



Violence Against Women & Girls

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BRIEF ON VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES



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The Global Women's Institute THE GEORGE WASHINGTON UNIVERSITY



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KEY DEFINITIONS

Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments that, in interaction with various barriers, may hinder their full, effective and equal participation in society.¹

Disability-based violence includes direct and indirect violence against persons with disabilities.^{2,3,4} It is linked to the social stigma associated with disability and based on the power imbalance between those with and without disabilities. Direct violence can include physical, psychological, and economic violence. Indirect violence refers to structural violence, characterized by norms, attitudes, and stereotypes on disability.⁵

KEY POINTS

- More than 1 billion people globally – about 15% of the world’s population – are estimated to have a disability, and most of them live in developing countries. This number is expected to increase in the future due to a range of factors, including aging, war and conflict, natural disasters, and forced displacement.⁶
- Disability is more prevalent among women than men. The World Report on Disability estimates that, globally, 19% of women have a disability relative to 12% of men. The number of children with disabilities is estimated to range between 93 million and 150 million.⁷ However, unreliable data collection means that these numbers may not give a real representation of the number of persons with disabilities worldwide.

¹ United Nations Convention on the Rights of Persons with Disabilities. Article 1: p. 5.

² International Network of Women with Disabilities. 2010. [Document on Violence Against Women with Disabilities – Discussion](#).

³ Devandas Aguilar, C. 2017. [Sexual and Reproductive Health Rights of Young Women and Girls with Disabilities](#). UN Special Rapporteur on the rights of persons with disabilities. Presented at the 72nd session of the UN General Assembly.

⁴ UN Population Fund. 2018. [Young Persons with Disabilities: Global Study on Ending GBV and Realising Sexual and Reproductive Health and Rights](#).

⁵ European Institute for Gender Equality. 2019. [What is Gender-based Violence?](#)

⁶ World Health Organization and the World Bank Group. 2011. [World Report on Disability](#).

⁷ Ibid.

- Lack of disaggregated data by age, gender, disability, ethnicity, and other status hinder the calculation of adequate statistics on the number of girls with disabilities relative to boys. This contributes to the invisibility of children, especially girls, with disabilities.⁸
- There is a persistent tendency to speak of people and children with disabilities as a group, without differentiating between impairments, age, or gender identities. As a result, the specific and varied experiences of each group are not acknowledged.⁹
- While persons with disabilities of either gender are particularly vulnerable to physical, mental, and social abuse, there is a clear intersection between violence against women and disability that may increase violence experienced by women and girls with disabilities. This intersection may also make certain forms of violence against women and girls with disabilities invisible.
- Women and girls with disabilities may experience multiple forms of violence, including psychological and emotional violence, neglect, financial abuse or exploitation, and physical or sexual abuse. This violence could include ignoring nutritional or medical needs, or inappropriate handling by caregivers. It could also take the form of being denied to access and control over financial resources.¹⁰ Many women and girls with disabilities face structural barriers in accessing education, health, and social services. Most safe places for women and girls remain inaccessible to those with disabilities.
- A global study found that girls and young women with disabilities experience up to 10 times more violence than those without disabilities.¹¹ Children with disabilities, especially girls, tend to experience multiple forms of violence by a number of perpetrators within their extended family and wider community, with extremely limited opportunities to get help.^{12, 13, 14}
- Research from around the world highlights the progressive types of violence that children with disabilities face throughout childhood into adolescence, adulthood, and old age, including an increased risk of physical and emotional violence at a very young age, and of sexual violence as they reach puberty.^{15, 16}

⁸ Devandas Aguilar, C. 2017. [Sexual and Reproductive Health Rights of Young Women and Girls with Disabilities](#). UN Special Rapporteur on the rights of persons with disabilities. Presented at the 72nd session of the UN General Assembly.

⁹ International Network of Women with Disabilities. 2010. [Document on Violence Against Women with Disabilities – Discussion](#).

¹⁰ Ozemela, L., Ortiz, D., and Urban, A-M. 2019. [Violence Against Women and Girls with Disabilities, Latin America and the Caribbean](#). Policy Brief N IDB-PB-302. Gender and Diversity Division, Inter-American Development Bank.

¹¹ Ibid.

¹² African Child Policy Forum. 2011. [Violence Against Children with Disabilities in Africa: Field Studies from Cameroon, Ethiopia, Senegal, Uganda, and Zambia](#).

¹³ Andrae, K. 2017. [Disability and Gender-based Violence – Peer Research in Kibaha and Mkuranga, Tanzania](#). Action on Disability and Development International.

¹⁴ Shah, S., Tsitsou, L., and Woodin, S. 2016. Hidden Voices: Disabled Women’s Experiences of Violence and Support over the Life Course. *Violence Against Women*. 22(10), 1,189–1,210. ISSN 1077-8012.

¹⁵ Ibid.

¹⁶ Ozemela, L., Ortiz, D., and Urban, A-M. 2019. [Violence Against Women and Girls with Disabilities, Latin America and the Caribbean](#). Policy Brief N IDB-PB-302. Gender and Diversity Division, Inter-American Development Bank.

- Studies tend to focus on structural and cultural causes of violence¹⁷ and less on the internalized attitudes and perceptions of women and girls with disabilities about their sense of unattractiveness and being a burden, and lack of self-worth, which may lead them to accept sexual advances and violence.^{18, 19}
- Some harmful practices against girls and young women with disabilities are perceived as legitimate medical care condoned by legislation. These practices include forced sterilization to avoid unwanted pregnancies;²⁰ coerced and invasive contraception to avoid the burden of administering daily oral conception pills; and menstruation and sexual expression suppression, including through hysterectomies, to avoid having to manage menstruation – especially for those with severe, multiple, or intellectual disabilities.^{21, 22}
- The challenges women with disabilities face are more pronounced in rural and other hard-to-reach areas such as informal settlements. The unavailability and inaccessibility of services, information, awareness, education, income, and interaction with wider society are often compounded by considerably more conservative social norms, further increasing the isolation and invisibility of women and girls with disabilities.
- Very few gender-based violence programs in humanitarian settings focus on integrating persons with disabilities into protection and gender-based violence assessments, for example, by including them in gender- and age-appropriate focus groups discussions, or by integrating specific gendered questions on disability in focus group topic guides. Where such assessments do happen, they rarely identify the skills and capacities of men and women with disabilities, which is a missed opportunity to gain insights into how to protect these groups and their contributions to community programming.²³
- Despite growing research into violence against women and girls with disabilities, targeted efforts to protect this group specifically are still lacking. Those interventions that are documented do not clearly demonstrate a decrease in violence or the mitigation of risk factors. This is in part due to a lack of rigorous planning, implementation, and evaluation.²⁴

¹⁷ Structural causes of violence are (often institutional) factors that harm people, especially women, by preventing them from meeting basic needs, and provide an environment in which poor health and care, and inadequate education and economic opportunities, intersect with cultural factors based on gender and other discrimination, thereby increasing the risk of violence.

¹⁸ Hanass-Hancock, J. et al. 2018. [Preventing Violence Against Women and Girls with Disabilities in Botswana – Situation Analysis](#).

¹⁹ Devandas Aguilar, C. 2017. [Sexual and Reproductive Health Rights of Young Women and Girls with Disabilities](#). UN Special Rapporteur on the rights of persons with disabilities. Presented at the 72nd session of the UN General Assembly.

²⁰ Al-Bustanji, M.A. et al. 2018. Hysterectomy of Girls with Intellectual Disabilities in Jordan: A Family Perspective. *International Journal of Learning and Development*. 8(1), 53–72.

²¹ Ortoleva, S. and C. Frohmader. 2013. [The Sexual and Reproductive Rights of Women and Girls with Disabilities. Issues Paper](#).

²² Human Rights Watch. 2018. [Word Report 2018](#).

²³ Pearce, E. and Kiani, S. et al. 2019. [Rapid Review of the Inclusion of Persons with disabilities and Older People in Gender-based Violence Humanitarian Interventions](#). Elrha, VOICE, Humanitarian Innovation Fund.

²⁴ Van der Heijden, I. 2017. [What Works to Prevent Violence Against Women and Girls with Disabilities](#).

- There is an urgent need to collect data on the various forms of violence experienced by girls and women with disabilities in different parts of the world. For example, in Latin America and the Caribbean, and in the Middle East and North Africa, data on violence against women with disabilities is still scarce.²⁵ Similarly, in countries across Southern Africa, persons with disabilities have been left behind in research and interventions targeting violence and gender-based violence.²⁶ More evidence is also needed on interventions that can decrease the incidence of violence²⁷ and make a sustainable change in the lives of girls and women with disabilities.

Please refer to the infographic on the main findings on page 36

CAUSES, TYPES, AND CONSEQUENCES OF VIOLENCE

VIOLENCE ALONG THE LIFE CYCLE OF WOMEN AND GIRLS WITH DISABILITIES

Globally, there are no standard age brackets for life stages used across all countries and organizations. International frameworks use age ranges that sometimes overlap, for example, children fall under the age of 18 years, adolescents are between 10 and 19 years of age, and youth are defined as people between the ages of 15 and 24. For statistical reasons, the reproductive age is often considered to be between 15 and 49 years. Perceptions of age, however, vary by individual, community, and societal contexts, especially for childhood and old age. Different life spans in different countries and environments make it difficult to define when a person reaches old age. In this paper, we discuss the different stages during the life cycle without defining specific age ranges, acknowledging fluid transitions from one stage to another.

