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// I. INTRODUCTION

Around the world, an estimated 180 to 200 million persons between the ages of 10 and 24 are living with disability.¹ Young persons with disabilities² are like young people everywhere: They have dreams and ambitions, interests and desires, and hopes for their futures. But young persons with disabilities face persistent social disadvantages worldwide stemming from discrimination, stigma and prejudice, and the routine failure to incorporate disability into building policy, and programme designs. Physical, socio-economic, socio-cultural, and legal barriers continue to limit access to education, health care including sexual and reproductive health services, employment, leisure activities, and family life for millions of persons with disabilities worldwide, and violence against young persons with disabilities is widespread.³

A safe passage from childhood into adult life is the right of every person, including those with disabilities. But more than just safety, young people everywhere have the right to participate in their communities, to speak out and be listened to, to share in technological advancements and design them, to be creative, and to take the lead on matters that concern them. Full inclusion of young persons with disabilities means recognising that they, too, have the right to actively participate in society as equal members with the same rights and privileges as enjoyed by every other young person.

The right to live a life with dignity was recognised by all 179 countries participating in the 1994 International Conference on Population and Development (ICPD). The Programme of Action they adopted emphasises the right of all people to be free and equal 'in dignity and rights', without

distinction of any kind, and further recognises the right of all to 'life, liberty, and security of the person' (Principle 1). These rights are affirmed for persons with disabilities in the 2006 United Nations Convention on the Rights of Persons with Disabilities (CRPD), which insists on respect for the rights of persons with disabilities of all ages to the full enjoyment of all human rights, including the right to equal participation in society and the right to live a life with dignity.

Likewise, the 2030 Agenda for Sustainable Development calls on states to promote inclusive development that recognises the right of persons with disabilities to equal access to education and employment, among other things. It sets targets for state action to eliminate violence against all girls and women, including those with disabilities, and to ensure access to sexual and reproductive health services and education for all.

In the 2030 Agenda, the global community has committed to leave no one behind. To make this commitment a reality for young persons with disabilities, governments must invest in young people and ensure young persons with disabilities have the opportunities, knowledge, and skills they need to live healthy, fulfilled, and productive lives.

Recognising that young persons with disabilities are essential partners in efforts to create peaceful, more egalitarian societies worldwide, UNFPA, with financial support from the Spanish Agency for International Development Cooperation (AECID), and a host of partners launched the WE DECIDE Global Programme to support the women and young persons with disabilities to have their voices heard. To increase the visibility of young persons with disabilities to policymakers and advocates, UNFPA commissioned this study

as part of the WE DECIDE Global Programme. The study provides the following:

1. An up-to-date analysis on the situation of young persons with disabilities concerning discrimination and sexual and gender based violence (GBV), including the impact on their sexual and reproductive health and rights (SRHR);
2. A detailed assessment of legal, policy, and programming developments and specific good practices in service delivery along with best-standard prevention and protection measures; and
3. Detailed policy and programming recommendations to assist UNFPA in building a comprehensive programme in this field.

The study seeks to contribute to the strengthening of national laws and policies that foster social inclusion and gender equality for the benefit of young persons with disabilities, especially young women and girls with disabilities; eliminate discrimination against them, particularly with regard to access to and enjoyment of sexual and reproductive health and rights and gender-based violence prevention and response services; and recognise and promote their right to be active members of society with the recognised capacity to make decisions on issues affecting them. The study also seeks to identify areas in which data are missing or insufficient and where additional research would be valuable.

THE SITUATION OF YOUNG PERSONS WITH DISABILITIES

Data disaggregated by disability, sex, and age remain scarce but are indispensable for

understanding the situation of young persons with disabilities and informing policies.⁴ Evidence from around the world on sexual and gender-based violence and the sexual and reproductive health and rights of young persons with disabilities reveals the rights of young persons with disabilities, especially young women and girls with disabilities, are at serious risk:

- Young persons with disabilities under the age of 18 are almost four times more likely than are their peers without disabilities to be victims of abuse, with young persons with intellectual disabilities, especially girls, at greatest risk.⁵
- Girls and young women with disabilities are more likely to experience violence than either their male peers with disabilities or girls and young women without disabilities are.⁶ In one study in Australia, as many as 62 per cent of women with disabilities under the age of 50 had experienced violence since the age of 15, and women with disabilities had experienced sexual violence at three times the rate as did those without disabilities.⁷
- Girls and young women with disabilities are almost without exception denied the right to make decisions for themselves about their reproductive and sexual health, increasing their risk of sexual violence, unplanned pregnancy, and sexually transmitted infection.⁸ They are more likely than their male peers to think of themselves as disabled and to hold a negative self-image. This in turn can make them more susceptible to harmful social interactions.⁹
- They are less likely to complete primary school and more likely to be denied access to education, leading to higher risk of social

exclusion and poverty as adults.¹⁰ Women with disabilities have a 19.6 per cent employment rate, compared with 52.8 per cent for men with disabilities and 29.9 per cent for women without disabilities.¹¹

- Girls and young women with disabilities have little knowledge about their sexual and reproductive health and rights and limited access to services.¹² Girls and young women with disabilities are not seen as needing information about their sexual and reproductive health and rights or capable of making their own decisions about their sexual and reproductive lives.¹³ In one study in Ethiopia, just 35 per cent of young persons with disabilities used contraceptives during their first sexual encounter, and 63 per cent had had an unplanned pregnancy.¹⁴
- Children with disabilities are among the most marginalised and excluded groups of children.¹⁵ According to one report in Canada, 53 per cent of children with a disability reported having no or one close friend, and significant percentages said they were shunned or avoided at school.¹⁶
- Children with disabilities are nearly three times more likely to be subjected to sexual violence than children without disabilities, with girls at the greatest risk.¹⁷ In one study by the African Child Policy Forum of violence against children with disabilities, nearly every young person (between ages 18 and 24) who was interviewed had been sexually abused at least once and most more than once in their lifetimes.¹⁸
- Children who are deaf, blind, or autistic; have psychosocial and intellectual disabilities; or have multiple impairments are most

vulnerable to all forms of violence.¹⁹ Studies have found that children with intellectual disabilities are five times more likely to be subjected to abuse than other children are and are far more vulnerable to bullying.²⁰

- Violence against children with disabilities is also widely tolerated, in part as a way of controlling or disciplining behaviour. A 2017 study by UNICEF found that worldwide, around 1.1 billion caregivers, or slightly more than 1 in 4, admit to believing that physical violence is necessary to punish or control unwanted behaviour.²¹
- Disability also increases young people's risk of being trafficked for sexual or other forced labour. The risk is attributed to the lack of social inclusion of young persons with disabilities and disability stigma. 'All too often, young persons with disabilities are regarded as undesirable and may even be subjected to trafficking by their own families.'²²
- Low levels of sexual education, including education about HIV and sexually transmitted infection transmission and prevention, can lead to risky sexual behaviours. Studies have shown that adolescents with disabilities report a low level of condom and contraceptive use but engaging in casual and transactional sex.²³ Testing for HIV is lower among young persons with disabilities, even though they have the same or higher risk of contracting sexually transmitted infections as their peers without disabilities have.²⁴

A central claim that this study will make is that the involvement of young persons with disabilities themselves is integral to understanding the issues and developing new laws, policies, and

programmes. **Young persons with disabilities are the most important partners that states, civil society organisations, and others have for identifying barriers to realising SRHR and accessing GBV prevention and response and developing new policies and practices that ensure their full access and inclusion.** From the development of new norms and policies at the international level all the way down to the implementation of services and promotion of rights at the community, neighbourhood or village level, the agency of young persons with disabilities should be acknowledged and their right to participate and make decisions in matters that affect them respected.

A second central claim of this study is that for young persons with disabilities to fully enjoy their human rights, including the right to equality

and non-discrimination, states must not only eliminate discriminatory laws and regulations and guarantee equality as a matter of law but also pay attention to the distinct needs of young persons with disabilities within laws, policies, and programmes. **Equality for young people with disabilities in access to SRHR and in prevention and response to GBV must be both formal and substantive.** Substantive equality recognises that even policies and practices that meet the needs of most rights holders may nevertheless fail to address the specific needs of marginalised groups like young persons with disabilities. Policymakers must keep those most marginalised in mind when designing interventions to truly ensure that no one is left behind. Equality must be both policy and practice so that young persons with disabilities can access these rights in reality.



MARGINALISATION OF GIRLS AND YOUNG WOMEN WITH DISABILITIES IN MOZAMBIQUE²⁵

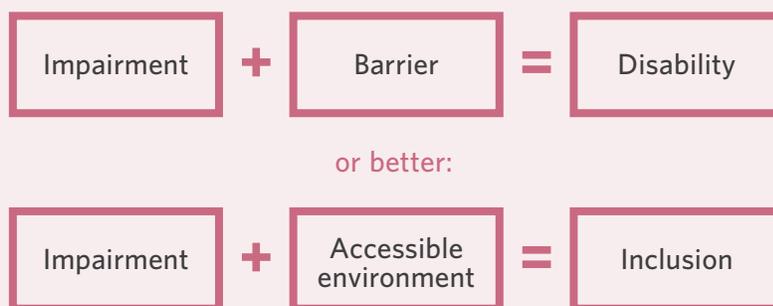
During the research study's field visit to Mozambique, both SRH service providers and disability rights advocates shared that girls and young women with disabilities face extraordinary obstacles to accessing and exercising even minimal SRHR. These girls and young women, they argued, are at heightened risk of HIV infection, particularly because many are unable to negotiate for safe sex practices or monogamy with sexual partners. Key informants stated that social norms so devalue women with disabilities that advocates reported that men who chose to have a long-term relationship with women with disabilities would not be respected. One interviewee, a nurse at a family planning clinic in Maputo operated by a national civil society organisation, said 'There is too much stigma. They [men] do pursue them, but it is only out of curiosity. They want to know what it is like to be with a disabled woman, but they would never want a relationship.' As a result, women are unable to maintain healthy relationships or hold sexual partners accountable, despite their awareness of the risks of engaging in sex with men who have multiple partners.

