

**Mandates of the the Special Rapporteur on the rights of persons with disabilities; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and the Special Rapporteur on the promotion and protection of human rights and fundamental freedoms while countering terrorism**

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Ms. Michou,

We are sending this letter under the communications procedure of the Special Procedures of the United Nations Human Rights Council. Special Procedures mechanisms can intervene directly with governments and other stakeholders on human rights issues of concern that come within their mandates by means of letters, which include urgent appeals, allegation letters, and other communications. The process involves sending a letter to the concerned actors identifying the human rights issues of concern, applicable international human rights norms and standards, the concerns and questions of the mandate-holder(s), and a request for follow-up action. Communications may deal with individual cases, general patterns and trends of human rights violations, cases affecting a particular group or community, or the content of draft or existing legislation, policy or practice considered not to be fully compatible with international human rights standards.

In this connection, we would like to bring to your attention, in your capacity as the Director-General for Migration and Home Affairs of the European Commission, our concern related to a paper entitled "Understanding the mental health disorders pathway leading to violent extremism", published by the Radicalisation Awareness Network (RAN) Centre of Excellence and the RAN Health and Social Care Working Group on 19 March 2019, which aim to establish the relationship between people with "specific neuropsychiatric disorders like autism spectrum disorder or schizophrenia" and "violent extremism".<sup>1</sup> This paper is available at the European Commission's Migration and Home Affairs website.<sup>2</sup>

To this respect, we wish to express our serious concern regarding the focus of this research and its possible impact in reinforcing the existing stereotypes, prejudices and harmful practices against persons with psychosocial disabilities and autistic persons. We are further concerned at the European Commission's decision to allocate funding to conduct and disseminate this research.

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<sup>1</sup> Jordy Krasenberg and Lieke Wouterse, "RAN EX POST PAPER. Understanding the mental health disorders pathway leading to violent extremism", RAN Centre of Excellence & RAN H&SC, 13 March 2019, Turin, Italy.

<sup>2</sup> [https://ec.europa.eu/home-affairs/what-we-do/networks/radicalisation\\_awareness\\_network/ran-papers/ran-hsc-understanding-mental-health-disorders-pathway-leading-violent-extremism-turin-13\\_en?pk\\_campaign=paper13Mar19&pk\\_source=facebook&pk\\_medium=social](https://ec.europa.eu/home-affairs/what-we-do/networks/radicalisation_awareness_network/ran-papers/ran-hsc-understanding-mental-health-disorders-pathway-leading-violent-extremism-turin-13_en?pk_campaign=paper13Mar19&pk_source=facebook&pk_medium=social) (acceded 25 July 2019)

Ms. Paraskevi Michou  
Director-General for Migration and Home Affairs of the European Commission.

As the Special Rapporteur on the Rights of Persons with Disabilities noted in her recent report, stigma often lies at the root of the various forms of human rights violations experienced by persons with disabilities, including deprivation of liberty (A/HRC/40/54). A central aspect of the prejudice against persons with psychosocial disabilities is the baseless belief that they are prone to violence. This assumption has significantly increased over the last decades, fuelled by negative media coverage that emphasizes a psychiatric history of a perpetrator or, failing that, speculates about an “untreated” diagnosis.<sup>3</sup>

The stereotype of dangerousness has proven to be wrong and research has shown that persons with psychosocial disabilities are actually more likely to be victims of violence.<sup>4</sup> There is no evidence to indicate the relationship suggested between mental conditions and violent extremism. As concluded by the Special Rapporteur on the Right to Physical and Mental Health: “Persons with psychosocial disabilities continue to be falsely viewed as dangerous, despite clear evidence that they are commonly victims rather than perpetrators of violence” (A/HRC/35/21, para.25). In parallel, the Special Rapporteur on the promotion and protection of human rights and fundamental freedoms while countering terrorism has consistently underscored that the primary factors that have been identified by robust and empirically validated research to produce cycles of violent extremism, including terrorism, include violations of human rights and poor governance (A/HRC/40/52, para. 12).

We are concerned at the predominance given to the biomedical approach throughout the paper and at the central role granted to the diagnosis of mental “disorders”. In this regard, we would like to point the observation made by the Special Rapporteur on the Right to Physical and Mental Health about diagnostic tools which “continue to expand the parameters of individual diagnosis, often without a solid scientific basis.” (A/HRC/35/21, para.18) He warns that “the overexpansion of diagnostic categories encroaches upon human experience in a way that could lead to a narrowing acceptance of human diversity” (A/HRC/35/21, para.18) and stresses the important role of psychiatry and psychiatrists in preventing discrimination and stigma of persons with psychosocial disabilities and with autism. He highlights that “measures are needed to ensure that their professional practices do not perpetuate stigma and discrimination” (A/HRC/35/21, para.47). Moreover, the Special Rapporteur on the promotion and protection of human rights and fundamental freedoms while countering terrorism has warned about the danger of the misuse of inappropriate and pedagogically unsound methodologies to ‘diagnose’ and manage persons charged with crimes of terrorism or violent extremism (A/HRC/40/52/Add.5, paras. 31-32) including but not limited to custodial settings.