INFANCY

There is very little sex-disaggregated data among research on violence against children with disabilities, especially young girls. Reports tend to highlight the risk of violence against children with disabilities based on society's perception of disability as shameful, a curse, or divine punishment for the misdeeds of parents (most often the mother), or the person with a disability themselves.²⁸ A 2011 African Child Policy Forum conducted in Cameroon, Ethiopia, Senegal, Uganda, and Zambia found persistent beliefs that childhood disability was caused by the mother's sin or promiscuity, an ancestral curse, or demonic possession.²⁹

²⁵ Ozemela, L., Ortiz, D., and Urban, A-M. 2019. [Violence Against Women and Girls with Disabilities, Latin America and the Caribbean](#). Policy Brief N IDB-PB-302. Gender and Diversity Division, Inter-American Development Bank.

²⁶ Hanass-Hancock, J. Taukobong, D., Keakabetse, D., and Mthethwa, N. 2018. [Preventing Violence Against Girls and Women with Disabilities in Botswana](#). Situation analysis. USAID and other partners.

²⁷ Van der Heijden, I. 2017. [What Works to Prevent Violence Against Women and Girls with Disabilities](#).

²⁸ Directorate-General for External Policies. 2017. [The Situation of Indigenous Children with Disabilities](#). European Parliament.

²⁹ UN Population Fund. 2018. [Young Persons with Disabilities: Global Study on Ending GBV and Realising Sexual and Reproductive Health and Rights](#).

Discrimination against girls with disabilities occurs almost immediately after birth. Female infants born with disabilities may never be legally registered, due to social stigma and shame, which prevents them from accessing public health care, education, and social services. It also compounds their vulnerability and makes them more likely to experience violence and abuse.³⁰

In countries such as Guinea, Kenya, Niger, Sierra Leone, and Togo, female babies with visible disabilities are more likely to be abandoned or killed than their male counterparts.^{31, 32} A report on indigenous children with disabilities also points to infanticide of children with disabilities in Brazil and Nepal, regardless of their gender.³³ Poverty and lack of access to appropriate support services exacerbates the risk of violence against children with disabilities. They often experience neglect in both basic care (such as adequate feeding, housing, and clothing) and disability-specific care (such as taking time to feed and managing secondary complications). Family and community members are also less likely to intervene in cases of abuse. Such neglect and violence are often further exacerbated by gender. The United Nations (UN) Children's Fund Report on Violence Against Children with Disabilities refers to a study from Nepal where the survival rate for boys who contract polio was twice as high as that for girls, even though polio has the same prevalence rate among girls and boys. The death of the girls was attributed to neglect, for example, as a result of eating less nutritious food and not receiving adequate medical care or other resources.³⁴



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CHILDHOOD

Widespread stigma surrounding disability often results in parents hiding their children with disabilities to avoid being shamed or shunned. In rural areas, children are often left at home while parents work or cultivate fields, sometimes for days at a time, and sometimes tied up so that they don't wander off.^{35, 36} This affects girls with disabilities in particular because they are less likely to attend school than their male counterparts. Many girls with disabilities are expected to take care of household chores such as collecting water and firewood, while poor sanitary conditions means they are often forced into the practice of open defecation. All of these scenarios expose children with disabilities to a high risk of sexual harassment and

³⁰ Ibid.

³¹ Mostert, M.P. 2016. [Stigma as a Barrier to the Implementation of the Convention on the Rights of Persons with Disabilities in Africa](#). African Disability Rights Yearbook, 2–24.

³² Rohwerder, B. 2018. [Disability Stigma in Developing Countries](#). Helpdesk Report, Institute of Development Studies.

³³ Directorate-General for External Policies. 2017. [The Situation of Indigenous Children with Disabilities](#). European Parliament.

³⁴ UNICEF. 2005. [Summary Report Violence Against Children with Disabilities](#). UN Secretary General's Report on Violence Against Children Thematic Group on Violence Against Disabled Children – Findings and Recommendations. https://www.unicef.org/videoaudio/PDFs/UNICEF_Violence_Against_Disabled_Children_Report_Distributed_Version.pdf.

³⁵ Andrae, K. 2017. [Disability and Gender-based Violence – Peer Research in Kibaha and Mkuranga, Tanzania](#). Action on Disability and Development International.

³⁶ Aley, R. 2016. [An Assessment of the Social, Cultural and Institutional Factors that Contribute to the Sexual Abuse of Persons with Disabilities in East Africa](#). Advantage Africa, FIRAH, KDPO.

violence, either when they are out of the home to conduct their chores or ablute, or while they are alone at home.³⁷

Families living in extreme poverty with a lack of alternatives may give or sell their children, especially girls, into prostitution. Research has shown that girls with hearing or intellectual impairments may be particularly sought out because of their impairment. In Thailand, young deaf girls and adolescents are preferred by brothels because they are perceived as more compliant and less able to communicate distress or find their way home.³⁸ In Taiwan, a study found that, among child prostitutes, the proportion of girls with a mild developmental disability was six times greater than what could have been expected based on the incidence of developmental disability in the general population.³⁹

Domestic labor, which is the largest employment category for girls under 16 years, is a high-risk environment for girls with and without disabilities. Although all girls are at risk of physical, psychological, and sexual violence perpetrated by their employers, the risk for girls with disabilities increases when they are unable to hear, understand, or follow instructions quickly. Furthermore, their impairment is often perceived as another justification for impunity by employers, and unlikely to be reported or taken seriously by social and law enforcement institutions.^{40, 41}

In many countries and communities around the world, families force girls with disabilities into marriage to relieve themselves from the burden of care, or to ensure their long-term security and protection.^{42 43} Child marriage presents a risk for girls with disabilities. In Lebanon, research found that girls with minor disabilities are more likely to be pressured into an early marriage before they get older, at which time the disability may worsen or they are considered to be less attractive.⁴⁴ In some South Asian communities, girls with intellectual or psychosocial disabilities are forced into early marriage because it is believed that marriage helps to remove the stigma of disability or “cure/improve” their disability.⁴⁵

³⁷ UN Population Fund. 2018. [Young Persons with Disabilities: Global Study on Ending GBV and Realising Sexual and Reproductive Health and Rights](#).

³⁸ UNICEF. 2005. [Summary Report Violence Against Children with Disabilities](#). UN Secretary General’s Report on Violence against Children Thematic Group on Violence Against Disabled Children – Findings and Recommendations. https://www.unicef.org/videoaudio/PDFs/UNICEF_Violence_Against_Disabled_Children_Report_Distributed_Version.pdf.

³⁹ Sobsey, D. 2003. Violence and Disabled Children. *One In Ten*, Rehabilitation International. 24, 2–4.

⁴⁰ Pinheiro, P.S. 2006. [World Report on Violence Against Children](#). UNICEF. <https://www.unicef.org/violencestudy/6.%20World%20Report%20on%20Violence%20against%20Children.pdf>.

⁴¹ UNICEF. 2005. [Summary Report Violence Against Children with Disabilities](#). UN Secretary General’s Report on Violence against Children Thematic Group on Violence Against Disabled Children - Findings and Recommendations. https://www.unicef.org/videoaudio/PDFs/UNICEF_Violence_Against_Disabled_Children_Report_Distributed_Version.pdf

⁴² Andrae, K (2017) *Disability and Gender-Based Violence – Peer research in Kibaha and Mkuranga, Tanzania*, ADD International.

⁴³ Devandas Aguilar, C. (2017) [Sexual and Reproductive Health Rights of young women and girls with disabilities](#), UN Special Rapporteur on the rights of persons with disabilities, presented at the 72nd session of the UN General Assembly.

⁴⁴ Women’s Refugee Commission. 2018. [Disability Inclusion in Child Protection and Gender Based Violence Programs](#).

⁴⁵ Islamic Relief (2017) [Don’t force me! A policy brief on early and forced marriage](#).

ADOLESCENCE

As young girls with disabilities enter adolescence, their risk of experiencing sexual violence increases. Harmful myths make them an easy target. In East Africa, for example, some believe that having sex with a virgin girl or a girl with albinism may cure HIV/AIDS and other sexually transmitted infections, or that it brings luck and wealth. As persons with disabilities are often perceived as asexual, girls and young women with disabilities are presumed to be virgins, and easy to target because of their disabilities, which may make it less likely that the violence will be reported or prosecuted.⁴⁶

In some rural communities in Nepal, the traditional practice of chhaupadi requires young girls and women with and without disabilities to be isolated in sheds outside the home, or even the village, during their menstruation or post-partum period. During that time, they are considered impure and believed to bring misfortune into the community. During this time, they do not have access to clean water or nutritious food. Their isolation exposes them to hypothermia, health hazards as a result of unhygienic conditions, accidental fires, attacks by animals, and a high risk of sexual violence – all made potentially more acute by certain disabilities, such as hearing impairment.^{47, 48} Girls and women with disabilities who require special care are particularly vulnerable if left alone in isolated places outside of their homes.

Other harmful practices against girls and young women with disabilities are perceived as legitimate medical care condoned by legislation. These practices include forced sterilization to prevent unwanted pregnancies or rape;⁴⁹ coerced and invasive contraception to reduce the burden on families and carers administering oral contraceptives; and menstruation and sexual expression suppression, including through hysterectomies, to avoid having to manage menstruation, especially among adolescent girls with severe, multiple, or intellectual disabilities.^{50, 51}

The intersection of gender and disability bias makes it less likely that girls with disabilities in many developing countries will receive school education beyond their early primary years, if at all.⁵² This can be due to negative attitudes and a lack of inclusive education systems and accessible transportation. Without going to school, it is less likely that they will receive sexual and reproductive health information to manage their menstruation, prevent sexually transmitted infections and unwanted pregnancies, or make informed choices regarding their sexual and reproductive rights.⁵³ Even where adolescent girls with disabilities attend

⁴⁶ Devandas Aguilar, C. 2017. [Sexual and Reproductive Health Rights of Young Women and Girls with Disabilities](#). UN Special Rapporteur on the rights of persons with disabilities. Presented at the 72nd session of the UN General Assembly.