DEFINING DISABILITY

Disability is not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.

–World Health Organisation²⁶

Disability is a part of the diversity of the human experience. The seminal World Report on Disability (2011) describes disability as ‘complex, dynamic, multidimensional, and contested’.²⁷ It is an ‘evolving concept’ that in many ways is a product of social and environmental factors.²⁸ The Convention on the Rights of Persons with Disabilities (CRPD) recognises persons with disabilities as ‘those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others’. That same interaction—between health conditions and contextual factors—animates the approach to disability in the World Report.²⁹ Rather than being an attribute of any individual person, both the CRPD and the World Report emphasise that disability is a product of both impairment and personal and environmental factors that prevent or limit activities and promote social exclusion.



Full inclusion demands that states, donors, and civil society actors of all kinds draft laws and policies and design programmes in a way that recognises how diverse the human experience is, especially among young people. Rather than planning for an able-d norm, which can be made accessible to those who fall outside that norm, full inclusion insists on truly equal participation that anticipates the possibility and probability of difference.

When it comes to people, there is no such thing as ‘normal’. The interactions we design with technology depend heavily on what we can see, hear, say, and touch. Assuming all those senses and abilities are fully enabled all the time creates the potential to ignore much of the range of humanity.

–Microsoft³⁰



KEY THEMES

The study highlights several key themes evident in research on the experiences of young persons with disabilities. They illustrate the status of efforts to fulfil the rights of young persons with disabilities to live free from violence and enjoy equal access to and enjoyment of SRHR. The themes are reflected in numerous sources including the work of human rights experts and scholars, multilateral organisations, and nongovernmental organisations working in the fields of disability inclusion, gender, youth, SRHR, and GBV.

They include:

- The freedom to exercise agency—the **freedom to make decisions for themselves** about all aspects of their lives—is essential to the right of young persons with disabilities to fully participate in social, economic, and political life. **Young persons with disabilities are too often denied agency by stigma and prejudice, discriminatory laws, and physical barriers** and inattention to the rights of young persons with disabilities to access public spaces and information.
- Young persons with disabilities are vulnerable to discrimination on the basis of their age, their gender, and disability, among other factors. **Multiple forms of discrimination intersect and compound existing disadvantages**, increasing the marginalisation of young persons with disabilities and contributing to denial of their human rights.
- **Disability is a complex, dynamic, and evolving concept**. Barriers to full inclusion of young persons with disabilities are social, environmental, and physical, and not all barriers are experienced by all young persons with disabilities in the same way.
- The difficulties faced by young persons with disabilities in accessing their rights are **compounded by poverty, risks associated with conflict settings and humanitarian crises, and institutionalisation**.
- The **collection of data that are disaggregated by disability, sex, and age is critical** to understand the situation of young persons with disabilities and to inform policies to ensure their social inclusion and human rights.

Finally, this study argues that states must take action to eliminate stigma, prejudice, and discrimination against young persons with disabilities. **Ending stigma and discrimination against young persons with disabilities is critical to their full inclusion**. Awareness raising, training, and other initiatives that include all actors in

society, from young persons with disabilities and their families through to policymakers, service providers, and the broader public can reshape social interactions in the home, shift harmful social norms within the communities, foster the development of laws and policies, and remove barriers to access to services.

OVERVIEW OF METHODOLOGY

To achieve the research objectives, the researchers for this study utilised a number of methods and sources of information. These included an extensive literature review, consultations with national and international experts and advocates, and a comprehensive technical advisory review process. To further explore how states are promoting and ensuring the rights of young persons with disabilities, the study included field visits to Ecuador, Morocco, Mozambique, and Spain. These four field visit sites were preselected so as to ensure regional,

geographic, and economic diversity and because each state had initiated policies and programmes directed toward including young persons with disabilities in SRHR and GBV prevention and response services.

// II. PRINCIPAL RECOMMENDATIONS

The recommendations provided by this study are summarised below. Detailed recommendations can be found in the full report.

PRINCIPAL RECOMMENDATIONS

- **Young persons with disabilities and their representative organisations should be full participants in the design and implementation of programmes affecting their lives**, from the development of national legislation through to the monitoring and evaluation of the SRHR-related services and programmes, and GBV prevention and response, that those laws mandate. States and civil society organisations should take measures to build the skills and capacity of young persons with disabilities and ensure that they have opportunities to participate in public decision-making forums.
- **Equality for young people with disabilities in realising SRHR and in prevention and response to GBV must be both formal and substantive.** States must not only eliminate discriminatory laws and regulations and guarantee equality as a matter of law but also pay attention to the distinct needs of young persons with disabilities within laws, policies, and programmes. Policymakers and others implementing programmes must keep those facing intersecting and multiple forms of discrimination in mind when designing interventions to truly ensure that no one is left behind.
- **Ending stigma and discrimination against young persons with disabilities is critical to their full inclusion.** Awareness raising, training, and other initiatives that include all actors in society, from young persons with disabilities and their families through to policymakers, service providers, the media, civil society, and the broader public, can reshape social interactions in the home and the development of laws and policies and remove barriers to access to services.

- Policymakers should take into account the **compounding nature of discrimination** on the basis of disability, gender, and age, among other social categories, and **address the unique situation of persons with disabilities challenged by conflict and natural disasters, poverty, rurality, institutionalisation, and other multipliers of inequality**.
- The elimination of GBV and a realisation of SRHR for young persons with disabilities require a **comprehensive and integrated approach** that involves **all sectors of government, at all appropriate levels**, including health and social services, education, justice and law enforcement, and overall development planning.
- **Consistent monitoring and evaluation** of interventions aimed at advancing the rights of young persons with disabilities are necessary to ensure such interventions are meeting their objectives, are inclusive of young people with disabilities in all their diversity, and are responding to their needs.
- The **collection of data that is disaggregated on the basis of age, sex, and disability**, among other factors, meets the requirements of the SDGs. Such data should be **collected in a youth-, disability-, and gender-inclusive and accessible manner** that ensures that young persons with disabilities are included and made visible in data collected. All **data should be publicly available and accessible to persons with disabilities** to ensure that policymakers, researchers, and civil society organisations can use the data to clearly identify inequalities and gaps across groups.
- **States and international organisations and funders should take disability into account in national, organisational, foreign assistance, and programmatic budgets**, ensuring there are sufficient resources to guarantee that all programme activities related to SRHR and GBV prevention and response can be made accessible.

// III. INTERNATIONAL HUMAN RIGHTS FRAMEWORK AND LEGAL STANDARDS

International human rights law recognises the fundamental equality of all persons,

including young persons with disabilities, and the corresponding right to live free from discrimination in social, economic, cultural, and political life.³¹ The Convention on the Rights of Persons with Disabilities in particular adopts a rights-based approach that focuses on ensuring the human rights of persons with disabilities of all ages.

- **Article 6** recognises that ‘women and girls with disabilities are subject to multiple discrimination’ and calls on states to take action to eliminate such discrimination.
- **Article 7** requires States Parties to ‘take all necessary measures to ensure the full enjoyment by children and adolescents with disabilities of all human rights and fundamental freedoms on an equal basis with other children’.
- **Article 16** requires States Parties to ‘take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects’.

GENDER-BASED VIOLENCE AND INTERNATIONAL LAW

International law ensures the right to live free from violence for all persons without discrimination.³² Not only do multiple conventions prohibit GBV,³³ but also landmark policy statements adopted by UN Member States such as the 1993 Declaration on the Elimination of Violence Against Women, the 1994 International Conference on Population and Development Programme of Action, the 1995 Beijing Declaration and Platform for Action, UN Security Council Resolution 1325, adopted in 2000, and the 2030 Agenda for Sustainable Development, adopted in 2015, all call for an end to gender-based violence.³⁴ Gender-based violence as a violation of the human rights of its victims has also become a principle of customary international law.³⁵

Disability, age, and sex are all factors that can increase vulnerability to violence, affect the way in which violence is experienced, and influence the ability of those suffering violence to respond. The Convention on the Rights of Persons with Disabilities, Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination against Women, *inter alia*, each address these intersections through express provisions and commentary that call on states to take action to eliminate violence and abuse against all persons with disabilities, children and adolescents, and women and girls with disabilities.³⁶

INTERNATIONAL STANDARDS FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND THE INCLUSION OF YOUNG PERSONS WITH DISABILITIES

Sexual and reproductive health and rights are not only an integral part of the right to health, but are necessary for the enjoyment of many other human rights . . . As such, sexual and reproductive health and rights are universal and inalienable, indivisible, interdependent and interrelated.³⁷

There is an equally strong international framework recognising the importance of SRHR to the fulfilment of human rights overall and the achievement of sustainable development. The right to sexual and reproductive health is a core component of the right to health recognised in the International Covenant on

Economic, Social, and Cultural Rights (Art. 12), in the Convention on the Elimination of All Forms of Discrimination against Women (Art. 12), in the Convention on the Rights of the Child (arts. 17, 23–25 and 27), in the Convention on the Rights of Persons with Disabilities (Arts. 12, 23 and 25), in the ICPD Programme of Action, and in other agreements but is also indivisible from other human rights, including rights to life, liberty, and security of the person and rights to privacy, non-discrimination, and equality.³⁸

DUTY TO RESPECT, PROTECT AND FULFIL HUMAN RIGHTS

As with the realisation of all human rights, the realisation of SRHR for young persons with disabilities and the prevention of and response to GBV requires states as duty-bearers to respect, protect, and fulfil young persons' SRHR and gender equality regardless of the social, political, or cultural norms that may prevail at the national level.³⁹ State action must satisfy the core human rights principles of equality, non-discrimination, participation, inclusion, accountability, and rule of law to ensure that the rights of young persons with disabilities are recognised and respected.

