

# Defending Rights & Bearing the Burden: Mental Health Challenges of Women Human Rights Defenders in MENA



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## Introduction

As we mark International Women's Day on 08 March 2026, the Gulf Centre for Human Rights (GCHR) throughout its work has observed a consistent pattern of reports from women human rights defenders (WHRDs) on the deterioration of their mental health while pursuing activism in their communities. Even WHRDs who have lived in exile while pursuing activism have reported mental health issues. GCHR pays great attention to supporting WHRDs and documents regularly opportunities and challenges that support the pursuit of their rights.

In January 2025, GCHR published an [extensive survey](#) on such opportunities and challenges. One of the key elements of the survey was to identify risks, whether perceived or existing, which face WHRDs while pursuing activism, including adverse effects on mental health. All WHRDs, except two, reported suffering from anxiety, stress, trust issues, and depression. Most women did not receive a proper diagnosis or adequate care. Some reported receiving informal care sessions through civil society organisations including GCHR.

In this report we will provide an overview of the impact of pursuing activism on WHRDs within the context of Middle Eastern and North African (MENA) countries. We will also explain some of the familial, societal, and state related risks facing WHRDs and their adverse mental health outcomes. We will also introduce some of the serious implications on WHRDs, as documented by GCHR over the years, many of whom sustained severe mental illnesses due to threats, persecution, and abandonment of their communities and supporting families.

## Methodology

This report draws on findings from a survey conducted by the GCHR in January 2025 among WHRDs across the MENA region, in addition to the WHRDs experiences from Bahrain, Saudi Arabia, Iraq, Iran, Syria-Turkey, and Yemen. The survey sought to identify the opportunities, risks, and challenges faced by WHRDs while pursuing human rights activism, with particular attention to the impact of these challenges on their mental health and wellbeing.

In addition to the survey data, this report incorporates testimonies and qualitative insights gathered through GCHR's ongoing documentation work, case monitoring, and direct engagement with WHRDs both within the region and in exile. The 2025 survey revealed that the overwhelming majority of respondents reported experiencing significant psychological stress linked to their activism.

Given the highly sensitive nature of documenting experiences of repression, violence, and trauma, this report follows strict ethical considerations. Testimonies are presented with careful attention to the safety and privacy of WHRDs, and identifying information has been withheld where disclosure could expose individuals to further risk. Participation in the survey and the sharing of testimonies were voluntary, and respondents were informed of the purpose of the research and the potential use of their contributions in advocacy and reporting.

This report also analyses these findings within the broader political and social context currently affecting the MENA region as ongoing armed conflicts, authoritarian governance, shrinking civic space, and entrenched gender inequalities continue to shape the conditions under which WHRDs operate.

These structural realities significantly intensify the psychological burden faced by activists, particularly those who confront both state repression and societal backlash as a result of their advocacy.

By situating individual testimonies within these wider regional dynamics, this report seeks to highlight not only the personal costs of human rights work for WHRDs, but also the systemic conditions that contribute to the deterioration of their mental health and wellbeing.

## Regional Context: Activism, Gender Inequality and Mental Health

In general, the MENA countries report a high mental health burden of unmet needs that is often underreported. In a [survey](#) of 25000 people throughout most of this region, 35% stated that they frequently feel stress, 29% reported suffering from depression. Many studies [documented](#) that women in general in MENA countries reported higher levels of depression. This is due to several poorly addressed factors within the context of the region. Domestic violence, rooted in gender-inequality, is prevalent among women and with no adequate support or response systems.

There are also limited means for economic and educational empowerment. In certain countries and social classes, women are not in full control of their sexual and reproductive rights, where higher than desired birth rates affect women's mental health, even if they are working, due to unequal share of household burden. There are also poor or limited resources for mental health and women report high prevalence of unmanaged postpartum depression in certain countries. In addition, women in general remain at a historical disadvantage of socioeconomic empowerment.

The GCHR 2025 survey's key findings showed nearly all surveyed WHRDs reported symptoms of anxiety or stress. Many reported depression and trust issues. Most did not receive professional mental health support. Several experienced detention, threats, or digital harassment.

WHRDs experience many of the same structural inequalities affecting women across the region and beyond, while also facing additional risks due to their activism. They operate and live in high stakes environments, where patriarchal norms, political repression, conflicts or crisis exist, often with limited support or resources. Such environments elevate risks of mental health stress that is exacerbated by discrimination, inequality and humanitarian emergencies. WHRDs are constantly exposed to such general stressors in addition to specific state-led and societal-led stressors because of the activism.

WHRDs in the MENA region also face multiple and intersecting sources of psychological stress that stem from both state repression and societal pressures. WHRDs often face serious violence and threats from state institutions. Many faces arbitrary detention, degrading and ill treatment during interrogations, torture, and sexual violence as political tools which inflict direct and severe trauma. Several WHRDs told researchers at GCHR that state interrogators often ask private questions of a sexual nature to intimidate women and deter them from pursuing any activism.

