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**Questionnaire: Sexual and reproductive health and rights of**

**girls with disabilities**

1. **Context**

For her next report to the General Assembly, 72nd session, the Special Rapporteur on the rights of persons with disabilities, Ms. Catalina Devandas Aguilar, intends to focus on the sexual and reproductive health and rights of girls with disabilities.

The Special Rapporteur is currently carrying out the research work and invites Governments, National Human Rights Institutions, independent monitoring mechanisms, civil society organizations and networks, including organizations of persons with disabilities, and other relevant stakeholders, to contribute by submitting replies to the questionnaire below.

Due to limited capacity for translation, we kindly request that you submit your answers, if possible, in English or Spanish and, no later than 20 May 2017. Please keep your responses concise.

We would be grateful if your submissions, in accessible formats (Word), could be sent electronically to sr.disability@ohchr.org.

For further information, please contact Ms. Alina Grigoras, Associate Human Rights Officer (e-mail: agrigoras@ohchr.org, tel.: +41 22 917 92 89).

1. **Questionnaire**
2. Please provide any information and statistics (including surveys, censuses, administrative data, literature, legal and policy documents, reports, and studies) related to the exercise of sexual and reproductive health and rights of girls with disabilities, with particular focus in the following areas:
* Harmful stereotypes, norms, values, taboos, attitudes and behaviours related to the sexual and reproductive health and rights of girls with disabilities;
* Sex education (in formal and non-formal settings) and access to sexual and reproductive health information;
* Access to child and youth friendly quality sexual and reproductive health services;
* Prevention, care and treatment of sexually transmitted infections;
* Violence against girls with disabilities impacting their enjoyment of sexual and reproductive health rights; and
* Harmful practices, such as forced sterilization and child, early and forced marriage.

There are 1,700,000 women with disabilities living in Italy, about 3.7% of the total population[[1]](#footnote-1). The **Italian National Institute of Statistics** in its 2014 report refers to women with disabilities by referring to: "... **The situation of women with health problems or disability is critical: 36% of those in poor health conditions and 36.6% of those with severe limitations have suffered physical or sexual violence. The risk of rape or attempted rape is double (10% vs. 4.7%) in disabled women than non-disabled ones.**" In Europe, women and girls with disabilities are 46 million people, about 16% of the EU's total female population. It is estimated that about 40% suffer or have suffered violence during their lifetime[[2]](#footnote-2). Human Right Watch estimated that worldwide women with physical or mental disability represents 10% of the female population: 300 million women who are at risk of suffering the same range of abuses of non- disabled women, but whose isolation and dependency amplify the risk of suffering violence, the extent of violence and its consequences[[3]](#footnote-3).

These concerns are the same of Differenza Donna NGO that works in Italy tackling gender-based violence since 1989. There is no full awareness in Italy of the sexual and reproductive rights of women with disabilities. Nor does the Special Action Plan against Sexual and Gender Violence, as requested by the Department for the Equal Opportunities of the Presidency of the Council of Ministers[[4]](#footnote-4), emphasize the specificity of women with disabilities who are victims of violence. In common perception and even from social healthcare workers there is still much obstinacy and prejudice in recognizing the sexuality and maternity of disabled women.

**Stereotypes, norms, values, taboos, and harmful behaviors**

Women with physical, sensory and / or motor disabilities incur in a double discrimination process that discriminates them both as disabled as well as women. The European cultural tradition (and not only) is based on a series of stereotypes, norms and behaviors that do not respect disabled women’s right of self-determination.

Femininity in patriarchal systems has historically been defined according to standards of incompleteness and passivity: the woman is *incomplete* without the presence of the man from whom she depends in a subordinate position.

Therefore, women with disabilities become even more "incomplete" in the eyes of society because they fail in fulfill their tasks and incarnate the roles they culturally and socially are required and they are "dependent" since often disability implies they need of someone else.