⁴⁷ Thapa, S., Bhattarai, S., and Aro, A.R. 2019. “Menstrual Blood is Bad and Should be Cleaned”: A Qualitative Case Study on Traditional Menstrual Practices and Contextual Factors in the Rural communities of Far-western Nepal. *SAGE Open Medicine*. 7, 1–9.

⁴⁸ Wilbur, J., Kayastha, S., Sigdel, A., Gyawali, A., Mahon, T., Torondel, B., and Kuper, H. 2018. [Identifying and Addressing the Barriers to Menstrual Hygiene that Adolescents and Young Persons with disabilities Face in Nepal](#). WaterAid London School Hygiene and Tropical Medicine.

⁴⁹ Al-Bustanji, M.A. et al. 2018. Hysterectomy of Girls with Intellectual Disabilities in Jordan: A Family Perspective. *International Journal of Learning and Development*. 8(1), 53–72.

⁵⁰ Ortoleva, S. and C. Frohmader. 2013. [The Sexual and Reproductive Rights of Women and Girls with Disabilities. Issues Paper](#).

⁵¹ Human Rights Watch. [Word Report 2018](#).

⁵² Male, C. and Wodon, Q. 2017. [The Price of Exclusion: Disability and Education. Disability Gaps in Educational Attainment and Literacy](#). Global Partnership for Education and the World Bank.

⁵³ Andrae, K. 2017. [Disability and Gender-based Violence – Peer Research in Kibaha and Mkuranga, Tanzania](#). Action on Disability and Development International.

school, access to information and services (including safe sanitation and water facilities), in an appropriate format, remains poor.⁵⁴ Lack of education also severely limits their chances to gain skills and knowledge, which nourishes confidence and agency, and improves access to decent work. This leads to the kind of structural conditions that make it difficult to avoid or leave abusive situations.

Adolescent girls with disabilities are at a high risk of violence at and around school due to discrimination based on their impairments, yet there is still a lack of appropriate, gender-disaggregated research, with large gaps in understanding gender, disability and the multiple intersecting factors that have a bearing on the perpetration of various forms of violence.⁵⁵

REPRODUCTIVE ADULTHOOD

Sexual reproductive and health rights violations continue for women with disabilities as they grow older. Various reports of the Committee on the Rights of Persons with Disabilities for the Latin American and Caribbean region expressed concern about:

- The excessively common declaration of incapacity by relatives who argue that their family member with intellectual or psychosocial disabilities is unable to make decisions about their lives.
- The indiscriminate use of legal mechanisms such as guardianship.
- The repeated use of abusive practices of forced sterilization and abortion.⁵⁶
- While all women are exposed to various forms of violence, those with disabilities are at further risk of violence that is unique and less detectable. This includes a lack of respect for personhood, such as withholding assistive devices like wheelchairs, hearing aids, and white canes, which limits mobility and interaction with other people, and increases a sense of powerlessness and dependency. It also includes refusal by caregivers to assist with daily living, such as bathing, dressing, eating; verbal abuse and ridiculing the disability; threats of harm to the person, or their pets/support animals; and forced administration or withholding of drugs and medication.⁵⁷

Women with disabilities are often seen as unsuitable for marriage because their impairment is considered shameful. In Bedouin communities, girls with disabilities are kept hidden and not considered for marriage because of the extreme stigma associated with disability. This can affect the entire family, including marriage prospects for siblings.⁵⁸ Women with disabilities are perceived to be unable to properly manage a household or bear healthy children. However, men sometimes marry women with disabilities to access their land, receive a higher dowry, or exploit them as cheap labor. Women who become disabled after their marriage are often abandoned by their partners, as are women who bear children with disabilities.^{59, 60}

⁵⁴ Ortoleva, S. and C. Frohmader. 2013. [The Sexual and Reproductive Rights of Women and Girls with Disabilities. Issues Paper.](#)

⁵⁵ Leach, F., Dunne, M., and Salvi, F. 2014. [A Global Review of Current Issues and Approaches in Policy, Programming and Implementation Responses to School-related Gender-based Violence \(SRGBV\) for the Education Sector.](#) Background research paper prepared for UNESCO.

⁵⁶ UN Population Fund. Regional Strategy 2019–2021: [Visibility, Inclusion, Participation, VIP Strategy – Guidelines to Promote the Rights of Persons with Disabilities in the Work of the United Nations Population Fund in Latin America and the Caribbean.](#)

⁵⁷ UN Population Fund. 2018. [Young Persons with Disabilities: Global Study on Ending GBV and Realising Sexual and Reproductive Health and Rights.](#)

⁵⁸ HI and Making It Work. 2015. [Making It Work Initiative on Gender and Disability Inclusion: Advancing Equity for Women and Girls with Disabilities.](#)

⁵⁹ Voices of the Marginalised. 2013. [We Can Also Make Change.](#) Sightsavers, HelpAge International, Action on Disability and Development International, Alzheimers International, with IDS.

⁶⁰ Andrae, K. 2017. [Disability and Gender-based Violence – Peer Research in Kibaha and Mkuranga, Tanzania.](#) Action on Disability and Development International.

Women with disabilities are often expected to tolerate non-consensual sex and sexually abusive behavior because of misconceptions about their sexuality and their rights not to be harmed. Research in Kenya, Tanzania, and Uganda found that people have the impression that people, especially women, with disabilities cannot have conventional sexual partnerships. They wrongly assume that even non-consensual sex will be a favor to the women, and therefore abusive relationships are to be tolerated. This is often used as an excuse by perpetrators, as well as by community members for not acting to protect the girl or woman.⁶¹

Women with disabilities are often discouraged or denied the opportunity to bear or raise children. This is especially the case for women with intellectual disabilities because they are either perceived as asexual and dependent on care, or as hyper-sexual and/or promiscuous, resulting in the unmanageable reproduction of children with disabilities. A study in Mexico highlighted that women with disabilities were considered irresponsible and careless for wanting to have children because they would either pass on the disability or just be “bad mothers”. In these cases, women are often forced to have an abortion or give up the child for adoption.⁶² Disabled parents, especially mothers with disabilities, are 10 times more likely to have their children removed from their care based on their disability rather than on the evidence of child neglect.⁶³



In Uganda © Leonard Cheshire

In developing countries, there is still limited research on domestic and intimate partner violence against women with disabilities. But the body of research is growing:

- In Nepal, a study among 475 women between 16 and 93 years with physical hearing and visual impairments found that 58% experienced various forms of violence by family members and neighbors, 39% by intimate partners, and 12% by strangers. The most at-risk women among the respondents were young women who needed family/partner permission to visit health centers and participate in community activities, and who were working for cash income.⁶⁴
- Colombia's 2015 survey indicates that 72% of women with disabilities have experienced at least one type of violence from their husbands or partners during their lifetime, with the most common types of violence being psychological (69%), physical (42%), economic (39%) and sexual (11%).⁶⁵

⁶¹ Advantage Africa, FIRA, KDPO. 2016. [An Assessment of the Social, Cultural, and Institutional Factors that Contribute to the Sexual Abuse of Persons with Disabilities in East Africa](#).

⁶² Rodríguez, P. 2015. [Twice Violated – Abuse and Denial of Sexual and Reproductive Health Rights of Women with Psychosocial Disabilities in Mexico](#). Disability Rights International, Colectivo Chuhcan.

⁶³ Ortoleva, S. and C. Frohmader. 2013. [The Sexual and Reproductive Rights of Women and Girls with Disabilities. Issues Paper](#).

⁶⁴ Puir, M., Misra, G., and Hawkes, S. 2015. Hidden Voices: Prevalence and Risk Factors for Violence Against Women with Disabilities in Nepal. [BMC Public Health](#), March 18.

⁶⁵ Ozemela, L., Ortiz, D., and Urban, A-M. 2019. [Violence Against Women and Girls with Disabilities, Latin America and the Caribbean](#). Policy Brief. Gender and Diversity Division, Inter-American Development Bank.

- A study in Cambodia found that women with and without disabilities experience similar levels of partner violence, but women with disabilities were more likely to experience higher levels of psychological stress and significantly higher levels of emotional, physical, and sexual violence by household members other than partners.⁶⁶ Other studies, however, found that women with disabilities are two to four times more likely to experience intimate partner violence than women without disabilities. The studies also indicated that disability increases the risk of non-partner sexual violence, and that the risk of both intimate partner and non-partner sexual violence increases with the severity of the disability.⁶⁷

All of these studies highlight the tremendous difficulty of women with disabilities to leave abusive situations because of real or perceived dependency on partners and family members, lack of knowledge about available services, and extremely limited support systems in terms of social networks, helplines, and shelters.

When women with disabilities are employed, they may experience different forms of violence in the workplace. A study in Portugal found that women with disabilities were mocked for their way of walking or didn't get paid as much as other workers. They were told they were "just giving a hand and not really working."⁶⁸

OLDER AGE

Despite perceptions that violence is typically experienced by younger women, existing data confirms that physical and sexual violence continues for women in later life phases. However, most research focuses on women between 15 and 49, excluding and dangerously underestimating the experience of older women.⁶⁹

Disability tends to be an added risk factor for violence against older women, whether it is an acquired, age-related disability, or a lifelong disability.⁷⁰ The cumulative experience of violence throughout the life cycle can have a negative effect on the physical and psychological health and well-being of women in old age.



