

**Data sources for outcome indicators  
on CRPD Article 10:**

# **Right to Life**



**UNITED NATIONS  
HUMAN RIGHTS**  
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ADVANCE VERSION

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## 10.20 Number of victims of intentional homicide per 100.000 population, by sex and age (SDG indicator 16.1.1) and disability.

*Level 2: Indicator could be produced with straightforward additions or modifications to existing data collection efforts.*

[Link to the metadata related to this SDG indicator](#)

Two separate sources exist at country level: a) criminal justice system; b) public health/civil registration. UNODC collects and publishes data from criminal justice systems through its long-lasting annual data collection mandated by the UN General Assembly (UN Crime Trends Survey, UN-CTS); The data collection through the UN-CTS is facilitated by a network of over 130 national Focal Points appointed by responsible authorities who gather data from police reports and other government agencies when available

[https://www.unodc.org/documents/data-and-analysis/gsh/Meth\\_Annex\\_GHS.pdf](https://www.unodc.org/documents/data-and-analysis/gsh/Meth_Annex_GHS.pdf)

The Global Study of Homicide describes the data sources: The primary source of Criminal Justice data used in the UNODC Homicide Statistics are official administrative data regularly collected by UNODC through the United Nations Survey of Crime Trends and Operations of Criminal Justice Systems (also called UN Crime Trends Survey or UN-CTS). Reference is usually made to police-recorded data on intentional homicides (rather than data provided by prosecution or court authorities). These data include the total number of homicide victims, as well as relevant disaggregations of homicide victims by sex and age, by killing mechanism (firearms, sharp objects and others) and by perpetrator/context of the crime (family/intimate partner, organized crime, gang, robbery, other, unknown context).

In most cases, it would not be feasible for investigating police to determine, after death, whether the person had a disability. However, in countries with a national disability card or registry, once the victim's identity is known, that could theoretically be cross-referenced, particularly in countries where individuals carry a unique national identification number.

In the United States of America, the Federal Bureau of Investigation's Uniform Crime Reporting Program collects supplementary homicide data that provide: the age, sex, race, and ethnicity of the murder victim and offender; the type of weapon used; the relationship of the victim to the offender; and the circumstances surrounding the incident. However, it does not record disability status. As only persons who cannot work because of a disability are certified as having a disability in government records in the United States of America, a large majority of persons with disabilities would be missed by this cross-referencing. In a country with a more comprehensive registry system, it may be possible to get more accurate statistics.

## **10.21 Reported cases of arbitrary deprivation of life and death threats, disaggregated by sex, age and disability of the victims.**

*Level 2: Indicator can be produced with existing data but has not been reported on*

If these cases are reported as such to the police, then the indicator could be produced (provided that disability status were recorded as part of the intake procedure). This is done in South Africa, where the Police Service has a disability focal point that focuses on victims and perpetrators. When victims report to the police, they self-identify as having a disability. Upon self-identification, they are asked to choose which category of disability applies to them. Data are entered into the Crime Administration System. The same thing happens when people are imprisoned. South Africa is currently reviewing the possibility of using the Washington Group Short Set on Disability as part of their intake form, in addition to self-identification as having a disability.

This information could be asked about in a national disability survey but, given the frequency of such events, the sample size of a typical survey may not be adequate to generate an accurate estimate.

Human Rights Watch reports annually on key human rights issues in more than 90 countries, based on the investigative work of their staff and usually in close partnership with human rights activists and groups in the country in question. Disability is one of the focus areas. This report includes information about human rights violations affecting persons with disabilities. The 2019 report can be found at <https://www.hrw.org/world-report/2019>. While this report is not quantitative, and so does not easily lend itself to an indicator, it does provide helpful insight into this area.

## **10.22 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention, and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months (SDG indicator 16.10.1), disaggregated by sex, age and disability.**

*Level 2: Indicator could be produced with straightforward additions or modifications to existing data collection efforts.*

[Link to the metadata related to this SDG indicator](#)

Data will be collected from global, regional and national mandated bodies, mechanisms and institutions that generate and maintain administrative data whether in aggregated form or at micro-level:

- Global mechanisms
  - OHCHR
    - Data from OHCHR monitoring work
    - Data from the work of the Special Procedures of the Human Rights Council
    - Data from the Treaty Bodies reporting system
    - Press Releases and Statements of the UN High Commissioner for Human Rights
    - Other reports and publications, such as the UN Secretary General’s Report on Reprisals
    - Other mandated reports and publications
  - UNESCO
    - Journalists Killings Condemned by the UNESCO Director General
    - Other mandated reports and publications
  - ILO
  - Other UN agencies or entities producing relevant reports
- Regional mechanisms
- National mechanisms
  - National Human Rights Institutions
  - National monitoring and protection mechanisms for journalists, trade unionists and/or human rights defenders
  - Justice sector institutions such as Ministries of Justice, Interior etc
  - National Statistical Offices in their general role to coordinate national statistical systems Cases reviewed by the Committee on Freedom of Association
  - Other mandated reports and publications
    - Integration of data from all possible sources for this indicator will be made possible through the use of standard definitions, data collection methods, reference period, counting units and counting rules

There are about 400 killings per year, but one would need to identify which individuals have a disability. This may be obtainable from the employers – at least for visible or reported disabilities. A chart with the total number of killings can be found at <https://unstats.un.org/sdgs/report/2019/goal-16/>.

