



MMS Bulletin #158

Inklusion in der internationalen Zusammenarbeit: Verpflichtung und Realität

Global movement to #BreakTheChains

Shackling of women in the name of mental health

Von Kriti Sharma und Shantha Rau Barriga

“I’ve lived in chains for many years. It’s very uncomfortable. I was shackled around the waist and ankle – my stomach used to hurt with the weight of the chain; it was so heavy. I used to cry.” — Akeyo, a woman with a psychosocial disability chained in a faith healing institution, Kenya, February, 2020



A woman’s legs are tied tightly together in a Christian rehabilitation center in Ibadan City, Oyo State, Nigeria, September 2019. Women and men are chained and tied for real or perceived psychosocial or intellectual

Gender & Mental Health

Globally, an estimated 792 million people or 1 in 10 people, including 1 in 5 children, have a mental health condition. Gender is a major factor (World Health Organization 1; 2019a; 2019b; 2019c). Depression, the leading cause of disability, is reported to be twice as common in women than men. Discrimination, gender-based violence, poverty, and the pressure of multiple roles are among the most cited risk factors that contribute to poor mental health among women. According to the World Health Organization, women also have high rates of post-traumatic stress, sometimes associated with being survivors of sexual violence. Women and girls with psychosocial disabilities (mental health conditions) may face multiple and intersecting forms of discrimination based on factors including their gender, age, marital status, or ethnicity, as well as disability. They also experience higher rates of poverty, homelessness, and domestic and sexual violence than women without disabilities.

Yet, mental health draws only limited government attention. On average, countries spend less than 2 percent of their health budgets on mental health and the services that exist are rarely gender-sensitive (World Health Organization 2).

Due to inadequate support and mental health services as well as widespread beliefs that stigmatize people with psychosocial disabilities, families often struggle to cope with the demands of caring for a relative with a psychosocial disability (Human Rights Watch, 2020). They often feel they have no choice but to resort to isolation, abandonment and in some cases, even shackling.

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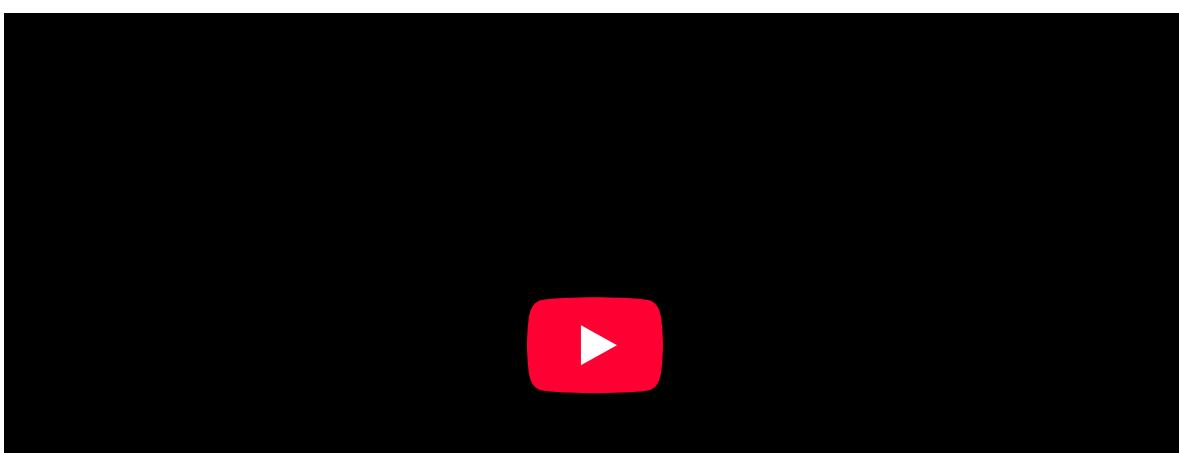


"A woman with a psychosocial disability lives confined in a bare narrow cell at madrasah Ar-Ridwan, a private Islamic healing center in Cilacap, Central Java, Indonesia. Photo: © 2019 Andrea Star Reese

Living in Chains

Around the world, hundreds of thousands of people with psychosocial disabilities have been shackled—chained or locked in confined spaces—at least once in their lives. Many of those shackled are held in overcrowded, filthy rooms, sheds, cages, or animal shelters and are forced to eat, sleep, urinate, and defecate in the same tiny area.

Human Rights Watch research has found evidence of women, men, and children shackled for weeks, months or even years in over 60 countries across Asia, Africa, Europe, the Middle East, and the Americas. And while men and boys with real or perceived psychosocial disabilities are also shackled in homes or institutions, women and girls who are shackled face unique risks and abuse.





Video by Human Rights Watch: People with Mental Health Conditions Living in Chains (2020)

In many countries, people believe that psychosocial disabilities are the result of witchcraft, a curse, past sins, or possession by evil spirits or the devil. Women and girls are primarily accused of being the perpetrators of witchcraft and black magic (Kozic & Sépulchre, 2020; Morgan, 2015; Barriga, 2015). In Ghana, Human Rights Watch found prayer camps where girls as young as 5 were chained to trees for being “witches.” In one spiritual healing camp in the Cape Coast region of Ghana, the self-proclaimed prophet explained that the majority of witches are women and girls. He summoned a dozen girls -- the oldest was 12 -- and, pointing his finger in their faces, told Human Rights Watch: “She's a witch. She's a witch. She's a witch” (Barriga, 2015).