This demands that states:

- Do not act in a way that interferes with the enjoyment of SRHR and live a life free from GBV by young persons with disabilities.
- Take measures to prevent third parties, such as health-care providers, from interfering with the enjoyment of SRHR and access to GBV prevention and response by young persons

with disabilities and to impose sanctions for the violation of these rights.

- Adopt legislative, budgetary, administrative, and judicial measures toward the full realisation of human rights, including a life free from GBV and SRHR for young persons with disabilities, and ensure that young persons with disabilities know their rights.⁴⁰

Formal rights to equal access to GBV prevention and response services and enjoyment of SRHR will mean little if such services are not accessible to young persons with disabilities in practice, are of low quality or too costly for them to afford, or if health-care providers are not respectful or willing to provide these persons with necessary care.

INTERSECTIONS AFFECTING YOUNG PERSONS WITH DISABILITIES

Young persons with disabilities represent a multitude of social categories and contexts, any of which can intersect with negative attitudes about disability and social stigma to exacerbate and compound the denial of rights. Young people may have more difficulty exercising their rights and may be denied the ability to make decisions for themselves on the basis of their age. Discriminatory attitudes toward women and girls, members of the LGBTQI (lesbian, gay, bisexual, transgender, queer or questioning, and intersex) community, and racial and ethnic minorities can likewise compound legal, physical, communicative, and other barriers that young persons with disabilities often experience in their daily lives and make them more vulnerable to violence.⁴¹

Context also matters. The World Bank estimates that more than 2 billion people today live in situations that are fragile or in conflict,⁴² and the UN Development Programme estimates that 75 per cent of the world's population live in areas that were affected by natural disasters over the past two decades.⁴³ The majority of persons with disabilities live in poor or low-income countries,⁴⁴ and many of these live in isolated rural areas⁴⁵ and in regions with high levels of HIV/AIDS prevalence. Tens of thousands of persons with disabilities also live in orphanages, psychiatric hospitals, nursing facilities, prisons, residential facilities, and other institutions. Young persons with disabilities living in these contexts are particularly at risk of violations of their rights.

Impairment, which is a precondition of disability, settles upon anyone, but the effect on any individual is very largely modified, minimised, or exacerbated by who that person is in terms of their ethnicity, sex, sexual orientation, age and class.⁴⁶

The following highlights just some of the intersections that can lead to the denials of rights for young persons with disabilities.

Youth

All young persons face obstacles on the path to adulthood, but young people with disabilities often lack the opportunities, tools, and resources they need to access support and claim their rights. Studies show that children and adolescents with disabilities feel socially isolated and excluded and lack

social confidence.⁴⁷ They are at increased risk of bullying, which can have long-term consequences for their social development and mental health.⁴⁸ In many cases, stigma against children with disabilities extends to family members and caregivers, leading many families of children with disabilities to keep them at home to avoid prejudice and protect them from the potential for abuse, increasing their marginalisation.⁴⁹

Children with disabilities are also almost four times more likely to experience violence than children without disabilities are and nearly three times more likely to be subjected to sexual violence.⁵⁰ In one study across five countries in Africa, nearly every young person (between ages 18 and 24) interviewed had been sexually abused at least once and most more than once in their lifetimes.⁵¹

These outcomes, which span developed and developing countries alike, often intersect with the denial of SRHR. Adolescents with disabilities have low levels of sexual and reproductive health knowledge, which can lead to risky sexual behaviours.⁵² The risks may be compounded by the inability to access sexual and reproductive health, including family planning services,⁵³ along with the failure of health-care providers to offer voluntary testing for HIV and sexually transmitted infections to young people with disabilities.⁵⁴

Gender

While in all parts of the world young persons with disabilities are vulnerable to discriminatory treatment, girls and young women with disabilities face significant challenges, more so than their male peers do.⁵⁵

Double discrimination pervades all aspects of their lives. When compared with men with disabilities, women with disabilities are more likely to experience poverty and isolation and tend to have lower salaries and be less represented in the workforce. As a result, they are also more likely to be victims of violence and/or less able to escape the cycle of violence.⁵⁶

Girls with disabilities are less likely to receive care and food in the home and are more likely to be left out of family interactions and activities.⁵⁷ They are less likely to receive health care or assistive devices than boys with disabilities are and are also less likely to receive an education or vocational training that would enable them to find employment.⁵⁸

Girls and young women with disabilities are more likely than their male peers are to think of themselves as 'disabled' and hold a negative self-image.⁵⁹ This in turn can make them more vulnerable to harmful social interactions and violence.⁶⁰

Girls and young women with disabilities are also at greater risk than their male peers are of being denied SRHR. They are not seen as needing information about SRHR, or capable of making their own decisions about their sexual and reproductive lives, putting them at greater risk for sexual abuse, unplanned pregnancy, and sexually transmitted infections.⁶¹

Persons with disabilities who identify as LGBTQI are also vulnerable to particular forms of gendered discrimination that lead to the denial of rights.⁶² They are at high risk for bullying and poor school outcomes and have few opportunities to develop

positive LGBTQI identities.⁶³ Discussion of these topics is forbidden in many school-based special education programmes,⁶⁴ and programmes and services for sexual minorities are not typically disability inclusive.⁶⁵

Disability group

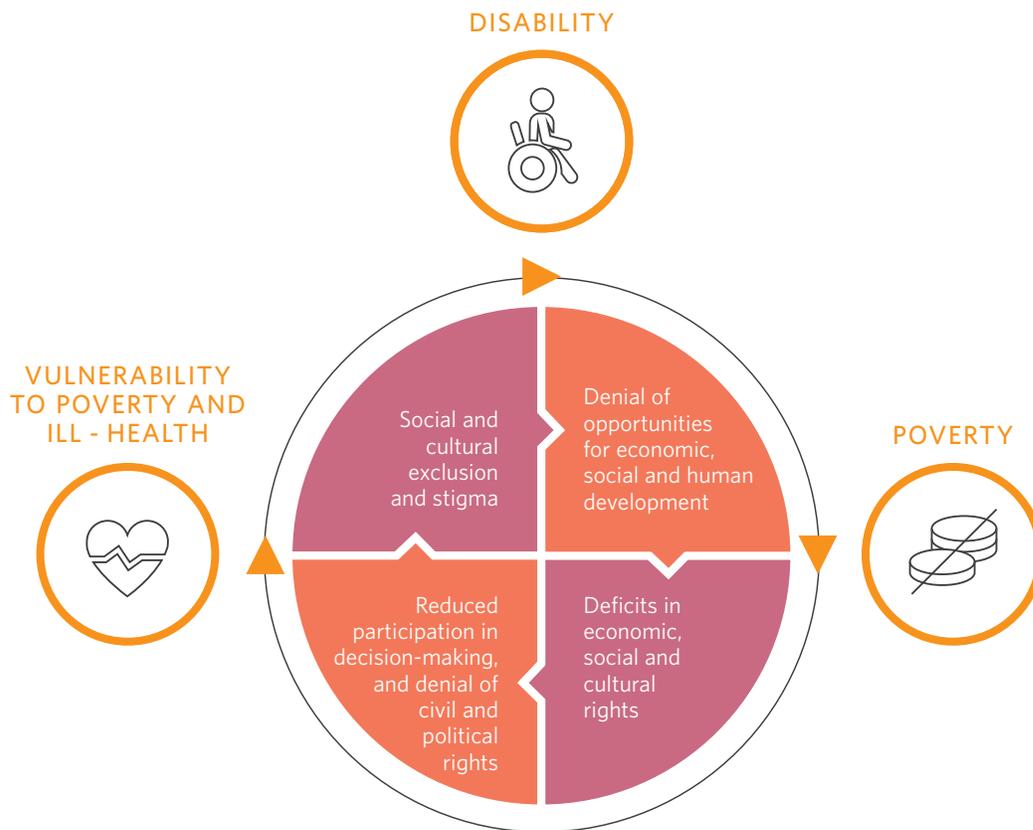
Though all persons with disabilities face social barriers, the nature of those barriers may differ depending on disability group. Children who are deaf, blind or autistic, have psychosocial and intellectual disabilities, or have multiple impairments are most vulnerable to all forms of violence.⁶⁶ Studies have found that children with intellectual disabilities are five times more likely to be subjected to abuse than other children are and are far more vulnerable to bullying.⁶⁷

The more ways in which you differ from the normal, the more exposed you will be, and the bigger the risk of feeling stigmatised is.

