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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:
* Background

Girls and women with disabilities endure violence, abuse and exploitation twice as often as non-disabled women and girls, over a longer period of time, and they suffer more serious injuries as a result of violence[[1]](#footnote-1). This includes sexual, physical and psychological violence against them occurring within the family and in public and health-care settings. Crisis and humanitarian settings also generate additional risks of sexual trafficking or sexual violence that often affect women and girls with disabilities.

Violations to their rights are frequently institutionalized and regarded as normal, such as a blanket denial of their sexual and reproductive rights that includes lack of access to information, administration of forced contraception and forced sterilization and separation from their children on the basis of their disability.

For instance, in Canada, sexual assault of women with disabilities takes place at a rate twice that of the general population of women. For women with intellectual disabilities and deaf women the rate is higher than that for other women with disabilities. Almost 80% of women with disabilities have experienced physical violence by their intimate partners compared to 29% of women without disabilities, and sexual offences are the most common type of abuse against women with disabilities[[2]](#footnote-2).

* Lack of information and prevention accessible to women and girls with disabilities on sexual and reproductive rights

One of the explanations behind these rights violations is the limited or inexistent access to prevention and information on this topic for women and girls with disabilities. Violence prevention and response programs are largely found to be inaccessible to and not inclusive of women and girls with disabilities. Protection agencies and service providers are not addressing or responding to their specific needs. Often times, gender-based violence and/or gender equity policies do not have specific provisions on women and girls with disabilities.

Inaccessible shelters, health facilities and courthouses compound the situation with limited to no accessible forms of communication such as sign language interpretation or information printed in Braille. Usually these barriers are a result of ignorance and discriminatory attitudes of society and individuals, including health care professionals, police and other service providers.

* Barriers to reporting violence and abuse

When denouncing rights violations, women with disabilities across the globe who report cases of violence and abuse to the police face multiple barriers in accessing justice, seeking violence prevention and response services and exercising their legal capacity. Frequently, violence against women with disabilities is not reported, and if a woman tries to report it, the justice system is inaccessible or officials, including police, do not believe her, do not believe she can viably identify her perpetrator, or do not find her case worthy of investigation[[3]](#footnote-3).

For instance, in some regions of Kenya with high prevalence of gender-based violence women are considered to have a lower status than men, leaving them more vulnerable to gender-based violence, such as rape and domestic violence. When such situations are reported, the traditional reconciliation method involved the men from the affected woman’s family, but not the woman herself. Moreover, this system has rarely included cases involving women and girls with disabilities. This is partially due to the fact that many families, whose one or more members are women or girls with disabilities, are headed by women who are not entitled to take part in the reconciliation process. Nevertheless, this is mostly due to the widespread belief that abuse and violence against people with disabilities is not a reportable issue. Therefore, very few women and girls with disabilities report crimes[[4]](#footnote-4).

Besides, institutionalization is often identified as an additional barrier to accessing full sexual and reproductive rights. For instance, Disability Rights International’s research in Guatemala highlighted the high prevalence of sexual violence and abuse within institutions, with little to no means of reporting it accessible to the women experiencing it[[5]](#footnote-5).

This situation therefore leads to a significant lack of documentation of the violations of women and girls with disabilities’ sexual and reproductive rights. While some initiatives aim at gathering information in order to make this issue visible[[6]](#footnote-6), the current lack of data complicates the implementation of projects preventing and fighting these violations, making it difficult to identify precise baselines. It is therefore crucial to support data collection to make this situation visible, including severe forms of violence which take place in institutions (on which data is limited)

* Prejudice about women and girls with disabilities’ sexuality and sexual and reproductive rights

Moreover, women and girls with disabilities still experience various prejudice regarding their sexual and reproductive health and rights, such as being frequently perceived as asexual. Indeed, while the topics of sexuality and sexual and reproductive health are generally taboo, they become even more masked when referring to women and girls with disabilities. This situation often leads to a misconception considering that there is no need to educate these women and girls on sexual health and rights, since they are allegedly not concerned by the matter.

Nonetheless, even when this question is taken into consideration, the sexuality and sexual and reproductive rights of women with disabilities are often perceived through a “threat” or “danger” mindset (i.e.: risk of sexual abuse, rape, unwanted/unplanned pregnancy, etc.), and sexuality is seen as something they should be protected from. In many situations, women and girls with disabilities therefore have no control over their own sexual and reproductive lives, and decisions are often made for them, in the idea that it is “for their own good”[[7]](#footnote-7).

This was for instance the case of a young girl with an intellectual disability in Colombia, whose doctor decided she should be sterilized. This procedure not being relevant to her situation, the girl’s family went to court with the support of Profamilia[[8]](#footnote-8), to go against the doctor’s decision. For the first time in this kind of case, the court stated that forced sterilization was illegal, which marked the first ever legal position in favor of freedom of decision by the individual regarding their own sterilization. However, this decision still faced opposition from disability actors, who perceived sterilization as a means of protection against unwanted pregnancies, regardless of the young girl’s opinion.