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⁶⁶ Astbury, J. and Walji, F. 2013. [Triple Jeopardy: Gender-based Violence and Human Rights Violations Experienced by Women with Disabilities in Cambodia](#). AusAid Research Working Paper 1.

⁶⁷ Dunkle, K. et al. 2018. [Disability and Violence Against Women and Girls – Emerging Evidence from the What Works to Prevent Violence Against Women and Girls Global Programme](#). What Works.

⁶⁸ Campos Pinto, C. 2016. [Out of the Shadows: Violence Against Girls and Women with Disabilities in Portugal](#). *Alter*. 10(2), 137–147.

⁶⁹ HelpAge. 2017. [Violence Against Older Women](#), HelpAge Discussion Paper.

⁷⁰ World Bank Group, the Global Women's Institute, Inter-American Development Bank, International Centre for Research on Women. 2016. [Violence Against Women and Girls \(VAWG\) – Brief on Violence Against Older Women](#).

CONTEXT-SPECIFIC VIOLENCE ACROSS AGE GROUPS

CONFLICT, DISPLACEMENT, DISASTER, AND EMERGENCY

Conflict and disaster increase the vulnerability of persons with disabilities of all ages and gender, but it disproportionately affects women and girls with disabilities.⁷¹

In armed conflict, girls and women with disabilities are at a higher risk of abduction and sexual violence. Research in conflict-affected communities in Burundi, Ethiopia, Jordan and the Northern Caucasus in the Russian Federation found that some women and girls with disabilities were subjected to sexual violence, including rape, on a regular basis and by multiple perpetrators including members of militias. Research on refugees with disabilities in Kenya, Nepal, and Uganda highlighted that girls with intellectual disabilities were particularly vulnerable to the risk of sexual violence.⁷²

During displacement and humanitarian crises, families are often separated and the community support and protection mechanisms that women and girls with disabilities rely on are no longer available or functioning.⁷³ In Nigeria's conflict areas, women with disabilities were left behind as their families fled, because they either could not physically follow them or had lost orientation due to visual or hearing impairments.⁷⁴ Women and girls with disabilities living in camps for refugees or internally displaced people are at a higher risk of isolation, neglect, and exploitation as they struggle to have their basic needs met. For example, shelters, camps, and toilets are often inaccessible; assistive devices may be lost; they may lack official documentation of their disability; and they may have to deal with communication challenges and staff's lack of training in and understanding of various disabilities.⁷⁵

Continuous or chronic crisis situations, such as in the West Bank and the Gaza Strip, contribute to the deterioration of health and education public services. Accompanying high unemployment and poverty rates, and the constant pressure felt by the blockade and recurring conflict, negatively affect family relations, particularly for women, children, and persons with disabilities. A 2011 survey reported that more than 50% of women with disabilities experience violence during times of conflict, but the actual prevalence is considered to be higher.⁷⁶

⁷¹ CBM. 2018. [The Intersection of Disability and Gender in the Global South: Narratives, Gaps and Opportunities](#). CBM UK Advocacy Paper.

⁷² Rohwerder, B. 2017. [Women and Girls with Disabilities in Conflict and Crises](#). Helpdesk Report K4D, IDS.

⁷³ Women's Refugee Commission. 2015. [Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings](#). Women's Refugee Commission, International Rescue Committee.

⁷⁴ Jerry, G. et al. 2015. [What Violence Means to Us: Women with Disabilities Speak](#). Inclusive Friends, NSRP.

⁷⁵ CBM. 2018. [The Intersection of Disability and Gender in the Global South: Narratives, Gaps and Opportunities](#). CBM UK Advocacy Paper.

⁷⁶ Burghal, W. 2019. [Women and Girls with Disabilities, Needs of Survivors of Gender-based Violence and Services Offered to Them](#). UN Population Fund, Ministry of Foreign Affairs of Denmark.

LABOR AND TRAFFICKING

Some forms of violence are directly linked to trafficking, such as forced begging and other labor-exploitative practices. For example, there are reports of Romani women and girls with physical, hearing, or visual impairments being forced into begging because they were expected to get more money from the public.⁷⁷

Labor migration or human trafficking can lead to long-term impairments for women as a result of exploitative conditions, abuse, or dangerous working environments. Under these circumstances, women with and without disabilities are often unable to negotiate and risk acquiring additional or new physical cognitive or psychosocial disabilities.⁷⁸

INSTITUTIONALIZATION

When persons with disabilities are institutionalized they are typically sent to orphanages/residential childcare institutions, residential schools, psychiatric institutions, prisons, and care homes.

Research suggests that girls and women with disabilities may be particularly at risk of institutionalization. While persons with disabilities of all genders may be institutionalized at some point in their lives, women and girls with disabilities experience unique forms of neglect and abuse⁷⁹ by other residents and staff members.⁸⁰

Once persons with disabilities are institutionalized, they are at risk of losing their legal capacity to make decisions about their lives. Research by Human Rights Watch in India found that women and girls with psychosocial or intellectual disabilities were hidden or abandoned in mental hospitals or residential facilities, or admitted by the police who found them on the street and deemed them dangerous or incapable of taking care of themselves. The loss of legal capacity exposes them to a range of abuse, including prolonged detention, unsanitary conditions, neglect, involuntary treatment, and violence.⁸¹

Institutions often work with and understand disability based on the medical model of disability, which may be compounded by discriminatory and false beliefs, especially regarding sexual reproductive health rights.



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⁷⁷ International Organization for Migration. 2009. [Thematic Analytical Study on Violence Against Women and Girls with Disabilities.](#)

⁷⁸ Women Enabled International, Disability Rights International. 2019. [Submission by Women Enabled International and Disability Rights International to the Committee on the Elimination of Discrimination Against Women on its Elaboration of a General Recommendation on Trafficking in Women and Girls in the Context of Global Migration.](#)

⁷⁹ Human Rights Watch. 2014. [Treated Worse Than Animals – Abuse Against Women and Girls with Psychosocial or Intellectual Disabilities in Institutions in India.](#)

⁸⁰ UN Population Fund. 2018. [Young Persons with Disabilities: Global Study on Ending GBV and Realising Sexual and Reproductive Health and Rights.](#)

⁸¹ Human Rights Watch. 2014. [Treated Worse Than Animals – Abuse Against Women and Girls with Psychosocial or Intellectual Disabilities in Institutions in India.](#)

As a result, medical professionals often make decisions and perform interventions that are intrusive and irreversible, without the consent of the person with a disability.⁸²

Women with disabilities are disproportionately represented in jails and prisons. Globally, women with disabilities account for about one-fifth of the female population. However, according to two studies, female prisoners were five times more likely to have a psychosocial disability than the general population, and 80 percent of female detainees were found to have a psychosocial disability. This is thought to be linked to closures of psychiatric institutions in some countries without sufficient alternative community-based support, especially for those with psychosocial and intellectual disabilities. The lack of support may result in higher rates of criminal activity, or to a common perception that people with psychosocial and intellectual impairments are dangerous to themselves or their community.⁸³

Women with disabilities are at high risk of violence and abuse in prisons. They may be actively targeted because of their disability (especially hearing, intellectual, and psychosocial disabilities), or their disability-related rights and needs may not be met due to inadequate care and mistreatment. These negative experiences can further exacerbate their already precarious condition, leading to deterioration of mental health and risk of self-harm, in addition to violence perpetrated by other inmates and prison staff.⁸⁴

ACCESS TO JUSTICE

Violence against women and girls with disabilities is rarely reported – and even more rarely brought to justice because of attitudinal, environmental, and institutional barriers. At the most basic level, many police stations and court houses are not physically accessible, nor are sign language interpreters or facilitated communication services available to support communication between the complainant and judicial personnel.

The misconception about the sexuality of women and girls with disabilities, along with the general discriminatory attitudes related to their gender and impairment, make it very difficult for this group to get support from families and communities. The survivors are often blamed, not only for provoking the sexual violence, but also for what is seen as undue punishment of “productive” men for transgressions against women who are considered useless and a burden.⁸⁵

Some forms of violence in care situations, such as physical abandonment or psychological cruelty, are not recognized because of misconceptions that the disability necessitates such cruelty. When the violence is perpetrated by a family member or personal assistant, the incident is often addressed by social services, rather than being considered as a crime and reported to the judicial system.⁸⁶ Victims often struggle to

⁸² UN Population Fund. 2018. [Young Persons with Disabilities: Global Study on Ending GBV and Realising Sexual and Reproductive Health and Rights](#).

⁸³ Women Enabled International. 2018. [Preliminary Submission on Deprivation of Liberty and Women and Girls with Disabilities to the Working Group on the Issue of Discrimination Against Women in Law and in Practice](#).

⁸⁴ Ortoleva, S. and C. Frohmader. 2013. [The Sexual and Reproductive Rights of Women and Girls with Disabilities. Issues Paper](#).

⁸⁵ Human Rights Watch. 2018. [Invisible Victims of Sexual Violence – Access to Justice for Women and Girls with Disabilities in India](#).

⁸⁶ International Network of Women with Disabilities. 2010. [Violence Against Women with Disabilities](#). Centre for Women Policy Studies.

come forward and be heard because they are dependent on their caregivers, or are perceived to be unreliable; this is especially the case for women and girls with psychosocial and intellectual disabilities.

The negative attitudes towards women and girls with disabilities often displayed by families, communities, and law enforcement can result in perpetrators threatening to retaliate if the matter is reported. This is made worse by power dynamics when perpetrators are prominent or powerful people in the community.