–Psychologist in a children's rights organisation, Denmark⁶⁸

Belonging to particular disability groups can also make it more difficult to access needed services. Young persons with intellectual disabilities, for example, are at increased risk of being denied legal capacity, which can make it more difficult for them to access justice services when they experience violence.⁶⁹ Similarly, a study on the experiences of deaf people trying to access sexual and reproductive health services in Ghana found that communication barriers, ignorance about deafness, attitudes toward deaf people, illiteracy among deaf people, the absence of privacy and confidentiality at health centres, limited time for consultation, absence or poor quality of sign language interpreters, and a lack of trust all combined to discourage

LINK BETWEEN DISABILITY AND POVERTY: HOW DISABILITY CAN EXACERBATE CONDITIONS THAT LEAD TO INCREASED LEVELS OF POVERTY FOR VULNERABLE POPULATIONS



Note: A text alternative for this infographic is available as an annex [here](#).

Source: DFID (2000). *Disability, poverty, and development*.

persons with disabilities from seeking needed sexual and reproductive services and denied them access to high-quality and accurate information about their sexual and reproductive health.⁷⁰

Poverty

Poverty intersects with age, disability, and gender in complex ways that can amplify disadvantages for young persons with disabilities. Persons with disabilities are more

likely to experience adverse socioeconomic outcomes than are persons without disabilities including higher poverty rates.⁷¹ Disability is both a contributor of poverty and an outcome of poverty.⁷² Persons with disabilities may have higher costs of living and less access to education and receive lower wages or experience higher rates of unemployment than persons without disabilities do, and living in the context of poverty may increase the risk of disability through several factors such as

lack of access to basic services, including safe water and sanitation, education, and health care; unsafe working conditions, and polluted environments.⁷³

Further, the gendered aspects of the intersection between age, poverty, and disability disproportionately affect young women and adolescent girls with disabilities, who experience increased levels of discrimination, preventing their access to and enjoyment of SRHR while increasing their risk of GBV.⁷⁴

Humanitarian crises and natural disasters

Persons with disabilities are disproportionately affected by natural disasters because they either live in unsafe conditions or because evacuation information and facilities are inaccessible.⁷⁵ This can result in persons with disabilities experiencing mortality rates several times higher than the general population does in the event of a natural disaster.⁷⁶ Young persons with disabilities living as refugees or displaced persons also disproportionately experience discrimination in refugee camps and emergency shelters. This is particularly true for young women and adolescent girls with disabilities regarding barriers to access to sexual and reproductive health services and increased risk of GBV.⁷⁷ Only recently have new research, policies, and tools begun to address these 'hidden victims' of humanitarian crises.⁷⁸

HIV/AIDS prevalence

In contexts of high HIV and AIDS prevalence, many HIV policies and programmes do not include young persons with disabilities, even though they are at disproportionate risk of HIV infection. Young persons with disabilities often encounter barriers accessing services, including discriminatory attitudes by health-

care service providers and HIV and AIDS advocates. This means that in many high HIV and AIDS prevalence contexts, young persons with disabilities have very limited information on HIV in comparison with their peers without disabilities⁷⁹ and encounter discriminatory treatment by HIV testing and treatment services by professional staff who either directly refuse to provide services or lack the knowledge to offer basic accommodations.⁸⁰

Institutionalisation

Young persons with disabilities living in institutions encounter particularly high risks of GBV and violations of reproductive rights along with barriers to accessing sexual and reproductive health and GBV prevention and response services. Hundreds of thousands of young persons with disabilities still live in institutions around the world,⁸¹ such as nursing homes, group homes, mental health hospitals, residential schools, orphanages, and prisons. Institutionalisation itself can be a human rights violation. It can also be a context of additional rights violations and barriers to services. Young persons with disabilities living in institutions are often denied basic sexual and reproductive health information and services⁸² and are subjected to violations of their rights, such as forced abortion and sterilisation.⁸³ Young persons with disabilities, especially young women and adolescent girls and young persons with intellectual and psychosocial disabilities, are also at very high risk of sexual abuse within institutions,⁸⁴ which is often perpetrated by other residents and staff of the institutions. Despite this discrimination, states and civil society organisations often exclude institutions from SRHR- and GBV- related education and awareness-raising activities and do not provide necessary oversight.⁸⁵

// IV. PREVENTING AND RESPONDING TO GENDER-BASED VIOLENCE AGAINST YOUNG PERSONS WITH DISABILITIES

Ending violence against young persons with disabilities requires comprehensive and long-

term strategies that focus both on prevention of violence along with appropriate and supportive responses to it. Such strategies should be grounded in comprehensive legal and policy frameworks that recognise and prohibit all forms of GBV, including explicitly violence against women and girls with disabilities. They should also include the commitment of sufficient resources to fully fund implementing programmes and should be integrated within

POTENTIAL CAUSES OF VIOLENCE AGAINST CHILDREN WITH DISABILITIES



Note: The causes of violence against children with disabilities were identified by respondents from the source study which included professionals, key stakeholders from disabled persons' organisations, parent organisations and other non-governmental organisations, and policymakers in 13 European Union Member States: Austria, Bulgaria, Croatia, the Czech Republic, Denmark, Italy, Lithuania, the Netherlands, Poland, Portugal, Slovenia, Sweden, and the United Kingdom. A text alternative for this infographic is available as an annex [here](#).

Source: European Union Agency for Fundamental Rights (2015). *Violence against children with disabilities: legislation, policies, and programmes in the EU*.



KEY POINTS

- Young persons with disabilities, especially young women and girls with disabilities, are **more vulnerable to violence than their peers without disabilities are and face persistent inequalities** to accessing prevention and response services, including accessing and enjoying SRHR, which are compounded by discrimination on the basis of age, gender, and disability.
- **States should pursue a twin-track approach** to ensuring that the needs and interests of young persons with disabilities are met by **mainstreaming young persons with disabilities** into all laws, policies, and programmes relating to promoting gender equality, and preventing and responding to GBV, while also developing, where appropriate, **targeted** programmes addressing the risks that young persons with disabilities face in terms of violence while eradicating barriers to multi-sectoral services.
- A **coordinated, rights-based, and survivor-centred approach to the prevention and response to violence is essential** and requires effective communication and participation among stakeholders. Core elements of such an approach include **comprehensive legal frameworks, governance, oversight and accountability, resources and financing, training and workforce development, monitoring and evaluation, and gender-sensitive policies and practices**. Such policies should **address discrimination at all levels of government and across all sectors**, including health, education, policing and justice, and economic policies.
- **Promising strategies** for states to effectively prevent and respond to GBV against young persons with disabilities include:
 - **Partnering with civil society** organisations representing young persons with disabilities in the development of policies and programmes on the prevention of and responses to violence;
 - **Raising awareness** of the rights of young persons with disabilities within government, across the range of service providers, and within their families and the broader community;
 - **Ensuring young persons with disabilities understand their rights and develop skills** to enable them to exercise and claim their rights to GBV prevention and response.
 - **Ensuring access and inclusion to existing GBV prevention and response programmes**, as the majority of young persons with disabilities can and should benefit from the same GBV programmes and services as the general population does;

- **Ensuring effective implementation of laws and policies aimed at the elimination of GBV**, including the prosecution of perpetrators;
 - **Guaranteeing the rights of young persons with disabilities to access legal systems** by ensuring accessibility of legal proceedings and facilities, providing adequate training for law enforcement personnel including judges and police officers, ensuring the availability of quality no-fee legal services, and promoting legal literacy among families and health-care providers;
 - **Ensuring young persons with disabilities have access to the full range of multi-sectoral services, including psychosocial services, and SRHR services** in the event of violence on the same basis as that of their peers without disabilities;
 - **Address inclusion in GBV-related policy, laws, and budgets** at the national and local levels by ensuring they are youth and disability inclusive; and
 - **Build a base of evidence** by continually collecting and disseminating research data on GBV against young persons with disabilities.
- All GBV prevention and response programmes and policies should be **youth friendly and disability inclusive** to ensure they follow the AAAQ Framework, meaning they are **available, accessible, affordable, and of appropriate quality for young persons with disabilities**.

The United Nations Essential Services for Women and Girls Subject to Violence Package constitutes agreed standards for effective response to GBV. **Efforts to implement these standards should be adapted to be inclusive of young persons with disabilities.**⁸⁶

- States should **collect data and monitor compliance in a disability-, gender-, and youth-inclusive manner** that allows researchers to disaggregate by disability status, gender, and age so as to clearly identify gaps and inequalities across groups.

health and education agencies, justice and policing service providers, and national development plans, among others.

The 'ecological model' elucidates risk factors for violence based on four levels in which they occur: societal, institutional, interpersonal/

community, and intrapersonal/individual.⁸⁷ The model also illustrates which risk factors are most likely to be influenced by state policy changes.⁸⁸ Figure 1, below, has been modified to reflect risk factors specific to girls and young women with disabilities and explores policy implications.

