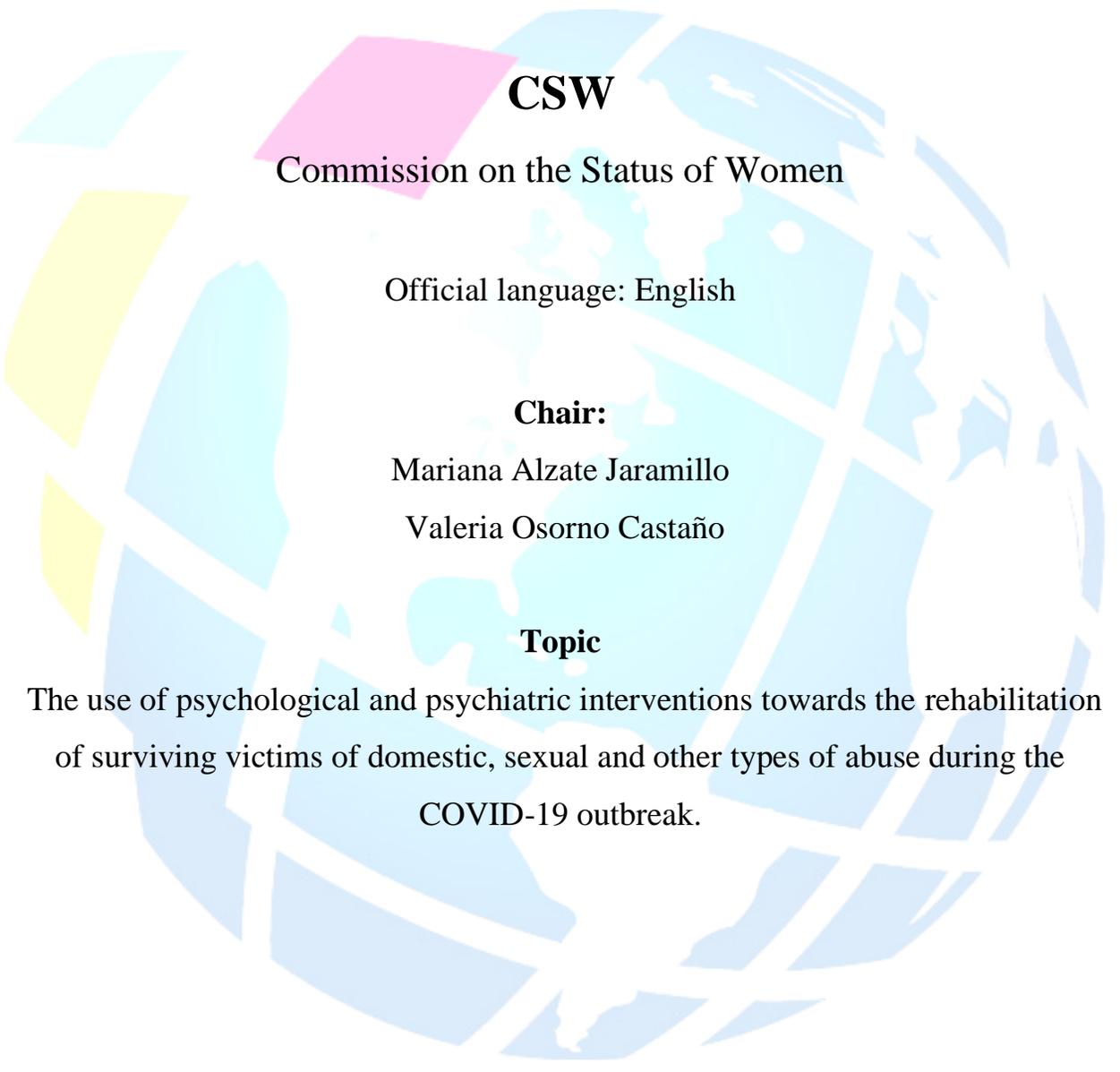


MISMUN 2020



CSW

Commission on the Status of Women

Official language: English

Chair:

Mariana Alzate Jaramillo

Valeria Osorno Castaño

Topic

The use of psychological and psychiatric interventions towards the rehabilitation of surviving victims of domestic, sexual and other types of abuse during the COVID-19 outbreak.