* Empowerment of women and girls with disabilities as a means of fighting and preventing violations of sexual and reproductive health and rights

Finally, empowerment is a pre-cursor to preventing violence, abuse and exploitation. Knowing one’s rights to a life free of violence exploitation and abuse and having access to key services including: sexual and reproductive health, violence prevention as well as education helps to stem vulnerability to violence and abuse.

However, the disempowerment of women and girls with disabilities is widespread. It is rooted in the lack of inclusion of women and girls with disabilities in education, poverty eradication programs, women’s health and reproductive health programs and gender-based violence services. In addition, the rights of women and girls with disabilities are seldom prioritized by women’s rights organizations as well as overall human rights movements.

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.

The MIW project on Gender and Disability, coordinated by Handicap International with the support of a Technical Advisory Committee, was designed to ensure the voices of disabled women and girls are heard on how to respond to violence, abuse and exploitation throughout the world. 11 good and emerging practices were documented, analyzed and selected following an international call for applications, and the good practice holders have since been supported in their actions all over the world. Their practices have also been used as advocacy tools, and shaped the debate about gender-based violence during events such as Commission on the Status of Women, the Conference of State Parties to the CRPD and the 62nd session of the CEDAW (Committee on the Elimination of Discrimination against Women). They also led to the organization of the first ever Gender and Disability Forum.

The practices supported by this project have informed us that program implementation can be initiated by women with and without disabilities in collaboration with a variety of actors, can engage through multiple and diverse mechanisms, and can address different aspects of the problem. They have also proved that there are still misconceptions regarding women and girls with disabilities’ sexual and reproductive health, as well as on addressing violence against women and girls with disabilities.

Since their identification by the MIW project these practices have had concrete effects to improve the lives of women and girls with disabilities, and are still being carried out and continuously improved in that objective. For instance in Israel, the organization of workshops and the creation of a hotline enabled Bedouin women and girls with disabilities to safely report situation of abuse and violence[[9]](#footnote-9). In Kenya, through sensitization programs and self-advocacy groups, persons with intellectual disabilities and their families have become aware of their sexual and reproductive rights[[10]](#footnote-10). In Uruguay finally, a policy adopted by the Ministry for Social Development raised awareness among public officials and staff, and trained health professionals about the specific needs of women and girls with disabilities[[11]](#footnote-11).

The MIW project on Gender and Disability is currently building the capacities of Good Practice Holders from Latin America on scaling mechanisms, aiming at amplifying the results and positive effects of their practice. It is essential to globally invest is such scaling efforts, in order to generate lasting changes on a broader scale.

For more information on these good practices, please access the final report for the first phase of the Gender and Disability project: <https://www.makingitwork-crpd.org/sites/default/files/2017-05/MIW%20Gender%20and%20Disability%20project%20report%20%28English%29.pdf>

1. Women Enabled International and Center for Reproductive Rights, Submission to the United Nations Universal Periodic Review (September 13, 2014), citing U.S. Dep’t of State & USAID, United States Strategy to Prevent and Respond to Gender-based Violence Globally, 7 (Aug. 10, 2012), noting that “[w]omen with a disability are two to three times more likely to suffer physical and sexual abuse than women with no disability”. [↑](#footnote-ref-1)
2. Practice led by DAWN Canada *(see project report p. 22 for more information).* [↑](#footnote-ref-2)
3. This has been reported by women with disabilities to Disability Rights Fund (DRF) program staff in many countries where DRF works including Uganda, Haiti, Bangladesh and Indonesia. [↑](#footnote-ref-3)
4. Practice led in Kenya by Advantage Africa and Kibwezi Disabled Person’s Organization (see project report p. 30 for more information). [↑](#footnote-ref-4)
5. See Disability Rights International (DRI) research on Guatemala National Psychiatric Hospital: <https://www.driadvocacy.org/dri-files-international-case-to-protect-children-and-adults-detained-in-guatemalas-dangerous-federico-mora-institution/> (*see project report p. 17 for more information*) [↑](#footnote-ref-5)
6. For instance, see the join research of Colectivo Chucan and Disability Rights International on identifying sexual and reproductive rights among women with intellectual disabilities (p. 34): <https://www.driadvocacy.org/wp-content/uploads/Mexico-report-English-web.pdf> *(see project report p. 42 for more information)* [↑](#footnote-ref-6)
7. Report of the Special Rapporteur on Violence against Women, its Causes and Consequences, para. 36, U.N. Doc. A/67/227 (Aug. 3, 2012) (by Rashida Manjoo): <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N12/451/20/PDF/N1245120.pdf?OpenElement> [↑](#footnote-ref-7)
8. Colombian organization specialized in sexual and reproductive health and rights (*see project report p. 44 for more information*). [↑](#footnote-ref-8)
9. Practice led by Ma’an, the Forum for Arab Women‘s Organizations in the Neguev (*see project report p. 19 for more information*). [↑](#footnote-ref-9)
10. Practice led by the Kenya Association of the Intellectually Handicapped and the Coalition of Violence against Women (*see project report p. 39 for more information*). [↑](#footnote-ref-10)
11. Practice led by the Uruguayan Ministry for Social Development, Gender Unit of the Disability Program (*see project report p. 27 for more information*). [↑](#footnote-ref-11)