A WHRD informed GCHR that her interrogator asked her if she was a virgin when she was summoned to be investigated for posting online about women's rights. Another Bahraini WHRD was reportedly raped during the investigation that caused her to pass out from the shock.

In general, Saudi WHRDs witnessed an unprecedented use of torture after being rounded up in 2018 as clearly documented in the case of prominent woman human rights defender **Loujain Al-Hathloul**:

*"Loujain Al-Hathloul was subjected to [sexual harassment](#) unprecedented to me from what I've witnessed," the guard wrote. "They were relishing insulting her. They were mocking her that she is liberated and would not mind the harassment such as sticking their hands into her underwear or touching her thighs or spouting degrading words at her."*

Another WHRD faced a nightmare during which she lost consciousness and was subjected to several torture sessions:

*"In one of her torture sessions, [name of a WHRD withheld] lost consciousness and we were all terrified. We feared that she had died and that we would bear responsibility because the instructions were to not kill any of the detainees, men or women." - Anonymous texts from prison guards to a human rights organisation on the sexual abuse of women activists on Saudi Arabia.*

Similarly, in our survey, an Iraqi WHRD described being traumatised because she couldn't defend herself against an abusive prosecutor:

*"I was subjected to ridicule and threats by an interrogator, he made me feel worthless and [said] the only place that I belong is [serving in] the kitchen... At the time, I couldn't respond, and this incident continues to cause me distress... and I didn't get any care for that."*

Physical violence in public spaces, especially while protesting, has caused many WHRDs to suffer severe outcomes including being killed by security forces. Examples are many across the MENA region, but the landmark case of [Mahsa \(Jina\) Amini](#)'s death in custody sparked a nationwide uprising calling for "Women, Life, Freedom" in September 2022. Other women remain imprisoned for long periods with the full toll of poor detention conditions severely affecting their mental health and wellbeing.

In some cases, where women are pursuing activism in a conservative society and family, the concept of honour became a hindrance. Honour-related perceptions are long-held beliefs and practices where a woman's alleged misconduct, especially in public, justifies the use of physical violence to coerce her from pursuing or challenging gender power relations.

It's widely reported that many WHRDs in the region have suffered physical violence by family members for engaging in public pursuits of gender equality in places where norms are conservative and patriarchal.

In our previous survey, another Syrian WHRD activist described the risk of severe physical violence:

*"I live in a city ruled by armed militia, and the danger for us women activists is huge, because bullets are the only language to resolve conflicts, the cost of a woman [activist] in the concept of those militias is one bullet. Moving around the city, especially at night is a huge danger to us, and the state prevents us from conducting any human rights work because it's considered prohibited and unlicensed."*

In most cases, WHRDs who lived and operated in such families, despite the risk involved, often used the online space to promote their views, organise and connect with other activists and the public under pseudonyms. Other than the security forces whose efforts focused on arresting WHRDs whenever they organise some public and peaceful activities, the risk is also based on the concept of honour where men, even from extended family, feels the obligation to correct the conduct of women in their families or society. In fact, many WHRDs have been subjected to such online violence and repeatedly reported this in their encounters with GCHR.

A [2021 study](#) found that most Arab women fear posting their photos online due to harassment and blackmailing. The study found that young and less-educated women are more vulnerable to abuse from either social media users or being condemned by their families. Most women in the study reported encountering sexual harassment online regardless of their age. Such encounters have several effects, such as lower self-esteem, hesitancy in seeking a job, feeling mistrust and fear, cynicism, anxiety, depression, and sleep disorders, all deter women from effectively using social media and push them to more isolation.

According to the study, digital and psychological violence are one of the main stressors that face WHRDs in the region. WHRDs reported that they thrived in online spaces and made strong public influences which also triggered aggressive state crackdowns using sophisticated surveillance. In addition, many WHRDs faced a backlash from conservative members of their society and families. WHRDs feared social stigma and familial rejection to the point of being ostracised for bringing dishonour to their families or societies.

Women often received threats of the use of violence, sexual harassment, legal harassment, and intimidation. One Saudi WHRD who kept an online blog to document her writings under her full name was identified by a person from her extended family who posted a serious threat of tracking her and forced her to take down her blog.

It's evident that hacking and state surveillance have been used by the state apparatus and non-state actors to blackmail WHRDs to refrain from activism.

In the GCHR survey, a Syrian WHRD who lives in Turkey experienced such an incident and was blackmailed into releasing intimate pictures of herself with her husband in public; a condition that would endanger her reputation and credibility:

*“Because of my activism, I suffered from hacking of my account and was blackmailed, which traumatised me despite resorting to the legal system, and even after the blackmailing ended. I no longer use online social media most of the time, or I use fake identities [if I must].”*

Chronic stressors and burnout of WHRDs can be triggered by their civil society work as well as by the stressors mentioned above. For instance, WHRDs who support survivors of gender-based violence, while working with limited or no resources, face a likelihood of secondary trauma and burnout. Many activists, like the rest of the women in the region, face compounded responsibilities. They must balance immense public work with traditional familial caregiving duties. Such pressure may lead to severe stress, anxiety, and depression.