For these reasons, women with disabilities are seen by society as an *asexual body*. Most people when in front of a woman with disabilities can only see her as her own handicap and not as a person with rights. In the social imaginary women with disabilities are not capable of enjoying pleasure, having sexual desire and hence sexual relationships, feelings or motherhood. The disabled woman is considered as a *half woman* because she has no choice over her body and over the pleasure of her body.

Disabled women are not recognized by society neither as a *sex object* nor as sexuated subjects. Disabled women’s sexuality is denied, not recognized by family or social context. The disabled woman is the victim of the stereotype that sees her as an *eternal child, desexualized and medicalized.* Women with disabilities are therefore deprived of the choice of their own sexual and reproductive life. This involves a serious breach of human rights.

**Access to information and to sexual and reproductive health care services**

Women with disabilities are considered as a *medicalized body*, a case study, a subject of medicine and science and not a person with rights. Despite the excessive medicalization often encountered for disabled women, the access to sexual and reproductive health information as well as the access to health services are not guaranteed. The right to health for women with disabilities is conditioned by the accessibility to health services. Women with motor disabilities often suffer discrimination when requiring health care services such as mammography and pap-test. During the provision of services they face unsuitable diagnostic tools for those with mobility or balance issues, or the difficulty in maintaining the proper position. A 2013 research of the Italian Union to Fight Muscular Dystrophy (UILDM) conducted through a (non-probabilistic) sample of 61 public health facilities and public health agencies has revealed that 72% of obstetricians / gynecologists do not have a height-adjustable table, making it impossible to women with motor disabilities any gynecological examination. In addition, 91% of doctors executing the gynecological examination did not receive any proper training on the various disabilities or about the phenomenon of gender violence on women with disabilities.

**Prevention, treatment, treatment of sexually transmitted infections, harmful practices and forced sterilization**

Some researches has shown that in many countries is practiced the forced sterilization of disabled women. This issue has recently been the subject of a ruling by the Australian Senate Commission, which, while not prohibiting it, proposes "the creation of more restrictive laws and regulations and the more adequate training of medical staff and family members of people with disabilities”.

In 2009 The European Disability Forum, referring to Articles 16 and 23 of the UN Convention on the Rights of Persons with Disabilities, reaffirmed that forced sterilization is "a form of violence that denies the rights of people with disabilities to have a family, to decide on the number of children they may want to have, to access to correct information on family planning and reproductive life, and live their fertility on the same basis of other people. "

In Italy there are no data about this particular issue, but we have come to the notice of some judgments we herein enclose. Differenza Donna NGO encourages, disabled women and girls towards a path of awareness of their own body, of their femininity through focus groups. In our experience, we supported women who were given contraceptives without explaining to them its function. Healthcare professionals contacted by our organization justify the administration of the contraceptives with the fact that women and girls have more sexual freedom, that women with intellectual disabilities are more susceptible to sexual assault and thereby the risk of contracting sexually transmitted diseases such as HIV it is increased.

Forced or coercive sterilization is very often done through the use of the *Depo-Provera* hormone contraceptive which has several contraindications and whose prolonged use leads to anorexia. The administration takes place through injections and the duration of the effect is for three years. If it lasts longer, it leads to sterilization of the woman. We do not have scientific data, there are no data to cross but through some interviews we came to know that it is also used in Italy.

In addition to forced sterilization, early and / or forced marriage and female genital mutilation breach the Istanbul Convention (Articles 38 and 39).

Differenza Donna has hosted at one of the antiviolence shelter it runs a woman with cognitive disability as a victim of forced marriage by her father. The father sold his daughter in order to get her husband the residency permit.

**Violence against women with disabilities**

Gender violence constitutes the first cause of death or disability for women between the ages of 15 and 44[[5]](#footnote-5). The UN Convention on the Rights of Persons with Disabilities in Article 6 (Women with Disabilities) put a particular emphasis on women with disabilities, recognizing them as people exposed to violence, ill-treatment and abuse, and recommending the Member States to take administrative and legislative measures to identify and report acts of violence (Article 16), with the guarantee of access to social protection services (Article 28).

