recharge is an added concern for LGBTIQ activists working on gender-based violence when financial insecurity compounds mental health stressors (Table 10).

TABLE 10: Navigating Barriers for Mental Health Breaks	
RITU India	I feel lot of sadness, hopelessness, irritability. I feel like running away. These feelings were pre-COVID-19. With COVID-19 it's exacerbated. Stressors make me feel like leaving activism so many times but where do I go? I can't work in the corporate world... If I go back to my village, it is difficult to live as a queer woman. It's a small tribal community. There will be no life of my own... I wouldn't want to go back. ⁶²
ANITA Indonesia	LGBT activists who are old and not married and don't have families, they become poor when they are old. They die alone with health conditions. There is no program for old activists. How do we face our elderly time? ⁶³
MAYA India	Activism facilitated my queer identity... it is like a safety wall for me... Being lesbian, being old, and becoming an activist later on in my life means you are very insecure about your medical issues... Would there be enough people to care for you? I had to move away from family so I lost social capital that I could bank on... In India, there is a whole circle of community which can be a source of support, even financially. So, relocating yourself means rebuilding everything from scratch... Your relationship also feels very unreal because of the alienation from the larger cis-het community... I would like to take a break and perhaps travel and stay with my friends, their homes, and get back to reading, watch movies in the theater, just sit back, retreat, sleep maybe. It's nice to think that I can leave my work but where can I go? There is no way. ⁶⁴
KIRAN India	I may be taking a four to six month pay cut because my organization is not doing well with grants. If I stopped working altogether with no income, I can manage for six to twelve months but it would put a dent in my savings. To some degree my partner could support me but with the pay cut as well, it would be a factor. ⁶⁵

⁶² Ritu interview, 1 November 2021.

⁶³ Anita interview, 12 November 2021.

⁶⁴ Sharma interview, 12 November 2021.

⁶⁵ Kiran interview, 3 November 2021.

GING
The Philippines

I really saved to ensure my survival for at least six months while I was on unpaid sabbatical with no income. There was no community or family support to provide a financial cushion... Every month when I settled my monthly bills, I would feel an anxiety attack coming on... I owe a lot to my psychiatrist. She gave me tools to identify heightened stressors, know my triggers, and how to breathe... At night I listen to sounds in the frequency that's aligned with my chakras and wills my subconscious to relax and heal internally.⁶⁶

⁶⁶ Cristobal interview, 5 November 2021.

Strengths and Limitations of Focusing on Adversity Versus Resilience

Some study respondents felt that focusing on stressors and adversity instead of resilience reinforces the negative (Table 11). They want data that represents the positive and strengthens the resolve to keep going. Other study respondents felt that acknowledging and confronting mental health stressors for LGBTQ advocates sheds light on states’ and society’s failure to ensure safe conditions for LGBTQ people, instead of placing the responsibility for wellness on the individual. Naming the problems was seen as a start to advocating for mental wellbeing as a human right (Table 12).

TABLE 11: Strengths of Focusing on Resilience Over Adversity	
JEAN Singapore	If you focus on harms, it’s a cup with lots of holes. Focusing on resilience is more sustainable and it increases our safety. Focusing on resilience is focusing on solutions. Our governments are authoritarian. One way to cope with oppression is to put yourself in a mental space of resilience, otherwise the dangers could crush you. ⁶⁷
BENNY Indonesia	We already have so much research on the impact of discrimination, trauma, anxiety, depression. But what makes LGBT people so resilient, what makes them still able to love their self in a hateful situation? I think we need to go deeper with this so non-LGBT activists out there have role models they can replicate. ⁶⁸
JONTA Indonesia	The comments of society about LGBTIQ topics on YouTube or podcasts are very cruel, full of anger, very full of hate, and it may create instability in your mental health, affect your mental wellbeing as an activist. A lot of my friends cannot accept LGBTIQ people. It’s the same thing with extended family members. I distance from them. I don’t focus on what I’ve lost being LGBT. I do my activism to change the narrative. ⁶⁹

⁶⁷ Chong interview, 9 November 2021.

⁶⁸ Prawira interview, 15 November 2021.

⁶⁹ Saragih interview, 3 November 2021.