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1. Welcoming letter

Distinguished delegates,

It is an honor for us, Mariana Alzate from 11th grade, and Valeria Osorno from 9th grade to be presiding over the Commission of the Status of Women (CSW) during MSMUN 2020.

Women's rights and gender equality are topics that both of us are passionate about and consider of utmost importance, having grown up in a society where we have been able to experience both the advancements made and the ongoing struggles, where we celebrate our victories and fight to overcome our defeats.

This commission can be a great space for rookies to start their journey and hopefully discover a hidden love for debating and investigating, as well as for experienced delegates to open their eyes to new perspectives, ideas and experiences. Nevertheless, good academic preparation, understanding of the topic and a good attitude are expected from you.

Please don't hesitate to contact us and ask for help with anything you need. We hope you enjoy this committee as much as we do. Without further ado, welcome to MSMUN 2020.

Mariana Alzate Jaramillo

Valeria Osorno Castaño

CSW Presidents

2. United Nations Commission on the Status of Women

2.1 About CSW/What it stands for

According to the CSW's webpage and the UN, The Commission on the Status of Women (CSW) is the main intergovernmental body at a global level that is solely dedicated to the practice of gender equality and the empowerment of women of all backgrounds. It was established as a functional commission of the Economic and Social Council (ECOSOC) by Council resolution on June 21st, 1946.

The CSW is absolutely crucial to the expansion and implementation of modern-day women's rights as well as shaping and acting upon standards on gender equality and the empowerment of women in all different religious and cultural beliefs.

2.2 History of the Commission

50 years after the creation of the CSW, ECOSOC through the resolution 1996/6, expanded the Commission's mandate and decided that it should take a leading role in monitoring and reviewing progress and problems in the implementation of the Beijing Declaration and Platform for Action, and in mainstreaming a gender perspective in UN activities.

UN Women supports all aspects of the Commission's work and facilitates the participation of civil society representatives.

2.3 Methods of Work

Since the year 1987, The CSW holds a two-week-long annual session where priority themes of discussion and action are chosen.

During the Commission's yearly session (which lasts 2 weeks), representatives of UN Member States joined by civil society organizations and UN entities assemble at UN headquarters in New York where they deliberate about the progress that has been made and the existing gaps in the carrying out of the 1995 Beijing Declaration and Platform for Action, as well as developing or emerging issues that might be considered a threat for the rightful development of gender equality and the empowerment of women. Member States reach a consent on further operations and modification to accelerate progress and promote women's enjoyment of their rights in all fields including political, economic and social. The outcomes and conclusions reached during each of the sessions are shared with ECOSOC for follow-up.

2.4 Member States

The CSW is at all times made up of Forty-Five member states, not more, not less but this doesn't mean that any other states that are not current members cannot support or have an alliance with the commission. The members are selected by the Economic and Social Council on the basis of equitable and fair geographical distribution. With that in mind, The CSW has reached the following distribution

- 13 members from Africa
- 11 members from Asia
- Nine members from Latin America
- Eight members from Western Europe and other States
- Four members from Eastern Europe

2.5 Situation Today

When a Member State is selected, it is elected for a term of 4 years which starts at the first meeting of the session, each country participates in and concludes at the end of the last meeting of the session.