FIGURE 1: FACTORS CONTRIBUTING TO VIOLENCE AGAINST WOMEN AND GIRLS (VAWG) WITH DISABILITIES⁸⁹

	SOCIETY Overall structures in the social order	INSTITUTIONAL Social norms and practices that regulate daily life	INTERPERSONAL/COMMUNITY Day-to-day interactions in the immediate environment	INTRAPERSONAL Individual life history
	<p>FACTORS</p> <ul style="list-style-type: none"> ■ Devaluing women and persons with disabilities: Gender inequality, disability stigma. ■ Masculinity: Normative heterosexual masculinity. ■ Media: Glorification of violence and sexualisation of women and girls, lack of knowledge or inclusion of disability. ■ Impunity: Weak or limited laws against violence. ■ Young persons' status: Lack of respect for young persons', including girls', rights; acceptance of violence against young persons with disabilities. 	<p>FACTORS</p> <ul style="list-style-type: none"> ■ Entitlement: Male entitlement to sex and control over women. ■ Failure to sanction: Poor implementation of laws against violence and discrimination. ■ Discrimination: Discrimination against women and girls and persons with disabilities. ■ Education: Lack of knowledge about disability. ■ Isolation and segregation of persons with disabilities. ■ Pockets of increased vulnerability: High concentrations of poverty, conflicts, humanitarian crises, or natural disasters. 	<p>FACTORS</p> <ul style="list-style-type: none"> ■ Peer approval: Peer groups valorise VAWG, bullying young persons with disabilities. ■ Stereotypes: Rigid constructions of what is 'normal'. ■ Myths: Misunderstandings about VAWG and disability. ■ Rewards: Real or perceived rewards for violence or exclusion. ■ Opportunity: Perpetrators see women and girls with disabilities as 'easy' targets. ■ Stress: Over-burdening of parents and caregivers, lack of training. 	<p>FACTORS</p> <ul style="list-style-type: none"> ■ Masculine Self/Abled Self: Hostile toward women/PWDs, and approving of VAWG, need to prove self as 'real man'. ■ Emotional and cognitive deficits: Lack of empathy and respect. ■ Growing up in families unable to provide basic care and support. ■ Depersonalised sex: Sexual socialisation oriented to power and control. ■ Stimulus abuse: Abuse of sexually explicit imagery, alcohol, and drugs. ■ Early trauma: Early exposure to violence in the home or abuse of trust.
	<p>POLICY IMPLICATIONS</p> <p>Interventions needed at a structural level to:</p> <ul style="list-style-type: none"> ■ Achieve formal and substantive gender equality and eliminate disability discrimination. ■ Promote positive models of masculinity. ■ Regulate violence in the media. ■ Regulate the sexualisation of women and girls in the media and promote inclusiveness. ■ Strengthen laws against violence. ■ Promote the rights of young persons, including girls with disabilities. 	<p>POLICY IMPLICATIONS</p> <p>Interventions at a societal level to:</p> <ul style="list-style-type: none"> ■ Challenge the idea of male entitlement. ■ Improve implementation of laws and increase conviction rates of/sanctions on perpetrators. ■ Eliminate discrimination against women and girls and persons with disabilities. ■ Challenge harmful gender norms and stereotypes and disability stigma through education, training, and capacity building. ■ Include persons with disabilities, especially women and girls, in policy and programme design and outreach. ■ Improve access to resources for socially excluded and disadvantaged communities. 	<p>POLICY IMPLICATIONS</p> <p>Interventions in the immediate environment needed to:</p> <ul style="list-style-type: none"> ■ Challenge peer support for VAWG and bullying of young persons with disabilities. ■ Transform gender and disability stereotypes through education and public awareness. ■ Challenge myths about VAWG and disability. ■ Ensure all schools and workplaces have effective policies, sanctions, and redress for all forms of discrimination and pursue inclusive design. ■ Improve access to resources, education, and support for families and caregivers, especially those living in poverty. ■ Re-value daughters. 	<p>POLICY IMPLICATIONS</p> <p>Interventions needed at a personal and family level to:</p> <ul style="list-style-type: none"> ■ Promote alternative, positive masculine identities. ■ Expand awareness of gender inequality and disability stigma. ■ Increase family support and parenting programmes, especially for parents of children with disabilities. ■ Promote sexual ethics and ethics of care through education. ■ Enable young men to critically assess sexually explicit imagery. ■ Ensure drug and alcohol abuse services are informed by understandings of VAWG. ■ Ensure that mental health care is informed by understandings of VAWG. ■ Ensure support for children and young people who have been abused.

There are still attitudes in society that this group does not really exist. It is not visible. [...] It is thought that they are cared for. They live in care homes. So there is an assumption that it is impossible that they are subjects to violence.⁹⁰

Most of the initiatives described in the study and below are the products of partnerships with civil society and advocacy by them on behalf of the rights of persons with disabilities. Civil society organisations have been essential leaders in the movement to end GBV globally and to expand access to and enjoyment of SRHR. These organisations are critical partners in efforts to implement the human rights of young persons with disabilities.

PUTTING STRATEGIES INTO ACTION

Most countries in the world now have legislation that recognises gender equality and prohibits discrimination against women and girls, including women and girls with disabilities.⁹¹ Most countries also have some form of legislation that addresses GBV in some form, often specifying domestic violence or violence against women.⁹² But discriminatory laws and policies unfortunately remain in place in many countries.⁹³ State action is essential to eliminate all forms of discrimination against young persons with disabilities, especially gendered discrimination against young women and girls with disabilities. This includes fortifying legal frameworks to ensure that young persons with disabilities are provided the same protections from violence afforded their peers without

ADOPTING LEGAL FRAMEWORKS TO ADVANCE THE RIGHTS OF YOUNG PERSONS WITH DISABILITIES IN MOROCCO

Morocco has made significant achievements in developing the necessary legal and policy framework for promoting the rights of young persons with disabilities related to SRHR and GBV prevention and response services. Many laws in this framework are currently in the final stages of approval. Morocco has signed and ratified the CEDAW, the CRC, and the CRPD and has been developing a national legal framework for their implementation. The new 2011 national Constitution includes the right to health for all citizens and affirms the state's intention to mobilise all available means to facilitate the equal access of citizens to the rights of treatment, health care, social protection, health coverage, and solidarity and to live in a healthy environment. The Constitution also recognises the principle of gender equality in all civil, political, economic, social, cultural, and environmental rights and freedoms; the right to physical and moral integrity of individuals; and the principle of equality and combating all forms of discrimination. Morocco adopted Law N° 103-13 on combating violence against women in 2018.⁹⁴ The Criminal Code of 2003 has also been amended to prohibit and punish discrimination on the basis of disability.



NATIONAL PLANS TO PREVENT AND RESPOND TO GBV AGAINST PERSONS WITH DISABILITIES IN ECUADOR

In Ecuador, the adoption of the National Plan for the Eradication of Gender-based Violence against Children, Adolescents, and Women (2008) committed the government to provide sufficient financial resources to support each of the plan's activities and the agency responsible for carrying out that activity.⁹⁵ The national plan also specifies that persons with disabilities must be included in the GBV-prevention and response services included in the plan. Ecuador has also taken active steps through a national online training programme to ensure that every public health employee is not only trained in GBV but also aware of the heightened risk persons with disabilities are to violence and understand how to ensure that GBV prevention and response services are accessible and inclusive.

Ecuador has also adopted a comprehensive instructional course on GBV for health-care providers. The course includes a module on care for persons with disabilities who are GBV survivors in which students learn the legal and conceptual framework on disabilities and study how to proceed according to the forensic protocol for sexual crimes.

disabilities. Laws, policies, and programmes addressing GBV should explicitly recognise the multiple forms of discrimination to which young women and girls with disabilities, along with other marginalised groups, are routinely subjected, and outline clear strategies to target those forms of violence, while providing support to young persons with disabilities at risk of violence or who have been victims of it.

STRENGTHENING LEGAL SYSTEMS

Persons with disabilities are often denied access to fair and equal treatment in courts and by law enforcement officials, making it more difficult to claim their rights. Article 13

of the Convention on the Rights of Persons with Disabilities mandates that states ensure persons with disabilities have equal access to justice and provide whatever assistance is necessary to enable them to act as witnesses in all legal proceedings, at all stages. Effective measures to prevent and respond to GBV require that all entities involved at all levels of government work together in a coherent, integrated way. States can and have used legislation and national action plans to strengthen and standardise training and education for professionals who are or are likely to be involved in prevention or response programmes so that they can recognise violence when and where it is most likely and take appropriate steps to intervene, respond, and care for survivors when necessary.⁹⁶



SUPPORTING ACCESS TO JUSTICE FOR SURVIVORS OF VIOLENCE IN KENYA

Although young persons with intellectual disabilities are at much higher risk of sexual violence than their peers without disabilities are, it is very rare for cases against perpetrators to be brought to court. The Kenyan Association for the Intellectually Handicapped (KAIH) partnered with the Coalition on Violence against Women (COVAW) in Kenya to support survivors of violence with intellectual disabilities and their families bring claims against perpetrators.

The Access to Justice Project works at three levels of legal proceedings. At the pretrial stage, participants identify barriers that persons with intellectual disabilities have reporting GBV and assist them in getting their cases to court. During trials, KAIH supports survivors to ensure they are able to fully participate. Finally, the project collects post-trial data to ensure that perpetrators are brought to justice and sentenced.

KAIH has also become an important partner to police, prosecutors and judges, and health-care providers, providing training on how to receive complaints from persons with intellectual disabilities and supporting their efforts in court to pursue perpetrators.