**TABLE 12:
Strengths of Focusing on Mental Health Stressors**

WARA Sri Lanka	I get tired and overwhelmed helping LGBTIQ people deal with violence in their lives. I have felt so much anger and frustration because people feel unsafe and there’s no help from laws. It can discourage you and also make you feel insecure working in activism. ⁷⁰
LUTHER The Philippines	Sometimes, the thing that contributes most to burnout is the feeling that you’re not good enough or not doing well enough... I think activists fail to see the difficulty of their work and can be harsh on themselves. ⁷¹
TWYLA The Philippines	I know that the way we help survivors greatly impacts the way that they heal... We may be navigating being survivors ourselves and being expected to respond [when] we are backed up with work and unsupported for what we need. ⁷²
SASHA Singapore	The word resilience shifts responsibility of care to the individual... Wellbeing can’t be individualized or pathologized if the environment burdens people. Not everyone has cognitive abilities to deal with burden of disenfranchisement. ⁷³
RITU India	Resilience has to be taught... Resilience also comes from understanding stressors and reasons for stressors like stigma, violence, discrimination. ⁷⁴

⁷⁰ Waradas interview, 21 January 2022.

⁷¹ Aquino interview, 3 November 2021.

⁷² Rubin interview, 3 November 2021.

⁷³ Sasha interview, 4 November 2021

⁷⁴ Ritu interview, 1 November 2021.

Recommendations from Study Participants for Improving LGBTQ Activists' Mental Health and Wellbeing in Asia

Based on the study, several recommendations emerged to address mental health stressors and barriers to wellness supports for LGBTIQ activists working on gender-based violence. The recommendations responded to three challenges for the mental health and wellbeing of LGBTIQ activists: the culture of activism in parts of Asia, NGO and CSO policies and practices, and advocacy priorities (Table 13).

Table 13: Recommendations from Study Participants for Addressing Mental Health Stressors of LGBTQ Activists Working on Gender-based Violence		
1. Change cultures of activism	2. Change organizational policies and practices	3. Change advocacy priorities
a) Promote and practice self-care in activism. Challenge the stereotype of selfless activism culture in Asia. Promote wellness as a renewable resource for sustainable activism.	a) Secure more donors who support self-care in activism as a radical practice.	a) Educate funders about wellness as a renewable resource required for sustainable movements and activism to improve gender-based violence protections for LGBTQ people.

<p>b) Promote self-compassion to improve mental wellbeing of LGBTQ activists and facilitate intra-community interactions. Promote accountability in activist communities as it is hard for activists who are gender-based violence survivors to get help if perpetrators are within communities.</p>	<p>b) In addition to salaries, provide staff with funds for mental wellbeing activities (such as massage, in-person counseling, online counseling, yoga, group hikes, or art therapy). Provide sabbatical grants so LGBTQ activists can recharge with financial security.</p>	<p>b) Strengthen alliances between mental health professionals and LGBTQ activists working on gender-based violence. Create a rainbow network of counselors and psychiatrists trained in LGBTQ-affirmative counseling.</p>
<p>c) Educate LGBTQ activists to improve help-seeking for wellness, self-care, mindfulness, and mental health to be integrated in daily lives, work, and activism. Establish paid sabbaticals as a break from gender-based violence work and opportunity to recharge beyond paid annual leave.</p>	<p>c) Establish and implement an organizational framework of support for mental health and wellbeing; e.g., staff care committees run by trained mental health consultants, who can identify burnout and secondhand trauma and offer emotional and psychological check-ins, and supervisors who are equipped to help staff unburden triggers and debrief traumatic gender-based violence cases.</p>	<p>c) Align with and support the work of activists who are working to improve general living conditions, and hold states accountable for upholding economic and social rights, including the right to the highest attainable standard of health (including mental health). Support initiatives that expand access to free or affordable mental health care, including for marginalized individuals and communities.</p>
<p>d) Institutionalize mechanisms that make it possible for staff, board members, advisors, and volunteers to leave and come back when they are ready and can contribute.</p>	<p>d) Allocate more organizational funding to hire support staff, ensure that salaries are adequate, and consider establishing income generation programs for activists (as these support mental wellbeing).</p>	<p>d) Educate organizations and funders working to address gender-based violence about the importance of providing long-term solutions for the wellbeing of LGBTQ activists who are themselves gender-based violence survivors and are working on gender-based violence intervention and prevention.</p>

Next Steps

Outright and the members of the wellness collective of the Asia LGBTIQ Network on SOGIE & GBV are using findings of the study to:

- Provide workshops and convene learning exchanges to raise awareness about mental health stressors for LGBTQ activists in Asia working on gender-based violence, the implications of mental health stressors for gender-based violence work and activism, and good mental health and wellbeing practices for LGBTIQ individuals, groups and organizations responding to gender-based violence;
- Advocate for support for LGBTQ activists, including funding for mental health and wellness of LGBTQ human rights defenders and gender-based violence responders;
- Validate mental wellbeing concerns and needs raised by LGBTQ activists working on gender-based violence; and
- Develop a regional wellness framework that integrates self-care and mental wellbeing mechanisms, policies, and practices.