The following list shows the current Member States of the CSW and the year in which the term as a member of the CSW of each country expires:

1. People's Democratic Republic of Algeria - 2022
2. Republic of Armenia - 2023
3. Commonwealth of Australia - 2023
4. Kingdom of Bahrain - 2021
5. People's Republic of Bangladesh - 2023
6. Republic of Belarus - 2023
7. Federative Republic of Brazil - 2020
8. Canada - 2021
9. Republic of Chile - 2021
10. The People's Republic of China - 2021
11. Union of Comoros - 2022
12. Democratic Republic of the Congo - 2022
13. Republic of Cuba - 2023
14. Republic of Ecuador - 2022
15. Republic of Equatorial Guinea - 2023
16. State of Eritrea - 2020
17. Republic of Estonia - 2021
18. Federal Republic of Germany - 2023
19. Republic of Ghana - 2022
20. Republic of Guatemala - 2020
21. Republic of Haiti - 2022
22. Republic of Iraq - 2022
23. Republic of Ireland - 2021

24. State of Israel - 2021
25. State of Japan - 2022
26. Republic of Kenya - 2022
27. State of Kuwait - 2020
28. Federation of Malaysia - 2023
29. Republic of Namibia - 2021
30. Republic of Nicaragua - 2022
31. Republic of the Niger - 2021
32. Federal Republic of Nigeria - 2020
33. Kingdom of Norway - 2020
34. Republic of Peru - 2021
35. State of Qatar - 2020
36. Republic of Korea - 2022
37. Russian Federation - 2020
38. Kingdom of Saudi Arabia - 2022
39. Republic of South Africa - 2023
40. Togolese Republic - 2023
41. Republic Trinidad and Tobago - 2020
42. Republic of Tunisia - 2021
43. Republic of Turkmenistan - 2022
44. United Kingdom of Great Britain and Northern Ireland - 2020
45. United States of America - 2023



3. Topic: The use of psychological and psychiatric interventions towards the rehabilitation of surviving victims of domestic, sexual and other types of abuse during the COVID-19 outbreak.

3.1: History of the topic

Abuse is formally defined by the Oxford Dictionary (2020) as "the unfair, cruel or violent treatment of somebody". This can be further divided into the six main types of abuse known today, which according to an organization called Women Against Abuse, these are physical, psychological, economic, cultural, sexual and verbal (Women Against Abuse, 2019). Abuse is also classified depending on its victim and/or their situation, hence the terms such as child, elder and domestic abuse. Both types of classification (by the action and the victim) are often used together in order to understand the severity of the situation, which will affect the legal outcome in case the abuser is properly reported to authorities (e.g.: psychological child abuse).

- Psychological Abuse: also called emotional abuse, this form of mistreatment manifests itself through words. The abuser will constantly degrade, insult, shame, manipulate and intimidate its victim. This kind of abuse is especially common in couples and children.
- Physical Abuse: this kind of abuse is the most easily spotted, given most of its signs are physical. The aggression may range from punching and kicking to burning and forced substance use.
- Economic Abuse: also called financial abuse, this behavior constitutes the extreme controlling of someone's finances and property. It is usually accompanied by psychological or physical aggression as ways of further affecting the victim's use of their means. Destroying property is also a form of financial abuse.
- Cultural Abuse: often classified as hate crimes, cultural abuse is the manifestation of any form of mistreatment based on a bias against a specific culture, gender identity, sexual orientation, race, etc.
- Sexual Abuse: the act of forcing the victim or victims into non-consensual sexual acts that can range from groping to intercourse. Crimes such as rape and human trafficking are the most common examples.

Abuse may also escalate to the point where it is considered a hate crime. According to the FBI, a hate crime is "a criminal offense against a person or property motivated in whole or in part by an

offender's bias against a race, religion, disability, sexual orientation, ethnicity, gender, or gender identity" (Federal Bureau of Investigation, 2016). Though it is more common for hate crimes to take the form of more extreme actions such as arson, murder or vandalism, it is not unheard-of cases where a form of abuse inflicted on an individual or group of individuals can also be formally classified as such. One of these cases was as recent as December of 2019, when two American men were found guilty in Dallas, Texas, for luring out gay men with the app "Grindr" in order to then sexually assault and rob them, even holding the victims at gunpoint (US Department of Justice, 2019).