Women With Disabilities Australia[[6]](#footnote-6) notes that 90% of women with intellectual disabilities have been subjected to sexual abuse over the course of their lives, more than two-thirds (68%) have been abused before 18 years of age. Disabled women's sexual victimization rates range from four to ten times more than other women; Disabled women are more likely (40%) to be victims of domestic violence than women with no disabilities.

Some studies conducted in the United States and in Great Britain have shown that women with disabilities are at greater risk of domestic and sexual abuse by personal assistants, family members, partner, friends or professionals, and for a longer period of time[[7]](#footnote-7).

The Italian National Institute of Statistics states that the risk to be sexually assaulted or its exempt it is doubled for disabled women.

By our experience, we know that 85% of disabled women has been sexually assaulted.

Risk factors for violence in women with disabilities that make them more vulnerable are:

1. **Negative attitudes towards women with disabilities**
2. **Social isolation**
3. **Lack of accessibility to transport**
4. **Absence of autonomy for care and assistance**
5. **Communication barriers**
6. **Condescending by women with disabilities**
7. **Lack of awareness of healthy relationship**
8. **The severity of impairment linked to disability**
9. **Her gender**
10. **Lack of resources or the knowledge of the existing resources**
11. **Poverty**
12. **Lack of control of their own goods**
13. **When reporting the violence suffered disabled women perceive not to be believed because of the disability**

**The theme of the connections and interrelations between gender and disability is a complex phenomenon, still underdeveloped despite its numerical importance.**

Important factors affect the tendency for women with disabilities to be exposed for longer periods of time than women without disabilities: disability is often used by those who commit violence to strengthen their power by accentuating the state of vulnerability and isolation of woman. It is of crucial importance to examine that particular type of *care relationship due to the disability condition* that makes a disabled person dependent on others. Satisfaction with the primary needs of disabled people is often entrusted to another person. For the disabled person the fear of no longer receiving that support, the fear of not being believed or being interpreted as "person with a mental ill " stops her in starting a complaint. It is not easy to report such abuses. Women with disabilities totally depend on those who have perpetrated violence and the fear of losing the support they need hinders the use of justice, and access to justice is not easy for a lack of awareness of their rights. Women with disabilities can be victims of the same forms of violence as other women, but such violence can have specific characteristics.

There is another kind of violence, which is revealed in negligent care, in neglecting the times of individual primary needs - such as washing, dressing or eating - in controlling and limiting communication with the outside, without listening to personal requests, and limiting the chances to meet with family and friends.

In the '80s and' 90s, the Model of the Power and Control Wheel was developed within the Domestic Violence Intervention Project (Duluth, Minnesota), a useful tool for effectively describing the various forms of violence and related specificity of which women can be victims within the domestic walls. Based on this model, a re-edition was created to examine the nuances that domestic violence can take when it is perpetrated against women with disabilities[[8]](#footnote-8).

1. Please provide information in relation to any innovative initiatives that have been taken at the local, regional or national level to promote and ensure the exercise of sexual and reproductive health and rights of girls with disabilities, and identify lessons learned from these.

In antiviolence shelters Differenza Donna NGO took care of disabled women who developed their disability after having suffered violence. As Operators of the shelters we have been asking why disabled women did not emerge in a large number from our statistics. Therefore, we investigated the social and cultural barriers related to stereotypes and prejudices that prevent women with disabilities from accessing to the shelters.

The first project started in Italy was launched in 2012 in order to answer such question. It is the "**Aurora**" project, realized thanks to Philip Morris Italia on the VGE -PMI Funds, with Differenza Donna training to the members of the Frida Association. The result of the project is enclosed in the "Aurora" publication that we herein enclose. The project has had a national resonance and has brought innovation because it has emerged a very hidden and rooted phenomenon.

In 2014, Differenza Donna NGO launches the "Multiple Discrimination Travelling Helpdesk" to support women with disabilities who are victims of violence with a contribution from the former province of Rome. Thanks to this project, we have built important relationships with associations of people with disabilities and we have organized awareness days for families and focus groups for girls and women with disabilities. Our traveling helpdesk can reach all our places, also the ones attended by disabled women.

