**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.

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| --- | --- |
| Type of Stakeholder (please select one) | Member State  Observer State  x Other (please specify)  Civil society organisation |
| Name of State  Name of Survey Respondent | Emilie Weiderud, Act Church of Sweden |

# 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**

This input is based on a series of consultations done by Act Church of Sweden during 2019-2020 among partners in the MENA, Africa, Asia and Latin America region. The consulations where specifically on gender-based violence and the consequences among partners due to the pandemic. These inputs are narrated experiences by partners working in civil society. Some generalisations can be made based on their input. They all highlighted increased, gender-based violence, which was already very high prior to the pandemic. In general, partners state how public statistics in many countries have not corresponded to the image described by women's organisations and other parts of civil society.

Partners describe how the violence has not only further increased but also become more brutal. In Guatemala, Colombia, and South Africa they expressed witnessing an increasingly frequent femicide. Partners describe instances of women leaving their families because of the widespread violence and the men's violence was instead directed against the remaining children. Partners in Uganda for instance mentioned an increase in sexual violence within the family against children when the women left due to the violence. This has resulted in increased teen and girl pregnancies due to rape by their fathers or care takers. In Honduras partners expressed that situation of worsening and how during 65 days of lockdown there were 47 murders reported against women. Service hotlines in countries across the board saw an increase in demand.

Partners in Middle East similarly stated an increase on hotlines by 40-50 % (not verified numbers) and that those numbers continue to grow. Partners stated how they saw new groups seeking services, including middle income families that had not sought services before. Partners also identified how groups that were already living in vulnerability have had it increasingly difficult. Minority groups in Myanmar, migrants in Colombia, people living with disabilities in South Africa, Egypt and Iraq are some groups that were specifically highlighted.

Many partners identified increased risks of physical violence against children. Partners identified child labour as an increased risk for primarily boys, especially in rural areas, due to income loss of families in the pandemic and moreover that statistics for this increase was hard to verify. This trend was particularly identified in Latin America and Asia and in parts of Africa. In terms of gender-based violence against girls the increase of child marriage and FGM was particularly mentioned. Partners in Africa referenced how schools provided some protection and how some families took opportunity to subject their children to FGM during school shutdowns. The increase in child marriage was noted due to parents loosing their income seeing child marriage as a means to provide income or to ensure survival of a girl child as they could no longer provide for in the family. When schools have been re-opened, many children, especially girls, have not returned to their education due to pregnancy or child marriage. For others this was an expression of an aggravated economic situation, as it could no longer be afforded to put all the kids in school and here boys were prioritized over girls.

Across the board partners made references to links of gender-based violence to economic injustice. The links between the increased economic stress, patriarchal norms and structures, as well as increased isolation, are seen as strongly contributed to escalating gender-based violence. The economic set back impact women harder in all partner countries due to working in sectors most affected by the lockdowns. Even in more stable sectors, women were pushed out because of school closures for instance. The greater responsibility for unpaid housework also reinforces economic inequality which in turn exacerbates vulnerability and sometimes results in women having to find desperate ways to support their family.

Partners also referenced online gender-based and sexual violence as increasing. Some also reported on a delayed reaction and delayed reporting, due to the lock downs and restrictions. In Uganda partners referenced how cases that happened during lockdown are being reported now which is shown in statistics from police. Similarly, that child marriages happened during lockdown is reported now.

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.**

Partners describe how the legal system for women and girls have deteriorated

during the pandemic and how repressive regimes have used the pandemic as an excuse to discontinue services or legal protection. This is most clearly highlighted in the talks with partners from Latin America. In Guatemala the special courts for women have been closed during the pandemic. In Colombia the presidential women’s secretariat which was installed after the peace agreement to strengthen the role of women in society is being faced out and they saw this as linked.

In terms of violence against children partners described the lack of legal protection. In Honduras it was describes how it has become more difficult due to the pandemic to reach vulnerable children affected by sexual violence when the legal system has been

Weakened. In India partners references increased brutalised violence such as increased cases of gang rapes where the women are murdered to remove all traces and witness and a lack of willingness of police to engage. In Honduras the situation was very serious before pandemic and how there is now large unreported numbers of gender-based violence due to a lack of state presence of the judiciary.

