**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. 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[ ]  Other (INGO) |
| Name of StateName of Survey Respondent | Pakistan Ghulam Shabbir AwanIpas Pakistan  |

# 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:
	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:
	4. violence against persons with disabilities, including GBV.
	5. gender based violence against men
	6. conflict gender based violence, including sexual violence
	7. Please share analysis and available evidence on the impact of COVID on the above
2. 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.

Around 32 per cent of women have experienced physical violence in Pakistan and 40 per cent of ever-married women have suffered from spousal abuse at some point in their life (The Pakistan Demographic and Health Survey 2012-2013). However, these statistics do not accurately represent the full extent of cases. One in two Pakistani women who have experienced violence never sought help or told anyone about the violence they had experienced – an example of GBV. Although, the Government of Pakistan has passed various laws to prevent violence and support those affected by it, the conviction rate for violence against women sits at only 1-2.5 per cent[[1]](#footnote-1).

There are numerous barriers in the prevention of and response to GBV in Pakistan, including misperceptions around GBV, limited or ineffectual legislation and lack of support systems and safety nets for those who do attempt to seek support. Insufficient systems at the state, civil society and community levels are serious obstacles to comprehensively addressing GBV. This situation is exacerbated in emergencies, where GBV is known to increase due to the breakdown of social structures and protective mechanisms, the weakening of norms regulating social behaviour and traditional social systems, the separation of family members, increased male responsibility for the distribution of goods, lack of opportunity for women’s and children’s voices and opinions to be heard by decision makers and failure of decision makers to consider the security of women and children in emergencies.

The Constitution of Pakistan 1973 enshrines basic principles towards a just society with provisions that include (but are not limited to) equality for all; freedom from all forms of exploitation and discrimination, special provision for the protection of women and children, full participation of women in all spheres of national life, and education and economic empowerment. It is, however, unfortunate that violence against women and girls is still prevalent, both in public and private spaces. A large body of research, national and subnational, confirms that gender-based violence is an unfortunate and dire reality in present day Pakistan, where it is often uniquely legitimized in the name of culture, tradition and morality. The Government of Pakistan fully recognizes that violence against women and girls is a grave violation of a woman and girl’s basic human right, as enshrined in the Constitution of Pakistan, both in letter and spirit

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.

N/A

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.

Pakistan has an abortion law in the country which permits abortion in the 120 days of pregnancy and the law is quite permissive. Regarding the criminalization of sex work, same sex relations the section 4 of Hudood Ordinance 1979, S. 4 Zina - criminalises sexual intercourse outside of marriage, in accordance with Sharia law principles. As non-heterosexual marriages are not legally recognised in Pakistan, all same-sex sexual intercourse is necessarily outside of marriage and so captured by this provision. The penalty is death by stoning for married people, or 100 lashes for unmarried people [[2]](#footnote-2).

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.

Pakistan has an abortion law in the country which permits abortion in the 120 days of pregnancy and the law is quite permissive.

In 2018, Government of Pakistan issued national guidelines on safe uterine evacuation and postabortion care that include guidance for institutions and providers at all levels of healthcare to cater needs of women and girls seeking postabortion care services, also responding to women and girls’ health needs during emergencies, GBV and other conflicted conditions and health needs of special people. Various private entities/NGOs are assisting government in provision of safe abortion care according to the abortion law of the country i.e Ipas Pakistan, working since 2007 in Pakistan with the government of Pakistan to improve policies and strengthen the provision of safe abortion/ postabortion and contraception care in the country.

1. 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.

N/A

1. 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.

Intimate partner violence against women is a form of gender-based violence which also results in unwanted pregnancies, and this further results in unsafe abortions which causes maternal deaths and other serious health complications. As mentioned above, public health facilities provide abortion care services in emergency i.e women with heavy bleeding because of unsafe abortion, miscarriages and incomplete abortions

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.

Various efforts have been made by government and private sector to provide support and assistance to survivors of violence – below are some examples:

1. Health care for survivors of gender-based violence in Pakistan -a clinical handbook

<https://phkh.nhsrc.pk/knowledge-article/clinical-handbook-health-care-survivors-gender-based-violence-pakistan-who>

1. Minimal Initial Service Package – adopted by government of Pakistan

[Minimum Initial Service Package (MISP) for Reproductive Health | HumanitarianResponse](https://www.humanitarianresponse.info/ru/operations/pakistan/document/minimum-initial-service-package-misp-reproductive-health)

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.

Same as above

**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.
1. https://pakistan.unfpa.org/en/topics/gender-based-violence-6 [↑](#footnote-ref-1)
2. https://www.humandignitytrust.org/country-profile/pakistan/ [↑](#footnote-ref-2)