SETTING PROTOCOLS FOR HEALTH-CARE PROVIDERS

Capacity development for health-care providers is particularly important, as health-care providers are frequently the first ones to recognise and serve survivors of violence.⁹⁷ They provide critical medical care to survivors and can refer them to additional services, including shelters or evidence-based, adequately resourced counselling programmes. As part of a comprehensive national strategy to respond to GBV, the Convention on the Elimination of All Forms of Discrimination against Women Committee has called for the removal of all barriers to women's access to health services and information relevant to their health and has

also called on states to ensure women's right to autonomy, privacy, and confidentiality in health services and care.⁹⁸

SUPPORTING AND EMPOWERING SURVIVORS OF VIOLENCE

Care, support, and protection for young persons with disabilities who have been subjected to violence must be an essential component of any national strategy to respond to GBV. Such care should include emergency medical and mental health care, safe accommodation, and long-term access to evidence-based and adequately resourced counselling and empowerment and should be available to young persons with disabilities on an equal basis with others.



INTEGRATING WOMEN AND GIRLS WITH DISABILITIES IN RESPONSE TO SEXUAL VIOLENCE - URUGUAY'S NATIONAL DISABILITY PROGRAMME

In 2008, a small team of researchers supported by the local government in Montevideo in collaboration with Uruguay's University of the Republic partnered with civil society organisations to conduct a broad study on the experiences of women with disabilities accessing sexual and reproductive health services. The study found that more than 84 per cent of women who had sought services at least once never tried to again, almost entirely because of the way they were treated by service providers.

Publication of the study led to the creation of a new office within the Ministry of Social Development's National Disability Programme to focus on the intersection of gender and disability. The National Disability Programme has also added access to sexual and reproductive health and services for women with disabilities as a central theme in its work plan and has developed multiple cross-sectoral initiatives to integrate women with disabilities into governmental policies and plans addressing SRHR and the prevention and response to GBV.

Under the umbrella of the 'Barriendo Barreras' programme, the Gender Desk of the National Programme on Disability initiated a project to ensure that women with disabilities were informed about their SRHR. The project created spaces for women with disabilities, their families and caregivers, and service providers to talk about sexuality and reproduction, understand their rights, and learn more about the services available to them. The Gender Desk has also provided workshops to young persons with disabilities in schools, with basic information about sexuality, puberty, and healthy relationship practices.

The Gender Desk has prepared information on the risks and prevalence of sexual violence against women with disabilities and has also drafted a manual providing technical guidance to medical and social service providers working with survivors of violence to ensure such services were open to and inclusive of women with disabilities. The National Programme on Disability now offers technical support for survivors from the moment they bring a claim of sexual or other violence through to the collection and presentation of evidence in court.



PEER SUPPORT GROUPS FOR WOMEN WITH DISABILITIES IN THE PHILIPPINES

W-DARE is a collaborative project between Australia and the Philippines that is led by a research team based at the University of Melbourne, Australia and De La Salle University, Philippines. The project works in partnership with disabled persons' organisations, mainstream SRHR and women's rights organisations, and multiple levels of government, including both national and local policymakers and service providers.⁹⁹ W-DARE originally implemented a participatory research study regarding women with disabilities and SRHR and GBV prevention and response services and then went on to develop and implement pilot strategies to promote women with disabilities' rights on the basis of research findings. Different pilot projects implemented have included awareness-raising workshops for SRHR and GBV prevention and response service providers, developing better referral policies to ensure that women with disabilities access to services and, importantly, peer support groups that empower women with disabilities to claim their rights.¹⁰⁰

In the peer support groups, which are composed of and facilitated by women with disabilities, participants learn about their rights, voice concerns, discuss personal experiences, refer one another to services, and work together to support self-advocacy and collective advocacy and to speak out about violence against women with disabilities. Participants report feeling emotionally supported and having developed the knowledge and confidence they need to report GBV and demand services. The groups have also met with local government officials and service providers to discuss the changes they need to ensure that they have the same access to SRHR and GBV prevention and response services as their peers without disabilities do.¹⁰¹



V. ACHIEVING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR YOUNG PERSONS WITH DISABILITIES

Research shows that young persons with disabilities have the same concerns and interests with regard to sexuality, relationships, and identity as their peers do yet have far less access to the means to have healthy and satisfying sexual lives. When young persons

with disabilities are able to exercise their human rights on the same basis as young persons without disabilities can, they are more likely to become active, engaged, and productive members of their communities in ways from which all will benefit. Ensuring realisation of SRHR for young persons with disabilities thus advances all civil, political, economic, social, and cultural rights by ensuring young persons with disabilities can exercise agency in decisions about their own lives and freely and fully exercise all of their human rights on an equal basis with others.¹⁰²





SEXUALITY AND DISABILITY AMONG YOUNG PERSONS WITH DISABILITIES IN MADRID AND QUITO¹⁰³

In interviews with young persons with disabilities¹⁰⁴ in Madrid, Spain, and Quito, Ecuador, young persons with disabilities discussed how they learned about sex, when they became sexually active, and changes they would like to see in education about sexual and reproductive health.

Among those interviewed in Spain, formal education on sexuality and reproduction was limited and typically did not begin until age 14–15, by which time all had engaged in some sexual behaviour. Most learned about sex and sexuality from television, the internet, friends, and online social networking sites, and not all the information they received was accurate. None of them had received any training or information on GBV, including how to recognise it, prevent it, or respond to it.

In Ecuador, young persons with disabilities had similar experiences. Members of a sports club reported that no one ever talked about sexuality and persons with disabilities. They did not receive any formal sexuality education until high school, and then it was very general and did not include any mention of persons with disabilities. According to one, ‘What I know is through the internet.’

Parents of children with disabilities participating in a focus group acknowledged that they had not thought about talking with their children about sex. One mother in Quito said, ‘This topic is a taboo, even for young persons without disabilities. For my kids [sex], is abstract. As a thing we never consider that it is a possibility.’

Realisation of SRHR necessarily requires states to meet their obligations with respect to other rights, such as the rights to education, employment, and health.¹⁰⁵

The obligation to respect, protect, and fulfil human rights, including the right to the highest attainable standard of health, requires states to bring their laws, regulations, and policies into compliance with international and regional human rights standards.¹⁰⁶ But substantive equality in sexual and reproductive health further demands that young persons with disabilities not only have recognition under national laws and policies on the same basis as their peers without disabilities,

but also that they have equal access to the same sexual and reproductive health information and services available to their peers, and services that address their specific needs. Adolescent-friendly SRHR policies should explicitly be made disability inclusive, and disability-inclusive SRHR policies should also be made adolescent friendly.

To meet commitments to securing SRHR for all, states must ensure young persons with disabilities have access to a core set of services which includes:¹⁰⁷

- 1. Family Planning:** Access to voluntary family planning and modern contraceptive methods



KEY POINTS

- The ICPD Programme of Action affirms that **young people with disabilities have a right to receive, on an equal basis with others**, at a minimum, **family planning and contraceptive services, access to safe abortion where and if legal, maternity health care, and prevention and treatment of sexually transmitted infections (STIs) and HIV**, as services necessary for sexual health.
- States should pursue a **comprehensive approach** that ensures both **formal and substantive equality** for young persons with disabilities.
- **Promising strategies** for states to effectively ensure SRHR for young persons with disabilities include:
 - **Partner with civil society** organisations representing young persons with disabilities in the development of SRHR policies and programmes;
 - **Raise awareness** of the rights of young persons with disabilities within government and among service providers;
 - **Address inclusion in SRHR-related policy, laws, and budgets** at the national and local levels by ensuring they are youth- and disability-inclusive; and
- All SRHR programmatic interventions should be **youth-friendly and disability-inclusive**.
- States should **collect data in a disability, gender, and youth inclusive manner** that allows researchers to disaggregate by disability status, gender, age, and other appropriate characteristics and identities in order to clearly identify gaps and inequalities across groups.

including emergency contraceptives along with counselling on how to safely and effectively use them.

- 2. Maternal health care:** Access to maternal health services including pre- and post-natal care, skilled birth assistance, and access to emergency obstetric care.
- 3. Safe abortion:** Access to safe abortion, where it is not against the law.
- 4. Post-abortion care:** Access to post-abortion care, regardless of whether abortion is legally permitted.

5. Comprehensive sexuality education:

Access to comprehensive sexuality education (CSE) that provides cognitive, emotional, physical, and social aspects of sexuality, including by equipping children and young people with knowledge, skills, attitudes, and values that will empower them to: realise their health, well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives. This includes access to accurate and comprehensive information and education

regarding human development, anatomy, and reproductive health along with information about contraception, childbirth, and sexually transmitted infections, including HIV, and voluntary methods for prevention, treatment, and care.

6. GBV prevention and response services:

Access to GBV prevention and response including rehabilitation services for survivors of violence, aligned with the standards of the United Nations Essential Services for Women and Girls Subject to Violence Package

7. STI prevention and treatment services:

Access to preventative measures regarding STIs, including HIV/AIDS, along with detection and treatment of and counselling on STIs, including HIV/AIDS.

All efforts should also be aligned with the World Health Organisation's *standards for improving the*

quality of care for children and young adolescents in health facilities,¹⁰⁸ which outlines what is expected in order to respect children's rights including ensuring child-, adolescent-, and family-friendly health facilities and services; evidence-based clinical care; availability of child- and adolescent-specific appropriate equipment; and appropriately trained, competent staff. The Global Standards for Quality Health-Care Services for Adolescents,¹⁰⁹ developed by the World Health Organisation and UNAIDS, also provides a standardised framework to assist policymakers and health-care providers in improving the quality of health-care services so that adolescents find it easier to obtain the health services that they need to promote, protect, and improve their health and well-being.

Several of these core set of services are discussed in more detail below, alongside selected case studies.