Countless cases of abuse date centuries back, however, the laws regarding mistreatment as they're known today are fairly recent. In 1920 the United States made it illegal for a husband to beat their wife; however, it was as late as 1989 that beating a child as punishment was also banned. Other cases of well-known laws with recent dates include:

- In 2003, New Zealand decriminalized prostitution, giving sex workers the same rights and insurance as the rest of its workforce.
- In 2008, the United Kingdom made it illegal to encourage and carry out hate crimes against the LGBT+ community. (BBC, 2019)
- In 2017, the Australian Parliament passed a bill to legalize same-sex marriage.

According to Psychiatrist Steven Reidbord on Psychology Today, psychiatry was named and recognized as a medical field in the 1800s, and during its early years, the studies focused on patients confined to asylums, which were usually psychotic and considered manic. Anyone who was deemed as "minimally functional" was not taken into consideration for the studies. Neurologist Sigmund Freud developed "psychoanalysis" as the first treatment for psychiatric outpatients (individuals who require less than a 24-hour stay in a mental facility) based on his studies and theories on the unconscious origins of mental conditions. Through the 20th century, psychoanalysis received divided feedback: while in various cases it seems to work vigorously, it seemed a similar number reported how it didn't have much effect on the patient. By the 1960s, anti-psychosis and antidepressant medications such as Thorazine started to take over the psychiatric industry as a new means for treatment, which triggered in the United States what is known as "the deinstitutionalization movement," which consisted of a large number of inpatients

being rehabilitated into society, which led to many asylums to become state-run community mental centers.

In 1952, the American Psychiatric Association released the Diagnostic and Statistical Manual (DSM) of Mental Disorders first edition, later receiving a second edition in 1968, and a third in 1980 (today the DSM is in its fifth version, a link is provided in the Resources section of the guide). By this time, psychoanalysis was starting to be seen as unscientific, and so, started to decline, while its pharmaceutical counterparts proved to be highly effective in nearly all cases. In 1987, a new kind of antidepressant, known as Selective Serotonin Reuptake Inhibitors (SSRIs) and atypical neuroleptics were released to the market and were rapidly increasing in popularity due to their being even more efficient in the treatments than their predecessors. The 1990s were nicknamed by the National Institute of Mental Health (NIMH) as the “decade of the brain” due to the rapidly advancing research on said organ. In 1994, the DSM-4 was published.

In the 2000s, there were no new psychiatric medications discovered. SSRIs were found to increase suicidal behavior and atypical neuroleptics were found to have various side effects such as weight gain and increased diabetes risk. Though research began to take place again, no major advancements took place. In 2013, DSM-5 was published, it immediately received backlash due to its “medical bias” and though it was amended in later years, the reputation of psychiatry was forever affected by this event. Psychology (or psychotherapy) was starting to rise again as a means to get to know a patient’s symptoms through a more personal point of view or as the term itself explains, through the study of the psyche rather than the medical condition.

In the 2010s decade, however, new advancements such as the development of “mental health apps” started to rise to the market, which according to the NIMH has raised both opportunities and concerns as to what is to be expected in the future of mental health. (NIMH, 2019).

Throughout the years, the connection between these two topics has been clear: the risk of a mental disorder greatly increases in those who have been victims of some kind of abuse. The most common conditions being:

- Anxiety disorders: according to the Mayo Clinic, anxiety disorders are characterized by a person’s repetitive episodes of worry and terror of everyday situations (Mayo Clinic, 2019). One of the most common mental disorders,

around 264 million people were reported to be suffering from them by the World Health Organization (WHO, 2017).

- Depression: The Mayo Clinic defines depression as “a mood disorder that causes a persistent feeling of sadness and loss of interest.” (Mayo Clinic, 2019). Common symptoms include emotional outbursts, detachment from the person’s surroundings, sleep and dietary disturbances, and lack of energy. If left unchecked, depressive disorders may lead the patient to become suicidal. The WHO reported over 322 million cases of depression in 2017 (WHO, 2017).
- Post-Traumatic Stress Disorder: This condition is triggered after a traumatic event, causing the individual to have constant flashbacks, nightmares, anxiety and depression, all correlated to the scarring event, as stated by the Mayo Clinic (2019). This condition may last from weeks to years on end if left unchecked. According to an article in The Recovery Village, over 277 million people suffer from PTSD (Hull, 2019).