Women and girls with disabilities are systematically excluded as witnesses, or their complaints dismissed because they are not acknowledged as competent or credible, both on the basis of their impairment and their gender. Police and judges often require more corroborating evidence of an assault than in other cases, or exclude them from the process because they are deemed too fragile, or unable to speak in “adult language” or identify the perpetrator because of their visual impairment.^{87, 88, 89} Research in South Africa also highlights the practice of bribes and a lack of motivation and willingness to deal with “family matters”, as well as doubt of the women’s capacity to recall events and identify perpetrators.⁹⁰ Appropriate witness/victim protection programs are rarely available for these women.

INTERSECTING FORMS OF MARGINALIZATION FOR WOMEN AND GIRLS WITH DISABILITIES

Women with disabilities experience multiple forms of discrimination, including racial/ethnic, language, sexual orientation, and religious discrimination that compounds the gender and disability discrimination. The intersectionality of multiple discriminations requires more complex solutions, given that many existing best practices around violence against women are not applicable to women with disabilities.

INDIGENOUS AND ETHNIC MINORITY WOMEN AND GIRLS WITH DISABILITIES

There is little data available on indigenous and ethnic minority women with disabilities. Available evidence shows that these groups are at higher risk of violence than girls and women without disabilities.⁹¹ Indigenous women are often victims of sexual violence, including all forms of trafficking.⁹²

⁸⁷ Ortoleva, S. and Lewis, H. 2012. [Forgotten Sisters](#). Women Enabled International, Northeastern University School of Law.

⁸⁸ Human Rights Watch. 2018. [Invisible Victims of Sexual Violence – Access to Justice for Women and Girls with Disabilities in India](#).

⁸⁹ Andrae, K. 2017. [Disability and Gender-based Violence – Peer Research in Kibaha and Mkuranga, Tanzania](#). Action on Disability and Development International.

⁹⁰ Hanass-Hancock, J. et al. 2018. [Preventing Violence Against Women and Girls with Disabilities in Botswana – Situation Analysis](#).

⁹¹ Office of the High Commissioner for Human Rights. [Thematic Study on the Issue of Violence Against Women and Girls and Disability](#). A/HRC/20/5 of March 30, 2012: p. 5.

⁹² UNICEF, UN Population Fund, UN WOMEN, International Labour Organization, and the UN Special Representative of the Secretary-General. 2013. [Violence Against Children. Breaking the Silence on Violence Against Indigenous Girls, Adolescents and Young Women](#). May 2013.

Indigenous women with disabilities often face a complex set of barriers relating to gender, indigenous identity, disability, and discrimination against their culture, language or ethnicity.⁹³ This prevents them from realizing their rights, and accessing redress and remedies for human rights abuses.

As with other women with disabilities, some indigenous women with disabilities are not seen as capable of raising children and face increased risk of having them removed from their care, although the situation does vary among communities.⁹⁴ Contributing factors include assumptions about the inability of mothers with disabilities to care for their children, as well as a lack of support provided to parents, access to adequate legal representation and assistance in their own language, understanding of culture and kin relationships in child rearing, culturally sensitive protection, and health care.^{95, 96}

A number of studies have shown that indigenous women and women with disabilities are at particular risk of coerced sterilization as an instrument of cultural dominance and control rooted in racism and discrimination against indigenous people, including women with disabilities.⁹⁷

WOMEN AND GIRLS WITH DISABILITIES WHO ARE, OR ARE PERCEIVED TO BE, SEXUAL AND GENDER MINORITIES

Research on the impact of systematic discrimination and social exclusion on the health and well-being of women and girls who are sexual and gender minorities is not well advanced, with the majority of such research concentrated in Australia, the United Kingdom, and the United States. However, a 2009 report by the European Union's Fundamental Rights Agency noted that such violence is greater in places in which homosexuality and diverse gender identities are criminalized. A 2019 report by the UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity noted that violations against sexual and gender minorities with disabilities includes suppression of their sexual and gender identity and expression, often through pressure from family members, caregivers, and support providers. The report noted the health disparities that accrue to sexual and gender minorities who also have disabilities. The limited data available suggests that lesbian, gay, bisexual, and intersex people associated with another minority group, including those with disabilities, are at greater risk of family violence.^{98, 99}

⁹³ Inter-Agency Support Group on Indigenous People's Issues. 2014. [Rights of Indigenous Peoples/Persons with Disabilities](#). Thematic paper towards the preparation of the 2014 World Conference on Indigenous Peoples.

⁹⁴ Ibid.

⁹⁵ Pollack, A. 2014. [Access to Justice for Indigenous Persons with Disabilities: Key Issues and Opportunities](#).

⁹⁶ UN. 2013. [Study on the Situation of Indigenous Persons with Disabilities, with a Particular Focus on Challenges Faced with Regard to the Full Enjoyment of Human Rights and Inclusion in Development](#). Economic and Social Council. Permanent Forum on Indigenous Issues, Twelfth Session. New York, May 20–31, 2013.

⁹⁷ UN. 2013. [Study on the Situation of Indigenous Persons with Disabilities, with a Particular Focus on Challenges Faced with Regard to the Full Enjoyment of Human Rights and Inclusion in Development](#). Economic and Social Council. Permanent Forum on Indigenous Issues, Twelfth Session. New York, May 20–31, 2013.

⁹⁸ Leonard, W. and Mann, R. 2018. [The Everyday Experiences of Lesbian, Gay, Bisexual, Transgender and Intersex People Living with Disability](#). La Trope University, Melbourne.

⁹⁹ UN. 2019. [Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity](#). UN General Assembly, Note by the Secretary-General, July 17, 2019.

Lesbians and other sexual minorities who identify as female who have disabilities face a complex set of barriers and discrimination, especially in the area of sexual and reproductive health rights. This is often linked to the contradictory views of women with disabilities being asexual, and lesbians and bisexual women being seen as explicit sexual identities. This leads to this group of women being excluded or overlooked in research and treatment despite their expressed needs, especially in mental health care and other psychosocial services.¹⁰⁰

ETHICAL AND SAFETY RECOMMENDATIONS FOR INCLUSIVE INTERVENTIONS

Interventions that aim to prevent or address violence against women and girls with disabilities should include precautions above and beyond routine risk assessment to guarantee no harm is caused. This includes following ethical guidelines related to respect for people, minimizing harm, maximizing benefits, and justice to protect the safety of both service providers and the survivors. The sensitive nature of collecting information about violence against women and girls also demands additional precautions. Interventions should:

- Assess whether the intervention may increase violence against women and girls with disabilities.
- Minimize harm to women and girls.
- Prevent revictimization.
- Consider the implications of mandatory reporting of suspected violence.
- Be aware of the co-occurrence of child abuse.
- Minimize harm to staff working with survivors.
- Provide referrals for care and support for survivors.

For research and interventions specifically addressing violence against women with disabilities, it is critical to ensure the confidentiality and anonymity of program participants, especially where the perpetrator is a carer or family member, and where advocates, interpreters, and proxies are used.

Before providing referrals for care and support for survivors, assess and identify the services that are accessible, and ensure service staff understand the specific needs of women with different impairments and are sensitized to and trained in the social/human rights model of disability. A referral should only be made if services meet the minimum quality¹⁰¹ and needs requirement.

¹⁰⁰ Ortega, S. and Frohmader, C. 2013. [The Sexual and Reproductive Rights of Women and Girls with Disabilities](#). Issues Paper.

¹⁰¹ For minimum quality standards please refer to the Essential Services Package for Women and Girls Subject to Violence. <https://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>.

RAPID SITUATIONAL ANALYSIS

Integrating measures to prevent and respond to violence against women and girls with disabilities into development projects requires an understanding of the legal and social context of this violence as it relates to initiatives in various sectors. Teams should work with governments (including actors in the law enforcement and judicial sectors), private sector partners, disabled people's organizations and, local experts (non-governmental organizations, advocacy groups, and service providers), and other counterparts in the country to answer some or all of the following questions:

- What constitutes violence against women as a crime? Are existing national policies aligned with international or regional legal frameworks? Is there any specific mention of disability (including a definition of disability) made in these legal frameworks?
- Are there non-discrimination or hate crime laws that specifically give gender and disability special protected status?
- Is there sexual offences legislation that criminalizes various aspects of gender-based violence?
- Are there laws that discriminate against persons with disabilities on the basis of their impairment, e.g. in regard to legal capacity?
- Are there customary laws? How does customary law treat persons with disabilities, and women in particular, with respect to land, property, and inheritance rights?
- Is confidentiality assured between persons with disabilities and civil servants, such as police officers and health practitioners?
- Are the rights of persons with disabilities protected in the national constitution? Is there a local or national action plan to protect or better serve persons with disabilities, in particular women and girls? Does it contain a component on inclusive prevention and response to violence?
- What status do persons with disabilities enjoy? Are there any studies that measure commonly held attitudes toward disability issues, female empowerment, or the general public's attitudes on masculinity and gender norms?
- Are there disabled people's organizations established or led by women with disabilities to serve their needs or advance their rights? Are they allowed to publicly gather? Are there mainstream women's rights groups that are disability-inclusive?
- Do girls and women with disabilities experience barriers in accessing services, including education, or employment?
- Are there residential institutions for persons with disabilities?
- What services are in place and accessible to ensure the well-being and dignity of women and girls with disabilities who have survived sexual assault, including rape?
- Do social media, magazines, or the television and film industries contribute to the bias against women and girls with disabilities in society?