PROVIDING RIGHTS-BASED AND GENDER-RESPONSIVE SERVICES FOR WOMEN AND YOUNG PEOPLE WITH DISABILITIES

UNFPA and Women Enabled International (WEI) have collaborated on a detailed set of guidelines for providing rights-based and gender-responsive services to address GBV and SRHR for women and young people with disabilities. The Guidelines (forthcoming in 2018¹¹⁰) offer practical and concrete actions that governments, service providers, and other relevant stakeholders can take to meet the needs of women and young persons with disabilities. The Guidelines use the AAAQ Framework as outline concrete action items to ensure availability, accessibility, acceptability and quality of SRHR services, and GBV prevention and response.

The Guidelines are comprehensive and can be used to support programmes providing the full range of sexual and reproductive health services and GBV prevention and response services for women and young persons with disabilities.



REACHING YOUNG PERSONS WITH DISABILITIES IN NEPAL¹¹¹

In 2015, Marie Stopes Nepal conducted a study to assess the sexual and reproductive health needs of young persons with disabilities in Nepal. The study found that only 36 per cent of boys and young men and 21 per cent of girls and young women had adequate information about puberty and sexual and reproductive health during adolescence. Nearly half said they had engaged in sexual activity at some point, and more than 1 in 3 of those were still sexually active but not using any form of contraception. A majority of respondents also said that the closest centres to receive sexual and reproductive health services were not 'friendly' to young persons with disabilities and were physically inaccessible or lacked communication support and that service providers had negative attitudes. Most said they preferred to rely on their friends for information about sexuality and reproductive health.

In coordination with the government of Nepal, Marie Stopes Nepal developed guidelines for disability inclusion and a training programme to sensitise health-care providers to the needs and concerns of young persons with disabilities. Young persons with disabilities have also been recruited to act as 'pop-up volunteers' and peer educators to promote outreach to young persons with disabilities and encourage greater participation.

ACCESS TO FAMILY PLANNING AND CONTRACEPTIVE SERVICES

Young persons with disabilities are engaging in sexual activities in the same ways as their peers without disabilities are and have the same concerns, needs, and right to sexual and reproductive health, including access to family planning and contraceptive services. To achieve this, sexual and reproductive health services must be both adolescent friendly and disability inclusive.

Adolescent-friendly SRHR services guidelines should be used alongside disability inclusion guidelines to ensure that services are assessed from both the perspectives of youth friendliness and disability inclusion. Young persons with disabilities must be included in every step

of the planning and evaluation to ensure substantive equality in services. Services that are acceptable and effective for their peers without disabilities may not be acceptable or effective for young persons with disabilities without accommodations.¹¹²

ADDRESSING MATERNAL HEALTH

Maternal health is a global health priority evidenced through efforts to reduce maternal mortality, most notably reflected in Sustainable Development Goal 3. Maternal health care is also a right recognised in the International Covenant on Economic, Social, and Cultural Rights, the Convention on the Rights of Persons with Disabilities, and the International Conference on Population and Development Programme

of Action, among other instruments, each of which guarantees the rights to reproductive and maternal health of young women and girls with disabilities. Despite these obligations, women with disabilities remain largely excluded from mainstream maternal health services. Communication barriers, physical inaccessibility of facilities, and attitudes of health-care providers all represent significant barriers to young women with disabilities in need of maternal health care.¹¹³

Studies have recounted women with disabilities' 'horrendous' experiences endured at public hospitals when they went to deliver their babies, in large part due to the insensitivity of service providers.¹¹⁴ In other studies, health-care workers themselves reported that they believe they lack the requisite knowledge to care appropriately for women with disabilities, including appropriate accommodations to ensure they receive care on an equal basis with others.¹¹⁵



CAPACITY BUILDING FOR DISABILITY-INCLUSIVE REPRODUCTIVE HEALTH AND FAMILY PLANNING SERVICE PROVIDERS IN ETHIOPIA

In 2010, the Ethiopian Centre for Disability¹¹⁶ and Development and the Nia Foundation¹¹⁷ published the *Resource Manual for Reproductive Health/Family Planning Service Providers on the Inclusion of Persons with Disabilities in Reproductive Health/Family Planning Services*. The manual was designed for the specific purpose of building the capacity of government and non-governmental health service providers in Ethiopia to provide inclusive reproductive health and family planning services. Both the Ethiopian Centre for Disability and Development and the Nia Foundation are non-governmental organisations. The Ethiopian Centre for Disability and Development, however, is supported by USAID and IrishAid, and the Nia Foundation is a partner with the Ethiopian Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Education, and Ministry of Women and Children's Affairs. This kind of collaboration illustrates the importance of state support for civil society organisations representing persons with disabilities, such as the Ethiopian Centre for Disability and Development, through both international and national cooperation. Civil society organisations such as the Nia Foundation can provide local expertise in SRHR and disability in developing policies and resources promoting disability inclusion.

The *Resource Manual* trains sexual and reproductive health service providers on disability, on the sexual and reproductive health needs of persons with disabilities and on the barriers such persons encounter accessing services, the basic concepts and components of disability-inclusive sexual and reproductive health service provision, and an individualised approach to providing sexual and reproductive health services to persons with disabilities according to their needs. The most important part of the document, however, is the step-by-step instructions for sexual and reproductive health providers to mainstream disability into all of their services and to develop disability-specific targeted approaches. These instructions include specific questions for assessing the disability inclusion of SRHR programmes.



USING THE INTERNET TO INCLUDE YOUTH WITH DISABILITIES IN SEXUALITY EDUCATION¹¹⁸

Two websites, both created by organisations in India, are providing sexuality education to young persons with disabilities around the world. *Love Matters* (lovematters.in) is a mainstream sexuality education website open to all young people but inclusive of young persons with disabilities. *Sexuality and Disability* (sexualityanddisability.org) is similarly open to all but aimed particularly at persons with disabilities. Both websites were originally focused on providing comprehensive sexuality education (CSE) to young people in India and South Asia, but both have gained worldwide audiences. These platforms are particularly important for providing CSE to groups marginalised from CSE in both schools and out-of-school settings.¹¹⁹ They also provide a forum for all young people to ask questions anonymously, thus ensuring the confidentiality of discussions and encouraging people to ask questions that they may feel embarrassed to ask face-to-face in a public setting. In the words of one of the creators of *sexualityanddisability.org*, the website makes users feel that when they ask questions or participate in chats, they are able to be 'intimate and distant at the same time,' meaning they feel empowered to ask personal questions, yet simultaneously feel protected by their anonymity.

ENSURING ACCESS TO COMPREHENSIVE SEXUALITY EDUCATION

Young persons with disabilities have a right to comprehensive sexuality education (CSE) on an equal basis with others. Comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to realise their health, well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.¹²⁰

To ensure that young persons with disabilities have access to CSE, it is important to not only mainstream disability inclusion into CSE programmes implemented within schools but also to provide CSE programmes in non-school settings, especially within settings available to and welcoming of young persons with disabilities, particularly girls and young women.

DISABILITY INCLUSION IN HIV PREVENTION, TREATMENT, AND CARE SERVICES

Young persons with disabilities have the same right to participate in HIV prevention, treatment, and care services on an equal basis as young persons without disabilities. Persons with disabilities should be integrated within all HIV-related programmes and services and, disabled

persons' organisations should be included in HIV-related advisory councils, integrated into planning and outreach initiatives, and connected to HIV-related civil society networks.¹²¹ It is particularly important that young persons with disabilities, especially adolescent girls and young women with disabilities, are aware of HIV-related services because HIV is currently the second leading cause of death for adolescents worldwide,¹²² and in many contexts, women with disabilities face specific barriers to HIV-related services and experience increased HIV-related risk factors. It is equally important that all epidemiological information collected on HIV prevalence can be disaggregated on the basis of age, gender, and disability so that programme implementers can assess whether their services are successfully addressing young persons with disabilities.¹²³

// VI. ACCOUNTABILITY AND RESOURCES

Historically, young persons with disabilities, especially adolescent girls and young women with disabilities, have been virtually invisible in quantitative and qualitative data regarding GBV and SRHR, with few states disaggregating the data they do collect by disability. This invisibility makes it impossible for states to confirm that they are fulfilling their obligations to young persons with disabilities and prevents policymakers and programme implementers from identifying where appropriate interventions may be needed. It also robs civil society organisations that represent young persons with disabilities from having important tools for holding their governments accountable.