## **10.23 Number of deaths, missing persons and persons affected by disaster per 100,000 people (SDGs indicator 1.5.1), disaggregated by age, sex and disability (idem 11.23)**

*Level 3: Indicator for which acquiring data is more complex or requires the development of data collection mechanisms which are currently not in place.*

[Link to the metadata related to this SDG indicator](#)

Data provider at national level is appointed Sendai Framework Focal Points. In most countries disaster data are collected by line ministries and national disaster loss databases are established and managed by special purpose agencies including national disaster management agencies, civil protection agencies, and meteorological agencies. The Sendai Framework Focal Points in each country are responsible of data reporting through the Sendai Framework Monitoring System.

The Sendai Framework does not include a measure of disability. Countries report data on [DesInventar Sendai](#), a form that asks about the number of deaths, injuries, evacuations, relocations and missing persons, as well as economic losses. It does not ask the country to report on the characteristics of the affected individuals.

[One way to disaggregate by disability would be if the identities of the deceased individuals were known and could be linked to a national disability registry.](#)

## **10.24 Reported cases of death that occurred in conflict, post-conflict and emergency situations disaggregated by sex, age and disability**

*Level 3: Indicator for which acquiring data is more complex or requires the development of data collection mechanisms which are currently not in place.*

The United Nations Office of the Coordination of Humanitarian Affairs, through ReliefWeb, publishes an annual report [“Conflicts, human rights and peacebuilding”](#), but it does not include information about disability.

No examples were found of disaggregation by disability status, which would, in many instances, be impossible to determine after death. As mentioned with previous indicators, only if the identities of the deceased were known and a national registry of persons with disabilities existed, could this information be obtained. Alternatively, it could be collected via a national disability survey.

## 10.25 Suicide rates, disaggregated by sex, age and disability.

*Level 3: Indicator for which acquiring data is more complex or requires the development of data collection mechanisms which are currently not in place.*

The [World Health Organization \(WHO\) Mortality Database](#) is a compilation of mortality data by age, sex and cause of death, as reported annually by the Member States from their civil registration systems. Crude and age-standardized suicide rates by age group and sex are available by country.

These data do not include a disability indicator. No examples were found of disaggregation by disability status, which would, in many instances, be impossible to determine after death. As mentioned with previous indicators, only if the identities of the deceased were known and a national registry of persons with disabilities existed, could this information be obtained. Theoretically, this could also be done through a national disability survey. However, given the rate of suicide in the population compared to typical household sample sizes – and the stigma around suicide in many places – it would prove difficult to get an accurate estimate.

Several surveys look at attempted suicide. For example, a study based on [the 2007 national survey of psychiatric morbidity of adults in England](#) found that one in every 150 adults in England had made a suicide attempt in the past 12 months. Those with some form of disability were four times more likely to have attempted suicide, after adjusting for significant sociodemographic and socioeconomic correlates (female, not married, not employed, being in debt and having a physical health problem). The study used a random probability sample comprising 7461 respondents and disability was measured by difficulties in activities of daily living and instrumental activities of daily living.

A [study](#) based on the 2012 Canadian Community Health Survey-Mental Health found that the lifetime prevalence of suicide attempts was much higher for women who had been diagnosed with learning disabilities (16.6 per cent) when compared to women who had not (3.3 per cent). Men with learning disabilities were also more likely to have attempted suicide when compared to men without learning disabilities (7.7 per cent versus 2.1 per cent).

## 10.26 Where applicable, number of deaths due to voluntary termination of life procedures (“assisted dying”), disaggregated by sex, age and disability.

*Level 2: Indicator could be produced with straightforward additions or modifications to existing data collection efforts.*

Canada’s 2016 federal legislation on medical assistance in dying authorizes the Minister of Health to support data collection and reporting. A robust reporting mechanism is expected to begin in 2020.

[Interim Reports](#) provided the data in table 1. The reporting mechanism could be amended to include disability status.

Table 1: Profile of medically assisted deaths and persons receiving Medical Assistance in Dying (MAID) in Canada, January 2017-October 2018 (22 months)

Total number of medically assisted deaths	4,575
Age (percentage)	
18-45	1.8%
46-64	19.7%
65-80	44.1%
80+	33.0%
Most common underlying medical circumstances of those who received MAID (percentage)	
Cancer-related	64.0%
Neurodegenerative	11.1%
Circulatory/Respiratory system	16.2%
Other causes/Unknown	8.6%

Source: Health Canada, *Third Interim Report on Medical Assistance in Dying in Canada* (Ottawa, Canada, 2018)

## **10.27 Number of reported deaths of persons with disabilities in places of detention and institutions and/or in the provision of disability-related services and/or health care, and proportion of those deaths which have been subject to investigation disaggregated by age, sex, disability, place and cause of death concluded by investigation.**

*Level 3: Indicator for which acquiring data is more complex or requires the development of data collection mechanisms which are currently not in place.*

The United States of America reports the number of deaths in prison by state, race, sex, age and cause of death, but not by disability status, as can be seen in the article available at <https://www.bjs.gov/content/pub/pdf/msfp0116st.pdf>. This could be added to administrative data.

South Africa records the disability status of incarcerated individuals, but reports could not be found for these indicators.

Many instances of persons with disabilities dying in other types of residential institutions are in the press and court cases in many countries. A [national study from Australia](#) examined the grey literature, “contacting all relevant state and territory departments and coroners’ courts, as well as the National Coronial Inquest System (NCIS) administrators, to confirm that no other reports meeting selection criteria were available.” Overall, 901 deaths were examined and reported on in terms of the person’s health background, underlying causes of death, and place and circumstances of death.