KEY AREAS FOR INTEGRATING PREVENTION AND RESPONSE INTERVENTION INTO DEVELOPMENT

Violence against women and girls with disabilities is a gross violation of human rights. The resulting social and economic costs affect both the individuals who experience violence and wider society. The Sustainable Development Goals cannot be achieved without ending violence against women and girls with disabilities and without sufficiently including them in the design, implementation, and monitoring of programs that affect their lives.¹⁰²

Eliminating violence against women and girls with disabilities requires a comprehensive, accessible, and inclusive approach at policy, institutional, and community level to strengthen prevention and response interventions:

- Policymakers and practitioners should pursue a twin-track approach¹⁰³ by mainstreaming women and girls with disabilities into all laws, policies, and programs relating to violence against women and girls while also developing, where appropriate, targeted programs addressing the risks that women and girls with disabilities face in terms of violence and eradicating barriers to services.
- Development projects across all sectors – including skills development, income generation, and entrepreneurship projects – should consider the increased risks of violence and the limited access to information, resources, and services that many women and girls with disabilities face. Development projects should also consider the compounding nature of discrimination faced by women and girls on the basis of their gender, disability, age, and other identities, as well as context-specific factors that can increase inequality, such as poverty, conflict, humanitarian emergencies, geographic location, and institutionalization.¹⁰⁴
- The heterogeneity of disability should be recognised in the design and implementation of development projects to ensure that they are accessible to women with different physical, mental, intellectual, or sensory impairments.

POLICY LEVEL

To mainstream women and girls with disabilities into all relevant policies and laws, the following actions should be taken:

- Work with governments to encourage ratification and effective implementation of international and regional human rights conventions (such as the Convention on the Rights of Persons with Disabilities, the Convention on the Elimination of All Forms of Discrimination Against Women, and the Convention on the Rights of the Child) that prohibit violence against women and girls, and

¹⁰² UN, Department of Economic and Social Affairs. 2018. [UN Flagship Report on Disability and Development, 2018](#).

¹⁰³ A twin-track approach to laws, policies, and programs related to disability- and gender-based violence prevention is widely promoted by the UN and bilateral donors. For example, see UK Department for International Development. 2018. [DFID's Strategy for Disability Inclusive Development 2018–23](#).

¹⁰⁴ UN Population Fund. 2018. [Young Persons with Disabilities: Global Study on Ending GBV and Realising Sexual and Reproductive Health and Rights](#).

promote gender equality and equal rights for persons with disabilities.¹⁰⁵ Work with relevant ministries to ensure that state reports to relevant treaty bodies discuss actions taken to guarantee the rights of women and girls with disabilities to protection from violence.

- Work with governments to revise and strengthen existing laws against violence and discrimination to ensure that they are inclusive of women and girls with disabilities, recognizing the specific forms of violence to which they may be subjected. Encourage the repeal of any laws or policies that discriminate against women and girls with disabilities (for example, restricting the free access of girls and women to sexual and reproductive health services), that permit sterilization, abortion, or any other surgical procedure to be performed on a girl or woman without her free and informed consent, or that permit the forced institutionalization or involuntary confinement of persons with disabilities.¹⁰⁶

Box 1: Promising Practices ... Enshrining the rights of women and girls with disabilities in law in Uruguay

A number of countries across Latin America, including Argentina, Costa Rica, Mexico, and Uruguay have introduced specific laws or policies that promote awareness and affirmative action to protect women with disabilities against any form of violence or abuse of their rights.

In 2018, Uruguay passed the “Law on Violence against Women Based on Gender” (Law No 19580), which proposes specific actions to protect girls and adolescents, elderly women, and women with disabilities. Regarding women with disabilities, the law highlights the right of victims of violence to have an interpreter, language adaptation, or augmentative communication or any other forms of support and reasonable adjustments to guarantee their rights. In addition, it commits to:

- Create “minimum quality standards for the detection and treatment of violence” while considering intersectional factors and identities and aiming to strengthen women’s autonomy.
- Develop protocols for healthcare professionals that ensure regular training in prevention, and attention to and rehabilitation of survivors, considering disability.
- Strengthen reporting and investigation mechanisms and processes for women and girls with disabilities who have experienced violence.
- Mainstream the disability perspective across institutions and their protocols, plans, and programs.
- Disseminate information to encourage people to prevent, recognize, and denounce gender-based violence against women with disabilities.
- Provide appropriate assistance to women with disabilities in fulfilling their responsibilities as parents.
- Develop actions to guarantee respect for the rights to sexual and reproductive health of women with disabilities.

¹⁰⁵ Ortoleva, S. and Lewis, H. 2012. [Forgotten Sisters – A Report on Violence Against Women with Disabilities: An Overview of Its Nature, Scope, Causes and Consequences](#). Northeastern University School of Law Research Paper No. 104-2012.

¹⁰⁶ UN Population Fund. 2018. [Young Persons with Disabilities: Global Study on Ending GBV and Realising Sexual and Reproductive Health and Rights](#).

In addition, the National Program on Disabilities commits to the prevention of gender-based violence against persons with disabilities. The program coordinates with various ministries, national civil society organizations, and international organizations, including the UN. It aims to implement actions to improve the autonomy, self-esteem, and responsible parenthood of women and men with disabilities.

Source: Ozemela, L., Ortiz, D., Urban, A-M. 2019. Violence Against Women and Girls with Disabilities, Latin America and the Caribbean; Inter-American Bank, <https://publications.iadb.org/en/violence-against-women-and-girls-disabilities-latin-america-and-caribbean>.

- Given that access to a livelihood or other forms of income is a protective factor, work with relevant ministries and policymakers to establish legal assurances for non-discrimination on the basis of gender or disability in all matters of employment in the formal and informal sectors.¹⁰⁷
- Given the heightened risk of violence and abuse in emergency settings, work with relevant ministries and other policymakers to promote disability- and gender-responsive disaster preparedness planning, and to ensure that humanitarian responses meet the needs and promote the safety of women and girls with disabilities.¹⁰⁸
- Encourage the meaningful involvement of diverse women and girls with disabilities in all stages of planning, implementation, and evaluation of policies, programs, and legislation, including policies and protocols for service providers, law enforcement officers, and other personnel who work with women with disabilities.¹⁰⁹ To be effective, these policies and measures targeting indigenous women and women and girls with disabilities need to be designed in an inclusive manner.
- Work with governments to ensure that information about existing and future laws, policies, programs, and complaint mechanisms related to preventing and responding to violence against women and girls is available in accessible formats and distributed widely, including to disabled people's organizations, service providers, and caregivers for young persons with disabilities.¹¹⁰

Targeted policies to address violence against women and girls with disabilities

- Where necessary, support the development of new legislation that bans all forms of violence against women and girls, including against those with disabilities, and ensures that law enforcement, health care, educational services, and social support services are accessible to persons with disabilities.¹¹¹

¹⁰⁷ UN Division for Social Policy and Development. 2017. [Toolkit on Disability for Africa: The Right of Persons with Disabilities to Work](#).

¹⁰⁸ Charter on Inclusion of Persons with Disabilities in Humanitarian Action. 2016.

¹⁰⁹ UN Population Fund. 2018. [Young Persons with Disabilities: Global Study on Ending GBV and Realising Sexual and Reproductive Health and Rights](#).

¹¹⁰ Ibid.

¹¹¹ Ibid.

- Work with governments to recognize and remove restrictions on the legal capacity of women and girls with disabilities to make decisions, live independently, and assert claims against perpetrators.¹¹²

Box 2: Promising Practices ... Advocacy for legal education in Colombia: Protecting women and girls with disabilities from forced sterilization

Many people with intellectual or psychosocial disabilities in Colombia have been declared legally incapable by a judge, and have thus been appointed a legal representative or legal guardian. In the case of women and girls, it meant that their guardians or legal representatives had the power to arrange for their sterilization, arguing that it would protect them from sexual abuse and subsequent pregnancies.

Following repeated requests for sterilization from guardians, Profamilia, an organization providing sexual and reproductive health services, sought advice from and formed a coalition with the legal clinic of the University of Los Andes' Action Program for Equality and Social Inclusion, Asdown Colombia (an organization that promotes the rights of people with Down syndrome), and FundaMental Colombia (an organization that promotes the rights of people with psychosocial disabilities). The coalition designed an advocacy strategy that challenged the practice of denying legal capacity and forced sterilization; promoted the autonomy and respect of the will and preferences of persons with disabilities; and promoted choices in sexual and reproductive health services in compliance with the Convention on the Rights of Persons with Disabilities, which Colombia ratified in 2011.

The coalition held awareness-raising activities with health professionals and practitioners, judges and judicial staff, families of persons with disabilities, and persons with disabilities themselves. In addition, a legal strategy targeted judges in discussions on legal capacity and challenged legal provisions which allowed for the restriction of the legal capacity of men and women with disabilities. As a result, the court restricted the rights of guardians and legal representatives to demand sterilization by making it a requirement that only a judge can authorize the medical intervention. The court's decision was conveyed to all health professionals and practitioners, and protocols for the sterilization of persons with disabilities were consequently modified.

The training activities have helped raise awareness among judges and judicial professionals that the issue of legal capacity and substituted decision-making by guardianship contradicts the Convention on the Rights of Persons with Disabilities and needs redressing. Health professionals and practitioners have increased awareness on the misconception that sterilization will prevent sexual violence, when, in fact, it may well increase the risk.

Source: Handicap International and Making It Work. 2015. Making It Work Initiative on Gender and Disability Inclusion: Advancing Equity for Women and Girls with Disabilities.

¹¹² Center for Women Policy Studies. 2011. Barbara Faye Waxman Fiduccia Papers on Women and Girls with Disabilities: [Violence Against Women with Disabilities](#).