When someone has been a victim of abuse, especially in more severe cases such as that of human trafficking and hate crimes, it is not uncommon for said victim to find themselves basically unable to properly function again in everyday society. Some of the abused become abusers themselves without realizing it, this is especially seen in those who were victims of child abuse and have raised their own children in a similar way than that one they were raised with because it is the only way they know.

3.2 Situation Today

In 2013, the World Health Organization released its Mental Health Action Plan 2013-2020, with four main objectives for nations to take into account the importance of mental health in addition to people’s physical health. The four objectives are, as listed in the WHO’s official site:

- More effective leadership and governance for mental health.
- The provision of comprehensive, integral mental health and social services in community-based settings.
- The implementation of strategies for promotion and prevention.

- Straightened information systems, evidence and research.

In this committee, the focus will be on the second goal, furthering it down to women who have been victims of abuse and are in dire need to rehabilitate to society.

The document further explains the course of its action plan based on six “cross-cutting principles and approaches” (WHO, 2013):

- 1. Universal health coverage:** essential health care and social services are to be made available to everyone regardless of race, gender identity, age, ethnicity, sexuality, etc.
- 2. Human rights:** all mental health actions taken must be compliant to the Convention on the Rights of Persons with Disabilities, as well as other human rights instruments including regional and international.
- 3. Evidence-based practice:** all mental health practices must be based on scientific evidence, taking into account cultural differences.
- 4. Life-course approach:** all approaches must take into account the medical and social needs depending on age: from infancy to old age.
- 5. Multisectoral approach:** a partnership with public and private sectors of the region, such as education, health, housing, judicial, among others is necessary for appropriate intervention.
- 6. Empowerment of people with mental disorders and physiological disabilities**

It is important to take into account how women are more prone to suffering from a mental disorder as well as being abused. According to the National Domestic Violence Hotline, around 1 in 4 women have been abused physically, compared to around 1 in 7 men; 1 in 5 women have been raped in their lifetime while 1 in 71 men have; and around 4 out of 5 victims of intimate partner violence are female (NDVH, nod). The World Health Organization estimates that over 35%, or 1 in 3 women worldwide have experienced a form of abuse in their lives (WHO, 2017).

Nevertheless, the WHO estimated in 2001 that over two-thirds of those with a mental illness go untreated, due to factors such as stigmas regarding mental health, discrimination, and unavailability of services. (WHO, 2001), and it is now in 2020 that in most countries, the statistics haven't changed; for example, in the United States, over 43% of Americans with mental conditions are untreated, as shown by the National Institute of Mental Health (NIMH, 2017).

Despite the WHO's Plan for improving access to mental healthcare as part of essential healthcare programs, it is clear that little progress has been made, in fact, the number of people with mental conditions is continuously going up, with young women between the ages of 18-25 being the most affected. The reasons for depression and mental illnesses don't have a reliable statistic, given various factors such as a patient's privacy about their situation, and the lack of actually diagnosed people (which goes back to the topic of how many are left untreated), and when it comes to women, it is even less likely for a reliable conclusion, considering the vast number of abuse cases that go unreported, especially those of sexual abuse.

Nonetheless, it is not far from the truth that many of the causes of mental illnesses are due to the high rates of abuse around the globe. With tensions rising between countries, such as the US-Iran situation, or ongoing conflicts in nations such as Syria or Venezuela, the problem regarding mental health is worsening. Unsafe environments lead to stress, fear, anxiety, and a much higher risk of getting a mental illness; and with the already alarming chances of assault getting higher due to the hazardous surroundings, the struggle is becoming an uphill battle for most nations.

In December 2019 a new, mutated specimen of the Coronavirus family appeared in Wuhan, China. First reaching Japan and eventually spreading out worldwide, the COVID-19 became a pandemic on March 11, 2020. Currently, most of the world is on lockdown and/or quarantined to prevent the spread of the deadly virus. There have been almost 300,000 deaths from the 4 million cases.