Furthermore, the paper fails to provide any evidence to support the alleged link between mental conditions and violent extremism. It recognizes the limitations of the

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<sup>3</sup> J.P. Stuber and others, “Conceptions of mental illness: attitudes of mental health professionals and the general public”, *Psychiatric Services*, vol. 65, No. 4 (2014), pp. 490–497

<sup>4</sup> S. Desmarais, “Community violence perpetration and victimization among adults with mental illnesses”, *American Journal of Public Health*, vol. 104, No. 12 (2014), pp. 2,342–2,349.

research which includes: “sample size, the nature of the link, under-diagnosis and a lack of access to data.” (p. 3) and stresses that “most studies to date of individuals with ASD involved with the criminal justice system have focused on men and very little is known of the socio-economic status or ethnicity of offenders with ASD.” (p. 3). At the end, the RAN paper itself concedes that “there is no clear connection between mental health disorders and terrorism” (p. 2) and the evidence for a potential link is ultimately anecdotic.

Nevertheless, the paper refuses to dismiss “mental health disorders as a risk factor leading people on the path to violence or violent extremism” based on a series of stereotypes and reductive criteria, including “social naivety”, “lower IQ” and “psychotic ideation”.

We would like to recall that there is an urgent need to shift the public narrative about violence and persons with disabilities. The faulty assumption that persons with psychosocial disabilities and autistic persons are prone to violence and violent extremism negatively impacts on how service providers, the police and the general public react in situations involving them, leading to social isolation, discrimination, coercive practices and even death.<sup>5</sup> Moreover, ill-conceived and poorly correlated research may bring attention away from the much needed work by States to address the conditions conducive to the production of violent extremism and terrorism.

In connection with the above concerns, we would like to remind you that the European Union is party to the Convention on the Rights of Persons with Disabilities (CRPD) since 22 January 2011. Moreover, all the 28 Member States of the European Union have ratified the CRPD. Under article 8 of the CRPD, the European Union is obliged to adopt immediate, effective and appropriate measures: (a) to raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities; (b) to combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life; and (c) to promote awareness of the capabilities and contributions of persons with disabilities.

This obligation is related to article 5 (equality and non-discrimination), article 12 (equal recognition before the law), article 14 (liberty and security of persons) and article 15 (health) of the CRPD. The denial or restriction of rights on the basis of perceived dangerousness of persons with disabilities is contrary to the CRPD.

Furthermore, parties to the CPRD recognize under article 32 (international cooperation) of the CRPD, the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the

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<sup>5</sup> S. Krishan and others, “The influence of neighbourhood characteristics on police officers’ encounters with persons suspected to have a serious mental illness”, *International Journal of Law and Psychiatry*, vol. 37, No. 4 (2014), pp. 359–369; and K. Gendle and J. Woodhams, “Suspects who have a learning disability: police perceptions toward the client group and their knowledge about learning disabilities”, *Journal of Intellectual Disabilities*, vol. 9, No. 1 (2005), pp. 70–81.

CRPD, and must undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. In this regard, parties to the CRPD should refrain from allocating funding to interventions infringing the rights of persons with disabilities, and actively involve and consult with persons with disabilities and their representative organizations in the allocation of resources. We would also like to refer to the Secretary-General's Plan of Action to Prevent Violent Extremism adopted in February 2016 which mandates that any measures taken to address terrorism and violent extremism must be compliant with the human rights obligations of States.

The full texts of the human rights instruments and standards recalled above are available on [www.ohchr.org](http://www.ohchr.org) or can be provided upon request.

We would appreciate if you can provide more information related to steps the Directorate-General for Migration and Home Affairs of the European Commission has taken to address disability issues in its activities and how representative organizations of persons with disabilities are being involved. We stand available to engage further with your directorate-general in this process under a constructive dialogue.

This communication, as a comment on a policy and any response received will be made public via the communications reporting [website](#) within 48 hours. They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

Please accept, Ms. Michou, the assurances of our highest consideration.

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Special Rapporteur on the rights of persons with disabilities

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

Fionnuala Ní Aoláin  
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