**From 2014 until 2016 we have been receiving 42 women.**

Of these women, 85% suffered sexual assault (35 women received by our helpdesk) and the remaining 15% suffered abuses in family or by their parents or by the ex-partner (7 women received by our helpdesk):

**1** suffered a forced marriage

**5** have been hosted by our Antiviolence shelters

**28** have been supported in order to get a reinterpretation of the suffered violence

**6** took part in awareness raising paths against gender-based violence

**12** took part to Focus Groups to investigate in depth opinions and dynamics of violence, in order to create a tool to fight violence, made by women for the women

16 firstly got in touch with us but then they decided to not complete the path

70% of women we are supporting or we had the chance to meet at the focus groups and to raise-awareness groups have a intellective disability, 25% of women have a physical disability and the remaining 5% have both physical and intellective disability.

Local Services address 65% of women to get in touch with us, the remaining 45% get in touch with us autonomously.

94% of disabled women started a legal path against the perpetrator of violence.

30% of disabled women live in a rehabilitation facility, 70% in their own houses.

To Differenza Donna NGO **It is clear that sexual abuse and sexual violence are related to the exercise of oppressive power and not with libido and pleasure.**

Oppressive power is exerted above all on women that are more vulnerable and such vulnerability increases if women live under conditions of marginalization, exclusion, segregation, dependency.

In October 2015 Differenza Donna NGO has been called in the panel of experts at the National Conference on gender-based violence organized by Eriksson in Trento.

As a result of a **research** by Differenza Donna NGO carried out on healthcare workers, as well as on women followed by the travelling helpdesk, the organization organized, in collaboration with the University of Kent, the conference titled **"FERITE DIMENTICATE"** (“*Forgotten Wounds*”, annexed). This pilot research has shown that, in Italy, due to social and cultural barriers related to stereotypes and prejudices , discussion of gender issues related to disability are treated superficially and it also pointed out that gender violence on disabled women is less perceived and that in many cases disabled women are subjected to violence by those who should protect them or take care of them because of the isolation they live in.

In November 2016 at the conclusion of a group work, disabled women have requested to attend with us Operators the great manifestation of the Italian feminist movement NON UNA DI MENO (*No one woman less)* wearing a t-shirt with the words "We are women, us too" and we took part to the tables of the General Assembly. It consisted of discussion boards: violence, right to health, migrant women, etc., and only thanks to the contribution of Differenza Donna emerged from women with disabilities the gap of their own inclusion.

In March 2017, thanks to the funds allocated by the Department for the Equal Opportunities of the Presidency of the Council of Ministers, Differenza Donna NGO has launched the “**AdEle**” project, for the enhancement of support dedicated to women victims of violence with physical, sensory and intellectual disability.

**Work in progress**

Differenza Donna is working on the design of a toolkit of research and intervention at the same time, with the aim of facilitating the emotional recognition of experiences, using the visual channel to encourage the emergence of possible violent experiences and recognize them as such.

1. The data refer to a census made at the social and health services and at residential social welfare centers (Istat 2014). [↑](#footnote-ref-1)
2. Eu Labour Force Survey (LFS) on people with disabilities and long term health problems, 2002. [↑](#footnote-ref-2)
3. Human Right Watch Reports Addressing the Rights of Women and Children with Disabilities, 2012. [↑](#footnote-ref-3)
4. http://www.pariopportunita.gov.it/contro-la-violenza-sessuale-e-di-genere/piano-dazione-contro-la-violenza-sessuale-e-di-genere/. [↑](#footnote-ref-4)
5. UNFPA (United Nation Population Found), State of World Population, Annual Report 2005. [↑](#footnote-ref-5)
6. http://wwda.org.au/ [↑](#footnote-ref-6)
7. Center for Women with Disabilities (Huston, Texas), National Study of Women with Physical Disabilities: Final Report, 1997. [↑](#footnote-ref-7)
8. Wisconsin Coalition Against Domestic Violenze, Power and Control Whrrl: People with Disability and their Caregivers. http://www.ncdsv.org/publications\_wheel.html [↑](#footnote-ref-8)