The commitment in the Sustainable Development Goals to 'leave no one behind' requires states to monitor the rights of particularly marginalised

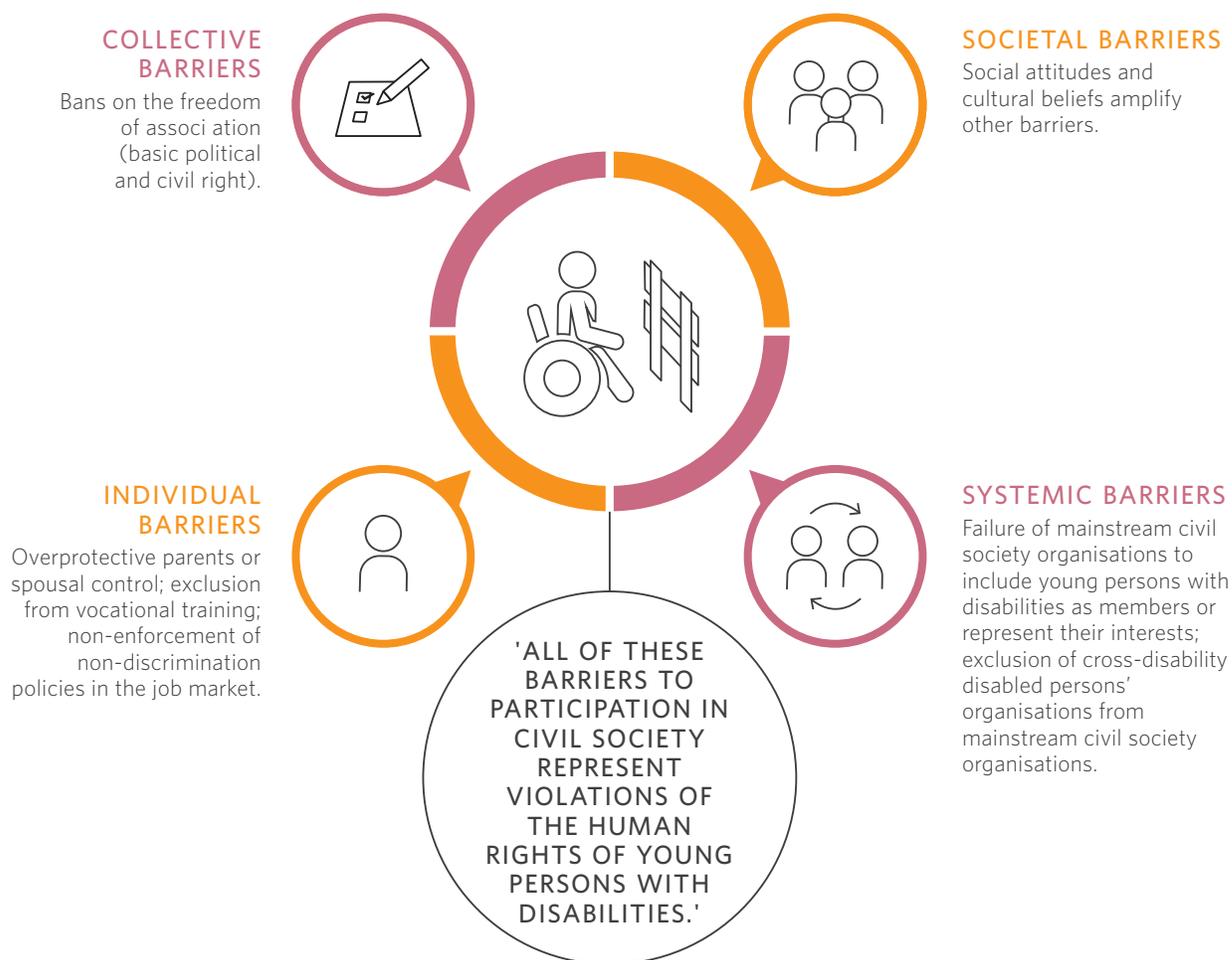
groups, including women and children with disabilities, and collect disaggregated data through national data systems. Sustainable Development Goal 17 and target 17.18 requires all data to be disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location, and other characteristics. The Convention on the Rights of Persons with Disabilities also requires states to collect data on the situation of young persons with disabilities, and the Washington Group on Disability Statistics has partnered with the United Nations and a number of states and civil society organisations to develop new data-collection instruments, including a new disability questionnaire module that assists countries in collecting disability-inclusive statistics on health, including sexual and reproductive health.¹²⁴

In addition to accurate data, one of the most critical elements for effective implementation of programmes addressing GBV and SRHR is adequate resources. National legislation and national action plans focused on preventing and responding to GBV or fulfilling SRHR must take into account the funding necessary to see government commitments through.¹²⁵ Budgeting for the inclusion of young persons with disabilities in policies and programmes involves two important national budgeting practices: ensuring that resources are allocated to addressing GBV and SRHR and ensuring that those resources are disability inclusive.¹²⁶

// VII. INCLUSION OF CIVIL SOCIETY

Young persons with disabilities have a right to be heard. Their voices raise critical issues and contribute important insights on how best to ensure they can enjoy their rights, including

BARRIERS FACED BY YOUNG PERSONS WITH DISABILITIES IN THEIR PARTICIPATION IN CIVIL SOCIETY



Note: A text alternative for this infographic is available as an annex [here](#).

access to SRHR and GBV prevention and response services. For too long, young persons with disabilities, especially young women and adolescent girls, have been absent from policy debates that affect their daily lives, yet their unique knowledge and experience are vital for designing effective services.

The most effective laws and policies advancing rights are those that were developed in partnership with the groups the laws aim to

serve.¹²⁷ National governments are increasingly fostering state-civil society partnerships because they recognise the importance of empowering citizens and making governance more effective.¹²⁸ An increasing number of states are including civil society organisations representing women and youth through public forums, national advisory councils, and other means of consultation, especially when developing legislation and programmes protecting these groups' rights and creating new social and economic opportunities.



MAINSTREAMING DISABILITY INTO PEER ADVOCACY IN MOZAMBIQUE

Young persons educating other young persons about safe sex can have a dramatically greater effect on risky behaviour than when older individuals share the same information.¹³⁰ Geração Biz ('Busy Generation') is a peer-led SRHR programme in Mozambique that began in 1999 as a collaboration between the state and civil society organisations.¹³¹ The Mozambican Ministries of Health, Education, and Youth and Sports implements the programme with a wide array of partners ranging from a national family planning nongovernmental organisation through to a network of more than 300 youth groups.

In 2009, the Mozambican Ministry of Gender, Children, and Social Action began to implement Project Inclusion to promote access and exercise of SRHR for persons with disabilities. As part of Project Inclusion, the government worked with disabled persons' organisations, such as the Mozambican Association of the Deaf (ASUMO) to identify young persons with disabilities to join Geração Biz as peer educators. The supports needed to make Geração Biz disability inclusive included working with disabled persons' organisations to identify young persons with disabilities interested in becoming peer educators, ensuring that Geração Biz training and meeting facilities and information and communication were made accessible, and implementing awareness-raising among Geração Biz participants without disabilities. Despite Project Inclusion's funding only lasting five years, inclusion of young persons with disabilities in Geração Biz not only proved to be sustainable, but also the peer educators trained brought their new skills and knowledge into other organisations, including disabled persons' organisations, and initiated their own SRHR projects.

Civil society is also critical for spreading awareness about new laws and programmes and for challenging harmful beliefs about persons with disabilities as dependents or aberrations.¹²⁹ Many provide social support and deliver services. Local grassroots associations are often the front line connecting people in need with others who can help provide them with the informational, material, and emotional resources they need. In many places around the

world where states lack capacity, resources, or will, both international and national NGOs provide many basic services, including those related to SRHR and GBV prevention and response services. It is, however, always a state's duty to take responsibility for protecting and ensuring access to these rights, including when states achieve that by supporting services provided by civil society organisations in cases when it is appropriate.

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// TEXT ALTERNATIVES FOR INFOGRAPHICS

Full-text versions of each infographic presented in this summary brief are available below.

LINK BETWEEN DISABILITY AND POVERTY: HOW DISABILITY CAN EXACERBATE CONDITIONS THAT LEAD TO INCREASED LEVELS OF POVERTY FOR VULNERABLE POPULATIONS

This infographic visualises the link between disability and poverty by presenting the following cycle which neither has a beginning nor end:

Disability may increase the chances of experiencing social and cultural exclusion and stigma as well as denial of opportunities for economic, social and human development. This in turn may cause poverty which may lead to deficits in economic, social, and cultural rights. Poverty may increase the chances of reduced participation in decision making and denial of civil and political rights which in turn can cause increased vulnerability to poverty and ill-health. The cycle continues back to disability through to poverty and back to vulnerability to poverty and ill-health.

Source: DFID (2000). Disability, poverty, and development.

POTENTIAL CAUSES OF VIOLENCE AGAINST CHILDREN WITH DISABILITIES

This infographic was taken from a European Union Agency for Fundamental Rights report where the causes of violence against children with disabilities were identified by respondents which included professionals, key stakeholders from disabled persons' organisations, parent organisations and other non-governmental organisations, and policymakers in 13 European Union Member States: Austria, Bulgaria, Croatia, the Czech Republic, Denmark, Italy, Lithuania, the Netherlands, Poland, Portugal, Slovenia, Sweden, and the United Kingdom.

The potential causes of violence against children with disabilities as gathered by respondents are presented below (in no particular order):

1. Overextended and untrained care personnel.
2. Over-burdening of parents and lack of support.
3. Lack of knowledge about disability.
4. Societal attitudes based on prejudice and fear of 'otherness'.
5. Isolation and segregation from the community.
6. Risk factors relating to perpetrators seeing children with disabilities as 'easy targets'.

Source: European Union Agency for Fundamental Rights (2015). Violence against children with disabilities: legislation, policies, and programmes in the EU.

BARRIERS FACED BY YOUNG PERSONS WITH DISABILITIES IN THEIR PARTICIPATION IN CIVIL SOCIETY

Societal barriers: Social attitudes and cultural beliefs amplify other barriers.

Systemic barriers: Failure of mainstream civil society organisations to include young persons with disabilities as members or represent their interests; exclusion of cross-disability disabled persons' organisations from mainstream civil society organisations.

Individual barriers: Overprotective parents or spousal control; exclusion from vocational training; non-enforcement of non-discrimination policies in the job market.

Collective barriers: Bans on the freedom of association (a basic political and civil right).

All four of these barriers (societal, systemic, individual, and collective barriers) to participation in civil society represent violations of the human rights of young persons with disabilities.