Study findings were released in May 2022 at a three-day workshop on individual and collective wellness and wellbeing for members of the Asia LGBTIQ Network on SOGIE & GBV (Annex 3). The online workshop explored the intersectionality of SOGIE and mental health, the history and concept of self-care as an act of political resistance, and overview of interpretations and definitions of self-care by different feminists and human rights defenders. Four LGBTQ-supportive mental health experts from outside the Network shared their experiences as mental health professionals working with LGBTQ people. Workshop participants engaged in self-compassion exercises that introduced three techniques that could be replicated at home and with coworkers: self-befriending, emotional equilibrium, and countering negativity bias. The workshop concluded with a participant-led collective statement and recommendations for improving LGBTIQ wellness support mechanisms (Annex 2).

In October 2022, Outright, in collaboration with members of the Asia LGBTIQ Network on SOGIE & GBV, is convening another dedicated mental health and wellbeing workshop to build on previous outcomes, explore further potential collaboration between LGBTIQ activists and LGBTQ-supportive mental health experts, and assess how participants from the May 2022 workshop have changed personal self-care practices and if and how this impacted their wellbeing, work, and activism on gender-based violence.

Acknowledgments

This report was written by Grace Poore, regional program coordinator for Asia at Outright International from 2007 to September 2022 and is currently senior advisor special projects Asia. It was reviewed by Neela Ghoshal, senior director of law, policy and research at Outright International, and AJ Jarrett, copy editor.

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Annex 1: Self-care Survey

Responses of 25 LGBTQ Advocates Working on GBV in Asia

This survey was administered in individual interviews. Questions and responses are as follows:

Do you get time to eat regularly and on time?	
Yes	18
No	7

Do you get enough sleep and rest?	
Yes	11
No	15

Which of these physical activities do you do regularly? (Choose all that apply)	
Climb stairs	3
Walk 20-30 minutes	15
Jog or run	1
Self-defense classes or activities	0
Yoga	6
Swim	2
Manual physical housework	11
Manual physical labor outside the house	1
Physical therapy for injury	4
Do regular exercises (stretches)	3

Which of these activities do you do for fun on a regular basis? (Choose all that apply)	
Dancing	4
Socialize outside work (in-person pre-COVID-19 pandemic)	10
Play musical instruments	3
Go jogging	0
Walking	0
Bicycling	2
Cooking	12
Drawing, painting, coloring, pottery, visual arts	4
Read poetry or fiction	8
Write fiction or poetry	6
Gardening	5
Listen to music	10
Watch movies	17
Get massages	4
Go to the gym	4
Have sex	4
Other responses provided:	
Play video games	1
Watch Netflix, TV	17
Go hiking	3
Socialize with friends on Zoom during COVID	10
Spend time with family members	2
Have animal companions	6
Recreational drug use	1

Annex 2: Workshop on Individual and Collective Wellness for SOGIE and GBV Activists

Title: Mentally Fierce, Fabulous & Fine!

Dates: 2022 – 23, 25, 27 May via Zoom

Organizers: Outright International and Asia LGBTIQ Network on SOGIE & GBV

Working Group 1 – 27 May 2022

Draft Statement for Adoption of LGBTIQ Mental Health and Wellbeing as a Human Right

We recognize the holistic wellbeing of human rights defenders working on gender-based violence and LGBTIQ issues to feel supported from burnout and secondhand trauma because we believe that self-care and collective care are political for achieving equality. The wellness collective of the Asia LGBTIQ Network on SOGIE & GBV should commit to promoting and sustaining positive mental health of all members of the Asia LGBTIQ Network, including economic and other health benefits. LGBTIQ persons experience stressors as members of minority communities and additional stressors as human rights defenders. We face double the burden of mental health stressors. The Asia Network's wellness collective, therefore, wants to make members of the Asia Network feel supported on issues of mental health. We are advocating a better world where mental wellbeing is recognized and accounted for. We want LGBTIQ people to reflect on the importance of self-care, embrace self-care, and work towards community care.