These quarantine orders, though they have proven efficient in fighting the virus, have brought high levels of decaying mental health among all age groups, as well as alarming rises in the statistics of abuse (particularly domestic abuse). Given the closing of many facilities and hotlines due to lockdown, many women who find themselves in abusive households are unable to reach out for help, and the problem for those who are able to reach out is risking either being infected of the virus or having nowhere to go to once they're out of their homes.

It is important to take into account that laws against abuse already exist, but they have proven inefficient and are easily broken; therefore, the focus of this committee is to focus on the already surviving victims and their rehabilitation into society, for most victims find themselves helpless once again after escaping their captivity (See QARMAS for key points to investigate).

3.2.1 Situation today during the Covid-19 outbreak:

The situation of mandatory isolation that has been implemented in most countries at a worldwide level has proven to have worsened and triggered the increase in the cases of domestic violence (mostly directed towards women) reported given the fact that numerous amounts of women are quarantined with an abuser and this factor makes them much more vulnerable and prone to suffer abuse. According to The New York Times, this drastic increase in cases has led for The United Nations to call for urgent action to combat the worldwide surge in domestic violence. “I urge all governments to put women’s safety first as they respond to the pandemic” Secretary-General António Guterres wrote on Twitter.

This devastating situation can be evidenced by the following statistics:

An article published by the World Health Organization states:

- “[...] reports from China, the United Kingdom, the United States, and other countries suggest an increase in domestic violence cases since the COVID-19 outbreak began.”
- “The number of domestic violence cases reported to a police station in Jingzhou, a city in Hubei Province, tripled in February 2020, compared with the same period the previous year.”

Retrieved from: <https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf>

According to an article published by BlakanInsight: “The Animus Association, one of the oldest organizations providing support and shelter to domestic abuse victims, said it had received more than 550 calls to its hotline since January 1, a significantly higher rate than normal”

Retrieved from: <https://balkaninsight.com/2020/04/21/covid-19-and-domestic-abuse-when-home-is-not-the-safest-place/>

According to WHO, these are the main ways and factors in which the Covid-19 outbreak exacerbate risks of violence for women.:

- Stress, the disruption of social and protective networks, and decreased access to services can all exacerbate the risk of violence for women.
- As distancing measures are put in place and people are encouraged to stay at home, the risk of intimate partner violence is likely to increase. For example:
 - The likelihood that women in an abusive relationship and their children will be exposed to violence is dramatically increased, as family members spend more time in close contact and families cope with additional stress and potential economic or job losses.
 - Women may have less contact with family and friends who may provide support and protection from violence.
 - Women bear the brunt of increased care work during this pandemic. School closures further exacerbate this burden and place more stress on them.
 - The disruption of livelihoods and the ability to earn a living, including for women (many of whom are informal wage workers), will decrease access to basic needs and services, increasing stress on families, with the potential to exacerbate conflicts and violence. As resources become scarcer, women may be at greater risk for experiencing economic abuse.
 - Perpetrators of abuse may use restrictions due to COVID-19 to exercise power and control over their partners to further reduce access to services, help, and psychosocial support from both formal and informal networks.
 - Perpetrators may also restrict access to necessary items such as soap and hand sanitizer.
- Access to vital sexual and reproductive health services, including for women subjected to violence, will likely become more limited.
- Other services, such as hotlines, crisis centers, shelters, legal aid, and protection services may also be scaled back, further reducing access to the few sources of help that women in abusive relationships might have.”