- Encourage governments to develop policies and take all appropriate measures (including awareness campaigns) to promote gender equality and challenge discriminatory norms and stereotypes against persons with disabilities.¹¹³ It is important that all stakeholders and service providers understand the need to disseminate information in formats that are accessible to people with learning and sensory disabilities (through Braille, sign language, and easily understood language, for example).
- Support ministries to develop action plans to include women and girls with disabilities, defining and integrating specific actions for preventing and responding to violence. Examine whether financial or technical capacity is needed to implement them or ensure sustainability.
- Promote an inclusive approach in education, including early childhood education. Provide technical support to clients and develop resources to facilitate inclusive education systems and safe learning environments with a focus on girls with disabilities.
- Ensure that survivors who pursue legal recourse are provided with necessary accommodations, such as visual or audio aids or transport to court, so that their access to justice is not impeded.
- Work with ministries of justice and other policymakers to ensure all forms of violence and abuse experienced by women and girls with disabilities are identified as crimes. Such crimes should be properly reported, investigated, and addressed by the policy and/or criminal justice system.¹¹⁴ All complaint mechanisms should ensure that complaints are handled confidentially and sensitively and that they do not put complainants at risk of further violence.
- Support governments to strengthen the collection of data on the prevalence and incidence of violence against women and girls, disaggregated by age and disability, for effective policy development, implementation, and monitoring.¹¹⁵ Ensure that data collection instruments are available in accessible formats.¹¹⁶

INSTITUTIONAL/SECTORAL LEVEL

- Create or strengthen government entities that prevent or respond to violence and ensure that women and girls with disabilities are explicitly included in this mandate.
- Build the capacity of violence prevention institutional arrangements to respond to the risk of violence faced by women and girls with disabilities. Use relevant data to inform the development of programs and policies to respond appropriately to this violence.

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ UN. 2017. [Situation of Women and Girls with Disabilities and the Status of the Convention on the Rights of Persons with Disabilities](#). Report to the Secretary-General.

¹¹⁶ Conference of States Parties to the Convention on the Rights of Persons with Disabilities, eighth session. 2015. [Improvement of Disability Data and Statistics: Objectives and Challenges](#). Note by the Secretariat.

- Ensure that services and programs aimed at protecting women and girls from violence, including police stations, shelters, and courts, are accessible to women and girls with disabilities.¹¹⁷ Determine if women and girls with disabilities have equal access to justice and identify remedies to ensure such access, including affordable legal aid and review of policies for identification of perpetrators (for example, offering alternative forms of identification if the woman is visually impaired). Provide adequate training to law enforcement officials, prosecutors, and judges on how to protect women and girls with disabilities from violence.
- Ensure that social protection programs are inclusive and accessible to persons with disabilities and their families. Ensure that women and girls with disabilities are made aware of their rights and eligibility for these benefits and social services. Provide support during application processes, including for those without identity documentation.¹¹⁸
- Develop mandatory disability awareness and disability inclusion training for all policymakers, program implementers, and service providers, including health care personnel, teachers, social workers, law enforcement, judicial personnel, and court staff that are involved in preventing and responding to violence against women and girls.¹¹⁹ Persons with disabilities, including women, should help design and deliver the training, where appropriate. Build the capacity of service providers to recognize and respond to situations of violence, abuse, and neglect of women and girls with disabilities.

Box 3: Promising Practices ... Women with disabilities playing a leading role in the development of a Toolkit on Eliminating Violence Against Women and Girls with Disabilities in Fiji

In 2014, the Pacific Disability Forum and the Fiji Disabled People's Federation published a Toolkit on Eliminating Violence against Women with Disabilities in Fiji. The toolkit was the culmination of an extensive program to raise awareness among disabled people's organizations, family members and caregivers of persons with disabilities, and community workers across Fiji about the rights of women and girls with disabilities to live free from violence.

Women with disabilities played a leading role in the research and development of the toolkit. Their involvement not only informed the toolkit's content, but also enabled the women to share their experiences and ideas with lawyers, policymakers, and other stakeholders from across the Pacific region and gain important advocacy skills.

The toolkit provides information about disability-inclusive development and gender transformative approaches. It includes examples of how a human rights-based approach can be applied to preventing

¹¹⁷ Devandas Aguilar, C. 2017. [Sexual and Reproductive Health Rights of Young Women and Girls with Disabilities](#). UN Special Rapporteur on the rights of persons with disabilities. Presented at the 72nd session of the UN General Assembly.

¹¹⁸ Ibid.

¹¹⁹ UN Population Fund. 2018. [Young Persons with Disabilities: Global Study on Ending GBV and Realising Sexual and Reproductive Health and Rights](#).

violence, such as by ensuring that health care providers recognize and respect the rights of women with disabilities to make their own decisions about reporting abuse or taking legal action, and ensuring that police understand that it is their responsibility to respond to and intervene in violent situations, when requested by a woman with a disability.

The toolkit emphasizes that those working to eliminate violence against women should take the voices and experiences of women with disabilities seriously and include women with disabilities in strategies to respond to violence. It has positively influenced the way in which women with disabilities interact with government officials. For example, the Pacific Disability Forum has been partnering with senior police officers to train legal personnel and justice officials on using the toolkit.

Sources: UN Population Fund. 2018. *Young Persons with Disabilities – Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights*.
Handicap International and Making It Work. 2015. *Making It Work Initiative on Gender and Disability Inclusion: Advancing Equity for Women and Girls with Disabilities*.

- Train teachers and other education professionals on how to create more inclusive classrooms and learning environments for girls and boys with disabilities.¹²⁰ This training can improve learning outcomes for children with disabilities, help to address gender and disability stereotypes, and prevent violence against women and girls.
- Ensure that staff working in all development and humanitarian sectors (including infrastructure, transport, health, disaster risk management, enterprise development, and water, sanitation, and hygiene) are adequately sensitized and trained to make services inclusive and accessible for women and girls with disabilities, and to design and implement programs that reduce the risks of violence against women and girls.

Box 4: Promising Practices ... Protecting urban refugee women and girls with disabilities from abuse and discrimination in Kenya

In Nairobi, urban refugee women with disabilities are at particularly high risk of discrimination, exclusion from humanitarian programs, and violence due to their gender, refugee status, and disability. In response, Women Challenged to Challenge has collaborated with the Women's Refugee Commission and other partners such as the Network of African Women with Disabilities to assess the situation of refugee women and girls with disabilities in Kakuma camp and address their heightened risk of violence and exclusion from emergency response programs.

In 2016, Women Challenged to Challenge started including refugee women and girls with disabilities as a priority group in all of its programs. It facilitated the participation of 20 urban refugee women with disabilities in humanitarian action training for women leaders of disabled people's organizations. It also developed a new training program for urban refugees with disabilities in Nairobi that covered issues such as economic empowerment, and sexual and reproductive health and legal rights. In addition to training courses, Women Challenged to Challenge has begun to address other barriers affecting the lives of refugee women with disabilities, including facilitating the issuing of refugee identity cards,

¹²⁰ Global Partnership for Education. 2018. [Disability and Inclusive Education: A Stocktake of Education Sector Plans and GPE-funded Grants](#).

referring women with physical disabilities for assistive devices, and encouraging disabled people's organizations to include refugee women's issues in their work.

Women Challenged to Challenge has continued its efforts to make the voices of refugee women with disabilities heard on the international stage. Participants from the humanitarian action training have represented refugee women with disabilities at global meetings such as the World Humanitarian Summit in Istanbul and advocated for the inclusion of refugee women with disabilities in health, sexual and reproductive health and rights, empowerment, and protection strategies.

Source: Making It Work and Humanity & Inclusion. (2018). Gender and Disability Intersectionality in Practice: WGWD Addressing Discrimination and Violence in Africa.

- Support government efforts to develop formal, regulated caregiving systems for women and girls with disabilities who need help with daily activities. Ensuring quality standards of care and fair conditions of employment for caregivers will promote the well-being of vulnerable people and safeguard against their abuse by their careers.
- Promote the inclusion of women and girls with disabilities in funding allocations for sexual and reproductive health and rights and HIV/AIDS, and particularly in programs that combine services for violence against women with HIV testing and care.¹²¹ Support and enforce policies on non-discrimination in access to comprehensive health services on the basis of disability, in particular access to comprehensive sexual and reproductive health services such as contraception, prevention, and treatment of HIV and other sexually transmitted infections, and the promotion of positive sexual well-being.¹²²
- Work with stakeholders to ensure that women with disabilities, particularly those in remote and rural areas, can access institutions that provide programs and services in response to violence against women and girls, by providing access to transportation or support, providing sign language interpretation and facilitated communication, and taking any other necessary actions to ensure that such programs do not exclude any woman because of her disability (including psychosocial and intellectual disabilities).¹²³
- Support ministries and local authorities to ensure that all children are registered at birth so that those with disabilities are not hidden away and unable to access health services, social services, or schools.¹²⁴ Support research into amending data sets that align with Demographic Health Surveys and Reproductive Health Surveys so that girls under 15 and women over 50 are included.

¹²¹ UNAIDS. 2017. [Disability and HIV](#).

¹²² UN Population Fund. 2018. [Young Persons with Disabilities: Global Study on Ending GBV and Realising Sexual and Reproductive Health and Rights](#).

¹²³ Center for Women Policy Studies. 2011. Barbara Faye Waxman Fiduccia Papers on Women and Girls with Disabilities: [Violence Against Women with Disabilities](#).

