**QUESTIONNAIRE**

**“Violence and its impact on the right to health”**

I have the honour to address you in my capacity as Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, pursuant to Human Rights Council resolution 42/16.

I would like to invite you to respond to the questionnaire below. Submissions received will inform my next thematic report on “Violence and its impact on the right to health”, which will be presented to the Human Rights Council in June 2022.

The questionnaire on the report is available at OHCHR website in English (original language) as well as in French, and Spanish: (<https://www.ohchr.org/EN/Issues/health/pages/srrighthealthindex.aspx>).

All submissions received will be published in the aforementioned website, unless it is indicated that the submission should be kept confidential.

There is a word limit of 750 words per question. Please submit the completed questionnaire to ohchr-[srhealth@un.org](mailto:srhealth@un.org). The deadline for submissions is: **18 January 2022.**

Tlaleng Mofokeng

Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

**Contact Details**

Please provide your contact details in case we need to contact you in connection with this survey. Note that this is optional.

|  |  |
| --- | --- |
| Type of Stakeholder (please select one) | Member State  Observer State  x Other (please specify)  **Non-Governmental Organization** |
| Name of State  Name of Survey Respondent | **Federation Global Initiative on Psychiatry /FGIP** |

# Background

Within the framework of Human Rights Council resolution 42/16, the Special Rapporteur on the highest attainable standard of physical and mental health has identified sexuality, gender based violence and femicide as one of her priorities during her tenure (See [A/HRC/47/28](https://undocs.org/A/HRC/47/28) paras 50-64). In compliance with her mandate and in line with this priority she has decided to devote her next thematic report to the 50th session of the Human Rights Council in June 2022 to the theme of “Violence and its impact on the right to health.”

# Objectives of the report

The Special Rapporteur intends to shed light on who is seen as victims of violence, and who is affected by what type of violence, with emphasis on the violence experienced by women, children, LGBTI persons and conflict related gender based violence. She will also explore the role of men as perpetrators and their experience as victims of violence. Her analysis will look into the responses that survivors of violence receive with a focus on good practices, as well as the obligations, responsibilities, and protections that arise under the right to health framework and other relevant human rights in this connection. She will also report on emerging trends related to the impact of COVID-19 on all forms of violence and related responses.

In her report, the Special Rapporteur will address, inter alia, issues related to gender based violence, (including inter-personal and intimate violence), as well as structural violence. She will also assess the impact of the criminalization of sex work, same sex relations, transgender persons, abortion, drug use etc. on the enjoyment of the right to health. The Special Rapporteur would like to identify good practices and examples of comprehensive health responses to survivors of violence, and to identify lessons learned at the community, national, regional and international levels.

# Key questions

*You can choose to answer all or some of the questions below. (750 words limit per question).*

When responding to the questions below, please use the glossary with definitions at the end of the questionnaire, and refer to all or some of the forms of violence in focus for this study as applicable in your country, countries or region in focus:

1. Please describe, share data and information on the characteristics, number of cases, and the profile of victims and perpetrators in your country/ies or region(s) regarding:

At least 21 persons have been subjected to political abuse of psychiatry in Russia since 2017.

* 1. gender based violence against women
  2. gender based violence and other forms of violence against children:
  3. gender based violence against LGBTI or other persons based on real or imputed sexual orientation, sex characteristics, and gender identity:

There have also been cases of using psychiatry to “cure” homosexuality. Usually, parents send

their adolescent children to psychiatrists, and the teenagers themselves cannot legally refuse

such “treatment”.

FGIP, The Return of Political Abuse of Psychiatry in Russia, Report 2021, page 5, <https://www.gip-global.org/files/web-rapport-political-abuse-eng.pdf>

* 1. violence against persons with disabilities, including GBV.

In 2020, there were reports of forced sterilization of women in a home for the elderly and disabled in Utkuss, a suburb of Yekaterinburg. By law, after reaching the age of 18, orphans have the right to obtain a separate apartment; however, this rule is rarely observed. Orphans are placed on a waiting list that can last for years until they receive a place in a boarding house for the disabled. Those who are mentally ill spend many years in such boarding houses.