Retrieved from: <https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf>

3.3: Nation's pronounces towards the topic

United States President Donald Trump made a speech in December of 2019 at the White House Mental Health Summit, where he mostly talked about the deinstitutionalization movement and how he thought the country had “made a lot of progress in a short period of time.” (Trump, 2019). The topic of homeless people with mental illnesses is also taken into account throughout the speech, mentioning how they are in need of more mental institutions given the fact many of the homeless suffer from severe mental illnesses. (a link to the full speech is listed in the resources section)

The UK's Prime Minister Boris Johnson wrote an article for the Telegraph in July of 2019 where he stated it was possible to improve mental health and the economy at the same time. He writes about late Prime Minister Winston Churchill's own battle with depression and how work was a coping mechanism for him. Johnson then stated: “Yes, it is work that sometimes stresses us out, and work that causes anxiety; but it is also working that can absorb us and take us out of ourselves until the clouds have gone. If work is the cause, it is also part of the cure.” (Johnson, 2019). However, Johnson has also received a lot of backlash not only for this article, but for a statement done during his first Facebook Live where he linked mental health directly to violent crime: “I've been doing a lot in the last few days about crime, trying to tackle crime, but so many of the problems of crime and youth crime and youth violence and indeed crime of all kinds, are associated with mental health problems.” (Johnson, 2019). While Britain's mental health services have improved over the years, as seen in various statistics such as those cited in Johnson's own article, it is evident that the public is still widely dissatisfied, and with the prospect of Brexit coming up by the end of January 2020 alongside the fear of a collapsing economy, the UK's mental health sector is something that needs to be further worked on.

The People's Republic of China finds itself receiving a great number of different responses due to their concentration camps regarding Uighur Muslims. Those who have escaped have reported

violations to all their human rights, from being beaten up and having their hair shaved off, to being forced to chant praises to the Chinese government, to receiving drug injections to sterilize them, as reported by the BBC on November 2019. But even for those who are not retained, the Chinese delegation has reported large numbers on mental health problems, and it is estimated that the vast majority of them are directly caused by the harsh work conditions many Chinese residents face in their daily lives. However and according to the China Briefing, mental health care investment by the government has begun to improve.

The Republic of Finland has been known as “the happiest country in the world” alongside three other nations: Denmark, Norway and Iceland. It is stated by the World Economic Forum that Finland has achieved a great mental healthcare for its people due to various factors including a social safety net, personal freedom and a healthy work-life balance; and mentioning how even if the country doesn’t have the highest GDP of its European neighbors, it has made more advancements towards a safe environment and to better quality of life (Broom, 2019).

4. QUARMAS

1. What conditions does your country classify as mental disorders? Does your country follow a specific list by an organization, or does it have its own?
2. What is the most common type of abuse in your country and how do the government or laws handle the situation?
3. Is gender segregation promoted by the country’s government or laws?
4. Did your country adopt the WHO’s Mental Health Plan of 2013-2020? If so, how has it applied the practices and strategies mentioned in the document?
5. How has the government of your country responded to the rise of abuse during quarantine, and how does it plan to handle it once the situation is over?
6. Why is the topic of abuse and rehabilitation so relevant for your country during this pandemic?
7. What are your country's statistics on abuse before and after the COVID-19 outbreak?

5. References

- **American Psychiatric Association official website**

This is the official website of the American Psychiatric Association regarding the DSM-5, including the disorders listed, the updates in this edition, and a link to purchase the book itself (it is not available as a downloadable pdf)
<https://www.psychiatry.org/psychiatrists/practice/dsm>

- **WHO's Mental Health Action Plan**

In the following website, the World Health Organization has information on statistics and symptoms regarding various mental disorders, as well as information on its Mental Health Action Plan: <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>

- **Mayo Clinic home website**

The Mayo Clinic is a great resource for any medical condition, whether physical or mental. Given the medical focus of this committee, the Mayo Clinic is a great source of information for both topics. <https://www.mayoclinic.org>

- **Remarks by President Trump at the White House Mental Health Summit**

Here you will find Trump's full speech regarding Mental Health in the United States in December of 2019
<https://www.whitehouse.gov/briefings-statements/remarks-president-trump-white-house-mental-health-summit/>

- **Boris Johnson Regarding Mental Health and UK Economics**

British Prime Minister Boris Johnson's full article for the Telegraph (please note for reading the full work you may be asked to create a free account for the website)
<https://www.telegraph.co.uk/news/2019/07/14/can-improve-mental-health-save-money-boost-economy-one-go/>

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