¹²⁴ UNICEF Innocenti Research Centre. 2007. [Promoting the Rights of Children with Disabilities](#). Innocenti Digest No. 13, UNICEF Florence.

COMMUNITY LEVEL

- Involve communities – including families, caregivers, service providers, and traditional and religious leaders – in efforts to change the social norms that perpetuate harmful myths, abuse, and discrimination against women and girls with disabilities. Special efforts should be taken to promote inclusion of all women and girls in society – from the home to school to the workplace.
- Train communities on how to communicate with people with different types of disabilities to avoid isolating them and help identify potential cases of violence.¹²⁵
- Help establish peer support groups for women and girls with disabilities and improve relationships between networks of women and girls with disabilities and other local organizations in the community, including religious groups.



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Box 5: Promising Practices ... Involving women and girls with disabilities in efforts to tackle social norms on gender in Haiti

Supported by a grant from the UN Trust Fund to End Violence Against Women, Beyond Borders (Depase Fwontyè yo in Creole) in Haiti is involving women and girls with disabilities in the adaptation and implementation of the innovative SASA! methodology to prevent violence against women and girls.

The SASA! approach, developed in Uganda by Raising Voices, tackles social norms on gender by helping communities address power imbalances between men and women as a key driver of violence against women.

Beyond Borders identified a gap in the SASA! approach on the intersection of violence against women and disability. It developed a complementary module that focuses on the specific nuances of violence against women and girls with disabilities. The module includes training sessions, posters with discussion questions, dramas, and quick chats, following the tested SASA! style. Beyond Borders plans to integrate these materials – that are inclusive of women and girls with disabilities and appropriate for the Haitian context – through its community mobilization plans, as well as sharing materials with partner organizations.

Juliane Noelus, a woman with physical disabilities and working with Beyond Border's partner Productions Théâtre Toupatou, said: "I have learned about... what types of support to offer to a

¹²⁵ Ibid.

woman or girl with a disability who is experiencing violence. It is important for us to create spaces accessible to everyone, especially persons with disabilities.”

Sources: UN Trust Fund to End Violence Against Women. 2019. Case Study: Localized Efforts to Prevent Violence Against Women and Girls with Disabilities in Haiti. Communication with a staff member at Beyond Borders.

- Educate women and girls with disabilities about their rights and help them develop the skills they need to become involved in decision-making processes and claim their rights related to preventing and responding to violence against women and girls. Build the capacity of disabled people’s organizations and other civil society groups to become effective advocates for women and girls with disabilities.¹²⁶
- Provide information, education, and services to help families strengthen their ability to understand the rights and needs of girls and young women with disabilities, free from stigma and stereotypes.¹²⁷
- Implement awareness-raising programs to change the societal perception of the sexual and reproductive health and rights of girls and young women with disabilities and end all forms of violence against them, including forced sterilization, forced abortion, and forced contraception.¹²⁸
- Develop targeted programs for young persons with disabilities that share information about healthy relationships, sexual reproductive health and rights, and the nature of violence against women and girls.¹²⁹
- Encourage and support all civil society organizations to become more responsive to women and adolescent girls with disabilities and support disabled people’s organizations to become more gender responsive, including ensuring that women are represented within their senior leadership. Women’s rights organizations should also be encouraged to offer equal access to participation and leadership positions for women and girls with disabilities.¹³⁰

¹²⁶ UN Population Fund. 2018. [Young Persons with Disabilities: Global Study on Ending GBV and Realising Sexual and Reproductive Health and Rights.](#)

¹²⁷ Adapted from Hagemann-White et al. 2010. Factors at Play in the Perpetration of Violence Against Women, Violence Against Children, and Sexual Orientation Violence. Published in UN Population Fund. 2018. [Young Persons with Disabilities: Global Study on Ending Gender-based Violence, and Realising Sexual and Reproductive Health and Rights.](#)

¹²⁸ Devandas Aguilar, C. 2017. [Sexual and Reproductive Health Rights of Young Women and Girls with Disabilities.](#) UN Special Rapporteur on the rights of persons with disabilities. Presented at the 72nd session of the UN General Assembly.

¹²⁹ UN Population Fund. 2018. [Young Persons with Disabilities: Global Study on Ending GBV and Realising Sexual and Reproductive Health and Rights.](#)

¹³⁰ Ibid.

Box 6: Promising Practices ... The Anti-violence Project – Empowering and preventing violence against Bedouin women with and without disabilities

Bedouin women face discrimination and high levels of violence. Many of them live in dire conditions and face marginalization in all aspects of life within their own community and by the State of Israel. Although disability within the Bedouin community is typically caused by relationships between people who sharing bloodlines (consanguinity), poor prenatal health, or poverty, persons with disabilities are still shunned and feared. Ma'an was founded to address discrimination faced by Bedouin women within their own communities as well as within Israeli society. Ma'an developed its Anti-violence Project to address violence in its various forms. The project has three components:

1. **Women's empowerment groups/workshops.** These groups provide support to Bedouin women with and without disabilities, helping them learn how to support each other and allowing them to talk about their lives, including the violence which they experience. The groups take place regularly in the homes of Bedouin women, often in the "unrecognized villages."

2. **A hotline.** Started in 2012, the hotline is staffed by volunteers, all of whom undergo intensive training. The volunteers refer callers to local services or to Ma'an's two lawyers. The lawyers represent individual women and provide training to women in their villages. They help clients apply for government benefits, seek orders of protection to stop violence, or connect them to other Ma'an services, including temporary shelters.

3. **Groups for youth, students, and young professionals.** Ma'an believes that in order to eliminate violence against girls and women with and without disabilities, it must educate Bedouin youth, particularly young boys. The project recruited a young man to form a youth club for Bedouin boys between the ages of 12 and 14 to teach them how to respect girls and women with and without disabilities and how to address violence. The project later also established a girl's club, facilitated by a social worker with sign language skills, which focuses on skills development and self-esteem.

Because the empowerment groups and training workshops are for both women with and without disabilities, Ma'an was able to observe changes in attitude among women without disabilities: they began to better understand disability, both in terms of disability issues in general, and in regard to violence in particular. The women realized how much they had in common, forming friendships and collaborating on community actions.

Source: Making It Work. 2015. [Making It Work Initiative on Gender and Disability Inclusion: Advancing Equity for Women and Girls with Disabilities](#); Humanity & Inclusion (formerly Handicap International), correspondence with Ma'an in June 2019.

GLOSSARY OF KEY TERMS

Disabled people’s organizations: Organizations where persons with disabilities make up the majority of members and governing bodies. These organizations promote self-representation, participation, equality, and inclusion of persons with disabilities at all levels of society.

Disability models: There are three main models that explain how disability is understood and acted on, reflecting different perceptions of and attitudes towards persons with disabilities:

- The **charity model** of disability sees disability as a problem in the person. Persons with disabilities are regarded as pitiful, helpless, unfortunate, and dependent. Consequently, they are recipients of long-term welfare and care, often in financial and material form.
- The **medical model** sees a person’s impairment as an obstacle to participating in society and therefore seeks to cure or improve individuals to make them as “normal” as possible so that they can fit into society. The approach focuses on medical help provided by a specialist.
- The **social/human rights model** focuses on the barriers that society erects that hinder persons with disabilities from fully participating in society. It recognizes that disability is a social consequence of the impairment by being denied rights and opportunities.

Barriers: Persons with disabilities face various barriers in their daily lives that exclude them from fully participating in society. **Environmental barriers** relate to infrastructural accessibility, for example lack of ramps and wheelchair-accessible rooms including toilets. **Communication barriers** relate to lack of Braille or large print; easy-to-read versions; or sign language interpreters. **Attitudinal barriers** relate to stereotypes, prejudice, and resulting discrimination against people based on their disability. **Institutional barriers** are structural factors, for example inadequate or discriminatory legislation, policies, or formal or informal rules, that legitimize discrimination.

Disability inclusion: This refers to persons with disabilities participating fully at all levels of society and being accepted and recognized as an individual beyond the disability, with the same rights as people without disabilities.

Institutionalization: This refers to the voluntary or forced admission into mostly state-run psychiatric facilities, government-run or NGO-run orphanages and residential child care facilities, rehabilitation facilities, and care homes for elderly people. It also includes prisons.

Psychosocial disabilities: This term describes people with mental health conditions such as depression, bipolar disorder, schizophrenia, or catatonia. It is a preferred term (over, for example, mental disability) because it expresses the interaction between psychological differences and social/cultural limits of acceptable behavior. It also highlights the stigma that society attaches to a person with mental impairments.

Intellectual disabilities: A condition characterized by limitations in intellectual or cognitive functioning, such as reasoning, learning, problem solving, and adaptive behavior, which covers a range of everyday social and practical skills. Intellectual disability lies on a spectrum with differing degrees and for different reasons.

Legal capacity: The right of an individual to make their own choices and decisions about their life. The concept of legal capacity comprises the rights to personhood; being recognized as a person before the law; and legal agency – the capacity to act and exercise those rights.

Marginalization: This is the process of pushing a particular group or groups of people to the edges of society by not allowing them to have an active voice, identity, or place in society. Individuals and groups can be marginalized on the basis of multiple identities and may, as individuals, experience further marginalization as a result of their intersecting identities.

Intersectionality: This is a feminist theory and research methodology that starts from the premise that people live multiple, layered identifies that come from social relations, history, and power structures. People are members of different communities and can therefore experience both privilege and oppression simultaneously. Intersectional analysis aims to reveal multiple identifies and expose different types of discrimination, advantages, and disadvantages that occur as a consequence of the combination of identities.

RECOMMENDED RESOURCES

TOOLKITS/GUIDANCE

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