As an official investigation established, since 2006, 15 women who were residing in the Uktuss home – all mentally ill orphans – were surgically sterilized by force. Some of them were sent for  
an operation without any explanation; others were threatened with being sent to a home for the disabled mentally ill where much worse conditions awaited them. As one victim, Olga Egorova recounted, the women were taken to Hospital No. 20 in Yekaterinburg – several at a time under the pretext of giving samples – but were then forced to give their written consent for sterilization. As Egorova reported, “I was yelled at; if you don’t want to do this, then you’ll go to another boarding house, the psychoneurological one!”

Anna Bakhteyeva, a patient at the home, was already pregnant at the time of sterilization. The father of the future child, named Vladimir, wanted to marry her and start a family, but authorities took advantage of the fact that Vladimir had gone to Yekaterinburg to apply for a wedding license, and sent Bakhteyeva for the operation. There she was given an abortion and sterilized.

Journalists discovered that in March 2019, one of the women died after the operation (the official cause of death is not known, but prior to her death, the woman suffered from pains in her abdomen). The year before, she had officially married, and her wedding was celebrated at the home.

After reports in the media, a government investigation was undertaken, leading to a criminal case being opened in November 2020. Its results are not known to this day.

FGIP, The Return of Political Abuse of Psychiatry in Russia, Report 2021, page 4, <https://www.gip-global.org/files/web-rapport-political-abuse-eng.pdf>

* 1. gender based violence against men
  2. conflict gender based violence, including sexual violence
  3. Please share analysis and available evidence on the impact of COVID on the above

1. Please describe whether the **legal framework prohibits** and sanctions these forms of violence and the definitions and forms of violence included in the legal system. Please explain redress options for survivors of violence, (the pathway they go through if they decide to file a complaint), levels of impunity and if access to comprehensive physical and mental care for GBV-survivors is recognized as a form of reparation.

The court’s decision to hospitalize a person is based solely on police records; witnesses are not summoned to court, and usually, the trial takes place without a lawyer’s involvement. Formally, the court is supposed to summon the accused, but that is not always done. A particularly serious rights violation occurs when a hospitalized person – usually someone already in a psychiatric institution – is given an injection of a strong psychotropic medication in advance of his hearing. As a result, he cannot participate adequately nor perceive what is happening. In the opinion of one lawyer, “a commission made up of three doctors writes whatever they like in a conclusion; a person is pumped up with sedatives to the point where he is drooling, and in such a state he is brought to court. The judge looks at him and makes a decision to hospitalize him.” The procedure itself happens very quickly – in one case, according to the official audio recording, the court ruled in favor of involuntary hospitalization within three minutes and 27 seconds. As a result, the female defendant was detained for more than eight months.

FGIP, The Return of Political Abuse of Psychiatry in Russia, Report 2021, page 42, <https://www.gip-global.org/files/web-rapport-political-abuse-eng.pdf>

1. **Please share examples of the types of structural and institutional violence with origins within the State,** (perpetrated or condoned by the State) or perpetrated by those not representing or affiliated to the state in your country/ies of region, and who is affected. In particular, describe structural/institutional violence in medical settings against women and girls, LGBTI persons and persons with disabilities or any other individuals or groups relevant in your country/ies or regions.

Cases of involuntary hospitalization without medical grounds have become so frequent that even the government news agency RIA Novosti reported on it. In January 2020, they published material describing several cases of unjustified hospitalizations (the last names and places of residence of the victims were omitted). In one case, a 64-year-old woman spent a week in the Alekseyev Psychiatric Hospital in Moscow after she complained that the police refused to investigate the theft of her belongings. In another case, a 26-year-old woman from Karelia sought psychiatric help, but when she demanded to be discharged, the psychiatrists appealed, and the woman spent a year in the hospital (after which she was released to ambulatory care).

As a lawyer familiar with the practice of involuntary hospitalizations stated, “decisions about involuntary hospitalization at the Gatchina City Court (Leningrad Region) are literally churned out; 20-30 of such cases are heard a day, and 10 minutes are spent on each one, no more.”