## Psychological Consequences of Repression and Activism

Studies have documented a high prevalence of mental health burden among Arab women in general. There are frequent reports of anxiety and depression, especially in a [context of conflict](#). Many WHRDs have suffered from Post-Traumatic Stress Disorder (PTSD) from direct exposure to violence, detention, or torture. Some reported to GCHR nightmares and panic episodes after enduring prison times and torture. Due to fear, exhaustion, and social stigma, WHRDs may also develop diminished self-worth, fear, and withdrawal from public discourse.

For instance, after a wide campaign in 2018 of silencing women's rights activists in Saudi Arabia, many resorted to silence and isolation. In fact, other WHRDs escaped to other countries, and many reported deterioration of mental health due to the stress of living instability and concerns from transnational repression.

One of the most brilliant WHRDs escaped to another country shortly after the crackdown started. She has developed serious delusions of being constantly surveilled by state officials that severely affected her life and wellbeing and ended her activism. She survived several car accidents and was forcibly admitted to mental hospitals to receive care. To date, she remains without real support in exile as her family back home decided to cut ties for fear of being targeted by the authorities.

In Yemen, WHRDs paid the price twice for being human rights activists and women. The survey shows that a Yemeni WHRD expressed pressure endured by her family when she was faced by a problem due her activism:

*“I always had my family's support, but when I was faced with a problem, they started pressuring me not to pursue my work or human rights activities by preventing me from travelling or leaving home.”*

## Conclusion

The mental health of women human rights defenders in the MENA region represents a serious and often a taken for granted challenge that has profound implications for their wellbeing and their ability to continue engaging in human rights work. The cumulative effects of political repression, intergenerational pressure, societal restriction, and personal risk can significantly impact WHRDs' psychological health, ultimately affecting their capacity to sustain the important work of promoting social justice and gender equality. At the same time, limited access to mental health services and culturally sensitive support systems makes it extremely difficult for many WHRDs to seek safe, adequate, and confidential care when needed.

Despite these challenges, there remains meaningful potential to address these issues through greater awareness, solidarity, and collective action within civil society. Also, women-led organisations and human rights groups can play a critical role by conducting research, assessing the specific needs of WHRDs, and mobilising resources to provide appropriate support mechanisms.

Furthermore, the increasing availability of digital and virtual mental health services offers new opportunities for WHRDs to access secure and professional care, particularly for those operating in restrictive environments or living in exile. Strengthening initiatives that support women's agency and resilience in the face of structural inequality is essential. Efforts that foster solidarity networks, provide psychosocial support, and recognise the emotional and psychological burden carried by WHRDs can help counter feelings of isolation and helplessness. Ultimately, addressing the mental health needs of WHRDs is not only a matter of individual wellbeing, but also a crucial component of sustaining long-term human rights advocacy and empowering women to continue challenging injustice in their communities.

Despite limited financial resources, GCHR has attempted, with the support of UAF and other donors, to respond to the growing mental health needs of women human rights defenders through initiatives implemented within its WHRD programme. These efforts have included creative writing workshops designed to provide safe spaces for expression, reflection, and peer solidarity among WHRDs.

GCHR has also facilitated collective wellbeing sessions led by a psychologist experienced in working with human rights defenders and familiar with the regional political and social context in which WHRDs operate. In addition, the organisation has offered confidential one-to-one psychological support sessions for WHRDs who requested individual assistance.

While these initiatives remain limited in scale due to funding constraints, they demonstrate the importance and potential impact of tailored, culturally aware psychosocial support for WHRDs working under conditions of sustained pressure, insecurity, and risk. However, the scale of mental health needs among WHRDs across the region far exceeds the limited resources currently available, underscoring the urgent need for broader institutional and donor support.

# Recommendations

**Recognising the urgent need to support the mental health of women human rights defenders, the GCHR calls upon:**

## **Civil society organisations**

1. To promote awareness of the burden of mental health of WHRDs while understanding that it is a direct result of systemic oppression; and
2. To prioritise working with local communities, support research, and integrate mental healthcare in advocacy and programs.

## **Allies and partners of digital rights organisations**

3. To strengthen support mechanisms for WHRDs facing online harassment, surveillance, and cyber blackmail. This includes investing in digital security training, protective technologies, and the responsible development of artificial intelligence tools that can help detect, prevent, and respond to online abuse targeting WHRDs.

## **International donors and humanitarian actors**

4. To provide flexible, secure and culturally competent initiatives to support the unmet needs of WHRDs.

## **Governments in the MENA region**

5. To end harassment, detention, and violence against WHRDs and to ensure accountability for abuses committed against them.