The response and accessibility of the judiciary during the pandemic is described by most partners and sometimes also as part of the problem. Partners from Myanmar describe how legal representatives have found it extremely difficult to access the right persons in the

Judiciary. It also describes how specially created courts for gender-based violence have been closed or working at reduced capacity.

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.**

The response and accessibility of the judiciary during the pandemic is described by most partners as sometimes part of the problem. In Zimbabwe and Colombia, there were reports of police officers being perpetrators of gender-based violence.

In Palestine, partners also described how young women engages in gender equality issues and against gender-based violence, feels particularly scrutinised by authorities.

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.**

Partners identified problems to keep safe spaces open and problems for survivors to reach out for support. They also referenced increased stigma and the pressure on the health system for GBV and other SRHR services. Partners spoke of the need to develop creative ways of responding to survivors needs.

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.**

Partners describe how the strain on health systems during the pandemic has side-lined other medical needs. Access to SRHR for both maternal health issues and support and care in cases of abuse have been noted. Access to health system was lessened due to lock downs and restrictions. Changing priorities are also illustrated in other ways. One example from Honduras is that the state has not prioritized purchasing contraceptives. One consequence noted by partners, when access to professional health care is limited, is that you seek other and unsafe alternatives for care. In Guatemala the workload of traditional midwives on the countryside, have increased due to healthcare closures and women staying at home.

In South Africa access to family planning, services and health care have been closed under Covid-19 with limited possibilities to access abortion and contraceptive services for instance. In Guatemala there was a noted dramatic drop in contraceptive coverage, decrease in maternal health visits such a prenatal visits. In addition, many women were prevented from getting to hospitals for financial reasons, such as increased costs of public transport and the lack of monetary means. Partners in Colombia similarly noted decrease in gynaecological visits.

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.**

Partners in Myanmar described how pandemic restrictions has made it impossible for survivors to get to sheltered accommodation. The requirement for a negative Covid-19 test also made it difficult to access shelters. In Honduras partners described how the few shelters that existed deteriorated significantly. Instead of protection for survivors of violence, they have been used for other survivor needs, due to natural disasters and thus housing both men and women.

Partners also referenced that psychosocial need has increased but it is hard to meet the demand. Those providing the services has also suffered stress as well as harassment. Some partners referenced how online abuse of staff have increased and increased more the longer into the pandemic we are.

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.**

In some countries partners shared how the state has taken greater responsibility to make protected housing for people living in vulnerability even though this was not the common experience in the consultations. In Uganda, there was an example of how the judiciary actively sought out civil society to develop a more effective response to the increased vulnerability.

In Zimbabwe partners started to operate mobile clinics distributing contraception and councillors supported women and referred survivors of gender-based violence.

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.**

As the pandemic put state and public protection and support systems out of play, several partners describe an increased solidarity and sense of responsibility at the local community level as well as an ability to adopt to the new circumstances. Many partners describe how they have changed their work in a variety of ways for to assist survivors of gender-based violence. They used existing structures and activities to

find channels for survivors of gender-based violence. Partners in Zimbabwe describe how they trained existing local peace groups in the knowledge and response of gender-based violence. Members of the groups listed their homes as "safe zones". In Uganda, economic associations and networks were transformed protective networks and delivered assistance. During the lockdown, networks were activated and used as informal protective networks. In Honduras, partners with the support of state actors have managed to establish opportunities for women in a sheltered accommodation to report crimes via video link.

The non-disputed increase in gender-based violence has meant that actors that previously did not act or address the problem have been prompted to act. Partners

in Zimbabwe describes how more and more people have gained a sense of responsibility and that they need to be involved. Partners in Uganda raised an example of good practices, state collaborating with civil society in a new way.

Continuing to work with religious leaders was extremely important for the opportunities to reach vulnerable groups and provide preventive information, as well as information on where help was available. While religious leaders can be a positive force for change in communities, partners also acknowledge they have been part of the problem and that it has therefore been extremely important to have constructive dialogue. Some partners highlight how this was instigated during the pandemic.

More partners described how important it was and is to use the radio to spread information and using leading figures in society as religious leaders in the dissemination of information. Social media was also an important tool. Online services were a general trend among many and learning as they went along. They also referenced the difficulty in areas where all people do not have access to internet.

While organisations have adapted, it also describes the stress caused by not being able to anticipate the future and the economic crisis affecting partners' activities and also contributes to difficulties in the long-term planning.

**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.