There are also cases of police officers themselves being forcibly hospitalized at the behest of their colleagues when they have a work conflict with their superiors. In such cases, instead of resolving the issue, the police chiefs send the officer for involuntary treatment at a psychiatric facility, after which he is fired “on medical grounds.”

Involuntary hospitalization of prisoners in psychiatric wings of labor camp (prison) hospitals is also a common abuse. Inmates who have systematically complained to state agencies and the media about the abuse of prisoners, forced heavy labor, and torture, often wind up placed there. These institutions remain extremely secretive, and access is restricted both for lawyers and members of the Public Monitoring Commissions. Large doses of neuroleptics are given to patients without justification. Patients spend a long time – days, weeks, even months – tied to cots and have no opportunity to complain or appeal to state agencies.

FGIP, The Return of Political Abuse of Psychiatry in Russia, Report 2021, <https://www.gip-global.org/files/web-rapport-political-abuse-eng.pdf>

1. ~~Please also share information on the impact of criminalization of sex work, same sex relations, transgender persons, abortion, drug abuse, harmful practices in obstetric care, female genital mutilation on the violence experienced by the affected individuals and their enjoyment of the right to health.~~

1. ~~Please share information on the health and other type of responses provided by the State and/or other actors in your country/ies or regions in focus to survivors of each/some of the aforementioned forms of violence. Please assess what works well and not so well, and whether COVID-19 impacted the response and how.~~
2. ~~Please specify the budget allocated in your country/ies in focus, to health related response to survivors of all/some forms of violence mentioned above. Please indicate the percentage of the national budget devoted to this; the percentage of the international aid provided or received for this. Please explain the impact of Covid 19 to the funding of responses to all/some forms of violence in your State/institution.~~
3. **Please describe the needs of survivors of the abovementioned forms of violence as identified by your State/institution.** Please share survivor-self identified needs and those of their families, with a focus on health emergency and long-term needs.

The need is first of all a full-scale independent investigation into the practices. It is not the first time that in this part of the world psychiatry was abused for political purposes. The system was developed in Soviet times and in the 1970s and 1980s at least one-third of all political prisoners were incarcerated in psychiatric hospitals. The Soviet All-Union Society of Psychiatrists and Neuropathologists were forced to leave the World psychiatric Association because of these practices in 1982. The resumption of political abuse of psychiatry started as early as 2012, and was first reported in a report for the European Parliament (Psychiatry as a Tool for Coercion in Post-Soviet Countries. Policy Department, Directorate-General for External Policies, European Parliament, July 2013). FGIP published three other reports since 2012 documenting the abuses in Russia and in several other countries in the region e.g. Kazakhstan and Belarus.

Furthermore, victims of these abuses, like other vistims of state repression, are often in need of psychological support. Over the past years the number of people that are seeking psychological support in the region has increased rapidly. In most of the countries mental health services are not equipped to deal with the large influx of clients, either because such services are not or insufficiently available, or because the number of clients is so high that existing services are not able to deal with the demand. Burn-out among mental health staff is a growing problem, but also stigma with relation to mental health plays an important role: for many asking for mental health support is considered to be a sign of weakness or a “stain” and thus clients refuse to seek help. An increasing number of mental health professionals has left their country in order to avoid repression.

FGIP has developed a safe on-line platform for psychological support, that not only provides information how to guard one’s mental health and implement self-help programs, but also provides the opportunity to seek professional help from certified Russian-speaking mental heakth professionals. The program is called samopomoch (Russian for “selfhelp”) and is available on website ([www.samopomo.ch](http://www.samopomo.ch)), telegram and facebook. Since the fall of 2020 the **samopomoch** program has been providing psychological support to victims of State repression. The program is focused mainly on Belarus, but is now gradually also expanded to other countries in the region. The program is web-based, with two social media outlets, and provides on-line safe consultation to individual clients and supervision to mental health professionals.

Maintaining this and similar programs is an absolute prerequisite in assisting victims of state repression.

1. Please share examples of good practices and examples of comprehensive health responses to survivors of violence and indicate efficient multi-sectorial efforts at the community, national, regional and international levels by State or non-State actors.