Institutions where people with psychosocial disabilities are chained are often overcrowded and unsanitary, increasing the risk of lice and scabies. Instead of providing anti-lice shampoo, in countries like Indonesia, Human Rights Watch found that staff forcibly shaved or cut short the hair of women and girls, an affront to their bodily integrity and dignity (Human Rights Watch, 2016, p. 45). Bulan, a 25-year-old woman with a psychosocial disability, told Human Rights Watch: “They shaved my head because there is a lot of lice. I used to ask not to cut my hair but they would cut it anyway.... They shave my head every three months.” (Human Rights Watch, 2016, p. 45)

Women and girls with psychosocial disabilities who are shackled also may not get adequate support to manage their menstrual hygiene, for example through the provision of sanitary pads (Human Rights Watch, 2020, p. 14). Akeyo, a woman with a psychosocial disability chained in a faith healing institution in Kenya, told Human Rights Watch: “I live in a small room cramped with five other women. We don’t even get sanitary napkins during our period. I have to go to the toilet in a bucket at night and cover it so it doesn’t smell” (Akeyo, 2020).

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A young woman with a real or perceived psychosocial disability sits with her ankle chained to a platform bed at Bina Lestari faith healing center in Brebes, Central Java.
Photo: © 2018 Andrea Star Reese

Women and girls receiving abusive forms of so-called “treatment” for psychosocial disabilities may face violence. In traditional or religious healing centers, men and women can be chained next to each other, leaving women no option to run away if they encounter assault (Human Rights Watch, 2020, p. 17). Amina, who had a breakdown after her mother died and was taken to various Islamic healers in Nigeria, said she was tied with ropes, beaten, spat on and then sexually assaulted by a traditional healer who came to her home: “He told me to undress, that it is the part of the healing process, and then he started touching my body,” Amina said. “Explain to me, how is that part of a healing process? How is that Islamic?” (Human Rights Watch, 2019) Tasya, a woman with a psychosocial disability chained in a healing center in Brebes, Indonesia cried when she told Human Rights Watch: “When I take a shower, the men, the staff watch me. Male staff members even change women [clothes] if necessary. One male staff member touched my vagina this morning. He was doing it just for fun” (Human Rights Watch, 2016, p.13).

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Along with sexual violence, women and girls with psychosocial disabilities also face violations of their reproductive rights. In some institutions in Indonesia where shackling is practiced, Human Rights Watch found women and girls with psychosocial disabilities were administered contraceptive injections without their knowledge or consent to prevent pregnancies as a result of rape by staff or male residents (Human Rights Watch, 2016, pp. 60-61).



Two women are chained in a room at the Coptic Church Mamboleo, in Kisumu city, western Kenya, where over 60 men, women, and children with psychosocial disabilities are detained. They have to go to the toilet in front of each other, in a bucket in the room. Photo: © 2020 Kriti Sharma/Human Rights Watch

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Looking Ahead

Covid-19 marks a turning point for governments to pay greater attention to the importance of mental well-being and psychosocial support. As countries look to “build back better,” governments should focus on those most at risk, particularly women and girls with psychosocial disabilities who are chained or locked up in institutions. The risks of the pandemic for women and girls who are shackled should be a wake-up call to governments to ban this practice, combat stigma associated with mental health, and invest in quality, accessible, affordable and gender-sensitive community services, including psychosocial support. Bulan, Akeyo, Amina, Tasya, and countless others face long-lasting harms in the name of mental health. They deserve a life of dignity, not chains.

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Kriti Sharma leads the global #BreakTheChains campaign and investigates human rights violations against people with disabilities globally for Human Rights Watch. Her research and advocacy focuses on institutionalization and violence against women and girls with disabilities, abuses against people with psychosocial disabilities in Indonesia and Kenya, abuses against prisoners with disabilities in Australia, and the neglect of people with disabilities in the crisis in the Central African Republic. Kriti holds an MPhil in Development Studies from the University of Cambridge and a BA in International & Comparative Politics, History & Social Sciences with a minor in International Law from the American University of Paris. Email



Shantha Rau Barriga is the founding director of the disability rights division at Human Rights Watch. She oversees research and advocacy on the rights of people with disabilities and older people, working closely with organizations of people with disabilities at the national, regional and international level. Her areas of expertise include: education, discrimination, gender-based violence, access to justice, abuses in detention, independent living, and inclusion in humanitarian response. Shantha has authored numerous reports, essays and commentaries, and has extensive media experience. Her talk on how to end stigma against people with disabilities is featured on TED.

In June 2020, the Board of Directors appointed Shantha to serve as interim co-Deputy Executive Director for Operations and co-chair of the Transitional Executive Committee. Shantha is a founding member of the International Network of Women with Disabilities, member of the Amnesty International Advisory Group on Disability Rights, and expert advisor to the Catalyst for Inclusive Education Initiative. She also served on the UNICEF Advisory Board for the 2013 State of the World's Children report.

Before joining Human Rights Watch, Shantha participated in the UN negotiations toward

the Convention on the Rights of Persons with Disabilities, working as part of a global coalition to advocate for strong protections on non-discrimination, accessibility, education, legal capacity, independent living and international monitoring. She also previously worked with UNICEF Tanzania, carrying out an assessment on children with disabilities in refugee camps in Kibondo.

Shantha received degrees from the Fletcher School of Law and Diplomacy at Tufts University and the University of Michigan and was a Fulbright Scholar to Austria.

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