Working Group 2 – 27 May 2022

Recommendations to Improve Mental Wellbeing Support Mechanisms for Staff in Organizations Working on SOGIE and Gender-based Violence

- Conduct capacity building activities and seminars on organizational tools to create environments that are nourishing for the mental health of activists and address their mental health issues.
- Make mental health services readily available to activists, including LGBTIQ activists working on gender-based violence.
- Engage and train mental health counselors to become LGBTIQ affirmative.
- Train LGBTIQ activists to handle situations requiring psychological first aid.
- Establish and activate LGBTIQ-affirmative mental health referral systems and processes.
- Challenge gender binary definitions and implementation of laws on and services for mental health.
- Produce and publicly disseminate print and audio-visual educational materials on LGBTIQ-affirmative mental health.
- Allocate budgets for improving the mental health of human rights defenders, including LGBTIQ human rights defenders.
- Create more convening spaces for LGBTIQ and gender-based violence organizations to exchange tools and good practices relating to LGBTIQ mental health and wellness.
- Properly follow guidelines on trigger warnings related to gender-based violence trauma and establish a consistent, reliable process to deal with triggers during convenings for presenters and audience (e.g., survivor panels, survivor conference plenaries, survivor workshops).
- Establish LGBTIQ mental wellbeing support groups.
- Conduct seminars for LGBTIQ organizations and movements to combat stigma of mental health issues.

Annex 3: Guest Speakers for May 2022 Individual and Collective Wellness Workshop

Shruti Chakravarty

Twenty years' experience as a mental health practitioner, researcher, trainer, and social worker. Her areas of engagement have been mental health, gender, and sexuality from a rights-based perspective. Shruti has an independent therapeutic practice based in Mumbai, India and has in-depth experience working with LGBTQI+ clients in the therapeutic space. She co-authored *Queer Affirmative Counselling Practice (QACP): A Resource Book for Mental Health Practitioners in India*. She has a PhD on queer intimacies from Tata Institute of Social Sciences. Shruti is chief advisor at Mariwala Health Initiative and is a faculty member for the Queer Affirmative Counselling Practice course run by Mariwala Health Initiative.

Raphael Jay Adjani

An integrative psychotherapist working with LGBTQ+ individuals. Raphael is a certified Mindful Self-Compassion teacher and also a teacher of mindfulness-based stress reduction and radical self-care, a pioneering new program developed to support LGBTQ+ people. Raphael co-created They're Not Like Us, an innovative program to promote LGBTQ+ Diversity, Equity, Inclusion and Belonging.

L. Ramakrishnan

Vice president of SAATHI, a non-profit headquartered in Chennai, India. A public health professional, he has been working since 2002 towards inclusive healthcare, justice, and social protection for communities marginalized on account of gender, sexuality, HIV, TB, and other health factors. L. Ramakrishnan has led projects contributing to LGBTQI+ inclusion in the 2019 mental health policy of the state of Tamil Nadu, transgender health curricula for training healthcare providers, and agender-sexuality module for training teachers. At SAATHI, he has also been a peer counselor for LGBTQI+ persons facing violence and advocated for ground level inclusive implementation of laws and policies to redress violence against LGBTQI+ people.

Beatriz A. Torre

Assistant professor at the UP Diliman Department of Psychology in the Philippines, where she teaches LGBTQ Psychology among other courses. Bea currently serves as chairperson of the Psychological Association of the Philippines LGBT Psychology Special Interest Group (PAP LGBT Psychology SIG). She is also a core team member of Lunas Collective, a feminist, inclusive

Ayu Regina Yolandasari

Independent speaker, facilitator and researcher on issues of gender, sexualities, and mental health. Started her career at an NGO as a Sexual and Gender-Based Violence (SGBV) counselor. Ayu is an alumnus of Queer Affirmative Counseling Practice (QACP) course organized by Mariwala Health Institute, India. Currently, Ayu is an external member of LGBTQ Sub-Committee, Global Mental Health Peer Network (GMHPN) and member of discussion committee for trans-related issues in Indonesia. She has a master's degree in Women's Studies from Ewha Women's University, South Korea.



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