Please see the above: [www.samopomo.ch](http://www.samopomo.ch)

1. Please describe State and other actors initiatives and measures to prevent these forms of violence, specific budget allocated to prevention, and good practices in this regard.

**Glossary of definitions for the purpose of this questionnaire**

* Gender based-violence, is violence directed toward, or disproportionately affecting someone because of their gender or sex. Such violence takes multiple forms, including acts or omissions intended or likely to cause or result in death or physical, sexual, psychological or economic harm or suffering, threats of such acts, harassment, coercion and arbitrary deprivation of liberty. Examples include, sexual violence, trafficking, domestic violence, battery, dowry related violence, coerced or forced use of contraceptives, violence against LGBTI people, femicide, female infanticide, harmful practices and certain forms of slavery and servitude. Gender-based violence may be perpetrated against women, girls, men, boys, and non-binary persons. Gender-based violence, including sexual violence, may linked to a conflict.
* Gender based violence against women (including girls) refers to violence that is directed against a woman because she is a woman or that affects women disproportionately. (CEDAW, [General recommendation 19](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT/CEDAW/GEC/3731&Lang=en), 1992). It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. Gender based violence affect women to different degrees depending on their experience of varying or intersecting forms of discrimination including on the basis of ethnicity/race, socioeconomic status, age, disability, being lesbian, bisexual, transgender or intersex, etc. [(CEDAW, General recommendation 35, 2017).](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/GC/35&Lang=enhttps://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/GC/35&Lang=en)
* Violence against children refers to all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse against children. (CRC, [General Comment No. 13](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f13&Lang=en), 2011). Violence experienced by boys and girls may also be a form of gender-based violence.
* Gender based violence perpetrated against LGBTI or other persons based on real or imputed sexual orientation, gender identity, and /or sex characteristics includes killings, imposition of death penalty for homosexuality, death threats, beatings, corporal punishment imposed as a penalty for same-sex conduct, and/or transgender persons, arbitrary arrest and detention, abduction, incommunicado detention, rape and sexual assault, humiliation, verbal abuse, harassment, bullying, hate speech and forced medical examinations, including anal examinations, and instances of so-called “conversion therapy” and forced/coerced medically unecessary procedures on intersex children and adults. (Report of the Independent Expert on protection against sexual orientation and gender identitiy, ([A/HRC/38/43](https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/38/43), 2018, [OHCHR, Born Free and equal](https://www.ohchr.org/Documents/Publications/Born_Free_and_Equal_WEB.pdf), OHCHR, [Background note on human rights violations against intersex perople).](https://www.ohchr.org/Documents/Issues/Discrimination/LGBT/BackgroundNoteHumanRightsViolationsagainstIntersexPeople.pdf)
* Conflict related gender-based violence: Conflict can result in higher levels of gender-based violence against **women and girls**, including arbitrary killings, torture, **sexual violence** and forced marriage. Women and girls are primarily and increasingly targeted by the use of sexual violence, including as a tactic of war. M**en and boys** have also been victims of sexual violence, especially in contexts of detention. *Conflict related sexual violence* refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict. That link may be evident in the profile of the perpetrator, (often affiliated with a State or non-State armed group, which includes terrorist entities); the profile of the victim, ( frequently an actual or perceived member of a political, ethnic or religious minority group or targeted on the basis of actual or perceived sexual orientation or gender identity); the climate of impunity, (generally associated with State collapse, cross-border consequences such as displacement or trafficking, and/or violations of a ceasefire agreement). The term also encompasses trafficking in persons for the purpose of sexual violence or exploitation, when committed in situations of conflict”. (Report of the Secretary General [S/2019/280](https://undocs.org/en/S/2019/280), 2019.)
* Systemic or institutional violence refers to institutional practices, laws or procedures that adversely affect groups or individuals psychologically, mentally, culturally, economically, spiritually, or physically. This violence has its origins within or outside the state, and is a major obstacle for the realization of the right to health, a right which is interconnected with rights to the underlying determinants of health.